

## Research Brief

Carly Timmons McKenzie, PhD, is an associate professor at the University of Alabama at Birmingham School of Dentistry.

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# Home County Not Always a Predictor of Where Dental School Graduates Locate

**Authors:** Carly Timmons McKenzie, PhD; Bradley Munson; Brittany Flynn, MA

## Key Messages

- *As of 2024, there are 65 dentists per 100,000 population in urban counties compared to 33 in rural counties, a gap that may increase as younger dentists enter the workforce and gravitate toward urban areas. While existing research indicates that dentists who are from rural areas are more likely to practice in rural areas, the role of provider home county in practice decisions has not been examined.*
- *Practice patterns among graduates of one predoctoral dental school confirm that dentists who come from a rural home county are more likely to practice in a rural area; however, coming from a rural home county is not necessarily a predictor of rural practice. Only one-quarter of graduates who grew up in a rural home county returned to their specific home county to practice.*
- *While dental schools can have a significant impact on their states' rural supply of dentists, more interventions are needed from policymakers to address the larger economic factors that deter dentists from settling in rural areas.*

## Introduction

Recruitment and retention of dental providers in rural areas has been a major challenge in the U.S. for decades.<sup>1</sup> According to the latest data, nearly 25 million people live in areas with less than 1 dentist per 5,000 population,<sup>2</sup> and there are 64.7 dentists per 100,000 population in urban counties compared to 32.7 dentists in rural counties.<sup>3</sup> This urban-rural dentist supply gap has been growing for over two decades and will likely continue to do so as the dentist workforce undergoes a generational transition. Younger dentists tend to gravitate to urban areas after graduation,<sup>4</sup> and rural areas will lose more providers to an ongoing retirement surge among baby boomer dentists.<sup>5,6</sup>

Dentist shortages are one of several barriers rural communities face when it comes to accessing dental care, and rural communities tend to have worse oral health outcomes.<sup>7-10</sup> When it comes to rural dentistry, challenges exist for providers as well as for patients. While some dentists gravitate toward rural areas for close-knit communities with broad practice bases,<sup>11,12</sup> they must account for financial and non-financial barriers that accompany practicing in underserved areas. If a physical location for a dental practice is not already available in an underserved community, dentists would require considerable capital to establish and outfit a new practice – an especially difficult task for early career dentists with education debt.

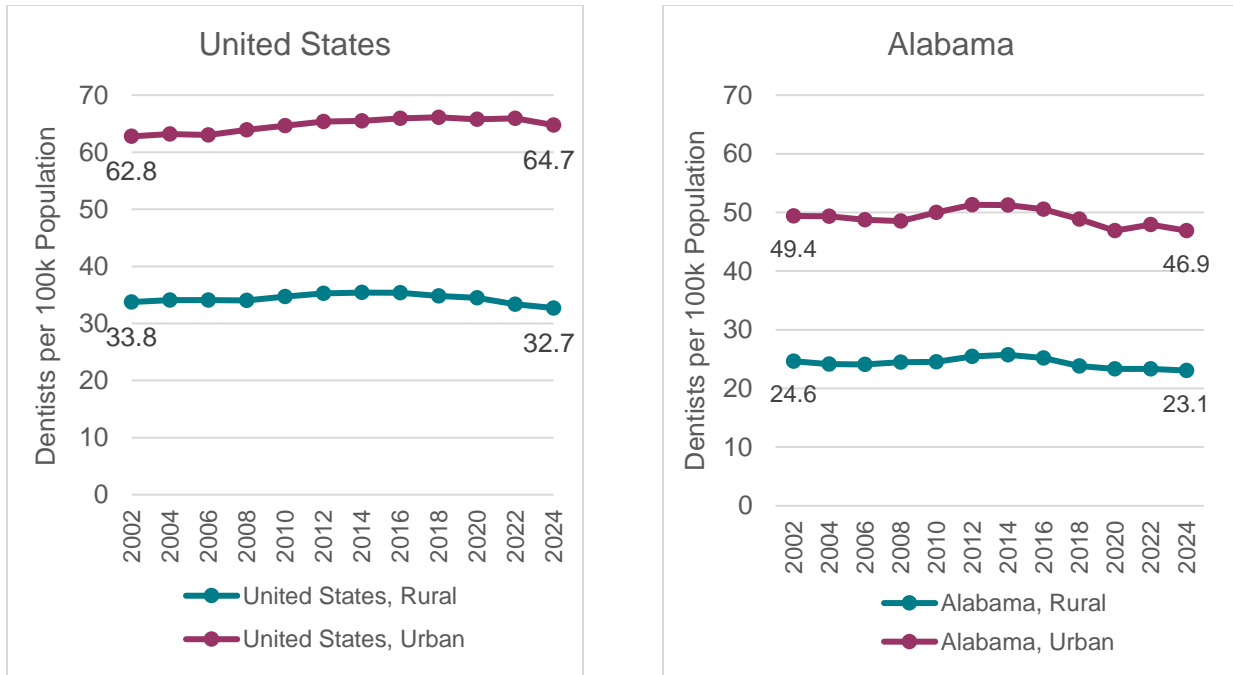
Finding a lucrative patient base might also prove difficult in rural areas. Access to dental benefits is limited in rural communities; nearly one-quarter of rural populations are covered by Medicaid,<sup>13</sup> and dental benefits are optional for adults under state Medicaid programs. Dental benefits coverage can vary considerably by state in terms of procedures covered and annual benefit maximums.<sup>14</sup> Having a patient pool that is reliant on public insurance programs that offer limited benefits may make financial stability difficult for rural dentists.<sup>10</sup> Recruitment of dental practice staff may also be more challenging in rural areas. Rural dentists who have been actively recruiting dental practice staff were more likely to say that recruiting dental hygienists is very or extremely challenging compared to dentists practicing in urban or suburban areas.<sup>15</sup> Staff shortages are an extension of general professional isolation and a lack of support from the broader medical community that rural health care providers face.<sup>11</sup> Providers may also hesitate to settle in rural areas due to fewer opportunities and amenities available to them and their families, such as employment prospects and educational systems.<sup>11,12</sup>

