

The Oral Health Workforce in Maine



School of Public Health
University at Albany, State University of New York

The Oral Health Workforce in Maine

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The Center for Health Workforce Studies

School of Public Health, University at Albany

State University of New York

One University Place, Suite 220

Rensselaer, New York 12144-3445

(518) 402-0250

<http://chws.albany.edu>



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The Center for Health Workforce Studies is a not-for-profit research organization whose mission is to provide timely, accurate data and conduct policy-relevant research about the health workforce. The Center's work assists health, professional, and education organizations; policy makers and planners; and other stakeholders to understand issues related to the supply, demand, distribution, and use of health workers.

Preface

In 2012, the Center for Health Workforce Studies (the Center) at the School of Public Health, University at Albany with support from the Maine Oral Health Funders (MOHF)¹ completed a study of the oral health workforce in Maine. The purpose of the study was to assess the distribution and type of oral health professionals in Maine relative to access to oral health care in the state. The study included interviews of oral health stakeholders in Maine and surveys of dentists, registered dental hygienists, registered dental hygienists working under public health supervision status, independent practice dental hygienists, and expanded function dental assistants in Maine. While denturists are an important part of the oral health workforce in Maine, the number of licensed denturists was too small to provide a meaningful response rate to a survey. Therefore, they are not addressed in this document.

This report summarizes the data from the four workforce surveys and includes an executive summary followed by separate technical reports about each of the professional surveys. This report was written by Margaret Langelier, Jean Moore, and Tracey Continelli of the Center. The authors can be contacted with any questions about the content of the report at (518) 402-0250.

Special appreciation is extended to Barbara Leonard of the Maine Health Access Foundation and Karin Anderson of the Maine Oral Health Funders for their help with this work. The authors are especially grateful to the dentists, registered dental hygienists, and dental assistants who responded to the surveys and provided information about their professional practices.

Established in 1996, the Center is a not-for-profit research organization whose mission is to provide timely, accurate data and conduct policy-relevant research about the health workforce. The Center's work assists health, professional, and education organizations; policy makers and planners; and other stakeholders to understand issues related to the supply, demand, distribution, and use of health workers. Today the Center is a national leader in the field of health workforce studies. It supports and improves health workforce planning and access to quality health care through its collection, tracking, analysis, interpretation, and dissemination of information about health professionals at the national, state, and local levels. Additional information about the Center can be found at <http://chws.albany.edu>.

¹ Maine Oral Health Funders that funded the study are the Maine Health Access Foundation, the Betterment Fund, and the Bingham Program.

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Executive Summary

Background

Over the past decade, access to oral health care has become a growing concern. Despite efforts to improve the oral health of the nation's population, oral health disparities continue. These disparities are characterized by compromised oral health status for certain vulnerable populations, including the poor, children, racial and ethnic minorities, people with special needs, and the elderly. One of the factors believed to influence access to oral health services and contribute to these disparities is the available supply of oral health professionals.

Oral health stakeholders in Maine have worked collaboratively in developing strategies aimed at increasing access to oral health services. There are, however, persistent concerns that oral health workforce issues including uneven distribution could affect access to oral health services for Maine's underserved populations.

In 2012, the Center for Health Workforce Studies, with support from the Maine Oral Health Funders,² conducted a study of the oral health workforce in Maine. The purpose of the study was to assess the distribution and type of oral health professionals in Maine relative to access to oral health care in the state. The study included surveys of licensed oral health professionals, including dentists, registered dental hygienists (RDHs), RDHs working under public health supervision (PHS),³ independent practice dental hygienists (IPDHs), and expanded function dental assistants (EFDAs).⁴

As part of its broader research study on oral health in Maine, the Center completed a comprehensive literature review, examined historical data on the oral health professions in Maine, and conducted a large number of interviews with oral health stakeholders in the state. Information and insights obtained from these efforts provided important context for the development of survey questions. The oral health workforce surveys collected data on demographic, educational, and practice characteristics of Maine's oral health professionals as well as their perspectives on access barriers to oral health services in Maine.

In April 2012, invitations to complete the surveys were emailed to dentists, RDHs, IPDHs, and EFDAs in Maine. The invitations explained the reasons for the research, described the survey process, and provided assurances of confidentiality to survey respondents. In July 2012, a

² Maine Oral Health Funders that funded the study are the Maine Health Access Foundation, the Betterment Fund, and the Bingham Program.

³ The RDH survey included a module completed by RDHs who worked under public health supervision at any time in their career.

⁴ Denturists, are licensed oral health professionals in Maine who specialize in fitting and constructing removable prosthetic devices and prosthodontics. While there were plans to survey all denturists in Maine as part of this study, their numbers were too small to make such a survey feasible.

follow-up letter was mailed to non-respondents. Follow-up emails were sent every 10 to 14 days throughout the summer. In September 2012, a paper copy of the respective surveys was sent to oral health professionals who had not responded to prior solicitations. Email reminders to non-respondents continued through November 2012. Responses to each of the surveys were processed, cleaned, and placed into separate SPSS⁵ databases for analyses.

The response rates to the surveys were as follows:

- Surveys were mailed to 664 dentists. The response rate for the dentist survey was 52.8%.
- Surveys were mailed to 1,196 RDHs. The response rate for the RDH survey was 34.2%. While the response rate to the RDH survey was lower than the target response rate of 50%, the responses were geographically comparable to the distribution of RDHs in Maine.
- Surveys were mailed to 37 IPDHs and the response rate was 52.8%.
- Surveys were mailed to 34 EFDAs and the response rate was 53.1%

Key findings from the analyses of the four oral health workforce surveys are summarized below.

Dentists in Maine: Survey Findings

Ninety-five percent of dentists in Maine were actively working in dentistry. The following is based on survey responses from active dentists.

Most dentists in Maine practice in the more populated areas of the state.

There were 5.1 dentists per 10,000 population in Maine (ME BDE, 2012), which is similar to the national ratio of dentists to the U.S. population. Three-quarters (74.9%) of dentists in Maine practiced in either a metropolitan or micropolitan area while fewer practiced in small towns (11.7%) and rural communities (13.5%).

Dentists in Maine are predominantly older, White males. One-quarter of actively practicing dentists expect to retire within the next five years.

Dentists were mainly non-Hispanic White. Dentists in Maine were predominately male (80.4%). They were more racially and ethnically diverse than the population in the state but were less diverse than dentists in the U.S. The mean age of dentists was 54 years (ME BDE, 2011). Almost one-quarter of survey respondents (23.7%) expected to retire within the next five years and an additional 16.3% expected to reduce their work hours over the same time period.

The majority of dentists in Maine practice general dentistry in private dental practices.

Eighty percent of dentists in Maine practiced general dentistry, while 6.1% practiced orthodontics, 4.9% practiced oral and maxillofacial surgery, and 3.2% practiced pedodontics.

⁵ IBM SPSS Statistics is a proprietary software package used for statistical analysis and data management.

Dentists worked primarily in solo or group private practice (88.7%) and more than three-quarters owned their primary practice.

Thirteen percent of dentists in Maine report working with RDHs who practice in expanded roles.

Thirteen percent of dentists had provided standing orders to an RDH working under PHS status. On average, these dentists had supervised two RDHs working under PHS. More than one-quarter of dentists had accepted patient referrals from an RDH working under PHS (24.1%) or from an IPDH (27.4%).

The majority of dentists report working with other oral health professionals in their primary practices.

More than half (56.9%) of the dentists who owned dental practices indicated they employed at least one other full-time dentist in their primary practice site. Two-thirds (67%) employed at least one full-time RDH and 98.4% employed at least one full-time dental assistant (DA) in their primary practice. Fifteen percent of respondents reported using EFDAs in their practices and, on average, employed 1.5 EFDAs.

Commercial dental insurance payments and self-pay payments comprise the majority of practice revenue for many dental practices in Maine.

More than one-third of dentists (37.4%) reported that commercial dental insurance payments represented more than 50% of practice revenue, while nearly two-thirds of dentists (64.7%) reported that self-pay patient payments represented more than 26% of practice revenues. Approximately 10% of dentists reported that MaineCare represented more than one-quarter of practice revenues.

While more than half of dentists in Maine (57.7%) report serving MaineCare-insured patients, most limit the number in their practices.

Over 42% of dentists in Maine served no MaineCare-insured patients, and 57.2% limited the number of MaineCare-insured patients in their caseloads. Among dentists who accepted MaineCare, 47.0% treated MaineCare-insured children (age 4 to 18 years), but only 21.2% treated MaineCare-insured older adults (age 65 and older). The most common reason cited for limiting the number of MaineCare-insured patients in a practice was low MaineCare reimbursement rates.

Most dentists in Maine report providing some uncompensated care.

While most dentists (78.9%) indicated they provided some uncompensated care for patients each year, only one-third provided reduced-fee or sliding-fee scale services for low-income patients. Forty-seven percent of dentists who provided uncompensated care reported doing so for one to five patients per month. Dentists usually provided 10 or fewer services for uncompensated or

reduced-fee patients monthly, and the average wait time for a restorative visit was 11.9 days. Twenty percent of dentists in Maine volunteered in free dental clinics and 16.6% participated in the Maine Donated Dental Services program.

While dentists report serving patients of all age groups, very young children and the elderly constitute the smallest portions of average patient caseloads.

Well over one-third of dentists (36.2%) treated no very young children (birth to 3 years), while an additional 57.4% of dentists indicated that only a small percentage (between 1% and 10%) of their patient caseload was very young children. More than one-third of dentists (36.7%) indicated that most (between one-half and three-quarters) of their patients were adults, age 19 to 64 years.

Over three-quarters of dentists report that the recent economic downturn has contributed to a decline in utilization of dental services in their private practices.

The majority of dentists (77.1%) indicated that the weak economy had adversely affected demand for services in their practices. This was true for all specialties, but especially for general dentists (80.8%).

The barriers to oral health care most frequently cited by dentists are financial in nature. Dentists also identify low-income and uninsured populations as having the most substantial unmet oral health needs.

The most significant barriers to oral health care identified by dentists in Maine were the cost of dental services, the lack of finances to pay for care, and lack of dental insurance. Low-income children and adults and uninsured children were cited as the populations most in need of oral health services in the state, with restorative and preventive oral health services as the most important unmet oral health needs

Registered Dental Hygienists in Maine: Survey Findings

RDHs in Maine are not as diverse as the population in Maine.

The mean age of RDHs in Maine was 44 years (ME BDE, 21011). RDHs in Maine were female (99.4%) and non-Hispanic White (99.1%). While RDHs nationally were also mainly female, the racial/ethnic backgrounds of RDHs in the U.S. were more diverse than those of RDHs in Maine.

The majority of RDHs in Maine work in metropolitan areas.

More than half (52.4%) of the RDHs who responded to the survey worked in metropolitan areas of the state. Twenty-nine percent worked in either rural areas (15.8%) or small towns (13.2%).

The majority of RDHs in Maine work for a single employer.

A significant percentage of RDHs in Maine (84.7%) worked for a single employer. Among those with more than one employer, 66.7% worked 10 or fewer hours per week at the secondary worksite.

Half of RDHs in Maine work part time for their primary employer and many indicated difficulty finding RDH employment in their geographic areas.

Half of RDHs (50.4%) worked 30 or fewer hours per week for their primary employer. Some RDHs (14.1%) indicated working for a secondary employer. More than one-third of employed RDHs (36.3%) in Maine reported working part time.

Most RDHs (86.7%) indicated that it was currently either somewhat or very difficult to find a dental hygiene job in the geographic areas where they lived and worked. RDHs indicated that the reasons for difficulty finding employment were an oversupply of RDHs in the area (61.8%) and too few dentists in the area (48.7%).

The vast majority of RDHs in Maine work in private dental offices of general dentists.

Over 82% of active RDHs in Maine reported working in private dental offices with either solo practitioners or in group practices. RDHs in Maine also worked in federally qualified health centers (FQHCs) (4.8%), school-based dental programs (3.3%), and other settings (3.9%). More than 80% of RDHs worked with general dentists, while 6.9% worked with pediatric dentists.

RDHs in Maine report serving patients in all age groups but few served young children.

