

TWO DENTAL WORKFORCE ASSESSMENTS IN ILLINOIS: COMPARING & CONTRASTING

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Methods



- A **collaboration** between the Division of Oral Health (DOH), Illinois Department of Public Health (IDPH) and Department of Financial & Professional Regulations (IDFPR)
- Survey developed with input from Illinois Department of Public Health, Southern Illinois University, University of Illinois, Illinois State Dental Society
- Survey was sent out to all the dentists and registered dental hygienists along with license renewal

History

- 2002 Illinois Oral Health Plan 1
- 2002 Illinois Oral Health Surveillance System
- 2004 Dental Workforce Survey (Voluntary for dentists and dental hygienists)
- 2007 Illinois Oral Health Plan 2
- 2006 Dental Workforce Survey (Mandatory for dentists & Voluntary for dental hygienists)
- 2009 Dental Workforce Survey (In process)



DENTISTS



Illinois Departments of FPR & DPH

1. Are you currently practicing clinical dentistry in Illinois? (circle one) **Y** N

2. Do you plan to completely stop practicing clinical dentistry in Illinois in any of the following time frame?
within 1-2 yrs ___ within 3-5 yrs ___ within 6-10 yrs ___ more than 10yrs ___

Which one of the following best describes your clinical practice? (Use codes below in #3 & 4)

General dentistry	Periodontics	Pediatric Dentistry
Prosthodontics	Endodontics	Oral and maxillofacial surgery
Orthodontics	UIC	Other _____

3. Which one of the following describes practice setting type

Solo Practice	Academic Setting / teaching	Group Practice
VA Hospital / Military	General Medical-surgical hospital	Nursing Home
State/ local government	Healthcare business / corporation	Other _____

4. Primary practice location: County _____ ZIP Code _____
Hours per week patients seen at this location? _____ Setting type Code ___

5. Secondary office location (if applicable): County _____ ZIP Code _____
Hours per week patients seen at this location? _____ Setting type Code ___

