Dear Dentist,

This survey is the collaborative effort of the Utah Medical Education Council, the Utah Department of Health, and the Utah Dental Association, with the cooperation of the Division of Occupational and Professional Licensing. Your response to this survey is crucial in determining the active dentist workforce characteristics and distribution in Utah. The data requested will be kept strictly confidential. For any further questions, please contact Utah Medical Education Council at 526-4550. Please return the completed survey in the envelope provided.

Sincerely,

David F. Squire
Executive Director
Utah Medical Education Council

Dr. Scott Theurer
President
Utah Dental Association

Dr. Steven Steed
State Dental Health Director/CFHS
Utah Department of Health

Utah Dentist Workforce Survey 2012

1. What is your practice status? (Please check one of the following)
   - [ ] Do Not Provide Any Services in Utah
   - [ ] Active Full Time Practitioner in Utah
   - [ ] Active Part Time Practitioner in Utah
   - [ ] Retired and Provide Voluntary/Charity Service Only in Utah
   - [ ] Occasional Practice in Utah
   - [ ] Dental School Faculty in Utah
   - [ ] Other (please specify) ________________________________

2. If you DO NOT PROVIDE services in Utah, why do you maintain a license in Utah? Please check all that apply:
   - [ ] Future Practice Options
   - [ ] Recently Moved from Utah
   - [ ] Occasional Practice in Utah
   - [ ] Military Medical License
   - [ ] Family/Volunteer Treatment
   - [ ] Other (please specify) ________________________________

3. If you DO NOT PROVIDE services in Utah, what state are you currently practicing in? __________

4. If you DO NOT PROVIDE services in Utah, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your choice:
   - Climate: _________
   - Wages/Payscale: _________
   - Lifestyle: _________
   - Family: _________
   - Dental School Debt Load: _________
   - Other (Specify): _________

   IF YOU DO NOT PROVIDE SERVICES IN UTAH STOP HERE AND RETURN THE SURVEY. THANK YOU.
5. If you PROVIDE services in Utah, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your choice:

- Climate: ________
- Payscale/Wages: ________
- Lifestyle: ________
- Family: ________
- Cost of Living: ________
- Other (Specify): ________

6. Did you practice in another state prior to practicing in Utah? □ Yes □ No
   If Yes, (a) for how long? ________ Yrs  (b) In which state? ________  (c) Why did you leave to come practice in Utah? ________

DEMOGRAPHICS

7. (a) Gender: □ Male □ Female  (b) Age: ________
8. Are you of Hispanic ethnicity? □ Yes □ No
9. What is your race?
   □ Caucasian □ Pacific Islander □ American Indian
   □ African American □ Asian □ Other (please specify) ________

10. (a) Where did you spend the majority of your upbringing?
    City/Town: _________________________  County: _____________  State: ______  Zip Code: ______
    (b) Estimated population of the City/Town at the time of your upbringing:
        □ ≤ 2,500  □  2,500 to 9,999  □  10,000 to 49,999  □  150,000 to 249,999
        □ 2,500 to 9,999  □  50,000 to 149,999  □  250,000 ≥

11. (a) Did you come back to practice in the area where you were brought up? □ Yes □ No
    (b) Do you intend to come back to practice in the area where you were brought up? □ Yes □ No

EDUCATION

12. Please provide the following information about the institution from which you received an undergraduate degree:
    State: ______  Year of Degree: ______  Check one that applies: □ State School □ Private School

13. Please provide the following information about the institution from which you received a doctorate (DDS or DMD) degree:
    State: ______  Year of Degree: ______  Check one that applies: □ State School □ Private School

14. If you specialized in a field of dentistry, please provide the following information about the specialty and the institution at which you earned the specialist degree:
    Specialty: ________________________  Institution: ___________________________  Year of Degree: ______

EDUCATIONAL DEBT

15. What was the total educational debt for your undergraduate degree (including fees and living expenses)? $___________

16. What was your total educational debt for dental school (including fees and living expenses)? $___________

17. What was your total educational debt for your post-graduate degree (including fees and living expenses)? $___________

18. What is your monthly payment for all your educational debts? $___________

19. Did you receive loan reimbursement or other form of loan payment help? □ Yes □ No
    If Yes, from which program or agency? __________________________________________________________________________________________

20. Would you be willing to practice in the underserved areas of Utah if your debt load could be reduced? □ Yes □ No

INCOME

21. What is your Individual Annual Gross Production for the year 2011? $___________
22. What is your average yearly net income after tax deductions?