RDHs in Maine served patients in all age groups; however, young children (birth to 3 years) were a very small percentage of RDH caseloads. Twenty-one percent of RDHs saw no children in this age cohort and 65.1% indicated that they treated only a few young children (between 1% and 10% of the RDH's caseload). Half of RDHs (50.0%) indicated that they treated only a small number of children age 4 to 18 years (between 11% and 15% of their caseload).

One-third of RDHs in Maine (34.6%) indicated that adults age 65 years and older were between one-quarter and one-half of their caseload. More than one-third of RDHs (38.8%) indicated that most (between 51% and 75%) of their patients were adults age 19 to 64 years.

RDHs in Maine mostly provide preventive and educational services to patients.

The clinical service most commonly performed by RDHs was cleaning and prophylaxis with 55.3% of RDHs spending 17 to 40 hours weekly providing these services. All RDHs (98.4%) conducted dental hygiene assessments of patients. The vast majority of RDHs reported providing patient education on a regular basis. The majority of RDHs (57.8%) spent less than 10% of their weekly work time on administrative activities, with 11.1% indicating no weekly administrative activities.

Most active RDHs expect to remain in dental hygiene practice over the next five years.

Seventy percent of RDHs indicated plans to remain in their current position for the next five years and an additional 11.0% reported plans to seek a similar position in another setting.

Approximately 8.7% of RDHs expected to retire during the coming five years, and another 3.3% plan to obtain employment in another field.

Many RDHs expressed interest in working in advanced practice models of care.

Forty percent of RDHs who responded to the survey indicated either great (25.2%) or considerable (14.6%) interest in becoming an advanced dental hygiene practitioner⁶ should the model be established in Maine. RDHs were also greatly (18.7%) or considerably (12.1%) interested in the dental hygienist therapist⁷ workforce model.

RDHs in Maine identified many underserved populations in Maine who lacked access to oral health services.

RDHs indicated that many populations were in need of oral health services in the state, particularly low-income and uninsured children and adults. RDHs indicated that the greatest unmet need in oral health was for preventive services followed by restorative services and oral health education.

Registered Dental Hygienists in Maine Working Under Public Health Supervision Status: Survey Findings

RDHs were asked if they had ever worked under PHS status. The following describes the responses of those RDHs who are currently using PHS status. More than one-quarter of RDHs who responded to the survey (25.5%) reported practicing under PHS status at some point in their career, while 13.8% reported currently working under this status.⁸

Many RDHs have utilized PHS status during their careers and currently about 14% work under this status. Most do so as paid employment.

Among RDHs currently working under PHS, only 15.6% indicated that they did so only as a volunteer. Half of the RDHs using PHS currently spent all of their work time in paid employment under PHS status and an additional 12.5% of these RDHs spent between 76% and 99% of paid work time under PHS status. Some of the RDHs who were paid for clinical services provided under PHS also provided some volunteer services under this status.

RDHs working under PHS status serve patients in a variety of settings.

Most RDHs working under PHS reported working in school-based oral health programs (90.6%) and “other” settings including day care centers, Head Start programs, and WIC clinics. RDHs

⁶ The advanced dental hygiene practitioner (ADHP) is a workforce model proposed by the American Dental Hygienist Association. The ADHP is a master’s degree-educated RDH with advanced education and training in preventive care with some training in basic restorative services.

⁷ The dental hygienist therapist (DH-T) is an oral health professional that is trained to provide both preventive and basic restorative oral health services. These professionals are working in several countries including New Zealand, Australia, and Great Britain.

⁸ This does not include IPDHs in Maine who may also use PHS for reimbursement of services provided to MaineCare children.

who used this status did so mainly to address lack of dental access in the areas where they lived and worked (84.4%) or because of an interest in working in a public health setting (68.8%).

RDHs working under PHS status mainly serve children in Maine

RDHs using PHS status mainly served children (birth to 18 years) who were uninsured (100.0%), low-income (96.4%), and MaineCare-insured (96.4%). About half of RDHs working under PHS served some uninsured or low-income adults.

RDHs working under PHS status provide preventive services and apply more fluoride varnishes and sealants for patients than their RDH peers in traditional practice.

RDHs working under PHS almost always (90%) performed oral inspections on their patients and often (13.3%) or always (66.7%) took dental histories. They also often (13.3%) or always (60.0%) provided complete prophylaxis. These RDHs frequently (93.6%) applied sealants (45.2% applied them often and 48.4% applied them always). Fluoride varnish was also often (29%) or always (67.7%) applied.

Over 70% of RDHs working under PHS status are employed by an organization that bills for their services.

Only 18.8% of RDHs working under PHS status billed directly for their services to patients. Almost three-quarters of RDHs working under PHS (71.9%) were employed by an organization that billed for their services. About one-third (31.3%) were paid through grant funding.

While many RDHs working under PHS status have established dental referral networks, many indicate that finding dentists to accept referrals is challenging.

More than 70% of RDHs working under PHS indicated they had an established dental referral network. About one-third of RDHs indicated they gave the patient a referral and suggested the patient find a dentist (34.4%) or they helped the patient to find a dentist (34.4%) to provide needed care. More than half (56.3%) of currently practicing RDHs working under PHS found it either somewhat (34.4%) or very (21.9%) difficult to find a dentist to accept referrals in the communities where they worked.

Independent Practice Dental Hygienists in Maine: Survey Findings

Many IPDHs work in small towns or rural areas of Maine

Half (50.0%) of the IPDHs who responded to the survey worked in a rural area or a small town.

RDHs working as IPDHs tend to have higher levels of educational attainment compared to their RDH peers.

Seventy percent of the licensed IPDHs in Maine were actively practicing as IPDHs. IPDHs were licensed as RDHs on average 20.2 years. Half (50.0%) of IPDHs indicated that an associate degree was their highest level of education currently (compared to 69.7% of RDHs) and 42.9%

indicated a bachelor's degree as their highest educational attainment (compared to 23.1% of RDHs).

While many IPDHs are self-employed, many also work at least part time in dental practices in Maine.

Ninety percent of IPDHs indicated they were self-employed at least part of the time with 50.0% indicating self-employment most of the time (76% to 100%). One-quarter of IPDH respondents worked 31 or more hours per week for an employer and practiced independently only a few hours each week. Almost two-thirds of IPDHs (64.3%) indicated they sometimes worked under the supervision of a dentist, while 21.4% reported never working under the supervision of a dentist.⁹

IPDHs treat more adults in their practices than RDHs who work under PHS status.

IPDHs treated a wide variety of patients including uninsured and low-income adults and children. One-fifth (21.4%) of IPDHs indicated that more than half of their patients (between 51% and 75%) were adults age 19 to 64 years. More than one-third of IPDHs (35.7%) saw no very young children (birth to 3 years). However, 42.9% of IPDHs indicated that children age 4 to 18 years were between one-quarter and one-half of their patient caseload.

Half of IPDHs (50.0%) treated no MaineCare-insured children. Until recently, IPDHs were not permitted to bill MaineCare for services to patients. Some IPDHs also worked under PHS status and were permitted to bill MaineCare when working under that PHS status.

IPDHs mainly provide preventive and educational services to patients.

All IPDHs (100.0%) provided dental hygiene assessments, complete prophylaxis, and oral cancer screenings for their patients. Most also provided patient education (92.3%), fluoride treatments (92.3%), and sealant applications (84.6%) for their patients.

IPDHs are mainly compensated by payments from patients.

While IPDHs were compensated for their services from a variety of sources, most IPDHs (85.7%) indicated that some of their compensation came from patients who paid for their services. Forty percent of IPDHs received some reimbursement directly from MaineCare. The IPDHs who received reimbursement from MaineCare likely worked under PHS when providing services to MaineCare-eligible patients. Many IPDHs (71.4%) received at least some portion of their practice revenue from private dental insurance companies.

⁹ IPDHs who used PHS status to obtain reimbursement for services provided to MaineCare-insured children are required to have standing orders from a dentist to provide those services.

While many IPDHs have an established dental referral network, as do RDHs working under PHS, IPDHs also report difficulty finding dentists to accept referrals.

Many IPDHs (64.3%) indicated they had established a dental referral network in the area where they worked. However, the majority of IPDHs (64.3%) indicated that it was moderately, considerably, or extremely difficult to find dentists to accept patient referrals for care.

IPDHs like other oral health professionals volunteer their clinical services.

More than three-quarters (78.6%) of IPDHs participated in volunteer activities in which they provided oral health services. More than one-third (36.4%) volunteered on average between one and five hours annually and more than one-quarter (27.3%) volunteered on average between 16 and 20 hours annually. IPDHs volunteered at community health/dental fairs (50.0%) and at school-based oral health programs (50.0%) as well as during other volunteer opportunities.

IPDHs indicate that their patients are generally satisfied with the services they provide.

IPDHs appraised patient perceptions about receiving oral health care from an IPDH and indicated that patients were appreciative to have oral health care available (92.9% of IPDHs) and were not at all concerned about receiving care from an IPDH (85.7%).

The vast majority of IPDHs are motivated to establish independent practices, in part, because of lack of dental access in their geographic areas.

IPDHs provided their reasons for choosing IPDH practice, including a desire for expanded practice opportunities (92.9%), concern about lack of dental access in their areas (85.7%), and an interest in owning a business (85.7%).

Many IPDHs were interested in other expanded practice opportunities should they become available in Maine, including advanced practice dental hygiene (78.6%), dental hygiene therapy (60.0%), and dental therapy (54.4%).¹⁰

IPDHs indicate that a lack of dental insurance and poor oral health literacy are the most significant barriers to access to oral health services.

The most significant barriers to obtaining oral health services identified by IPDHs were lack of dental insurance and poor oral health literacy. IPDHs identified preventive services and restorative services as the greatest unmet needs in oral health.

IPDHs also identified the populations in Maine who were most in need of oral health services. They cited low-income children, age birth to 18 years, and MaineCare-insured children as the

¹⁰ The dental therapist is an oral health professional in Alaska and Minnesota who is trained to provide some restorative dental services.

populations in greatest need of oral health care. The elderly and low-income older adults were also identified as in need of oral health services.

Expanded Function Dental Assistants in Maine: Survey Findings

EFDAs in Maine are experienced oral health professionals with higher education than many of their DA peers.

On average, EFDAs in Maine who were DAs had worked 11.75 years as a DA. One-quarter of the EFDAs (25%) were RDHs in Maine. More than 40% of EFDAs indicated that a certificate/diploma was their highest level of education and 31.3% indicated they held a bachelor's degree.

EFDAs mainly work in the more populated areas of Maine.

EFDAs mainly worked in metropolitan areas of the state (75%). Since EFDAs must be directly supervised by dentists, they work in the same areas as dentists in Maine.

Most EFDAs trained in expanded functions because they have an interest in learning to do more professionally.

Most EFDAs (93.3%) cited a personal interest in learning to do more or career advancement (86.7%) as reasons for becoming an EFDA. Sixty percent of EFDAs indicated they received encouragement from their employers to become an EFDA. Forty percent of EFDAs indicated that they shared the cost of the EFDA training with their employer.

EFDAs mainly work in private dental practices and many work only part time.

EFDAs mainly worked part time (defined as 30 hours or less) for their primary employers, but 46.7% worked more than 31 hours weekly for a primary employer. Most EFDAs in Maine (75.0%) primarily worked in private solo (50.0%) or group (25.0%) dental practices. Most EFDAs worked with general dentists in their primary work locations (93.8%).

EFDAs commonly work with other EFDAs in their workplaces.

All EFDAs worked with at least one other EFDA in their workplaces. Eighty-six percent of EFDAs worked with two or more other EFDAs.

EFDAs provide a variety of clinical services for patients.

EFDAs provided a wide variety of services in their workplaces. All EFDAs (100%) exposed radiographs while 62.5% placed temporary restorations.

EFDAs identify low-income people in Maine as the population in greatest need of oral health services.

EFDAs ranked low-income children, birth to 18 years, as the population in greatest need of oral health services and low-income adults, age 19 to 64 years, as the second group most in need of oral health care in the state.

Discussion

There is growing concern across the U.S. about uneven access to oral health services especially for the poor, children, the elderly, immigrants and refugees, and special needs populations. Stakeholders in Maine share these concerns. The rural geography of the state complicates efforts to improve access to oral health services for those residents living in northern and central Maine. A well trained oral health workforce is a critical resource when developing strategies to increase the availability of oral health care services in the state.