6. Which dental school awarded your D.D.S. or D.M.D. degree? (Circle one)
Northwestern Loyola SIU Other _____

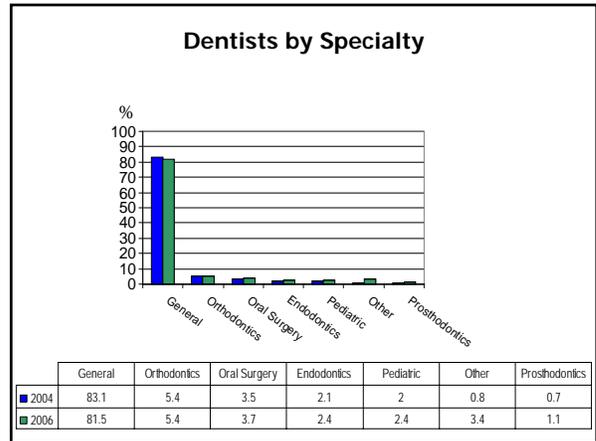
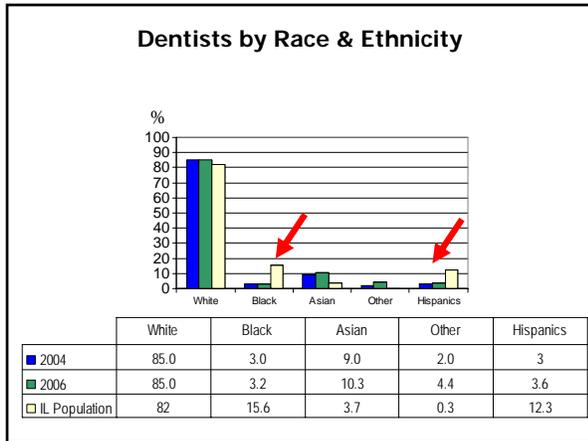
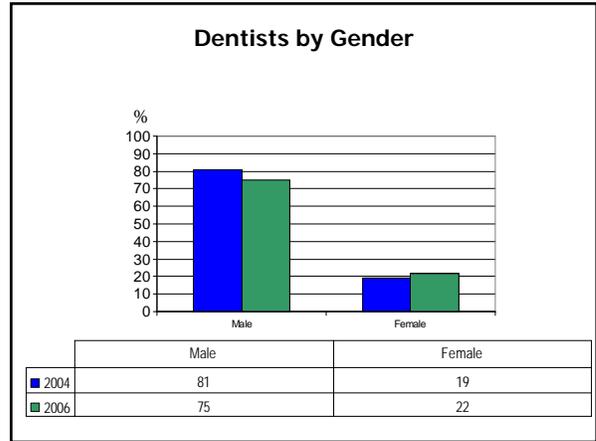
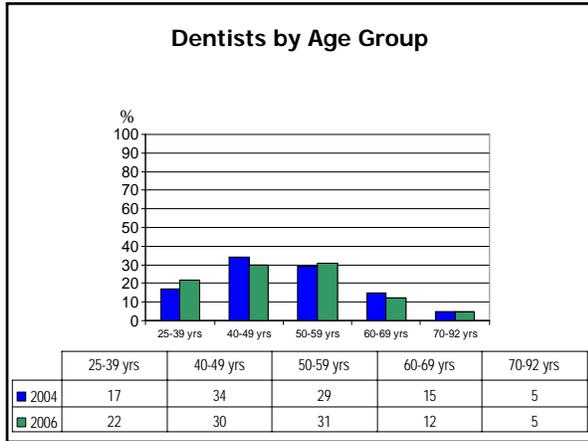
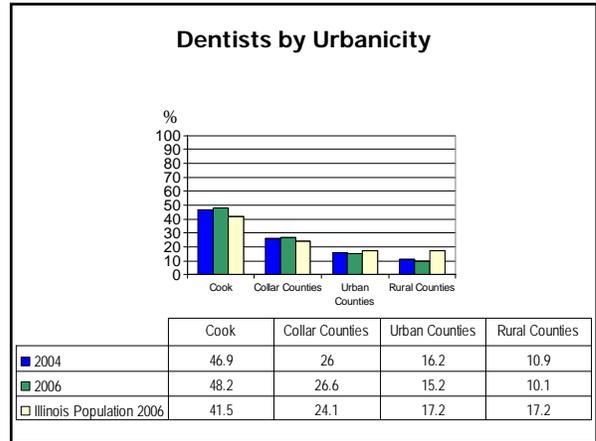
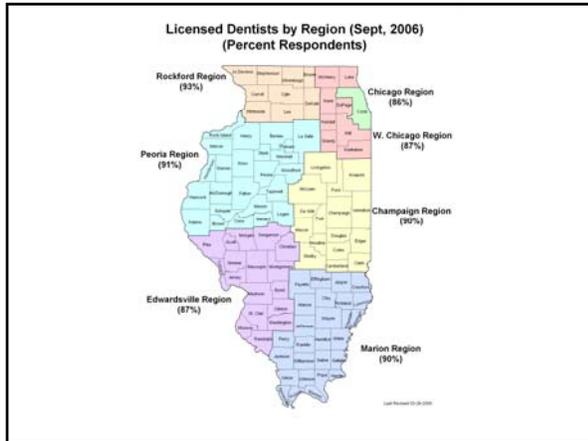
7. Year of birth 19____ 8. Gender (circle one) M F

