

# Health Professions Data Series:

## Dental Hygienist 2017

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### Section 1: Demographics

1. Zip Code of Primary Residence

2. Sex

- Male
- Female
- Other
- Decline to Answer

3. Year of Birth

4. Are you Hispanic/Latino/Spanish?

- Yes
- No
- Decline to Answer

5. What race do you most identify with? Race refers to the group or groups that you identify with as having similar physical characteristics or similar social and geographic origins. Check all that apply.

- American Indian/Alaska Native
- Asian
- Black
- Native Hawaiian/Pacific Islander
- White
- Other
- Decline to answer

6. What ethnicity(ies) do you most identify with? Ethnicity refers to your background, heritage, culture, ancestry, or sometimes the country where you or your family were born. Check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> African            | <input type="checkbox"/> Cuban           | <input type="checkbox"/> Laotian                            |
| <input type="checkbox"/> African American   | <input type="checkbox"/> Dominican       | <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> American           | <input type="checkbox"/> European        | <input type="checkbox"/> Middle Eastern                     |
| <input type="checkbox"/> Asian Indian       | <input type="checkbox"/> Filipino        | <input type="checkbox"/> Portuguese                         |
| <input type="checkbox"/> Brazilian          | <input type="checkbox"/> French Canadian | <input type="checkbox"/> Puerto Rican                       |
| <input type="checkbox"/> Cambodian          | <input type="checkbox"/> Guatemalan      | <input type="checkbox"/> Russian                            |
| <input type="checkbox"/> Cape Verdean       | <input type="checkbox"/> Haitian         | <input type="checkbox"/> Salvadoran                         |
| <input type="checkbox"/> Caribbean Islander | <input type="checkbox"/> Honduran        | <input type="checkbox"/> Vietnamese                         |
| <input type="checkbox"/> Chinese            | <input type="checkbox"/> Japanese        | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Colombian          | <input type="checkbox"/> Korean          | <input type="checkbox"/> Decline to Answer                  |

7. Without using an interpreter, in which language(s) (other than English), are you fluent enough to provide adequate care for and speak with patients? Check all that apply.
- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Italian    |
| <input type="checkbox"/> Albanian                     | <input type="checkbox"/> Khmer      |
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Korean     |
| <input type="checkbox"/> Arabic                       | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Cape Verdean Creole          | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Chinese                      | <input type="checkbox"/> Somali     |
| <input type="checkbox"/> Farsi                        | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> French                       | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek                        | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Haitian Creole               |                                     |
8. Are you currently engaged in active duty in the armed services?
- Yes
- No

## Section 2: Education

9. What type of dental hygiene degree qualified you for your **first** U.S. dental hygiene license?\*
- Certificate in Dental Hygiene
- Associate Degree in Dental Hygiene
- Bachelor's Degree in Dental Hygiene
- Master's Degree in Dental Hygiene
10. Where did you complete your dental hygiene degree that qualified you for your first U.S. dental hygiene license?
- Massachusetts
- Other US State or Territory
- Canada
11. What is the highest level of dental hygiene education you have completed?\*
- Certificate in Dental Hygiene
- Associate Degree in Dental Hygiene
- Bachelor's Degree in Dental Hygiene
- Master's Degree in Dental Hygiene
12. What is the highest level of **non-dental hygiene** education you have completed?\*
- Not applicable
- Associate Degree
- Baccalaureate Degree
- Master's Degree
- Doctoral Degree

## Section 3: Employment

13. How many years have you been practicing dental hygiene in the United States?
- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-30 years
- More than 30 years

14. Please indicate the number of different **Massachusetts** locations where you practice dental hygiene.\*
- One
  - Two
  - Three or more
  - Not applicable
15. What is your current employment status? Check all that apply.
- Full-time in Dental Hygiene
  - Part-time in Dental Hygiene
  - Per Diem in Dental Hygiene
  - Volunteering in Dental Hygiene
  - Employed in Non-Dental Hygiene\_Field
  - Unemployed
  - Retired
16. If not currently employed in dental hygiene field, please indicate the major reason(s). Check all that apply.
- Not Applicable
  - Attending school
  - Cannot find position in dental hygiene
  - Disabled
  - Not interested in practicing dental hygiene
  - Retired
  - Taking care of home/family
  - Other
  - Decline to answer
17. Considering **all** positions you currently fill in the field of dental hygiene, how many **hours per week** do you work on average?
- (Drop down of 0-79, and then "80 or more")
18. In the past 12 months, how many weeks did you work in the field of dental hygiene (excluding vacation, medical leave, etc.)?
- (Drop down of 0-52 in descending order starting at 52)
19. Considering **all** positions you currently fill in the field of dental hygiene, what percentage of your working hours do you personally spend on the following activities? (Answers for 19a through 19d should roughly equal 100%)
- a. Direct Patient Care (including patient education and care coordination)
- 0%
  - 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90%
  - 100%