Distribution of Oral Health Professionals

Maine's oral health professionals are not well distributed. Dentists, RDHs, and EFDAs in Maine are most likely to practice in the more populated areas of the state. Oral health professionals working in public health settings or in independent dental hygiene practices are increasing the availability of oral health services in rural areas and in settings outside private dental practices (see Table 2 on page 22) where most dental services are usually provided. Analyses of the oral health workforce surveys found that RDHs working under PHS status and IPDHs were more likely than other professionals to be working in small towns and rural areas of Maine, which was the intent of the legislation that enabled these models. While the numbers of professionals active in these workforce models remains small, they are providing oral health services to needy populations.

Workforce innovation in Maine has been used to address disparities in access to oral health care. To date, Maine has enabled a number of oral health professions including EFDAs, RDHs working under PHS status, and IPDHs. Maine also licenses denturists to provide services directly to patients. These efforts are positively impacting the availability of oral health services in the state.

Table 1. Geographic Location of Oral Health Workforce in Maine by RUCA Code*, 2012

Type of Oral Health Professionals	Metropolitan	Micropolitan	Small Town	Rural
Dentists	51.5%	23.4%	11.7%	13.5%
RDHs	52.4%	18.6%	13.2%	15.8%
RDHs under PHS status	44.2%	15.6%	19.5%	20.8%
IPDHs	35.7%	14.3%	7.1%	42.9%
EFDAs	75.0%	6.3%	0.0%	18.0%

Source: CHWS, 2012. Surveys. * Note: RUCA codes are a comparatively new Census tract-based classification scheme that utilizes the standard Census Bureau Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts. The metropolitan classification includes areas where there is an urban cluster of 50,000 or more people. The micropolitan classification includes areas where there is a cluster of 10,000 or more people. Small towns include areas with at least 2,500 residents and rural areas comprise settlements with fewer than 2,500 residents. (See USDA Economic Research Service <http://webarchives.cdlib.org/sw15d8pg7m/http://www.ers.usda.gov/briefing/Rurality/MicropolitanAreas/>).

Experience and Education

On average, oral health professionals in Maine have been licensed for many years (e.g., dentists were licensed on average 25 years and RDHs over 20 years). The average age of a dentist in Maine was 54. Many dentists expect to retire or reduce hours over the next five years. The supply of dentists in Maine is expected to increase with the opening of the new dental school at the University of New England (UNE). The new dental school will admit students from Maine so the percent of dentists from the state is likely to increase over time.

Nationally, RDHs are mainly associate degree-educated and DAs are educated mainly in certificate programs with a limited number holding associate degrees. RDHs in Maine were similar to RDHs in the U.S., with 70% of RDHs in the state reporting an associate degree as their highest degree. About one-quarter of RDHs in Maine (23.1%) hold a bachelor's degree and 4.8% hold an advanced graduate degree.

RDHs and DAs working in expanded practice are more highly educated than their professional peers. While the numbers of RDHs working under PHS status or as IPDHs or EFDAs in Maine were relatively small, there were noticeable differences in their educational attainment in comparison to their peers. One-third of the RDHs who had ever worked under PHS status (33.7%) had either a bachelor's degree (24.4%) or a master's degree (8.1%). About 43% of IPDHs indicated that a bachelor's degree was their highest education and 7.1% of IPDHs held a master's degree.

While DAs nationally are educated mainly in certificate programs and occasionally in associate degree programs, EFDAs in Maine also had higher levels of educational attainment. Forty

percent of EFDAs reported a certificate/diploma as their highest level of education, 31.3% indicated they held a bachelor's degree, and 6.3% had a master's degree. Proportionately more oral health professionals with higher levels of educational attainment were practicing in expanded practice roles in the state.

Excess Capacity in the Dental Hygiene Workforce

Stakeholders who were interviewed for this study expressed concern about excess capacity within the RDH workforce in Maine. An analysis of the RDH survey responses found a large number of RDHs either working part time and/or having difficulty finding full-time RDH employment. In contrast to the 25% of dentists who expect to retire in the next five years, only a small percentage of RDHs expect to leave practice in the near term (8.7%). Seventy percent of RDHs expect to remain in their current position for the next five years and 11% expect to seek a similar position in another setting. These data suggest limited availability of dental hygiene jobs for new graduates in the next five years.

Work Settings and Collaboration

Use of innovative oral health workforce models has increased the array of settings where oral health services are available. While the majority of oral health professionals in Maine work in solo and group private dental practices, higher percentages of RDHs working under PHS status and IPDHs worked in public health settings, including school-based oral health programs, nursing homes, and other community settings. This suggests that legislative and regulatory changes for these professionals have increased the availability of oral health services.

In addition, it is critical that collaborations between new oral health professionals and dental providers in all settings be encouraged given the limited resources for safety net oral health services. Table 2 describes the practice settings of oral health professionals in Maine as well as the practice settings of dentists who supervise or collaborate with personnel working in expanded oral health roles. While dentists in private practice worked with EFDAs, supervised RDHs under PHS status, and accepted referrals from RDHs under PHS status and/or from IPDHs, proportionately more dentists in FQHCs and community dental clinics accepted patient referrals from these professionals. RDHs working under PHS status and IPDHs were more likely than others to be providing oral health services in alternative settings such as school-based oral health programs or nursing homes.

Table 2. Percent of Oral Health Professionals by Work Setting and by Type of Collaboration, Maine, 2012

Settings	All Dentists by Primary Work Setting	All Dentists by Secondary Work Setting*	Only Dentists Who Worked with EFDAs	Only Dentists Who Supervised RDHs Under PHS Status	Only Dentists Who Accepted Referrals from RDHs under PHS Status	Only Dentists Who Accepted Referrals from IPDHs
Private Dental Practice-Solo	55.4%	2.9%	44.1%	59.6%	52.4%	62.6%
Private Dental Practice-Group	33.3%	4.0%	32.2%	21.2%	29.5%	27.8%
Federally Qualified Health Center	4.1%	2.0%	10.2%	13.5%	6.7%	3.5%
Community/Migrant/Rural Dental Clinic	3.5%	1.4%	8.5%	3.8%	8.6%	3.5%
Indian Health Services	0.3%	0.3%	0.0%	1.9%	0.0%	0.0%
School-Based Dental Program	0.3%	2.3%	0.0%	0.0%	0.0%	0.0%
Academic/Educational Institution	0.3%	0.3%	0.0%	0.0%	0.0%	0.0%
Nursing Home/Long-Term Care	0.3%	1.4%	0.0%	0.0%	0.0%	0.0%
Veterans Hospital	0.6%	0.3%	1.7%	0.0%	0.0%	0.0%
Other	2.0%	3.7%	3.4%	0.0%	2.9%	1.8%
Totals	100.0%	18.6%	100.1%	100.0%	100.1%	99.2%
Settings	All RDHs by Primary Work Setting	All RDHs by Secondary Work Setting*	All RDHs under PHS Status by All Work Settings	All IPDHs by All Work Settings	All EFDAs by Primary Work Setting	All EFDAs by Secondary Work Setting
Private Dental Practice-Solo	53.7%	6.0%	0.0%	71.4%	50.0%	12.5%
Private Dental Practice-Group	28.7%	3.9%	0.0%	28.6%	25.0%	0.0%
Federally Qualified Health Center	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Community/Migrant/Rural Dental Clinic	1.8%	1.2%	0.0%	0.0%	12.5%	6.3%
Indian Health Services	0.9%	9.0%	0.0%	0.0%	0.0%	0.0%
School-Based Dental Program	3.3%	3.3%	90.6%	7.1%	0.0%	0.0%
Academic/Educational Institution	3.0%	1.8%	0.0%	0.0%	12.5%	6.3%
Nursing Home/Long-Term Care	0.0%	0.0%	3.1%	21.4%	0.0%	0.0%
Veterans Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	3.9%	0.6%	40.7%	42.9%	0.0%	0.0%
Totals	100.1%	25.8%	**	**	100.0%	25.1%

Source: CHWS, 2012, Surveys. Note: *Totals do not equal 100% because not all dentists or RDHs worked in a secondary setting. Note: **Totals exceed 100% because IPDHs and RDHs under PHS worked in multiple settings.

Impact of the Economic Downturn on Demand for Oral Health Services

Dentists who responded to the survey expressed concern that the weak economy in Maine was adversely affecting demand for oral health services. Three-quarters of dentists (77.1%) indicated that the recession had negatively impacted their dental practices. Dentists reported additional capacity in their practices as established patients were reducing both the frequency of dental visits and the quantity of elective dental services. Decreased demand appeared to affect both general and specialty dentists. Eighty percent of dentists reported capacity to accept new patients in their practices. RDHs also reported a decreased demand for oral health services in the practices where they worked.

It is important to recognize the difference between demand and need for oral health services. In fact, need for oral health services may be increasing even as demand for services declines. Patients who delay preventive and basic restorative care may require more extensive restorative services in the future.

Participation with the MaineCare Program

Most dentists (96.8%) reported that commercial dental insurance was a major source of revenue for their dental practices. Only 57.6% of dentists indicated any practice revenue from MaineCare. Among dentists who treated MaineCare patients, just 11.7% indicated that proceeds from MaineCare reimbursement constitutes more than half of their practice revenues. In addition, 57.2% of dentists who treated MaineCare patients indicated that they limited the number of MaineCare patients in their practices. Of the 80% of dentists who reported some capacity to serve new patients, 39.0% indicated they would limit new patients to those who were commercially insured or self-pay.

In addition, dentists who treated MaineCare-insured patients mainly treated children between age 4 and 18 years (47% of dentists). About 30% of dentists treated some adults, age 19 to 64 years, who were covered by MaineCare. Dentists cited low reimbursement rates, limited coverage for adult dental services, broken appointments, and lack of compliance with treatment recommendations as reasons for their reluctance to work with MaineCare-insured patients.

Oral health professionals in Maine are improving access to oral health services by providing uncompensated care, reduced-fee services, and volunteering their clinical services to patients in need. However, the quantity of these services is limited and not sufficient to fully address unmet need for oral health services. Many dentists indicated that they provide some uncompensated care to patients and some dentists also volunteer their clinical services. On average, dentists who provide uncompensated care for patients indicated that they do so for a small number of patients monthly. Other oral health professionals in Maine including RDHs, IPDHs, and EFDAs also volunteer their professional services for many organized oral health special events including Dentists Who Care for ME, Give Kids a Smile, and Special Olympics.

Table 3. Percent of Dentists Providing Care to MaineCare-Insured Children or Providing Reduced-Fee or Uncompensated Care in Their Primary Practice, by Specialty, Maine, 2012

Dental Specialty	Sees MaineCare-Insured Children	Provides Reduced-Fee Services	Provides Some Uncompensated Care
General Dentistry	76.9%	81.7%	81.7%
Pedodontics	5.0%	2.8%	2.8%
Orthodontics	5.8%	7.3%	7.3%
Periodontics	0.8%	1.8%	1.8%
Prosthodontics	2.5%	0.9%	0.9%
Endodontics	0.0%	1.8%	1.8%
Oral and Maxillofacial Surgery	9.1%	3.7%	3.7%
Totals	100.1%	100.0%	100.0%

Source: CHWS, 2012. Survey of Dentists in Maine, Questions 6 and 18. Total exceeds 100% due to rounding error.

Attitudes and Opinions

Oral health professionals agreed that there is unmet need for oral health services in Maine especially for low-income children and low-income adults in the state. Survey respondents were asked to rank the populations in Maine who were most in need of dental services in their geographic areas. Respondents were provided a list of population groups to rank on a 5-point Likert Scale. The responses to this question were weighted with a mean weighted score closest to 5 indicating the neediest populations.

