

# Health Professions Data Series:

Dentist 2018

## Section 1: Demographics

1. Zip Code of Primary Residence

2. What sex were you assigned at birth, on your original birth certificate?

- Male  
 Female  
 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. Where did you complete your DMD/DDS degree?
- Massachusetts  
 Other US State or Territory  
 Canada
10. Please specify all ADA specialties for which you are ADA-board certified or eligible. Check all that apply.
- Not Applicable  
 Dental Public Health  
 Endodontics  
 Oral and Maxillofacial Pathology  
 Oral and Maxillofacial Radiology  
 Oral and Maxillofacial Surgery  
 Orthodontics and Dentofacial Orthopedics  
 Pediatric Dentistry  
 Periodontics  
 Prosthodontics
11. Is your practice limited to your ADA specialty(ies)?
- Not Applicable  
 Yes  
 No

## Section 3: Employment

12. How many years have you been practicing dentistry 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

13. What is your current employment status? Check all that apply.

- Full-time in Dentistry
- Part-time in Dentistry
- Per Diem in Dentistry
- Volunteering in Dentistry
- Employed in Non-dentistry field
- Unemployed
- Retired

14. If unemployed, please indicate the major reason(s). Check all that apply.

- Not Applicable
- Attending school
- Cannot find position in dentistry
- Disabled
- Not interested in practicing dentistry
- Taking care of home/family
- Other
- Decline to answer

15. What is the average number of **hours per month** you personally spent doing volunteer dentistry?

- Not applicable
- Less than 1 hour per month
- 1-10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- More than 40 hours

16. Please indicate the number of **Massachusetts** locations where you practice dentistry.

- None
- 1
- 2
- 3
- 4
- 5 or more

17. Considering **all** positions you currently fill in the field of dentistry, 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 dentistry (excluding vacation, medical leave, etc.)?

- (Drop down of 0-52)

19. Considering **all** positions you currently fill in the field of dentistry, what percentage of your working hours do you personally spend on the following activities? (Answers for 19a through 19e 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 matters

- 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. Lab work

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

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

20. Patients with special health care needs include individuals in the community with any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. Approximately what percentage of your patients is considered to have special health care needs?

- Not practicing dentistry
- None
- Less than 1%
- 1-5%
- 6% or more

21. 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. \*

- Autism spectrum disorder
- 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.)
- Spinal cord injuries
- Not applicable to my work
- I do not need additional training

22. At what age do you routinely see a child for his/her first dental examination?

- Not practicing dentistry
- I do not treat children
- Under 12 months of age
- 12-23 months of age
- 24-35 months of age
- 36 months of age or older

23. Approximately what percentage of all your patients receives dental benefits from MassHealth (Medicaid)?

- Not practicing dentistry
- Not a MassHealth treatment provider
- Less than 1%
- 1-5%
- 6-10%
- 11-25%
- 26-50%
- 51-75%
- 76% or more

24. If you are currently **not** a MassHealth treatment provider, do you have an interest in becoming one?

- Not applicable
- Not practicing dentistry
- Yes
- No
- Maybe

**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'.

25. 5 digit zip code of your primary practice setting. **If not currently practicing, enter 00000.**

26. Which of the following best describes the scope of your primary practice?

- Not applicable
- General Dentistry
- Dental Public Health
- Endodontics
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics

27. 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
- Skilled Nursing Facility/Hospice
- Other

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

- Not Applicable
- Yes
- No

29. Is your primary practice currently accepting new patients?

- Not Applicable
- Yes
- No

30. For non-emergency treatment, what is the usual time elapsed between a **new** patient's request for treatment and the appointment?

- Not Applicable
- 1-15 days
- 16-30 days
- 31-60 days
- 61-90 days
- More than 90 days

31. For non-emergency treatment, what is the usual time elapsed between an **established** patient's request for treatment and the appointment?
- Not Applicable
  - 1-15 days
  - 16-30 days
  - 31-60 days
  - 61-90 days
  - More than 90 days

32. Does your primary practice employ or contract for services of the following? Check all that apply.
- Not applicable
  - Dental Assistants
  - Dental Hygienists
  - Dental Specialists
  - Laboratory Technicians
  - Practice Management

Since 2010, state law has permitted a public health dental hygienist (PHDH) who has a collaborative agreement with a dentist to perform procedures in a public health setting without supervision that are regularly allowed under general supervision in a dental office. The collaborating dentist provides technical assistance and guidance to the dental hygienist as needed but is not required to assume responsibility for the quality of the dental hygiene services, the patient's restorative care, or follow-up treatment.

33. Do you currently have a collaborative agreement with a PHDH?
- Not practicing dentistry
  - Yes
  - No

34. If you do not have a collaborative agreement with a PHDH, would you be willing to enter into such an agreement?
- Not applicable
  - Yes
  - No
  - Maybe

#### Section 4: Future Plans

35. With regard to your dental 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 dentistry, but not retire
  - Retire
  - Return to dentistry
  - Seek additional education
  - Seek dental faculty position
  - Take a leave of absence
  - Other