Generally, dentists who are from rural areas are more likely to practice in rural areas.<sup>1,12,16</sup> Even if not originally from rural areas, dental students may become inclined to settle in rural areas through clinical training in rural health clinics.<sup>17-19</sup> Personal connections to rural areas can also be encouraged via mentorship by rural providers.<sup>12</sup> Activities and experiences that help immerse future providers in the rural experience appear to promote the sense of community characteristic of rural practice.<sup>12, 20</sup>

Data are limited on the recruitment and retention trends of rural dental providers.<sup>21,22</sup> The role of dentists' home county in rural practice is unclear. Although some research has explored the link between relative size of practice community in relation to home county community,<sup>16</sup> the degree to which dentists return to their home county for professional practice is unknown.<sup>12</sup> Dental students who travel outside of their home county or state may settle in rural areas near their dental school,<sup>22</sup> but this is likely highly variable among dental schools.

The aim of the present study is to provide further understanding of where a rural state's dental school graduates practice in relation to their upbringing. Specifically, this paper explores how provider rural home county relates to rural dental practice in the case of Alabama using data on graduates from the University of Alabama at Birmingham School of Dentistry (UAB SOD). As of 2024, Alabama ranks 49th out of 50 states in terms of per capita supply of dentists with 40 dentists per 100,000 population compared to 60 nationally. Alabama also has a persistent gap in the urban vs. rural supply of dentists with 47 dentists per 100,000 population in urban counties compared to 23 in rural counties – a gap that has been persistent for decades.<sup>23</sup> It is therefore critical to understand the practice patterns of the graduates of Alabama's only dental school (Figure 1).

Figure 1: Supply of Dentists per 100,000 Population



Sources: ADA Health Policy Institute analysis of ADA masterfile; U.S. Census Bureau, Population Estimates Program; U.S. Census Bureau, National Population Totals and Components of Change: 2020-2024; Health Resources & Services Administration, Federal Office of Rural Health Policy (FORHP) Data Files.

## Results

UAB SOD produced 1,233 graduates from 2000 to 2020, of which 1,135 are included in this analysis. Nearly three-fourths (72 percent) of these graduates listed their home county as being in Alabama, 16 percent listed their home county as being in a neighboring state (Florida, Georgia, Mississippi, Tennessee), 6 percent listed their home county as being elsewhere in the U.S., and 5 percent identified as international.