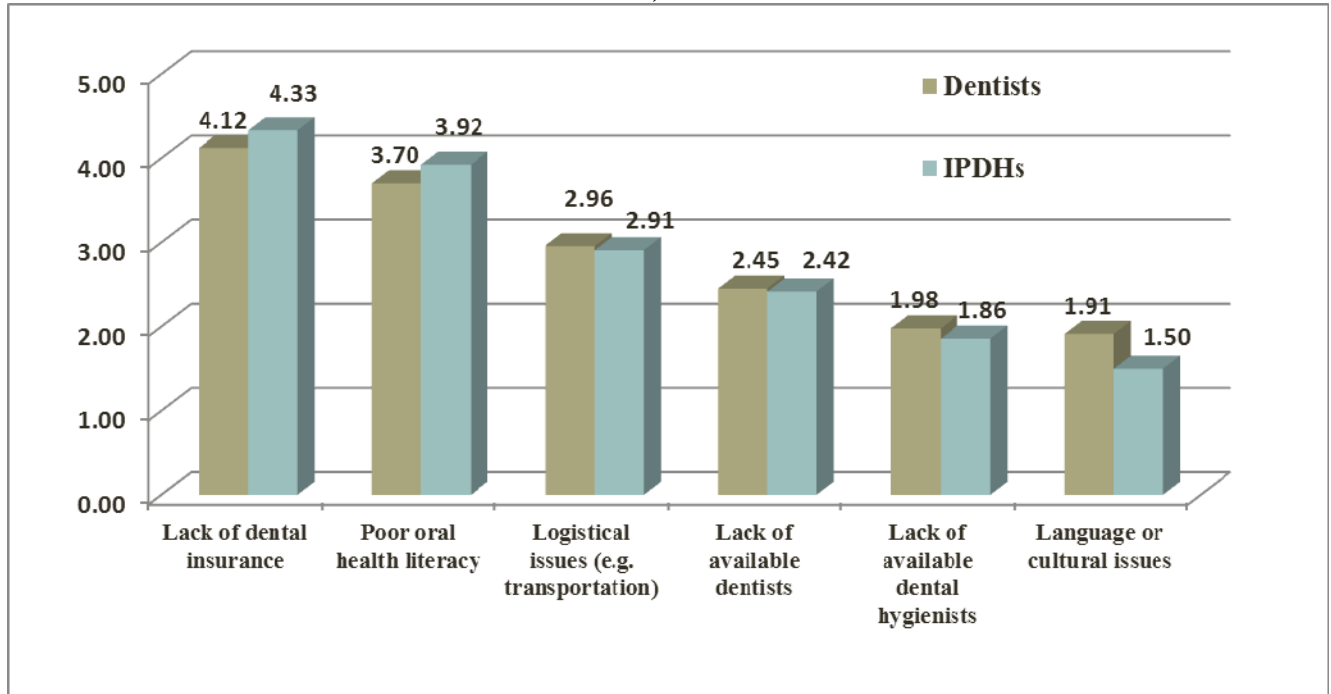
Table 4. Mean Ranking* of Populations Most in Need of Oral Health Services in Maine, by Profession, 2012

Patients	Profession Specific Ranks**			
	Dentists	RDHs	IPDHs	EFDAs
Low-income children (0 to 18 years)	4.08	3.85	4.30	4.42
Low-income adults (19 to 64 years)	3.72	3.38	2.43	3.75
Low-income older adults (65 years and older)	2.88	2.76	3.13	2.83
Uninsured children	3.05	3.45	2.43	2.62
Uninsured adults	2.65	2.78	2.25	2.21
MaineCare-insured children	2.49	3.14	3.63	1.00
Confined elderly	2.77	2.71	3.45	2.75
People with special needs	2.48	2.40	2.00	2.50
Homeless people	2.87	2.96	3.00	3.00
Other***	4.19	4.60	1.00	2.00

Source: CHWS, 2012, Surveys of Dentists, RDHs, IPDHs, and EFDAs. .Note: * A mean score of 5 indicates the neediest population. Note: ** Shaded areas show mean ranked scores above 3.00. Note: *** Other was described variously but was generally defined as all of the populations listed as response options.

On a weighted Likert scale with 5 being most significant and 1 being least significant, dentists and IPDHs identified lack of dental insurance and poor oral health literacy as the most significant barriers to access to oral health care in Maine.

Figure 1. Dentists' and IPDHs' Mean Ranking* of Barriers to Oral Health Care in Maine, 2012



Source: CHWS, 2012, Surveys of Dentists and IPDHs. * A mean score of 5 is the most significant barrier.

Narrative Comments

Survey respondents had the opportunity to provide comments about access to oral health care in Maine that were not covered in the survey content. While it is not possible to describe all topics of concern, there were some common themes across professions.

Survey respondents identified lack of oral health literacy as a primary barrier to improved oral health. Maine's oral health professionals were clear that an overarching barrier to improved oral health outcomes was a lack of education about the importance of oral health and its relationship to systemic well-being. For populations for whom seeking routine preventive oral health services is not normative behavior, the value of oral health may not be appropriately understood among some populations.

Future improvements in population oral health status must be linked to better education about its importance. Preventive care and routine oral hygiene in the present can reduce the future costs of therapeutic or reparative services and improve outcomes over the lifespan. Education is key for every age group and it is especially important for the young to build a future adult generation

with a desire for good oral health. While lack of dental insurance was widely noted as an important barrier to obtaining oral health services, respondents commented that even people with dental insurance may not seek appropriate care because they lack a basic understanding of the importance of oral health.

Dentists and other oral health professionals emphasized that economic issues in oral health are major barriers to improving access. Dentists identified the cost of dental services, lack of finances to pay for care, low MaineCare reimbursement rates, and lack of dental insurance as the most significant barriers to oral health care in Maine. There were pervasive concerns that until these barriers to care were addressed, there would be little progress in improving oral health outcomes for the population.

While there was general agreement about the need for improved oral health literacy and the economic problems that impact demand for oral health services, there were many divergent opinions about the oral health workforce models that were needed to improve access to oral health services for Maine's people. Many dentists felt that it was ill advised to consider further workforce innovations, especially a midlevel oral health provider, since the new dental school would be producing dentists, some of whom are expected to practice in Maine. Some dentists expressed concern that patients could not afford any oral health care regardless of the type of provider offering the services. Some thought the current supply of oral health professionals was adequate and felt that increases in the number of professionals was unnecessary. Others expressed concern that creating new oral health providers would further fragment the delivery of oral health services in Maine.

On the other hand, other oral health professionals including those already working in expanded professional roles expressed interest in further training and education to enable them to work in other roles and in more settings including schools and nursing homes. These professionals suggested that expanded practice professionals could supply more accessible and more affordable care than is currently available. From their perspective, the ability of providers other than dentists to provide more services to diverse populations in a variety of alternative settings could positively impact the oral health of the populations served. Many acknowledged that professionals working in expanded roles would need sufficient training to provide x-rays, preventive care, and basic restorative services.

Nationally, Maine is recognized as being at the forefront of efforts to address unmet need for oral health care for its residents. Maine's history of open discussion and thoughtful planning for oral health programs and oral health workforce initiatives has resulted in improved access to oral health care and reduced barriers to care for some populations. While there is still significant unmet need in the state, past efforts to expand accessibility of oral health services appear to have been fruitful.

Technical Report

Background

The Center for Health Workforce Studies with support from the Maine Oral Health Funders conducted a research study of the oral health workforce in Maine. The study included surveys of four oral health professions:

- Dentists
- Registered Dental Hygienists (RDHs), including RDHs working under public health supervision (PHS) status
- Independent Practice Dental Hygienists (IPDHs), and
- Expanded Function Dental Assistants (EFDAs)

Denturists, who are licensed professionals in Maine, were also considered for survey but their numbers were too small to make a survey feasible.

The surveys gathered information about demographic and educational characteristics of the oral health professionals as well as their opinions about access to oral health services in Maine. The survey questionnaires were developed after the Center completed a comprehensive literature review, examined historical data on the oral health professions in Maine, and conducted a large number of interviews with oral health professionals in the state. Information obtained from these efforts provided important context for the survey content.

Methodology

The four surveys were initially fielded electronically to all dentists, RDHs (including those working under PHS status), IPDHs, and EFDAs listed on the licensure and registration lists of the Maine Board of Dental Examiners (ME BDE) in April 2012. The surveys were each designed in an online format on the Inquisite Platform. Respondents were able to complete the survey via a standard Internet browser. Communications with potential respondents were mainly electronic but there was also paper communication.

In early July 2012, each oral health professional received a letter in the mail that contained a personalized link to their survey. The letter explained the reasons for the research, described the survey process, and provided assurances of confidentiality to survey respondents. During the following weeks, oral health professionals received email reminders approximately every 10 to 14 days. Email reminders were sent only to non-respondents and only to those who had an email listed with the licensure information supplied by the ME BDE. There were a small number of professionals for whom no email address was available.

In early September 2012, a paper copy of the respective surveys was sent to all dentists, RDHs (including RDHs working under PHS status), IPDHs, and EFDAs in Maine who had not

responded to prior solicitations. Subsequent to the mailing of the paper survey, email reminders were continuously sent to non-respondents until November 2012. At that time, survey data from the paper and electronic responses were aggregated and cleaned and placed into separate SPSS databases for analyses.

Each of the professional surveys asked a comprehensive set of questions. Each question was followed by defined response options including, in some cases, an “other” category with the opportunity to describe the meaning of “other,” if that response was selected. The descriptions of “other” appear in Appendix A of this report. In several cases, narrative comments were also solicited and they, too, appear in Appendix A of this report.

Results

The surveys were sent to all oral health professionals licensed by and listed with the ME BDE in April 2012.

Dentists

There were 664 dentists licensed in Maine with an address in Maine who were solicited to participate in the survey. There were 13 bad addresses in the file; four dentists had relocated out of state making them ineligible to complete the survey; one dentist refused to participate (664-13-4-1=646 possible respondents). Ultimately, 352 dentists responded to the survey for a response rate of 54.5%. Only the responses of dentists who were actively practicing in Maine were analyzed.

Registered Dental Hygienists

There were 1,196 RDHs licensed in Maine with an address in Maine who were solicited to participate in the survey. There were 42 bad addresses; nine RDHs had moved out of state and were thus ineligible to complete the survey; one RDH was deceased; and one RDH refused to participate (1196-42-9-1-1=1,143). Ultimately, 391 RDHs responded to the survey for a response rate of 34.2%. Only the responses of RDHs who were actively practicing in Maine were analyzed.

Independent Practice Dental Hygienists

There were 37 IPDHs licensed in Maine with an address in Maine who were solicited to complete the survey. There was one bad address (37-1=36). There were 19 responses from IPDHs for a response rate of 52.8%. Only the responses of IPDHs who were actively practicing as IPDHs were analyzed for this report.

Expanded Function Dental Assistants

There were 34 EFDAs registered with the ME BDE who were solicited to complete the survey. There were two bad addresses (34-2=32). There were 17 responses from EFDAs in Maine for a response rate of 53.1%. Only the responses of EFDAs who were actively practicing as EFDAs were analyzed for this report.

Limitations

While the response rate to the RDH survey was a bit lower than the target response rate of 50%, the responses were geographically distributed and provided a broad basis for drawing conclusions. A comparison of the residence and practice zip codes supplied by RDHs who responded to the survey showed that 82% lived and worked in the same county. It was therefore assumed that the county of residence of non-respondents was likely also the county in which they worked. The survey responses were considered geographically representative of the larger professional group. A comparison of the geographic location of survey respondents with the RDH licensure list showed that there were 4% more rural survey respondents (20.4%) compared to the licensure list (16.4%) and 4.5% fewer metropolitan respondents (52.4%) compared to the licensure list (56.9%).

Another limitation was the small number of licensed IPDHs and the small number of EFDAs in Maine. While the response rates to these surveys exceeded 50%, the small numbers limit the ability to generalize results.

The initial mailing of the survey coincided with a significant wind storm that affected the power at the School of Public Health, University at Albany. As a result, the server that hosted the survey instruments was unavailable during a 24-hour period. This created some initial difficulty for prompt respondents. Each inquiry about difficulty accessing a survey was handled individually to help Maine oral health professionals access the survey instrument. In addition, the first reminder email to oral health professionals in Maine contained an apology and explanation of the power outage and its impact on survey access. These limitations notwithstanding, the survey process was relatively routine.

The Report

This technical report contains key findings from each of the four surveys and supporting statistical data in tabular format. This technical report also contains appendices that provide descriptive responses and narrative comments of survey respondents, tables comparing survey responses across professions, and the survey instruments.

The Report of Dentists in Maine

Characteristics of Dentists in Maine

Dentists in Maine were mainly male and non-Hispanic white. The gender of dentists in the state was similar to that of dentists across the U.S. Dentists in Maine were not as racially or ethnically diverse as dentists in the U.S., but they were representative of the population of Maine.

