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IMPROVING ACCESS TO DENTAL CARE THROUGH DIVERSITY: THE DATA DISCONNECT

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Objectives:
The U.S. is seeking to improve the racial/ethnic and socioeconomic diversity of the dental workforce in hopes of improving access to oral health care for underserved populations. Yet most program evaluations fall short of linking recruitment, retention, practice patterns and patient outcomes. Building from the conceptual model of the "dental pipeline," this study explores what data elements, methods, and operational steps are required to connect the chain

Methods:
We conducted a literature review in PubMed, Google Scholar, and Sociological Abstracts utilizing combinations of 20 keywords to identify programs to improve diversity, stated rationales and goals, and reported outcomes. We examined publicly available data sources on the dental workforce, programmatic data where possible, and assessed the linkages among them for longitudinal tracking over time.

Results:
The evidence presented to link diversity to patient access to oral health care consists primarily of racial concordance between patients and practitioners -- often not based on practice data but on geographic proximity. Metrics and data for measuring the outcomes of 'cultural competence' and 'access to care', cited as key goals for diversity programs, are lacking. Data linking dental student recruitment efforts to education exists but is generally not publicly available. Association data are available on education (admission, entry survey, exit survey, matriculation) and practice (state of license, location of practice, practice populations and staffing), however, the education and practice data are not linked restricting longitudinal tracking. Payment data (Medicaid, private insurance) tracks utilization, however health outcomes are only available in national population surveys.

Conclusions:
A wealth dental workforce data exists, however these data sources are disconnected and not publicly available restricting meaningful analysis of the impact of diversity efforts within the "dental pipeline" on access to dental care. Organizational politics pose a greater barrier to progress in this area than do methodological issues.