The first set of analyses address how dentists' rural home county relates to rural practice. Home county was identified via UAB SOD commencement records. Among UAB SOD graduates in this sample with a known U.S. home county, 16 percent identified their home county as being located in a rural county, whether in Alabama or in another U.S. state (Table 1).

In addition, 16 percent of UAB SOD graduates hailed from a rural county specifically in Alabama. Across the board, graduates from rural counties were significantly more likely to practice in rural counties compared to graduates from urban counties. The percent of graduates from a non-rural home county but practicing in a rural area consistently hovered around 14 percent. Graduates from a rural home county practiced in rural areas at greater rates, ranging from 36 to 49 percent (Figure 2).

The second set of analyses address to what degree graduates return specifically to their home county for practice. Of the UAB SOD graduates from an Alabama home county, 74 percent were practicing in the state at the time of this analysis. For graduates who hailed from a rural Alabama county, 75 percent practiced in

the state. When graduates with home counties in Alabama worked elsewhere, they practiced across 33 states, but most commonly in Tennessee, Georgia, Florida, and North Carolina. Approximately 31 percent of UAB SOD graduates from outside Alabama practiced in the state.

The third set of analyses examine the link between graduates' home state and the likelihood of returning to home county for practice. Among all UAB SOD graduates, home state significantly correlates with returning to home county for practice (Table 2). More than one-quarter (28 percent) of UAB SOD graduates from Alabama returned to their home county for practice as opposed to 16 percent of those from neighboring states and 7 percent of those from another U.S. state (Figure 3).

While UAB SOD graduates with a home county in a rural area were more likely to practice in a rural area, upbringing in a rural home county did not necessarily predict a graduates' likelihood to return to their rural home county for practice. Among all UAB SOD graduates with a home county in Alabama, 28 percent returned to their home county for practice. Twenty-six percent of graduates from rural Alabama returned to their home county for practice (Table 3). Overall, only 12 percent of the UAB SOD graduates in this sample with a known home county practiced in rural Alabama, 88 percent of whom are from a Alabama home county. Not surprisingly, coming from a rural county in Alabama significantly predicted rural Alabama practice. Around one-third of rural Alabama dentists reported a rural Alabama upbringing, and 37 percent of graduates from rural Alabama ended up practicing in rural Alabama (Table 4, Figure 4).

## Discussion

Analyses of practice patterns among UAB SOD graduates are consistent with prior research finding

that health care providers from rural home counties are more likely to practice in rural areas.<sup>1,16,17</sup> The present findings suggest that graduates largely do not return to their home counties to practice, regardless of whether their home county is rural or urban. Not surprisingly, graduates who leave their home state for dental school are less likely to practice in their home county, but even among those who stay in-state for dental school, only about one-quarter return to their home counties for practice. Very few (about 10 percent) of rural Alabama dentists are from a home county outside of Alabama.

Our findings indicate that recruitment and development strategies limited to communities with great workforce shortages may not be necessary or particularly effective. Efforts would be better spent focusing on increasing dental school applicants from rural areas.

However, as most rural students from UAB SOD end up practicing in urban areas, continued workforce challenges in rural communities are expected in Alabama, regardless of any increased focus on enrollment of rural applicants. Even among the group with the highest return on rural practice – rural students staying in-state for dental school – they become the state's rural providers only about half of the time. This migration of rural Alabamian graduates to urban areas for practice, coupled with the fact that only about 16 percent of Alabama graduates are from rural Alabama, suggests that the 19 percent of graduates that practice in rural Alabama is actually a positive return.

There are more interventions needed when it comes to retaining dental school graduates in underserved areas. The UAB SOD has a greater number of graduates with home counties in Alabama than graduates practicing in Alabama. Although Alabama retains around 32 percent of out-of-state and/or international graduates in Alabama for practice, only about one-fifth work in rural areas of the state. Current

retention rates in rural Alabama are not enough to offset either the attrition among Alabamian dentists headed elsewhere for work post-graduation or the relocation of rural dentists to urban areas for practice.