Table 5. Demographic Characteristics of Dentists in Maine, 2012

Gender	Dentists in Maine	Dentists in the U.S.	Population of Maine
Male	80.4%	80.0%	48.9%
Female	18.3%	20.0%	51.1%
Race/ Ethnicity			
Asian, non-Hispanic	2.9%	6.9%	0.7%
Black/African American, non-Hispanic	1.0%	3.4%	1.3%
American Indian/Alaska Native, non-Hispanic	0.3%	0.1%	0.7%
White, non-Hispanic	93.3%	86.2%	95.4%
Two or More Races, non-Hispanic	0.3%	N/A	1.5%
Hispanic/Latino	2.2%	3.4%	1.4%

Source: CHWS, 2012. Survey of Dentists in Maine, Questions 20 and 21. Valachovic, ADA, 2008, U.S. Census Bureau, Quick Facts, 2012.

More than 20% of dentists who responded to the survey completed their undergraduate studies in the state suggesting that some of these dentists were native to Maine. About 12% of dentists completed undergraduate studies in Massachusetts, and about 32% of dentists completed their dental education at a dental school in Massachusetts. (See Appendix A., Dentist Survey, Question 23 for a complete list of educational degrees, fields of study, and location of education program for dentists in Maine).

On average, dentists in Maine were licensed to practice dentistry for 24.74 years; years of experience among dentists in Maine ranged from newly licensed to 57 years. Among the almost 400 dentists who responded to the survey, 95.1% were actively practicing dentistry in Maine at the time of survey completion.

Actively practicing dentists mainly worked in either solo or group private practice (88.7%). Four percent of dentists in Maine worked in federally qualified health centers (FQHCs). About one-fifth of dentists (18.6%) reported a secondary worksite. Most dentists (84%) worked in only one location while about 17% worked in two locations and 1% worked in three or more locations.

Table 6. Primary and Secondary Worksites of Actively Practicing Dentists, Maine, 2012

Setting	Primary Worksite	Secondary Worksite
Private Dental Practice - Solo	55.4%	2.9%
Private Dental Practice - Group	33.3%	4.0%
Federally Qualified Health Center	4.1%	2.0%
Community/Migrant/Rural Dental Clinic	3.5%	1.4%
Indian Health Services	0.3%	0.3%
School Based Dental Program	0.3%	2.3%
Academic/Educational Institution	0.3%	0.3%
Nursing Home/Long Term Care	0.3%	1.4%
Veterans Hospital	0.6%	0.3%
Other	2.0%	3.7%
Total	100.0%	18.6%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 3. Note: Totals may vary from others charts and tables due to differences in responses to questions used in the cross tabulation.

More than three-quarters of dentist respondents (77.7%) owned the practice where they primarily worked. One-third of dentists (33.3%) who reported working in a secondary work location also owned the secondary practice location.

To accomplish a geographic analysis of dentists' practice locations in Maine, the zip code of the dentists' primary work settings were used along with rural urban continuum area (RUCA) codes of the U.S. Census Bureau to identify the practice location as either metropolitan, micropolitan, small town, or rural in nature.¹¹ Dentists in Maine generally practiced in metropolitan areas (51.5%) or in micropolitan areas (23.4%).

¹¹ RUCA codes are a comparatively new Census tract-based classification scheme that utilizes the standard Census Bureau Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts. The metropolitan classification includes areas where there is an urban cluster of 50,000 or more people. The micropolitan classification includes areas where there is a cluster of 10,000 or more people. Small towns include areas with at least 2,500 residents and rural areas comprise settlements with fewer than 2,500 residents. (See USDA Economic Research Service <http://webarchives.cdlib.org/sw15d8pg7m/http://www.ers.usda.gov/briefing/Rurality/MicropolitanAreas/>).

Table 7. Geographic Locations of Dental Practices in Maine, 2012

Location of Dental Practice by Rural Urban Continuum Code	Percent
Rural	13.5%
Small Town	11.7%
Micropolitan	23.4%
Metropolitan	51.5%
Total	100.1%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 4. Note: Total exceeds 100% due to rounding error.

More than one-third of dentists (35.4%) provided clinical patient care between 31 and 35 hours per week in their primary work location. One-third of dentists (33.3%) provided clinical services more than 36 hours per week.

Table 8. Number of Weekly Hours Providing Clinical Care to Patients by Primary or Secondary Work Location, Maine, 2012

Clinical Patient Work Hours	Primary Worksite	Secondary Worksite
No hours	0.6%	3.0%
1 to 5 hours	0.6%	4.1%
6 to 10 hours	2.9%	5.1%
11 to 15 hours	2.0%	0.5%
16 to 20 hours	3.8%	2.3%
21 to 25 hours	5.8%	0.5%
26 to 30 hours	15.7%	0.0%
31 to 35 hours	35.4%	0.0%
36 to 40 hours	24.9%	0.0%
More than 40 hours	8.4%	0.3%
Totals	100.1%	15.8%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 5. Totals do not equal 100% because not all dentists provided care in secondary locations.

Most respondent dentists (80.3%) worked primarily in general dentistry. Orthodontics was the most common specialty cited by dentists (6.1%), followed by oral and maxillofacial surgery (4.9%).

Table 9. Dental Specialty, Maine, 2012

Dental Specialty	Primary Specialty	Secondary Specialty
General Dentistry	80.3%	4.3%
Pedodontics	3.2%	0.5%
Orthodontics	6.1%	2.0%
Periodontics	2.0%	0.8%
Prosthodontics	1.2%	1.0%
Endodontics	2.3%	0.8%
Oral and Maxillofacial Surgery	4.9%	0.8%
Total	100.0%	10.2%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 6. Totals do not equal 100% because not all dentists had a secondary specialty.

Future Plans

Dentists were asked to describe their future plans. While 59.6% of dentists expected to remain in practice for at least five years, 3.4% of dentists expected to retire within one year and an additional 20.3% of dentists expected to retire or leave dental practice in the next five years.

Table 10. Future Plans of Dentists in Maine, 2012

Future Plans of Dentists in Maine	Percent of Dentists
Retire or leave dental practice within 1 year	3.4%
Retire or leave dental practice within 1 to 5 years	20.3%
Reduce hours within 1 year	3.7%
Reduce hours within 1 to 5 years	12.6%
Increase hours within 1 year	3.4%
Increase hours within 1 to 5 years	1.4%
Move practice location to another area in Maine	2.3%
Expect to remain in practice for at least 5 years	59.6%
Other	9.2%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 24. Note: Total exceeds 100% because survey respondents were permitted to select multiple response options.

Dentists and Other Oral Health Workforce

Dentists who owned their own dental practices were asked to describe their employees and their part-time or full-time status. For purposes of the survey, part time was defined as 30 hours or fewer per week. More than half (57%) of dentists who owned a dental practice (77.7% of respondents) employed at least one other full-time dentist in their primary work location. Two-thirds of practice owners (67%) employed at least one full-time RDH and 98.4% employed at least one full-time DA in their primary practice. Almost 70% of dental practice owners employed two or more full-time DAs in their primary work location. On average, dental practice owners employed 1.8 full-time RDHs and 2.9 full-time DAs at their primary locations.

Table 11. Number and Type of Employees in Practices Owned by Dentists in Maine, 2012

Number of Employees	Dentists				Registered Dental Hygienists				Dental Assistants			
	Primary Practice		Secondary Practice		Primary Practice		Secondary Practice		Primary Practice		Secondary Practice	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
None Employed	43.1%	91.1%	63.6%	63.6%	33.0%	57.0%	65.0%	70.0%	1.7%	19.1%	14.3%	42.9%
1 Employed	37.2%	7.8%	18.2%	27.3%	19.3%	19.6%	10.0%	10.0%	28.6%	56.2%	7.1%	28.6%
2 Employed	10.8%	1.1%	13.6%	4.5%	21.2%	10.9%	20.0%	10.0%	34.9%	20.2%	42.9%	14.3%
3 Employed	5.2%	0.0%	4.5%	4.5%	12.5%	8.7%	0.0%	10.0%	14.3%	2.2%	7.1%	14.3%
4 Employed	1.9%	0.0%	0.0%	0.0%	6.1%	1.9%	0.0%	0.0%	9.2%	0.0%	21.4%	0.0%
5 Employed	0.4%	0.0%	0.0%	0.0%	4.5%	1.5%	0.0%	0.0%	2.5%	1.1%	0.0%	0.0%
6 Employed	0.7%	0.0%	0.0%	0.0%	1.9%	0.0%	5.0%	0.0%	1.7%	1.1%	0.0%	0.0%
7 Employed	0.0%	0.0%	0.0%	0.0%	0.4%	0.4%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%
8 Employed	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%
9 Employed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%
10 Employed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
11 Employed	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
12 Employed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%	0.0%
13 Employed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
14 Employed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%
24 Employed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
25 Employed	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
26 Employed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
32 Employed	0.4%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
36 Employed	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
Total	100.1%	100.0%	99.9%	99.9%	100.1%	100.0%	100.0%	100.0%	100.1%	99.9%	99.9%	100.1%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 7a. Note: Totals exceed 100% due to rounding error.

Fifteen percent of dentists who responded to the survey indicated that they employed EFDAs in their dental practice(s). On average those dentists who employed EFDAs had 1.5 EFDAs working with them.

Dentists were asked if they had ever supervised any RDHs working under PHS status; 13% had done so. On average, these dentists had supervised two RDHs working under PHS status. Dentists who had supervised RDHs working under PHS status were asked to indicate the events or settings in which these RDHs had worked; most had supervised a RDH working in a school-based oral health program (7.1% of dentists).

Table 12. Percentage of Dentists Who Supervised a DH under PHS Status by Setting in Which the DH Provided Services, Maine, 2012

Locations in Which RDH Working Under PHS Status Provided Services	Percent of Dentists Who Had Supervised an RDH in Setting
Give Kids a Smile Day	1.5%
Dentists Who Care For ME	0.8%
Community Health/Dental Fairs	3.8%
Special Olympics	0.5%
School Based Oral Health Programs	7.1%
Nursing Home/ Long Term Care Facility	1.0%
Mobile Dental Van	1.3%
Faith-based Organization	0.0%
Other	3.6%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 9b.

Dentists were asked if they currently accepted any patients referred to them by either RDHs working under PHS status or from IPDHs. Almost one-quarter (24.1%) of dentists indicated that they accepted referrals from RDHs working under PHS status and 27.4% of dentists accepted referrals from IPDHs. The number of patient referrals accepted annually from RDHs varied but most dentists accepted between 1 and 10 patient referrals annually.

Table 13. Percent of Dentists in Maine Who Accepted Referrals from RDHs Working under PHS Status or from IPDHs, by Number of Patient Referrals Annually, 2012

Number of Patient Referrals Seen by Dentist	Referrals from RDH under PHS status	Referrals from IPDHs
1 to 10 Patients	10.9%	18.8%
11 to 20 Patients	5.1%	3.0%
21 to 30 Patients	2.0%	2.3%
31 to 40 Patients	0.8%	0.5%
41 to 50 Patients	1.0%	0.8%
More than 50 Patients	4.3%	2.0%
Total	24.1%	27.4%

Source: CHWS, 2012. Survey of Dentists in Maine, Questions 10a and 11a. Totals do not equal 100% because not all dentists accepted referrals from DHs.

Dentists who worked with EFDAs in their primary worksites mainly practiced in private dental practices, but EFDAs were also employed in FQHCs, community/migrant/rural dental clinics, Veterans hospitals, and “other” settings. Dentists who supervised and accepted referrals from RDHs under PHS status in their primary worksites were mainly in private practice, but again some were in FQHCs, community clinics, and Indian health service facilities. Dentists who accepted referrals from IPDHs were mostly in private practice, although a few were in FQHCs, community clinics, or “other” settings (see Table 10 on the following page).

