



# 2024 Utah dental hygienist survey

Proposed profession-specific survey tool for dental hygienist license renewals

**Utah Health Workforce Advisory Council**

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Utah Department of  
**Health & Human**  
Services

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## Document background and overview

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the Utah Health Workforce Advisory Council (HWAC), health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The UCPMDS was reviewed and approved by the Utah Health Workforce Advisory Council on March 15, 2023. The UCPMDS serves as a foundational data system upon which this physician profession-specific tool is being developed. For UCPMDS questions that required profession-specific response adjustments, we customized and incorporated options relevant to those in physician professions. These proposed response options were pulled from historic workforce surveys from the Utah Medical Education Council (UMEC), which were developed and approved by voluntary committees of stakeholders familiar with the professions.

# Dental hygienist minimum data set (MDS) survey recommendations

UCPMDS Questions with profession-specific response customizations

## Sex

1. What is your sex?  
[Single select]
  - a. Male
  - b. Female
  - c. Prefer not to say

## Race/ethnicity

2. What is your race? Mark one or more boxes.  
[Multi select]
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian/Pacific Islander
  - e. White
  - f. Other race
3. Are you of Hispanic, Latina/o, or Spanish origin?  
[Single select]
  - a. No
  - b. Yes

## Qualifying education

4. What type of degree/credential first qualified you for this license?

[Single select]

- a. Vocational/practical certificate—dental hygiene
- b. Diploma—dental hygiene
- c. Associate degree—dental hygiene
- d. Baccalaureate degree—dental hygiene
- e. Master's degree—dental hygiene
- f. Doctoral degree—dental hygiene

## Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license?

*Note: When survey is distributed using survey software and not MyLicense, year options will be listed as a drop-down selection menu.*

[Open field text]

## Where completed qualifying education

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)

[Single select]

- a. [LIST OF U.S. STATES and territories]
- b. Another country (not U.S.)

## Highest level of education

7. What is your highest level of education?

[Single select]

- a. Vocational/practical certificate—dental hygiene
- b. Diploma—dental hygiene
- c. Associate degree—dental hygiene
- d. Associate degree—other field
- e. Baccalaureate degree—dental hygiene

- f. Baccalaureate degree—other field
- g. Master’s degree—dental hygiene
- h. Master’s degree—other field
- i. Doctoral degree—dental hygiene
- j. Doctoral degree—other field

8. What year did you complete your highest level of dental hygiene education?

*Note: When survey is distributed utilizing survey software and not MyLicense, year options will be listed as a drop-down selection menu.*

[Open field text]

## Employment status

9. What is your employment status?

[Single select]

- a. Actively working in a position that requires a dental hygiene license and providing direct patient care
- b. Actively working in a position that requires a dental hygiene license and not providing direct patient care
- c. Actively working in a dental hygiene related field that does not require a dental hygiene license
- d. Actively working in a field that does not require a dental hygiene license
- e. Unemployed/not currently working and seeking work that requires a dental hygiene license
- f. Unemployed/not currently working and not seeking work that requires a dental hygiene license
- g. Volunteer work only
- h. Student
- i. Leave of absence or sabbatical
- j. Retired
- k. Other

## Employment

10. How many months did you work in dental hygiene in the past year?  
[Single select]
- a. Did not work in dental hygiene in the past year
  - b. Less than 3 months
  - c. More than 3 months but less than 6 months
  - d. More than 6 months but less than 9 months
  - e. More than 9 months, up to 12 months

## Future employment plans

11. What best describes your employment plans for the next 2 years?  
[Single select]
- a. Increase hours in patient care
  - b. Decrease hours in patient care
  - c. Seek employment in a field outside of patient care
  - d. Leave direct patient care to complete further training
  - e. Leave direct patient care for family reasons/commitments
  - f. Leave direct patient care due to physical demands
  - g. Leave direct patient care due to stress/burnout
  - h. Retire
  - i. Continue as you are
  - j. Unknown
12. If you plan to **increase** or **decrease** hours working in a field related to this license in the next 2 years, please estimate the total number of hours per week you expect to work **after** the change. If this does not apply, please select “not applicable.”  
[Single select]
- a. 0 hours per week
  - b. 1–4 hours per week
  - c. 5–8 hours per week
  - d. 9–12 hours per week
  - e. 13–16 hours per week
  - f. 17–20 hours per week
  - g. 21–24 hours per week

- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week
- m. Not applicable

## Teledentistry

13. "Teledentistry" is defined as the practice of dentistry using synchronous or asynchronous technology. This may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications.

Of the hours per week spent **in direct patient care**, estimate the average number of hours per week delivering patient care **via teledentistry**.