Strategies beyond bolstering enrollment and admissions of rural residents into dental schools are necessary to increase the supply of rural dentists. Mentorship, service incentives, and curricular changes are some potential avenues that may increase rural practice.<sup>24</sup> Tapping into students' perceived professional responsibility to serve rural residents<sup>25</sup> and educating students about health disparities and access to care issues that rural residents face may help solidify or increase interest in rural dentistry.<sup>20</sup>

Dental education program-led interventions may help address the urban-rural supply gap, but it is unreasonable and impractical for academic institutions to be solely responsible for increasing the rural dentist workforce.<sup>26</sup> Resource constraints, limited curricular flexibility, and applicant pool characteristics limit the ability of dental schools to recruit and train students specifically for rural areas. Partnerships that leverage and direct resources from entities beyond the dental school may help drive recent graduates to rural areas, although the long-term retention outcomes of such initiatives are unknown.

Dental schools and other initiatives also cannot address larger macroeconomic forces that make health care providers hesitant to settle in rural areas, including lower anticipated wages,<sup>27</sup> rural hospital closures,<sup>28</sup> and limited financial incentive programs.<sup>11</sup> Rural patient bases need access to dental benefits and other forms of support such as transportation to dental appointments in order for rural dental practices to be financially sustainable. Because rural populations rely more on public forms of insurance such as Medicaid, reimbursement rates for Medicaid need to be

competitive with private insurance reimbursement. Reimbursement rates are the top barrier to Medicaid participation among dentists surveyed in eight states (not including Alabama).<sup>29</sup> As of mid-2025, Alabama is the only state in the U.S. that does not offer any Medicaid dental benefits, including emergency care, to its general adult population.<sup>14</sup>

This study has several limitations. First, practice locations are dynamic and at times hard to pinpoint. Although this study utilized multiple data sources to account for practice locations of graduates, some are undoubtedly incorrect or out-of-date. Second, concessions must be made when deciding which definition of rural to employ. The reliance on rural-urban continuum codes (RUCC) to indicate rural status can be problematic, especially when first-hand knowledge of an area is at odds with the official RUCC code status. Third, this study does not address workforce factors such as amount of time spent working in a county, patient populations served, and demographic indicators of practitioners. Thus, our understanding of dental care services provided and workforce needs is limited. Fourth, "home county" is self-reported among UAB SOD graduates completing their commencement records. Identification of "home county" was left entirely to their interpretation and is not based on a rigorous definition of the entity.

Dental education institutions in rural states may contribute to the future rural dental workforce by incorporating targeted strategies intended to develop and recruit qualified students from rural communities. However, dental students largely do not return to their home counties for practice. Although dental education institutions can deploy interventions in admissions and enrollment to increase dental student representation from rural communities, this approach alone appears to be insufficient to maintain a rural dental workforce.

**Table 1:** Summary of Relationship between UAB SOD Graduates' Home and Practice County RUCC Codes

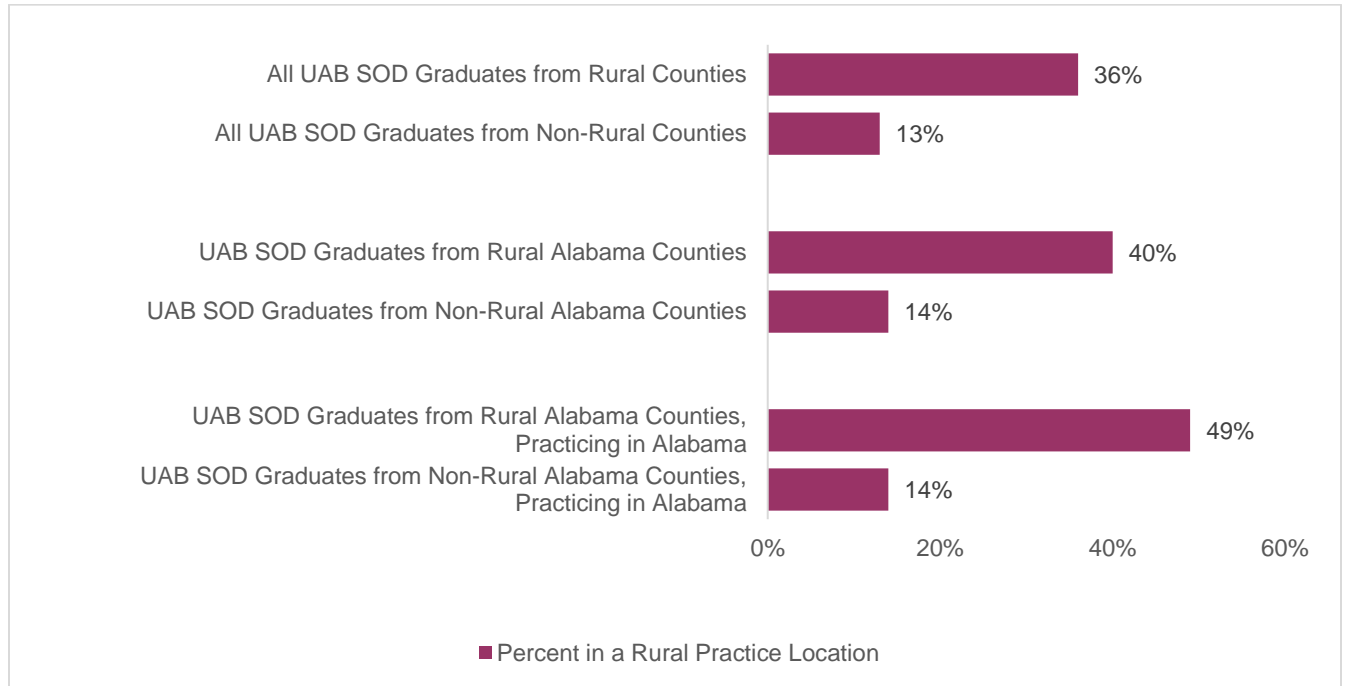
All UAB SOD Graduates <sup>^</sup>	Rural Practice Location - RUCC					χ <sup>2</sup>	p
	Home County - RUCC	Rural (%)	Non-Rural (%)	Rural (N)	Non-Rural (N)		
Rural	36%	64%	65	114	179	58.42	<0.001*
Non-Rural	13%	87%	128	828	956		
Total	17%	83%	193	942	1,135		