Many of the dentists (84.7%) who worked with EFDAs in their primary worksites were general dentists, but a few specialty dentists also worked with EFDAs in their primary practices. While three-quarters of the dentists (76.9%) who supervised RDHs working under PHS status were general dentists, only 62.9% of dentists who accepted referrals from RDHs working under PHS status were general dentists. More than one-fifth (21.9%) of dentists who accepted referrals from RDHs working under PHS status were either oral and maxillofacial surgeons (11.4%) or pediatric dentists (10.5%). About two-thirds of dentists who accepted referrals from IPDHs were general dentists (68.4%)

Table 14. Percent of Dentists Who Worked with EFDAs or Supervised RDHs under PHS Status or Accepted Referrals from RDHs Working under PHS Status or IPDHs, by Primary Work Setting and Dental Specialty, Maine, 2012

Settings	Percent of Dentists Who Worked with EFDAs	Percent of Dentists Who Supervised RDHs under PHS Status	Percent of Dentists That Accepted Referrals from RDHs under PHS Status	Percent of Dentists That Accepted Referrals from IPDHs
Private Dental Practice - solo	44.1%	59.6%	52.4%	62.6%
Private Dental Practice - group	32.2%	21.2%	29.5%	27.8%
Federally Qualified Health Center	10.2%	13.5%	6.7%	3.5%
Community/Migrant/Rural Dental Clinic	8.5%	3.8%	8.6%	3.5%
Indian Health Services	0.0%	1.9%	0.0%	0.0%
School-based Dental Program	0.0%	0.0%	0.0%	0.0%
Academic/Educational Institution	0.0%	0.0%	0.0%	0.0%
Nursing Home/Long Term Care	0.0%	0.0%	0.0%	0.0%
Veterans Hospital	1.7%	0.0%	0.0%	0.0%
Other	3.4%	0.0%	2.9%	1.8%
Totals	100.1%	100.0%	100.1%	99.2%
Dental Specialty				
General Dentistry	84.7%	76.9%	62.9%	68.4%
Pedodontics	3.4%	9.6%	10.5%	6.1%
Orthodontics	5.1%	5.8%	8.6%	9.6%
Periodontics	0.0%	1.9%	4.8%	4.4%
Prosthodontics	3.4%	1.9%	1.0%	0.0%
Endodontics	3.4%	0.0%	1.0%	3.5%
Oral and Maxillofacial Surgery	0.0%	3.8%	11.4%	7.9%
Totals	100.0%	99.9%	100.2%	99.9%

Source: CHWS, 2012. Survey of Dentists in Maine, Questions 3, 6, 8, 9, 10, and 11. Totals do not equal 100% due to rounding error.

The Impact of the Economic Downturn on Dental Practices in Maine

Dentists were asked if the most recent economic recession had affected demand for dental services in their dental practices. More than three-quarters of survey respondents (77.1%) affirmed that the recession had negatively impacted their practices. Some dentists (18.1%) indicated no impacts from the most recent recession and 4.1% of respondents were unsure if, in fact, there had been any impacts from the downturn.

Dentists who indicated that the economic recession had affected their practices were asked to indicate the impacts. The most often selected response was that patients deferred dental services (92.8%) or that there had been a decrease in patient volume (74.6%). A portion of dentists indicated that there were “other” effects on their practice. (See Appendix A, Dentist Survey, Question 13A. for a description of “other” impacts of the recession on dental practices.) “Other” impacts included longer work hours or providing services to more MaineCare-insured patients than in the past.

Table 15. Effects of the Economic Downturn on Dental Practices in Maine, 2012

Effect of Economic Downturn	Percent of Dentists
Volume of patients decreased	74.6%
Patients deferred dental services	92.8%
Practice shortened hours of operation	17.8%
Staff hours were shortened	25.0%
Other	16.3%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 13a. Note: Total exceeds 100% because survey respondents were permitted to select multiple response options.

While most dentists who indicated that their practices had been impacted by the weak economy were general dentists (80.8%), dentists from other dental specialties, such as those working in private practices, FQHCs, and community clinics, also remarked on the impact of the recession.

Table 16. Percent of Dentists Who Indicated that the Recent Economic Recession Had Impacted Practice by Practice Setting and Dental Specialty, Maine, 2012

Practice Setting	Percent of Dentists
Private Dental Practice - solo	57.4%
Private Dental Practice - group	34.7%
Federally Qualified Health Center	3.8%
Community/Migrant/Rural Dental Clinic	2.3%
Indian Health Services	
School Based Dental Program	0.4%
Academic/Educational Institution	
Nursing Home/Long Term Care	0.4%
Veterans Hospital	0.4%
Other	0.8%
Totals	100.2%
Dental Specialty	
General Dentistry	80.8%
Pedodontics	2.6%
Orthodontics	6.0%
Periodontics	2.6%
Prosthodontics	1.5%
Endodontics	1.5%
Oral and Maxillofacial Surgery	4.9%
Totals	100.0%

Source: CHWS, 2012. Survey of Dentists in Maine, Questions 3, 6, and 13

Dentists were asked if their dental practice had any additional capacity to provide dental services to new patients. In response, 80.2% of dentists indicated that their practice currently had capacity to accept new patients.

Patients Served by Dentists in Maine

Dentists were asked to indicate how many dental visits (excluding dental hygiene visits) they provided in 2011. On average, dentists in Maine provided 2,709 dental visits. The median number of annual visits was 1,897 visits. Dentists were also asked to indicate how many patients their primary practice served on an annual basis. On average, a dental practice in Maine served 3,583 patients annually. The median number of patients served in a dental practice annually was 2,500.

Dentists were asked to describe the age of the patients treated in their dental practices. One-third of dentists (36.2%) saw no infants/children from birth to age 3 years. An additional 57.4% of dentists indicated that infants/children birth to age 3 years constituted between 1% and 10% of

their patient caseload. One-quarter of dentists indicated that 10% or less of their caseload was children age 4 to 18 years. Over one-third of dentists (36.7%) indicated that between half and three-quarters of their patient caseload was adults age 19 to 64 years.

Table 17. Percent of Dentists by Percent of Patients in an Age Cohort Treated by their Dental Practices in Maine, 2012

Age of Patients	Percent of Patients Treated in Dental Practice					
	0%	1-10%	11-25%	26-50%	51-75%	76-100%
Infants/ Children (0 to 3 years)	36.2%	57.4%	5.7%	0.7%	0.0%	0.0%
Children/ Adolescents (4 to 18 years)	1.3%	24.5%	48.1%	13.4%	8.6%	4.1%
Adults (19 to 64 years)	1.6%	3.6%	9.1%	45.8%	36.7%	3.2%
Older adults (65 years and older)	4.5%	16.2%	45.3%	27.2%	6.5%	0.3%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 16.

Dentists were asked to indicate the percentage of dental services that were reimbursed by commercial or public insurance plans or by patients paying for services. More than 40% of dentists indicated no reimbursement from MaineCare, suggesting that they treated no MaineCare-insured patients in their practices. Another 30% of dentists indicated that between 1% and 10% of practice proceeds were from MaineCare, suggesting again a limited caseload of MaineCare-insured patients. Some dentists indicated “other” sources of payment for services. (See Appendix A., Dentist Survey, Question 17 for a complete description of “other.”) “Other” included medical insurance payments and Care Credit, which is a health care credit card that allows patients to pay over time for care.

Table 18. Percent of Dentists and Percent of Payments for Patient Services by Payment Source, Maine, 2012

Source of Payment For Dental Services	0%	1-10%	11-25%	26-50%	51-75%	76-100%	Total
Commercial Dental Insurance	3.2%	5.8%	13.9%	39.7%	33.5%	3.9%	100.0%
MaineCare	42.3%	29.7%	7.3%	9.0%	7.7%	4.0%	100.0%
Patient payments	1.9%	11.7%	21.8%	45.5%	13.0%	6.2%	100.1%
Other	40.7%	35.6%	8.5%	10.2%	0.0%	5.1%	100.1%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 17.

Dentists who did serve MaineCare patients were asked to describe the age of those patients. Almost half of the dentists in Maine (47.0%) who served MaineCare-insured patients treated children/adolescents, age 4 to 18 years. Children on MaineCare have a comprehensive dental benefit under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit mandated by the federal government. Fewer dentists treated adults on MaineCare who have a limited dental benefit.

Table 19. Percent of Dentist Who Treated MaineCare Patients by Age Cohort of Patients, Maine, 2012

Age of MaineCare Patients	Percent of Dentists
Infants (0 to 3 years)	25.5%
Children/Adolescents (4 to 18 years)	47.0%
Adults (19 to 64 years)	30.7%
Older adults (65 years and older)	21.2%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 17a. Note: Total exceeds 100% because survey respondents were permitted to select multiple response options.

Dentists who treated MaineCare patients were asked if they limited the number of MaineCare-insured patients in their practices. More than half of the dentists who responded to the question indicated they did so (57.2%). The remainder of dentists who served MaineCare patients either did not limit the number of MaineCare-insured patients (41.6%) or were unsure if their practice limited the number of MaineCare-insured patients (1.2%).

Dentists were asked to describe the reasons why they limited the number of MaineCare-insured patients. The most common reason cited for limiting MaineCare-insured patients was that reimbursement for services was too low. Dentists also cited “other” reasons, including limited treatment coverage for adults, broken appointments, and poor compliance with treatment recommendations. (See Appendix A., Dentist Survey, Question 17c. for a complete description of “other.”)

Table 20. Percent of Dentists by Reason for Limiting the Number of MaineCare-Insured Patients in Their Caseloads, Maine, 2012

Reason for Limiting Maine Care Insured Patients	Percent of Dentists Who Limit MaineCare-Patients
Reimbursement is too low	56.5%
Paperwork is burdensome	4.8%
Other	38.7%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 17c. Total exceeds 100% because survey respondents were allowed to select multiple response options.

Dentists were also asked to describe patient service characteristics of both their primary and secondary (where applicable) practice locations including the new patient policy and reduced-fee or uncompensated care provided in those practices. Many dentists were providing care to all new patients (78.5%) at the time of survey completion. More than three-quarters of dentists (78.9%) provided some uncompensated care for patients in their primary practice locations.

Table 21. Percent of Dentists Who Provide Services to Different Types of Patients or Who Offer Reduced-Fee or Uncompensated Care for Patients, Maine, 2012

Patient Service Characteristics	Primary Worksite	Secondary Worksite
Provides care to all new patients	78.5%	11.5%
Provides care only to commercially insured or self-pay new patients	39.0%	4.6%
Provides care to MaineCare-insured children	36.6%	5.4%
Provides a sliding-fee scale/reduced-fee services for low-income patients	32.9%	5.4%
Provides some uncompensated care for patients	78.9%	9.2%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 18. Note: Percent of dentists in secondary worksite is low because the number of dentists with a secondary practice site is low. Totals exceed 100% because survey respondents were permitted to select multiple response options.

Dentists who provided care to MaineCare-insured children or offered reduced-fee or uncompensated care for patients in their primary worksites were mainly general dentists although some dentists from all specialties provided reduced-fee or uncompensated services in their primary work settings.

Table 22. Percent of Dentists Who Provided Care to MaineCare Insured Children or Provided Reduced-Fee or Uncompensated Care in Their Primary Work Setting by Dental Specialty, Maine, 2012

Dental Specialty	Sees MaineCare-Insured Children	Provides Reduced-Fee Services	Provides Some Uncompensated Care
General Dentistry	76.9%	81.7%	81.7%
Pedodontics	5.0%	2.8%	2.8%
Orthodontics	5.8%	7.3%	7.3%
Periodontics	0.8%	1.8%	1.8%
Prosthodontics	2.5%	0.9%	0.9%
Endodontics	0.0%	1.8%	1.8%
Oral and Maxillofacial Surgery	9.1%	3.7%	3.7%
Totals	100.1%	100.0%	100.0%

Source: CHWS, 2012. Survey of Dentists in Maine, Questions 6 and 18. Total exceeds 100% due to rounding error.

Dentists were asked to indicate how many patients were provided with either uncompensated care or reduced-fee services on a monthly basis in their practice. Forty-seven percent of dentists indicated that between one and five patients were provided with services that were uncompensated on average each month and 14% of dentists indicated they treated between one and five patients on a reduced-fee basis on average each month.

Table 23. Percent of Dentists by Number of Patients Provided with Uncompensated Care or Reduced-Fee Services Monthly, Maine, 2012

Number of Patients	Uncompensated Care	Reduced-fee Sliding Scale Services
1 to 5 patients	47.3%	14.0%
6 to 10 patients	6.0%	1.4%
11 to 15 patients	12.3%	6.6%
16 to 20 patients	0.3%	1.4%
21 to 25 patients	2.3%	0.9%
26 to 30 patients	0.3%	0.6%
31 to 35 patients	0.9%	1.1%
36 to 40 patients	0.3%	0.3%
41 to 45 patients	0.0%	0.6%
46 to 50 patients	0.9%	0.3%
More than 50 patients	2.0%	4.9%
Total	72.6%	32.1%

Source: CHWS, 2012. Survey of Dentists in Maine, Questions 18a and 18c. Totals do not equal 100% because not all dentists provided uncompensated care or reduced-fee services in their practices.