b. Administration or business-related manners

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

c. Education of Health Professions Students

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

d. Other

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

M.G.L. c.112, s. 43A established the practice of Public Health Dental Hygiene and defined the term to mean a dental hygienist with either a minimum of 3 years of full-time clinical experience or who has an equivalent 4,500 hours of clinical experience who is practicing full- or part-time in a public health setting and who has received appropriate training as determined by the Mass. Department of Public Health.

Effective August 2010, the Board of Registration in Dentistry adopted regulations relating to the practice of Public Health Dental Hygiene (PHDH) pursuant to M.G.L. c. 112, s. 43A. Those regulations can be found at 234 CMR 5.07 and require all hygienists to satisfy several criteria prior to practicing as PHDHs as follows: a minimum of 10 hours of continuing education including a minimum of 6 hours of hands-on experience in a public health setting, successful completion of coursework on the *CDC Guidelines for Infection Control in the Dental Healthcare Setting*, Risk Management for practice in a public health setting and Management of Medical Emergencies. These requirements must be completed within 24 months prior to initial practice as a PHDH. Further, all PHDHs must enter into a written Collaborative Agreement with a licensed dentist, local or state agency or other institution where a dentist is available to provide the appropriate level of communication and consultation with the hygienist to ensure patient health and safety.

20. Are you currently practicing as a public health dental hygienist?\*

- Yes
- No
- Not Applicable

21. If you are currently practicing as a PHDH, who is your employer?\*

- Not Applicable
- Community Health Center
- Dental/Dental Hygiene School
- Government Agency
- Hospital
- Private/Corporate PHDH Business
- Self-employed
- Other

22. How likely is it that in the next five years you will practice as a PHDH?\*

- Very Unlikely
- Somewhat Unlikely
- Somewhat Likely
- Very Likely

**Instructions:** The next group of questions is related to your PRIMARY practice, at the organization where you work the **most hours each month**. If you work an equal number of hours between two practice settings please choose one as your primary. If you do not have a primary practice setting, please select 'Not Applicable'.

23. 5 digit zip code of your primary practice setting. **If not currently practicing, enter 00000.**

24. Which of the following best describes your primary practice setting? (Choose one).

- Not Applicable
- Solo Practice
- Group Practice
- Academic Institution
- Community Health Center
- Correctional Institution
- Hospital, Inpatient
- Hospital, Outpatient
- Mobile Dental Facility
- Public Health Agency
- School Health Services
- Skilled Nursing Facility/Hospice
- Other

25. Please identify the **role** which best describes your primary dental hygiene position.\*

- Not currently practicing
- Administrator/Manager
- Clinician
- Educator
- Public Health
- Researcher
- Other

26. Does your primary practice setting accept MassHealth (Medicaid)?\*

- Yes
- No
- Don't Know
- Not Currently Practicing

27. Does your primary practice offer patients a sliding fee scale?

- Yes
- No
- Don't Know
- Not Currently Practicing

28. If there was training available to help you care for patients with disabilities, which of the following topics would you select? Check all that apply. \*

- Blindness or low vision
- Brain injuries (stroke, traumatic brain injury, etc.)
- Deafness or hard of hearing
- Epilepsy
- Intellectual or developmental disabilities
- Mental illness
- Mobility disabilities (wheelchair users, scooters, etc.)
- Not applicable to my work
- I do not need additional training

**Instructions:** The next group of questions is related to your SECONDARY practice setting. If you do not have a secondary practice setting, please select 'Not Applicable'.

29. 5 digit zip code of your secondary practice setting. **If not currently practicing or don't have secondary practice setting, enter 00000.**

30. Which of the following best describes your secondary practice setting? (Choose one).  
(Answer options will be same as list for primary practice #21)
31. Please identify the **role** which best describes your primary dental hygiene position.\*  
(Answer options will be same as list for primary roles #22)

#### Section 4: Future Plans

32. With regard to your dental hygiene practice, within the next five years do you plan to do any of the following? (Check all that apply)
- Work the same as now
  - Increase hours of work
  - Reduce hours of work
  - Leave DH field, but not retire
  - Retire/Already Retired
  - Return to DH field
  - Seek additional education
  - Take a leave of absence
  - Transition to academic position/teaching
  - Other