UAB SOD Graduates Home County in Alabama <sup>^</sup>	Rural Practice Location - RUCC					χ <sup>2</sup>	p
	Home County - RUCC	Rural (%)	Non-Rural (%)	Rural (N)	Non-Rural (N)		
Rural	40%	60%	54	82	136	51.20	<0.001*
Non-Rural	14%	86%	104	631	735		
Total	18%	82%	158	713	871		

UAB SOD Graduates Home County and Practice in Alabama	Rural Practice Location - RUCC					χ <sup>2</sup>	p
	Home County - RUCC	Rural (%)	Non-Rural (%)	Rural (N)	Non-Rural (N)		
Rural	49%	51%	50	53	103	64.02	<0.001*
Non-Rural	14%	86%	80	476	556		
Total	20%	80%	130	529	659		

**Source:** HPI analysis of University of Alabama at Birmingham School of Dentistry commencement records, 2000-2020; HPI analysis of office database data, 2022. **Notes:** UAB SOD: University of Alabama at Birmingham School of Dentistry. RUCC: Rural-urban continuum code. <sup>^</sup> Included living with U.S. home county known. \* Significant at α = 0.05.

**Figure 2:** Relationship Between UAB SOD Graduates' Home and Practice Rural Counties



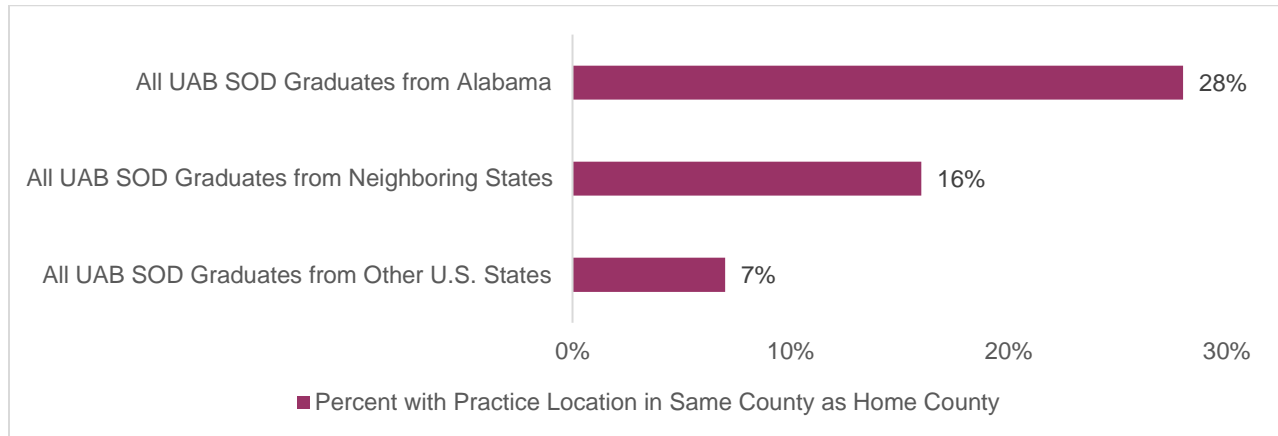
**Source:** HPI analysis of University of Alabama at Birmingham School of Dentistry commencement records, 2000-2020; HPI analysis of office database data, 2022. **Notes:** UAB SOD: University of Alabama at Birmingham School of Dentistry.