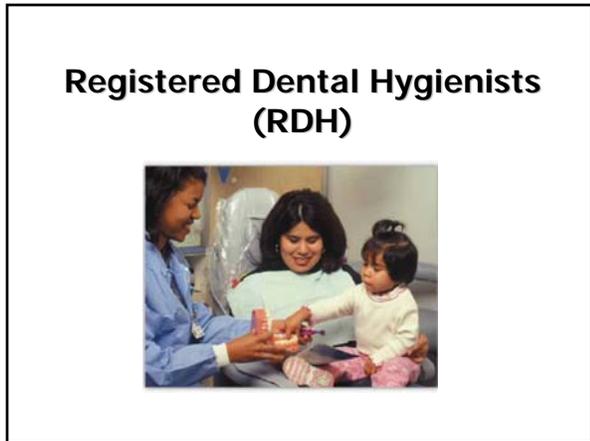
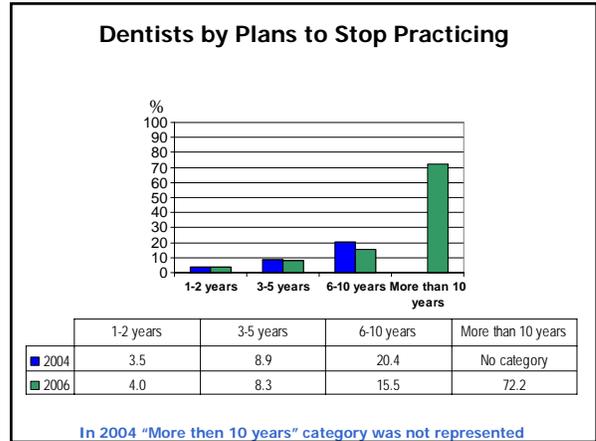
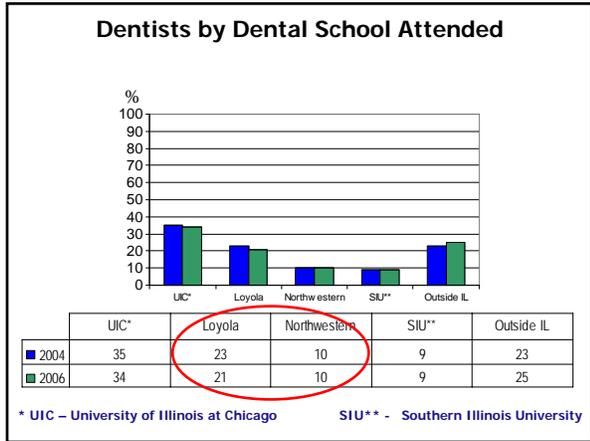
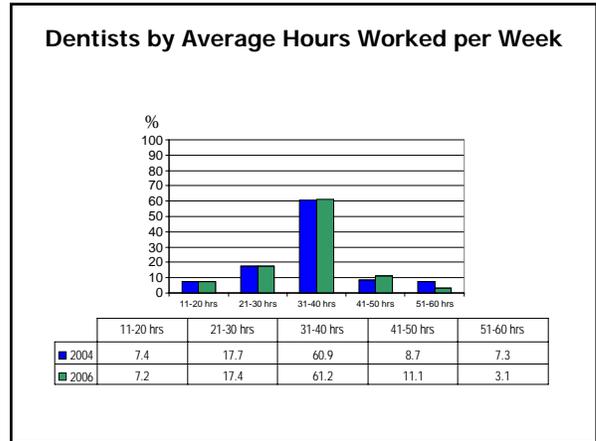
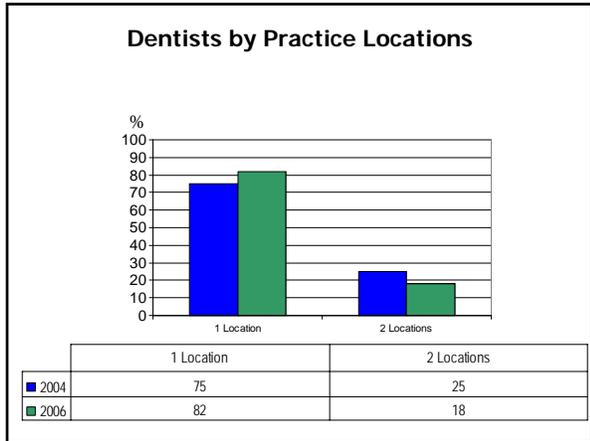
9. Race Black/African American White American India/Alaskan Native
Asian Native Hawaiian/Pacific Islander Other