Dentists were asked to describe the number and type of uncompensated or reduced-fee/sliding-fee scale services they provided to patients in an average month. Among dentists who provided these services, most provided between one and four diagnostic, preventive, restorative, or therapeutic services to patients on a sliding-fee scale or as uncompensated care.

Table 24. Percent of Dentists by Number of Patient Services Provided Monthly as Uncompensated Care or on a Reduced-Fee/Sliding-Fee Scale Basis, Maine, 2012

Number of Uncompensated Services	Diagnostic	Preventive	Restorative	Therapeutic
1 to 4 services	45.6%	32.4%	34.7%	36.1%
5 to 10 services	10.3%	9.2%	10.9%	8.0%
11 to 15 services	4.0%	2.6%	4.0%	2.6%
16 to 20 services	1.4%	1.4%	1.1%	1.1%
21 to 25 services	0.6%	0.6%	1.1%	0.6%
26 to 30 services	0.0%	0.0%	0.6%	0.0%
31 to 35 services	0.0%	0.0%	0.3%	0.6%
36 to 40 services	0.3%	0.3%	0.0%	0.3%
More than 40 services	2.9%	1.7%	1.7%	2.0%
Total	65.1%	48.2%	54.4%	51.3%
Number of Reduced-Fee/ Sliding-Fee Scale Services	Diagnostic	Preventive	Restorative	Therapeutic
1 to 4 services	15.2%	12.9%	10.6%	11.2%
5 to 10 services	5.2%	3.7%	4.3%	5.2%
11 to 15 services	2.3%	2.0%	2.6%	1.7%
16 to 20 services	0.6%	0.9%	0.9%	0.6%
21 to 25 services	0.3%	0.0%	0.9%	0.6%
26 to 30 services	0.6%	0.3%	1.1%	0.6%
31 to 35 services	0.9%	0.9%	0.6%	0.6%
36 to 40 services	0.6%	0.6%	0.6%	0.6%
More than 40 services	4.3%	4.0%	4.0%	4.0%
Total	30.0%	25.3%	25.6%	25.1%

Source: CHWS, 2012. Survey of Dentists in Maine, Questions 18b and 18d. Totals do not equal 100% because not all dentists provided uncompensated care or reduced-fee services in their practices.

Dentists who provided services to patients as uncompensated care or on a reduced-fee/sliding-fee scale were asked about appointment wait time for various types of services. The shortest average wait time for uncompensated or reduced-fee dental services was for an emergency visit.

Table 25. Wait Times for Dental Services Provided as Uncompensated or Reduced-Fee Care, Maine, 2012

Type of Visit	Minimum Wait	Maximum Wait	Mean Wait	Median Wait	Mode
New Patient Visit	0 days	180 days	12.7 days	5 days	5 days
Preventive Visit	0 days	180 days	14.5 days	7 days	5 days
Restorative Visit	0 days	180 days	11.9 days	7 days	5 days
Therapeutic Visit	0 days	60 days	7.8 days	5 days	0 days
Emergency Visit	0 days	365 days	3.4 days	1 day	0 days

Source: CHWS, 2012. Survey of Dentists in Maine, Question 18e.

Volunteer Activities of Dentists in Maine

Dentists in Maine were asked if they participated in any volunteer activities in which they provided dental services outside the dental office. Forty-four percent indicated some volunteer dental services. More than 20% of dentists who provided volunteer services did so in free dental clinics and 16.6% of dentists participated with the Maine Donated Dental Services Program. More than 12% of dentists indicated they provided volunteer services for school-based oral health programs in the state.

Table 26. Location of Volunteer Dental Services by Dentists in Maine, 2012

Location of Volunteer Dental Services	Percent of Dentists
Free dental clinics	20.6%
Maine Donated Dental Services program	16.6%
Give Kids a Smile event	7.7%
Dentists Who Care for ME	8.6%
Community health/dental fairs	10.3%
School-based oral health programs	12.3%
Nursing home/long-term care facility	4.6%
Mobile dental van	1.1%
Faith-based organization	2.9%
Other	12.6%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 19a. Totals do not equal 100% because survey respondents were permitted to select multiple response options.

Dentists were asked to describe the types and quantity of dental services they provided annually when they volunteered their services. Dentists indicated a wide range of the type and quantity of their volunteer services.

Table 27. Percent of Dentists Providing Volunteer Dental Services by Number and Type of Annual Dental Services, in Maine, 2012

Number of Volunteer Dental Services	Diagnostic	Preventive	Restorative	Therapeutic
1 to 4 services	6.9%	6.0%	4.9%	5.2%
5 to 10 services	6.3%	5.7%	5.7%	6.6%
11 to 15 services	3.7%	1.7%	2.9%	3.7%
16 to 20 services	3.2%	2.0%	3.4%	1.7%
21 to 25 services	3.2%	2.9%	2.6%	2.3%
26 to 30 services	1.4%	0.6%	0.9%	1.1%
31 to 35 services	0.3%	0.9%	0.6%	0.3%
36 to 40 services	1.1%	0.9%	1.4%	0.6%
More than 40 services	9.7%	7.2%	6.6%	6.6%
Totals	35.8%	27.9%	29.0%	28.1%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 19b. Totals do not equal 100% because not all dentists provided volunteer services.

Attitudes and Opinions

About two-thirds of dentists (64%) indicated there were barriers to access to oral health services. However, 29.3% felt there were no access barriers and 6.7% were unsure if patients encountered problems with access. Dentists who felt there were impediments to care were asked to rank a list of possible barriers that impede people’s ability to obtain dental or dental hygiene services in their geographic areas.

Dentists ranked the list of possible barriers to oral health services on a Likert scale of 1 to 5, with 1 being the most significant barrier and 5 being the least significant barrier. Dentists were provided with some defined response options but were also permitted to select “other” and to describe “other.” (A list of “other” responses appear in Appendix A., Dentist Survey, Question 25.)

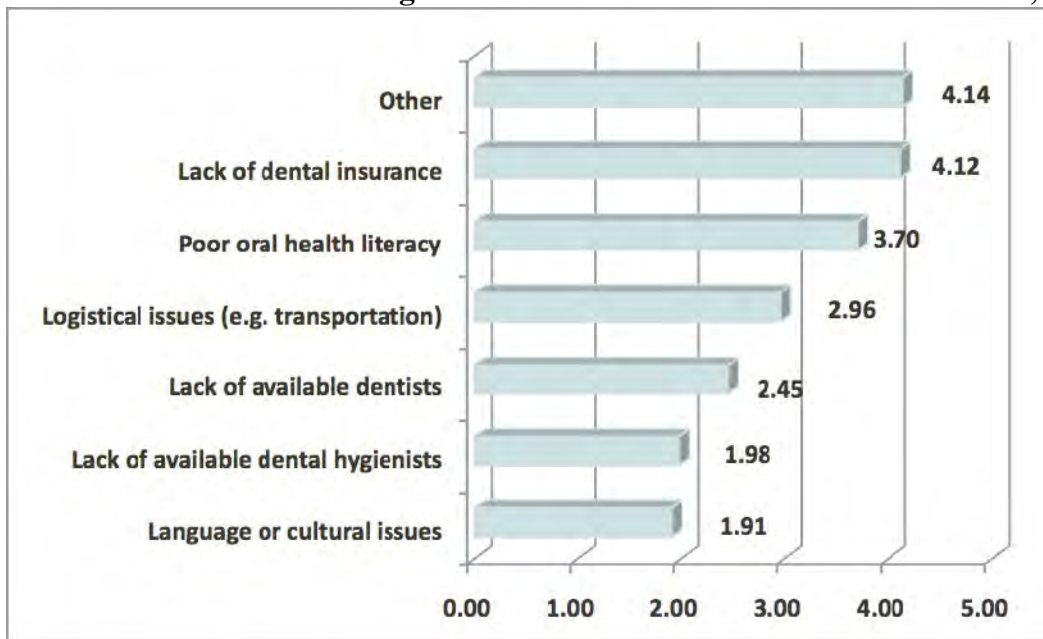
The responses on the Likert scale were weighted by multiplying the number of responses at each point on the scale (1 or 2 or 3, etc.) times a designated weight. Those weights were as follows:

- The number of most significant responses at point 1 was multiplied by 5;
- The number of very significant responses at point 2 was multiplied by 4;
- The number of significant responses at point 3 was multiplied by 3;
- The number of somewhat significant responses at point 4 was multiplied by 2; and
- The number of least significant responses at point 5 was multiplied by 1.

The weighted values for each item were then added together and divided by the number of responses to that item to arrive at a mean value. A mean score of 5 would indicate the most significant barriers.

Dentists ranked “other” barriers (mean score 4.14), including the cost of dental services, lack of finances to pay for care, and dental fear as the most significant barriers to access to oral health services. Lack of dental insurance (mean score 4.12) and poor oral health literacy (mean score 3.70) were considered the next most significant barriers. While logistical barriers, such as lack of transportation and lack of time off from work, or lack of available workforce were identified by some dentists as barriers to access they were not considered as significant as other factors obstructing access to oral health services in Maine.

Figure 2. Dentists’ Mean Ranking of Barriers to Oral Health Services in Maine, 2012

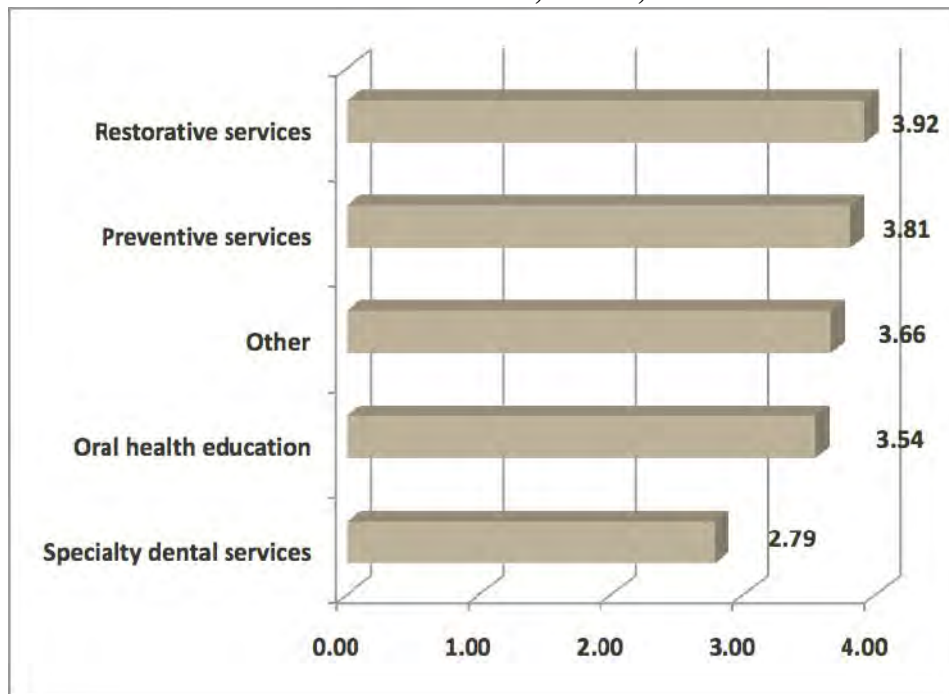


Source: CHWS, 2012. Survey of Dentists in Maine. Question 25.

Dentists were also asked to rank the greatest unmet need for oral health services in their geographic area on a Likert scale of 1 to 5, with 1 being the most important unmet need. Responses to this question were weighted in the same manner that responses to the previous question were handled. The most important unmet need would have a weight of 5.

Dentists selected restorative services (mean score 3.92) as the most important unmet need followed closely by preventive services (mean score 3.81) and “other” services, such as emergency treatment and funding for services. (“Other” responses to this question can be found in Appendix A, Dentist Survey, Question 26). Oral health education was also a significant unmet need (mean score 3.54).