**Table 2:** Graduates Returning to Home County for Practice by State

All UAB SOD Graduates <sup>^</sup>	Practice Location – Same County as Home County						$\chi^2$	<i>p</i>
	Yes (%)	No (%)	Yes (N)	No (N)	Total (N)			
Home County – State								
Alabama	28%	72%	245	626	871	24.79 <sup>^^</sup>	<0.001*	
Neighboring State	16%	84%	31	162	193			
Other U.S. State	7%	93%	5	65	70			
Total	25%	75%	281	853	1,134			

**Source:** HPI analysis of University of Alabama at Birmingham School of Dentistry commencement records, 2000-2020; HPI analysis of office database data, 2022. **Notes:** UAB SOD: University of Alabama at Birmingham School of Dentistry. RUCC: Rural-urban continuum code. <sup>^</sup> Included living with U.S. home county known. \* Significant at  $\alpha = 0.05$ . <sup>^^</sup>Pairwise Comparisons: Alabama vs Neighboring  $\chi^2 = 11.97$ ,  $p < 0.001^*$ ; Alabama vs. Other  $\chi^2 = 14.63$ ,  $p < 0.001^*$

**Figure 3:** Percent of UAB SOD Graduates Returning to Home County for Practice



**Source:** HPI analysis of University of Alabama at Birmingham School of Dentistry commencement records, 2000-2020; HPI analysis of office database data, 2022. **Notes:** UAB SOD: University of Alabama at Birmingham School of Dentistry.

**Table 3:** Summary of How Many Graduates Return to Home County for Practice by Home County Rural Status

All UAB SOD Graduates <sup>^</sup>	Practice Location – Same County as Home County						$\chi^2$	<i>p</i>
	Home County - RUCC	Yes (%)	No (%)	Yes (N)	No (N)	Total (N)		
Rural		21%	79%	38	140	178	1.33	0.248
Non-Rural		25%	75%	243	713	956		
Total		25%	75%	281	853	1,134		

All UAB SOD Graduates Home County in Alabama <sup>^</sup>	Practice Location – Same County as Home County						$\chi^2$	<i>p</i>
	Home County - RUCC	Yes (%)	No (%)	Yes (N)	No (N)	Total (N)		
Rural		26%	74%	35	101	136	0.457	0.499
Non-Rural		29%	71%	210	525	735		
Total		28%	72%	245	626	871		

All UAB SOD Graduates Home County Not in Alabama	Practice Location – Same County as Home County						$\chi^2$	<i>p</i>
	Home County - RUCC	Yes (%)	No (%)	Yes (N)	No (N)	Total (N)		
Rural		7%	93%	3	39	42	1.81	0.178
Non-Rural		15%	85%	33	188	221		
Total		14%	86%	36	227	263		

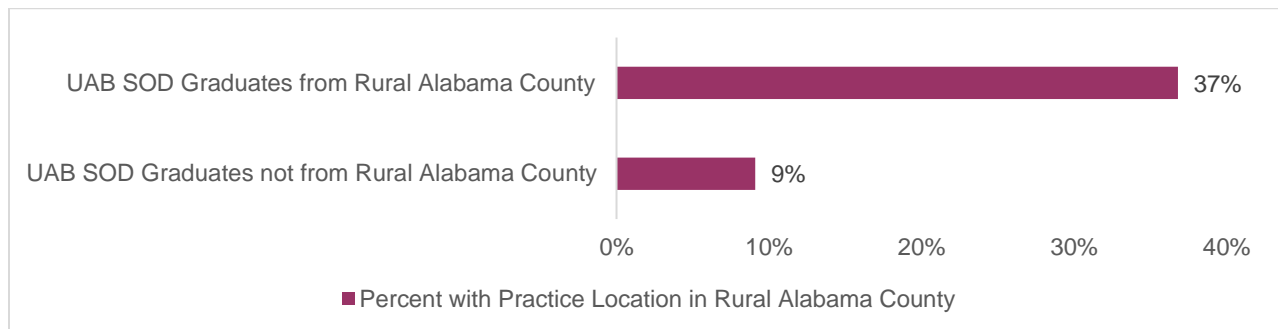
**Source:** HPI analysis of University of Alabama at Birmingham School of Dentistry commencement records, 2000-2020; HPI analysis of office database data, 2022. **Notes:** UAB SOD: University of Alabama at Birmingham School of Dentistry. RUCC: Rural-urban continuum code. <sup>^</sup> Included living with U.S. home county known.

