Dental Hygienist Survey

Instructions:

The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current Dentistry workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us advance the practice of Dentistry and to improve the health of all Virginians. By law, information collected as part of this survey is confidential. License numbers and other individually identifying information are removed from Healthcare Workforce Data Center data sets. The Healthcare Workforce Data Center only releases information in the aggregate or to qualified research organizations who meet our strict confidentiality standards. Participation in this survey is voluntary. You may exit the survey at any time by scrolling to the bottom and pushing the "Submit" button or by clicking on the "Finish" button at the bottom of the left sidebar. Note: Clicking "Finish" will finalize your renewal application.

The survey questions are designed to allow comparisons across professions, and among state and federal data collection efforts. Some of the questions, particularly the demographic questions, match Federal data collection standards.

Educ	ation and Background	
1)	Year of Birth:	Dropdown: 2000 to 1920 (reverse order)
2)	Sex:	Dropdown: Male/Female
	Please select the items that best describe your race/ethnicity. Please answer both question 3a about Hispanic origin and 3b about race/ethnicity.	
3a)	Select one:	Check one
		Hispanic, Latino or Spanish Origin
		Not Hispanic, Latino or Spanish Origin
3b)	Select all that apply:	Check all that apply
		White
		Black or African American
		American Indian or Alaska Native
		Asian
		Native Hawaiian or Pacific Islander
		Some other race
3c)	If some other race, please specify:	Fill in the blank
4)	Where did you graduate from high school (Secondary School)?	Dropdown
		Outside of the US or Canada
		Canada
		57 US States and Territories

5) Was your childhood spent mostly in rural, urban or suburban areas? Dropdown: urban, rural, suburban Dropdown Did not obtain an undergraduate degree Outside of the US or Canada Canada 57 US States and Territories 7) Where did you obtain the degree that initially qualified you to practice dental hygiene? Dropdown Outside of the US or Canada Canada 57 US States and Territories 8) Please indicate the highest level of dental hygienist education you have completed as of today. Certificate Associate Degree Bachelor Degree Post Graduate Certificate Masters Degree Doctorate 9) Do you hold an active license to practice dental hygiene in any other jurisdiction? Certificate Kentucky Maryland North Carolina Tennessee West Virginia One or more other US states Current Employment Status			
6) Where did you obtain your undergraduate degree? Dropdown Did not obtain an undergraduate degree Outside of the US or Canada Canada 57 US States and Territories 7) Where did you obtain the degree that initially qualified you to practice dental hygiene? Dropdown Outside of the US or Canada Canada 57 US States and Territories 8) Please indicate the highest level of dental hygienist education you have completed as of today: By Please indicate the highest level of dental hygienist education you have completed as of today: Certificate Associate Degree Bachelor Degree Post Graduate Certificate Masters Degree Doctorate 9) Do you hold an active license to practice dental hygiene in any other jurisdiction? Check all that apply District of Columbia Kentucky Maryland North Carolina Tennessee West Virginia One or more other US states	5)	Was your childhood spent mostly in rural, urban or suburban areas?	Drondown: urban rural suburban
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8) Please indicate the highest level of dental hygienist education you have completed as of today: Certificate	,		Outside of the US or Canada
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Post Graduate Certificate Masters Degree Doctorate 9) Do you hold an active license to practice dental hygiene in any other jurisdiction? Check all that apply District of Columbia Kentucky Maryland North Carolina Tennessee West Virginia One or more other US states			Associate Degree
Masters Degree Doctorate 9) Do you hold an active license to practice dental hygiene in any other jurisdiction? Check all that apply District of Columbia Kentucky Maryland North Carolina Tennessee West Virginia One or more other US states			
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District of Columbia Kentucky Maryland North Carolina Tennessee West Virginia One or more other US states			Doctorate
District of Columbia Kentucky Maryland North Carolina Tennessee West Virginia One or more other US states			
Kentucky Maryland North Carolina Tennessee West Virginia One or more other US states	9)	Do you hold an active license to practice dental hygiene in any other jurisdiction?	
Maryland North Carolina Tennessee West Virginia One or more other US states			District of Columbia
North Carolina Tennessee West Virginia One or more other US states			
Tennessee West Virginia One or more other US states			
West Virginia One or more other US states			North Carolina
One or more other US states			
Current Employment Status			One or more other US states
Current Employment Status			
	Curre	ent Employment Status	
10 Which choice best describes your <i>current</i> employment or work situation? **Dropdown** **Dropdown**	10	Which choice best describes your <i>current</i> employment or work situation?	Dropdown
			<u>'</u>
Employed in a dental hygiene related capa			Employed in a dental hygiene related capacity.
			Employed, NOT in a dental hygiene related
capacity.			
I am retired.			