9a. Ethnicity (Circle one) 1= Hispanic 2= Non Hispanic

Dentists' Surveys: Comparing 2004 & 2006

	2004	2006
Renewals issued to dentists by IDFPR	8,575	9,470
Total surveys received by IDPH	5,318 (62%)	8,608 (91%)
Surveys received from practicing clinical dentists in Illinois	4,571 (86%)	7,310 (85%)
Surveys received from dentists who are <u>not</u> practicing clinically in IL	14%	15%





Illinois Department of FPR

- Are you currently practicing clinical dental hygiene in Illinois? (circle one) **Y** **N**
- Do you plan to completely stop practicing clinical dentistry in Illinois in any of the following time frame?
 within 1-2 yrs ___ within 3-5 yrs ___ within 6-10 yrs ___ more than 10yrs ___

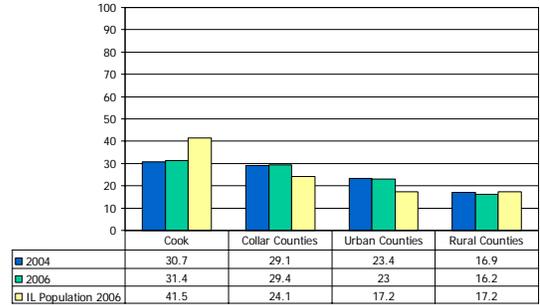
Which one of the following describes your practice setting type? (Use codes below in # 3, 4 & 5)
 Private Practice Academic Setting / teaching VA Hospital or Military
 State/local government Healthcare / corporation Nursing home/Assisted living
 General Medical-surgical hospital

- Indicate your primary practice location: County _____ ZIP Code _____
 Hours per week patients seen at this location? _____ Setting type Code ____
- Indicate your secondary practice location (if applicable): County _____ ZIP Code _____
 Hours per week patients seen at this location? _____ Setting type Code ____
- Did you complete your dental hygiene education in Illinois? (Circle one) **Y** **N**
- a. Name of college/university _____ 7. Highest Degree Obtained _____
8. Year of birth 19____ 9. Gender (circle one) **M** **F**
9. Race (Circle one) 1=Black/African American 2=White 3=American India/Alaskan Native
 4=Asian 5= Native Hawaiian/Pacific Islander 6=Other
- 9a. Ethnicity (Circle one) 1= Hispanic 2= Non Hispanic

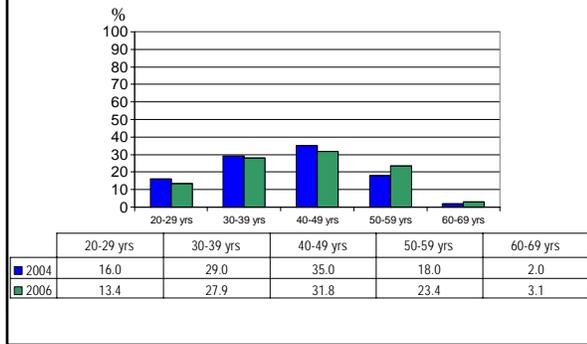
Dental Hygienists' Surveys Comparing 2004 & 2006

	2004	2006
Renewals issued to dental hygienists by IDFPF	5,329	6,689
Total surveys received by IDPH	3,778 (71%)	5,147 (77%)
Surveys received from dental hygienists <u>practicing clinically</u> in Illinois	3,151 (83%)	4,386 (85%)