**Table 4:** Rural Alabama Practice as Predicted by Rural Alabama Home County

Graduates Practicing in U.S. with Known Home County	Practice in Rural Alabama County							$\chi^2$	<i>p</i>
	Home County in Rural Alabama	Yes (%)	No (%)	Yes (N)	No (N)	Total (N)	% from Rural AL		
Yes	36.8%	63.2%	50	86	136	11.3%	85.63	<0.001*	
No	9.1%	90.9%	97	966	1,063	88.7%			
Total	-	-	147	1,052	1,199				

**Source:** HPI analysis of University of Alabama at Birmingham School of Dentistry commencement records, 2000-2020; HPI analysis of office database data, 2022. **Notes:** UAB SOD: University of Alabama at Birmingham School of Dentistry. RUCC: Rural-urban continuum code. \* Significant at  $\alpha = 0.05$ .

**Figure 4:** Rural Alabama Practice as Predicted by Rural Alabama Home County



**Source:** HPI analysis of University of Alabama at Birmingham School of Dentistry commencement records, 2000-2020; HPI analysis of office database data, 2022. **Notes:** UAB SOD: University of Alabama at Birmingham School of Dentistry.

## Data & Methods

This research brief is based on current practice locations in relation to self-reported home county for the University of Alabama at Birmingham School of Dentistry (UAB SOD) 2000-2020 graduate classes. Researchers from UAB SOD cross-examined practice location data housed within the registrar and alumni offices with the ADA Health Policy Institute 2022 office database. This database is based on all practicing dentists in the U.S. for whom HPI can assign at least one practice location address via various data sources. It includes analysis of 191,669 out of 202,401 practicing dentists in the U.S. UAB SOD commencement records informed graduates' home county location.

We generated and analyzed practice location data for UAB SOD graduate classes of 2000-2020. UAB SOD awarded 1,233 DMD degrees during this time frame, of whom 1,225 (99.4%) graduates are living. Sixty-nine graduates' home county was either international or unknown. If multiple practice locations were identified, the single location included for analysis represented the highest degree of rurality and/or in-state status.

### Home County Rural Status

Home county was determined based on the hometown listed in commencement records. Rural status of said county relied on the 2023 issuance of rural-urban continuum codes (RUCC).<sup>30</sup> Code descriptions

distinguished metropolitan from nonmetropolitan counties. Dichotomous categories differentiated rural (codes 4-9) from non-rural (codes 1-3) counties.<sup>30</sup>

*Home County State*

This variable grouped home county locations into four categories: Alabama, neighboring state (Florida, Georgia, Mississippi, Tennessee), other U.S. state, and international.

*Practice County Rural Status*

Rural status of practice county relied on rural-urban continuum codes (RUCC) in the 2023 issuance.<sup>30</sup> Code descriptions distinguished metropolitan from nonmetropolitan counties. Dichotomous categories

differentiated rural counties (codes 4-9) from non-rural counties (codes 1-3).

*Practice State*

This variable grouped practice locations into three categories: Alabama, neighboring state (Florida, Georgia, Mississippi, Tennessee), and other U.S. state. Those graduates associated with an unknown or international practice location were excluded.

*Return to Home County for Practice*

This dichotomous variable separated those graduates who practice in the same county as their listed home county from those who practice outside their home county.

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401 N. Michigan Ave.  
Ste. 3300  
Chicago, Illinois 60611  
312.440.2928  
[hpi@ada.org](mailto:hpi@ada.org)

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