		Voluntarily unemployed (including for medical reasons).
		Involuntarily unemployed.
11)	Overall, and taking into account all positions you fill, how satisfied are you with your <i>current</i> employment or work situation?	Dropdown
		Very satisfied
		Somewhat satisfied
		Somewhat dissatisfied
		Very dissatisfied
12)	How many positions do you currently hold?	Dropdown
	Note: There is no legal standard for part-time work, and each employer defines part-time work differently. Part-time work generally refers to workweeks of 35-hours per week or less. Per diem, temporary, contract, self-employed and seasonal workers, and workers subject to annual	
	limits on hours should consider average hours spent working over the term of employment.	Not currently working
		One part-time position
		One full-time position
		Two part-time positions
		One full-time position & one part-time position
		Two full-time positions
		More than two positions
40\	Considering all postions vary comments fill bourless is your everyone workwork?	Disa a dayya
13)	Considering all postions you <i>currently</i> fill, how long is your average workweek?	Dropdown I am not currently working
		1 to 4 hours
		5 to 9 hours
		10 to 14 hours
		15 to 19 hours
		20 to 24 hours
		25 to 29 hours
		30 to 34 hours
		35 to 39 hours
		40 to 44 hours
		45 to 49 hours
		50 to 54 hours
		55 to 59 hours
		60 to 64 hours

		65 to 69 hours
		70 to 74 hours
		75 to 79 hours
		80 or more hours
	ess otherwise noted, the rest of the questions draw on your experiences over the past 12 reported in a capacity that drew on dental hygiene background, please skip to question 37.	nonths. If you did not work in the past 12
Prir	nary Work Location	
Que: /ou : curre	stions 14 to 20 refer to your primary place of employment, work or practice (volunteer or paid) over spend the most work hours during an average workweek or where you spent the most weeks wo ently work at this location. These questions refer to a location, not an employer. Persons who coorary workers, home health, multi-facility rounds) should choose the location where they are bas	rking in the past 12 months. You do not need to onsistently work in multiple locations (e.g.
	Please select the Virginia County or Independent City, or other location, of your primary place of	f
14	employment, work or practice:	Dropdown:
• • • •		Outside of US
		Virginia Border State/DC
		Other US State
		List of Virginia's Cities and Counties
		List of Virginia's Cities and Counties
15)	How long have you worked at this particular location?	Dropdown
		I do not currently work at this location
		Less than 6 months
		6 months to 1 year
		1 to 2 years
		3 to 5 years
		6 to 10 years
		More than 10 years
		Word than To years
	Approximate number of weeks at which at least some time was spent at this work location	Dropdown: 1 week - 52 weeks
(6a)	within the past twelve months (exclude vacation, medical leave, etc):	
,		
6b)	How many hours do you (or did you) work in an average workweek at this location?	Dropdown
/		1 to 4 hours
		5 to 9 hours
		10 to 14 hours
		15 to 19 hours

		25 to 29 hours
		30 to 34 hours
		35 to 39 hours
		40 to 44 hours
		45 to 49 hours
		50 to 54 hours
		55 to 59 hours
		60 to 64 hours
		65 to 69 hours
		70 to 74 hours
		75 to 79 hours
		80 or more hours
	In the average workweek at this location, roughly what percentage of your working hours were	Dropdown: (for each sub-question)
17)	spent in the following roles: (Answers should roughly equate to 100%).	
17a)	Administration or business-related matters	None
17b)	Direct patient care, including patient education and coordination of care	1% to 9%
17c)	Education of health professions students (including acting as preceptor)	10% to 19%
17d)	Formal research	20% to 29%
17e)	Other	30% to 39%
ĺ		40% to 49%
		50% to 59 %
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
18)	Average number of patient care visits you conduct(ed) at this location per week:	None
		1 to 24
		25 to 49
		50 to 74
		75 to 99
		100 to 124
		125 to 149
		150 to 174
		175 to 199
		200 or more
19a)	Please select the choice that best describes this location's organizational sector:	Dropdown