☐ < $50,000  ☐ $125,000 - $149,999  ☐ $225,000 - $249,999
☐ $50,000 - $74,999  ☐ $150,000 - $174,999  ☐ $250,000 - $274,999
☐ $75,000 - $99,999  ☐ $175,000 - $199,999  ☐ $275,000 - $299,999
☐ $100,000 - $124,999  ☐ $200,000 - $224,999  ☐ > $300,000

23. Compared to five years ago has your net income:

☐ Increased by _____%  ☐ Decreased by _____%  ☐ Remained the same

24. How often do you/your employer raise fees (Check one that applies)?

☐ Biannually  ☐ Annually  ☐ Every other year  ☐ Other (please specify) __________

25. When is the next fee raise scheduled for? _______ (Please fill in with a year. For example, 2012)

PRACTICE SETTINGS & CHARACTERISTICS

26. In a typical workweek, indicate your current practice setting(s) and the hour of practice in each setting:

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Location I</th>
<th>Location II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Zip Code</td>
<td>Hrs/Week</td>
</tr>
<tr>
<td>Private Practice - Solo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Practice - Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Affiliated Practice (Eg.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monarch Dental)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health/ Low-Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory Agency/Govt.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armed Forces/ Other Federal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Facility/ Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. At your primary dental practice setting, are you ☐ an employed dentist ☐ an owner/partial owner?

28. In a typical work week, how many of the following staff members work at your practice settings?

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Location I</th>
<th>Location II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Num. of Staff</td>
<td>Total Hrs/Week (for all staff in this category)</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>#__________</td>
<td>__________</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>#__________</td>
<td>__________</td>
</tr>
<tr>
<td>Office/Admin Staff</td>
<td>#__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

29. Mark all the services that you provide under the scope of your primary practice:

☐ Endodontics ☐ Oral/Maxillofacial Surgery ☐ Pediatric Dentistry ☐ Public Health
☐ General Dentistry ☐ Oral Pathology ☐ Periodontics ☐ Other __________
☐ Geriatrics ☐ Orthodontics ☐ Prosthodontics

30. Please check the technology(s) that you currently use in your practice (please check all that apply):

☐ Electronic (patient) Medical Record (EMR) system ☐ e-Prescribing system ☐ Electronic Patient Panel
☐ Health Information Exchange ☐ Digital Standard X-Rays ☐ Digital Panoramic X-Rays
☐ None of the above

31. How many hours per week do you spend in each of the following categories?

Patient Care: Hrs/wk _______  Teaching: Hrs/wk _______  Research: Hrs/wk _______
32. At what age are you planning to retire completely from dentistry? __________

33. Are you planning to reduce hours before retirement? □ Yes □ No
   If YES, How many hours will you work after this reduction of hours? __________

34. Do you plan to relocate within the next 5 years? □ Yes □ No
   If yes, check one: □ Leave Utah □ Urban to Urban location within Utah □ Rural to Urban location within Utah
   □ Rural to Rural location within Utah □ Urban to Rural location within Utah

35. Does your office provide non-emergency services in non-traditional hours? □ Yes □ No (traditional hours being M-F 8am to 5pm)
   If Yes, please provide your office hours: ________________________________

36. On average, what is the number of patients you see per month? __________

37. On average, how many days must patients wait for an appointment?
   New Patients: _______ days   Established Patients: _______ days

38. Do you or your staff members provide services in any language(s) other than English? □ Yes □ No
   If yes, please list the language(s): ___________________ ___________________ ___________________

39. Do you or your staff members provide services in sign language? □ Yes □ No

40. Please list the number of plans you participate in: HMOs #_________ PPOs #_________

41. What approximate percentage (%) of your patients belong to the following age groups:
   ≤ 1 Yr __%   2-4 Yrs __%   5-17 Yrs __%   18-44 Yrs __%   45-64 Yrs __%   ≥65 Yrs __%

42. Do you provide charity care? □ Yes □ No (charity does not include write-offs)
   a. In Utah: $ __________________ per year
   b. Outside Utah: $ __________________ per year
   c. In Utah, for whom do you provide charity?
      □ Children only   □ Senior Citizens only   □ Any person in need   □ Other (Specify): ____________

43. What percent of your gross production comes from the care you provide to the following patients per month:
   Medicaid: ______% Self-Pay: ______% CHIP: ______% Privately Insured: ______%  

44. Are you taking new patients in any of these categories?
   □ Fee for Service □ Medicaid □ CHIP □ Other Insured □ Charity □ None/ Practice is Full
   a. If you DID NOT CHECK the MEDICAID category above, on a scale of 1-5 (1 being the most influential and 5 being the least influential), rank the why you do not accept new MEDICAID patients (please fill one number per option):
      Missed Appointments _______ Patient Behavioral Problems _______
      Slow Reimbursement _______ Cumbersome Admin Work _______
      Low Reimbursement _______

45. What is your overall missed appointment rate? _______%

46. What is your missed appointment rate for:
   Medicaid Patients: _______% Self-Pay Patients: _______% CHIP Patients: _______% Privately Insured Patients: _______%

47. Are you as busy treating patients as you wish to be? □ Yes □ No
   (a) If No, how many more additional patients a week do you think you would be able to treat? ________ patients
   (b) If No, how many more additional hours a week do you think you would be treating patients? ________ hours/week

Thank you for your participation. Please return the survey in the envelope provided.