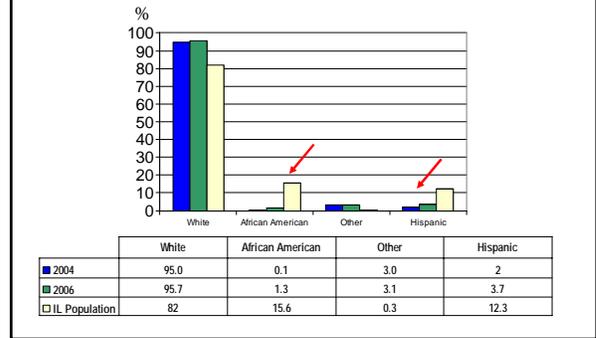
Dental Hygienists by Urbanicity



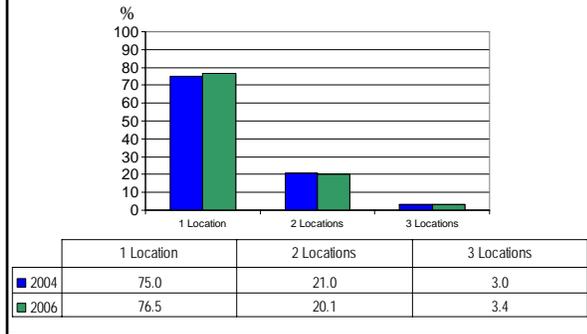
Dental Hygienists by Age Group



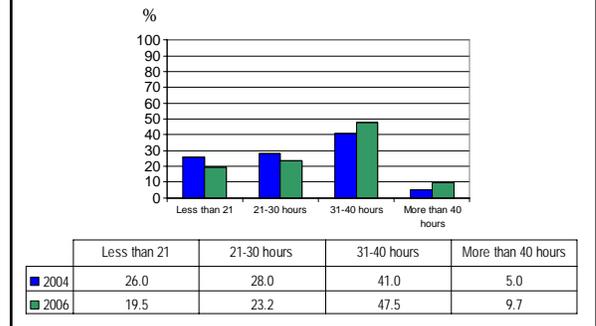
Dental Hygienists by Race & Ethnicity

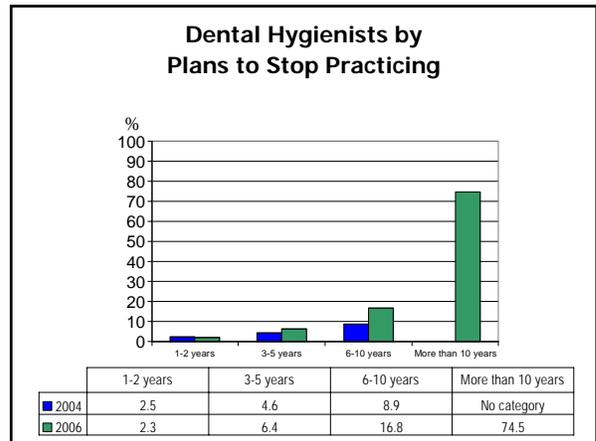
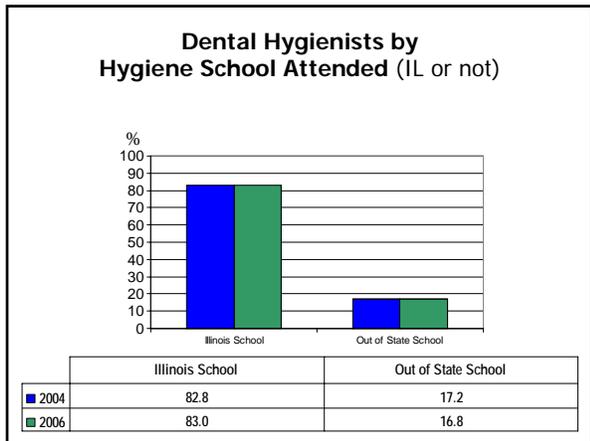


Dental Hygienists by Number of Practice Locations



Dental Hygienists by Average Hours Worked per Week





- ### Conclusions
- Mandatory requirement impact on response
 - Dentist highlights:
 - Gender, Dental Schools, Specialty
 - Dental Hygienist highlights:
 - Aging, Hours Working, Plans to Stay in Practice
 - Several distinctions between DDS and RDH
 - Future Plans:
 - Next survey in September 2009
 - Questions on treatment and training for special populations
 - Further future plans include:
 - Ability to see children below 5 years of age



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