	For-profit (e.g. private practice, corporate)		
	Non-profit (including religious affiliated)		
	State/local-government		
	US military		
	Veterans Administration		
	Other federal government		
19b) Please select the choice that best describes this practice setting:	Dropdown:		
	Solo practice/Partnership		
	Group practice		
	Dental/Health Clinic		
	Hospital/health system		
	Nursing home/long term care facility		
	Public health program		
	K-12 school or non-dental college		
	Dental School (including combined		
	dental/dental hygiene)		
	Dental Hygiene program, community college		
	Dental Hygiene program, technical school		
	Corrections		
	Insurance		
	Supplier organization		
	Other		
19c) If you selected "other practice setting" please provide a brief description:	Open-ended		
20) Please indicate how you are (were) personally compensated for activities at this location:	Dropdown		
	Salary/Commission (excluding salaries from		
	owners/partners)		
	Business/Practice income (including salaries of		
	owners/partners)		
	Hourly wage		
	By contract, per diem, traveling		
	Volunteer, unreimbursed		
If you only had one practice location in the past 12 months, please skip to question 31. If yo	ou had additional practice locations, please		
continue.	continue.		
Secondary Work Location			

Questions 21 to 28 refer to your secondary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the second most work hours during an average workweek or where you spent the second most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.

	Is this location with the same employer or practice as your primary location, or a different	
24		Drandaum
21	employer/practice?	Dropdown
		Same employer or practice
		Different employer or practice
	Please select the Virginia County or Independent City, or other location, of your primary place of	
221	employment, work or practice:	Dropdown:
<u></u>		Outside of US
		Virginia Border State/DC
		Other US State
		List of Virginia's Cities and Counties
		List of Virginia's Cities and Counties
23)	How long have you worked at this location?	Dropdown
		I do not currently work here
		Less than 6 months
		6 months to 1 year
		1 to 2 years
		3 to 5 years
		6 to 10 years
		More than 10 years
	Approximate number of weeks at which at least some time was spent at this work location	Dropdown: 1 week - 52 weeks
24a)	within the past twelve months (exclude vacation, medical leave, etc):	Propuemii r week ez weeke
24b)	How many hours do you (or did you) work in an average workweek at this location?	Dropdown
		1 to 4 hours
		5 to 9 hours
		10 to 14 hours
		15 to 19 hours
		20 to 24 hours
		25 to 29 hours
		30 to 34 hours
		35 to 39 hours

		40 to 44 hours
		45 to 49 hours
		50 to 54 hours
		55 to 59 hours
		60 to 64 hours
		65 to 69 hours
		70 to 74 hours
		75 to 79 hours
		80 or more hours
	In the average workweek at this location, roughly what percentage of your working hours were	Dropdown: (for each sub-question)
25)	spent in the following roles: (Answers should roughly equate to 100%).	
	Administration or business-related matters	None
25b)	Direct patient care, including patient education and coordination of care	1% to 9%
	Education of health professions students (including acting as preceptor)	10% to 19%
	Formal research	20% to 29%
	Other	30% to 39%
/		40% to 49%
		50% to 59 %
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
		10070
26)	Average number of patient care visits you conduct(ed) at this location per week:	None
20)	Trivorage number of patient date viole year conduct(ou) at the location per wook.	1 to 24
		25 to 49
		50 to 74
		75 to 99
		100 to 124
		125 to 149
		150 to 174
		175 to 199
		200 or more
2701	Please select the choice that best describes this location's organizational sector:	Dropdown
27a)	r idase select tile choice that best describes this location's organizational sector.	
		For-profit (e.g. private, corporate)
		Non-profit (including religious affiliated)
<u> </u>		State/local-government

		US military
<u> </u>		Veterans Administration
		Other federal government
		Other rederal government
27b)	Diagon colors the choice that best describes this practice acting.	Dropdown:
270)	Please select the choice that best describes this practice setting:	
		Solo practice/Partnership
		Group practice
		Dental/Health Clinic
		Hospital/health system
		Nursing home/long term care facility
		Public health program
		K-12 school or non-dental college
		Dental School (including combined
		dental/dental hygiene)
		Dental Hygiene program, community college
		Dental Hygiene program, technical school
		Corrections
		Insurance
		Supplier organization
		Other
27c)	If you selected "other practice setting" please provide a brief description:	Open-ended
210)		open ended
28)	Please indicate how you are (were) personally compensated for activities at this location:	Select all that apply:
20)	Todase indicate now you are (were) personally compensated for delivities at this location.	Salary/Commission (excluding salaries from
		owners/partners)
		Business/Practice income (including salaries of
		` ` `
		owners/partners)
		Hourly wage
		By contract, per diem, traveling
		Volunteer, unreimbursed
<u> </u>		
If you	u had only two locations in the past 12 months, please skip to question 31. If you had a	dditional practice locations, please continue.
29)	How many total work locations have you had over the past 12 months?	Dropdown
,		3
		4
		5
		6 or more
	<u>I</u>	10 00.0