[Single select]

- a. 0 hours per week/not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

## Patient characteristics

14. Please indicate the population groups to which you provide dental services. Please check all that apply.



[Multi select]

- a. Newborns (0–12 months)
- b. Children (ages 13–24 months)
- c. Children (ages 25–35 months)
- d. Children (ages 36 months–10 years)
- e. Adolescents (ages 11–19)
- f. Adults (ages 20–64)
- g. Geriatrics (ages 65+)
- h. Pregnant women
- i. Veterans
- j. Incarcerated individuals
- k. Individuals with disabilities
- l. Individuals experiencing homelessness
- m. Individuals who speak a language other than English
- n. Medicaid beneficiaries
- o. Medicare beneficiaries
- p. Patients in a public health setting under a written practice agreement
- q. Sliding fee scale
- r. Uninsured individuals
- s. Privately insured individuals
- t. CHIP
- u. None of the above

## Specialty

15. Which of the following best describes the primary specialty/field/area of practice in which you spend most of your professional time?

[Single select]

- a. Administration—dental hygiene
- b. Administration—other
- c. Direct Patient Care—dental hygiene
- d. Direct Patient Care—other
- e. Education—dental hygiene
- f. Education—other

- g. Public Health—dental hygiene
  - h. Public Health—other
  - i. Research—dental hygiene
  - j. Research—other
  - k. Other
  - l. Not applicable
16. Which of the following best describes your secondary specialty/field/area of practice?  
[Single select]
- a. Administration—dental hygiene
  - b. Administration—other
  - c. Direct patient care—dental hygiene
  - d. Direct patient care—other
  - e. Education—dental hygiene
  - f. Education—other
  - g. Public health—dental hygiene
  - h. Public health—other
  - i. Research—dental hygiene
  - j. Research—other
  - k. Other
  - l. Not applicable

## Practice location—primary practice

*Note: When survey is distributed using survey software and not MyLicense, practice location will be asked as a single question, "What is your primary practice location? If this does not apply, please select N/A." Question will include fields for street address, city, state, postal code, and country/region.*

17. In what state is your primary practice location? If this does not apply, please select "N/A."  
[Single select]  
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]
18. In what city is your primary practice location? If this does not apply, please indicate "N/A."

[Open field text]

19. What is the street address of your primary practice location? If this does not apply, please indicate "N/A."

[Open field text]

20. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A"

[Open field text]

### Employment type/arrangement—primary practice

21. Which of the following best describes your current employment arrangement at your principal practice location?

[Multi select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

### Position type/role—primary practice

22. Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.

[Multi select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

## Setting type—primary practice

23. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “not applicable.”

[Single select]

- a. Not applicable
- b. Academic institution
- c. Correctional facility
- d. Federal government agency/armed forces/other federal
- e. Health center (community health center/low income clinic/federally-qualified health center)
- f. Local health department
- g. Other public health/community health setting
- h. Headstart (including early Headstart)
- i. Long-term care/nursing home/extended care facility (non-hospital)
- j. Home health setting
- k. Mobile unit dentistry
- l. Private practice—group—small (less than 5 dentists)
- m. Private practice—group—medium (5 to 20 dentists)
- n. Private practice—group—large (more than 20 dentists)
- o. Private practice—solo
- p. School health service
- q. Staffing organization
- r. Teledentistry
- s. Other

## Hours/week—primary practice

24. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “not applicable.” Does not include time on call.

[Single select]

- a. 0 hours per week/not applicable
- b. 1–4 hours per week

- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

### Hours/week in direct patient care—primary practice

25. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “not applicable.”  
[Single select]
- a. 0 hours per week/not applicable
  - b. 1–4 hours per week
  - c. 5–8 hours per week
  - d. 9–12 hours per week
  - e. 13–16 hours per week
  - f. 17–20 hours per week
  - g. 21–24 hours per week
  - h. 25–28 hours per week
  - i. 29–32 hours per week
  - j. 33–36 hours per week
  - k. 37–40 hours per week
  - l. 41 or more hours per week

**\*Note: Questions 17-25 will need to be repeated for 2 practice locations, primary practice and secondary practice (questions 26-34).**

## Collaborative care

35. Please indicate if you are currently practicing under the following:  
[Single select]
- a. Independently under a collaborative practice agreement
  - b. With dentists under direct supervision
  - c. Not applicable

## Practice network

36. Is your principal practice site formally affiliated with a network of other practices or health providers?  
[Single select]
- a. No
  - b. Yes, staff model HMO
  - c. Yes, dentist-hospital organization
  - d. Yes, independent practice association
  - e. Yes, federally-qualified health center
  - f. Yes, other

## Educational debt

37. Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your dental hygienist program (exclude non-dental hygienist and non-educational debt)  
[Single select]
- a. No debt
  - b. \$1–\$20,000
  - c. \$20,001–\$40,000
  - d. \$40,001–\$60,000
  - e. \$60,001–\$80,000
  - f. \$80,001–\$100,000

- g. \$100,001–\$120,000
- h. \$120,001–\$140,000
- i. \$140,001–\$160,000
- j. \$160,001–\$180,000
- k. \$180,001–\$200,000
- l. \$200,001–\$220,000
- m. \$220,001–\$240,000
- n. \$240,001–\$280,000
- o. \$280,000 or above
- p. Prefer not to answer

## Precepting

38. Have you mentored students within the last two years?  
[Single select]
- a. Yes
  - b. No
  - c. Prefer not to say
  - d. Not applicable