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20)	Lleur manner une de la patienne de vieur house en granth ()	Duondows
30)	How many work locations do you have currently?	Dropdown
		3
		4
		5
		6 or more
Emp	 loyment Information	
The and	Healthcare Workforce Data Center collects compensation information to assess the bate to assist students in planning health careers and choosing specialties. Information from confidentiality of information for these and all questions is protected by law. All questions	m these questions will only be presented in the aggregate.
31)	Within the past 12 months, have you experienced any of the following:	Check all that apply
		Voluntary unemployment (including for medical reasons)?
		Involuntary unemployment?
		Switched employers/practices?
		Worked part-time or temporary positions, but
		would have preferred a full-time or permanent
		position?
		Worked two or more positions at the same
		time?
20)		
32)	What is your estimated annual net income from dental hygiene related activities?	Dropdown:
		Volunteer work only
		Less than \$20,000
		\$20,000-\$29,999
		\$30,000-\$39,999
		\$40,000-\$49,999
		\$50,000-\$59,999
		\$60,000-\$69,999
		\$70,000-\$79,999
		\$80,000-\$89,999
		\$90,000-\$99,999
		\$100,000 or more
22)	Do you receive any of the following benefits from any current employer?	Chook all that apply:
33)	Do you receive any of the following benefits from any <i>current</i> employer?	Check all that apply:
		Paid Vacation
		Paid Sick Leave
		Health Insurance

		Dental Insurance
		Retirement (401k, Pension, etc.)
		Group Life Insurance
		Signing/retention bonus
		olgrinig/reconsider period
34)	What is your estimated current educational debt?	Dropdown:
,	,	None
		Less than \$10,000
		\$10,000-\$19,999
		\$20,000-\$29,999
		\$30,000-\$39,999
		\$40,000-\$49,999
		\$50,000-\$59,999
		\$60,000-\$69,999
		\$70,000-\$79,999
		\$80,000-\$89,999
		\$90,000-\$99,999
		\$100,000 or more
35)	At what age do you plan to retire from dental hygiene?	Dropdown
		Under age 50
		50 to 54
		55 to 59
		60 to 64
		65 to 69
		70 to 74
		75 to 79
		80 or over
		I do not intend to retire
36)	Within the next two years do you plan to do any of the following:	Check all that apply
		Retire
		Cease working in the dentistry field
		Continue working in the dentistry field, but
		cease working in Virginia
		Increase patient care hours
		Decrease patient care hours
		Increase time spent teaching dental hygiene
		Decrease time spent teaching dental hygiene

		Pursue additional education in the dentistry field
		,
End	of Questionnaire for active practitioners-Thank you!	
	·	
	If you did not practice, teach or otherwise work in dental hygienewithin the past twelve months,	
37)	did/are you?	Check all that apply:
,		I am retired.
		Work occasionally for
		charity/consultation/special patients?
		Pursue education or certifications in the field of
		dentistry?
		Pursue education outside of the field of
		dentistry?
		Work in another profession or field?
		Experience temporary voluntary
		unemployment (including for medical reasons)?
		Experience temporary involuntary
		unemployment?
	Do you provide any volunteer, mentoring or other services within dental hygiene in Virginia? If	
38)	so, approximately how many hours in the past year?	Dropdown:
		None
		1-25 hours
		26-50 hours
		51-75 hours
		76-100 hours
		Over 100 hours
39)	Do you expect to begin working in dental hygiene in Virginia? If so, when?	Dropdown:
		Not currently planning to practice/work in
		Virginia
		Plan to practice/work in a volunteer capacity
		Yes, within the next year
		Yes, within 1-2 years
		Yes, within 3-5 years
		Yes, in more than 5 years
		Yes, do not know when

End of Questionnaire-Thank you!