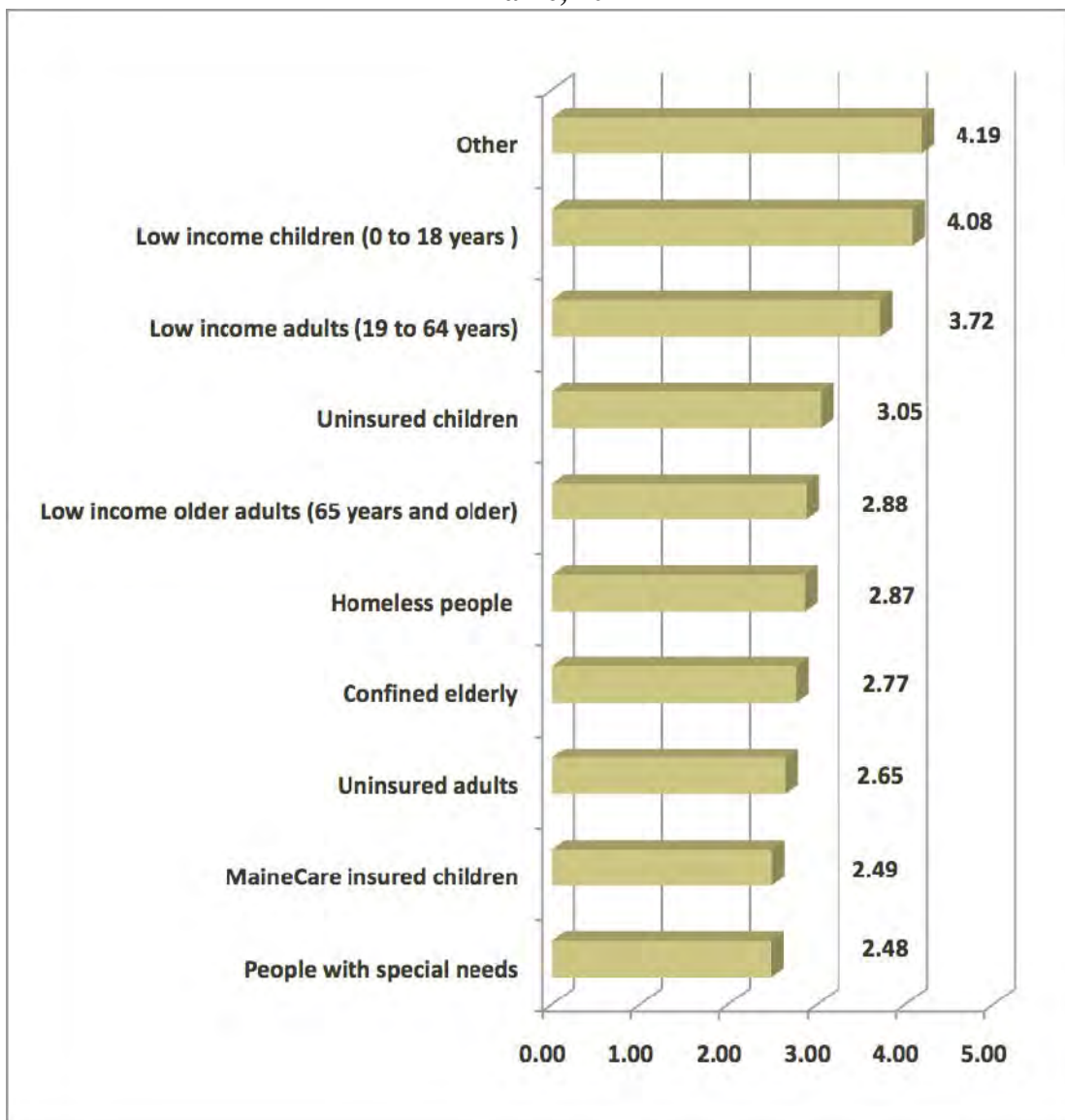
Figure 3. Dentists’ Mean Ranking of the Most Important Unmet Need for Oral Health Services, Maine, 2012



Source: CHWS, 2012. Survey of Dentists in Maine, Question 26.

Dentists were then asked to identify the populations most in need of dental services in their geographic areas on a Likert Scale of 1 to 5, with 1 being the neediest. The responses to this question were weighted in a similar manner as the weighting for the previous questions. A mean weighted score closest to 5 indicated the neediest populations identified by dentists. Dentists rated “other” populations (mean score 4.19) as neediest. “Other” populations were mainly described as all of the populations listed as possible responses to the question. (See Appendix A. Dentist Survey, Question, 27). Dentists identified low-income children (mean score 4.08), low-income adults (mean score 3.72), and uninsured children (mean score 3.05) as among the populations in Maine most in need of oral health services.

Figure 4. Dentists’ Mean Ranking of Populations Most in Need of Oral Health Services in Maine, 2012



Source: CHWS, 2012. Survey of Dentists in Maine, Question 28.

Dentists were also asked to express their opinion about whether other oral health workforce models would be helpful in achieving improved access to oral health services in Maine. More than one-third of dentists (37.6%) felt that a community dental health coordinator (which is similar to a community health worker in medicine) would be helpful in improving access. Between one-fifth and one-quarter of Maine’s dentists were unsure if any of the models would be helpful in improving access to oral health services in the state.

Table 28. Dentists’ Opinion of the Usefulness of Possible Oral Health Workforce Expansions to Achieve Improved Access to Oral Health Services in Maine

Workforce Model	Yes	No	Unsure
Community dental health coordinator	37.6%	35.4%	27.0%
Dental therapist	6.3%	71.9%	21.8%
Dental hygienist therapist	6.3%	70.5%	23.2%
Advanced practice dental hygienist	6.6%	68.2%	25.2%

Source: CHWS, 2012. Survey of Dentists in Maine, Question 28.

Dentists were also asked to provide narrative comments about access to oral health services in Maine and many expressed concern about MaineCare reimbursement, the impact of the economy on dental practices, new workforce models, and patient oral health literacy.

The Report of Registered Dental Hygienists in Maine

Characteristics of RDHs in Maine

The majority of RDHs in Maine were female (99.4%) and non-Hispanic White (99.1%). The average years licensed as a RDH was 20.4 years with a range in years licensed from one year to 49 years. Seventy percent of RDHs in Maine indicated that their highest level of education was an associate degree.

Table 29. Highest Level of Education, RDHs in Maine, 2012

Highest Level of Education	Percent of RDHs
Certificate/Diploma	0.6%
Associate Degree	69.7%
Bachelor's Degree	23.1%
Master's Degree	3.3%
Post-Master's Certificate	0.6%
Doctoral/Advanced Degree/DDS	0.9%
Other	1.8%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 20.

More than half (52.4%) of the RDHs who responded to the survey worked in the metropolitan areas of the state. Twenty-nine percent of RDHs worked in rural areas (15.8%) or small towns in Maine (13.2%).

Table 30. Work Locations of RDHs in Maine by RUCA, 2012

Geography of Work Location	Percent of RDHs
Rural	15.8%
Small Town	13.2%
Micropolitan	18.6%
Metropolitan	52.4%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 19.

Employment

Most RDHs (84.7%) worked for a single employer with 50.4% working 30 or fewer hours per week for their primary employer. Two-thirds (66.7%) of RDHs with more than one employer worked 10 hours or fewer per week at the secondary worksite.

Table 31. Number of Weekly Work Hours by Employer, for RDHs in Maine, 2012

Number of Hours	Employer 1	Employer 2	Employer 3
1 to 5 hours	3.3%	2.4%	0.0%
6 to 10 hours	7.2%	6.6%	0.9%
11 to 15 hours	1.8%	2.1%	0.0%
16 to 20 hours	13.7%	1.2%	0.0%
21 to 25 hours	13.7%	0.6%	0.0%
26 to 30 hours	10.7%	0.3%	0.3%
31 to 35 hours	28.7%	0.3%	0.0%
36 to 40 hours	19.1%	0.6%	0.0%
More than 40 hours	1.8%	0.0%	0.0%
Total	100.0%	14.1%	1.2%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 3. Totals do not equal 100% because not all RDHs worked for multiple employers.

RDHs primarily worked in private dental offices with either solo practitioners or in a group practice (82.4%). RDHs in Maine also worked in FQHCs (4.8%) and school-based dental programs (3.3%). Some RDHs worked in “other” locations, including public health settings, free clinics, and pediatric offices. A full description of “other” settings is contained in Appendix A, Survey of RDHs, Question 3.

Table 32. Practice Settings for RDHs in Maine, 2012

Practice Setting	Primary Worksite	Secondary Worksite
Private dental office--solo	53.7%	6.0%
Private dental office--group	28.7%	3.9%
Federally qualified health center	4.8%	0.0%
Community/migrant/rural dental clinic	1.8%	1.2%
Indian health services	0.9%	9.0%
School-based dental program	3.3%	3.3%
Academic/educational institution	3.0%	1.8%
Other	3.9%	0.6%
Total	100.1%	25.8%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 3. Note: Total does not equal 100% due to rounding error. Total in secondary worksite does not equal 100% because not all RDHs worked in a secondary setting.

RDHs primarily worked with general (80.9%) and pediatric dentists (6.9%). Some RDHs worked primarily with other specialty dentists, including periodontists (3.9%) and public health dentists (3.0%). A few RDHs (3.9%) worked with “others,” including students in academic institutions and clinics. Appendix A., Survey of RDHs, Question 3 contains a complete list of “other” types of employers for RDHs in Maine.

Table 33. Type of General or Specialty Dentists with Whom RDHs in Maine Work, 2012

Dental Specialty	Primary Worksite	Secondary Worksite
General Dentist	80.9%	9.0%
Pedodontist	6.9%	0.6%
Orthodontist	1.8%	0.6%
Periodontist	3.9%	0.6%
Prosthodontist	1.8%	0.3%
Endodontist	0.3%	0.0%
Public Health Dentist	3.0%	0.9%
Oral/Maxillofacial Surgeon	0.6%	0.0%
Other	3.0%	2.1%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 4. Note: Total may not equal 100% because DHs in group practices may work with more than one type of general or specialty dentist. Total in secondary worksite does not equal 100% because not all RDHs worked in a secondary setting.

More than 80% of RDHs in Maine worked with at least one general dentist in their worksites. Six percent worked with at least one pediatric dentist and 3% worked with at least one public health dentist. Some RDHs worked with multiple dentists in a workplace.

Table 34. Percent of RDHs by Number and Specialty of Dentists in their Worksites, Maine, 2012

Type of Dentists In Worksites	Total Number of Dentists					
	1	2	3	4	5	>5
General Dentist	57.8%	12.8%	6.6%	3.3%	1.5%	0.6%
Pedodontist	2.4%	2.4%	0.3%	0.3%	0.0%	0.6%
Orthodontist	1.5%	0.3%	0.0%	0.0%	0.0%	0.0%
Periodontist	2.1%	1.5%	0.0%	0.0%	0.0%	0.0%
Prosthodontist	0.9%	0.0%	0.3%	0.0%	0.0%	0.3%
Endodontist	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Public Health Dentist	1.8%	0.3%	0.6%	0.0%	0.3%	0.0%
Oral/Maxillofacial Surgeon	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.6%	0.3%	0.0%	0.0%	0.0%	0.0%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 4. Note: Total do not equal 100% because DHs may work with more than one type of general or specialty dentist.

Patients and Services

RDHs were asked to describe the patient service characteristics of their employing organizations. Three-quarters of RDHs (74.3%) indicated that their primary worksite provides care to new patients, but 37.4% of RDHs indicated that only new patients who were self-pay or commercially insured were treated in their primary worksite. Just 38% of RDHs indicated that MaineCare-insured children were treated in their primary workplace.

Table 35. Percent of Maine's RDHs by Patient Service Characteristics of Primary and Secondary Worksites, 2012

Patient Service Characteristics	Primary Worksite	Secondary Worksite
Provides care to all new patients	74.3%	9.0%
Provides care only to commercially insured or self-pay new patients	37.4%	5.4%
Provides care to MaineCare-insured children	38.0%	5.7%
Provides a sliding-fee scale/reduced-fee services for low-income patients	12.6%	3.9%
Provides some uncompensated care for patients	35.3%	3.9%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 6. Totals do not equal 100% because respondents were permitted to select multiple response options.

RDHs were asked to describe the age of their patients. RDHs treated patients in every age cohort, however 21.5% of RDHs treated no very young children (birth to 3 years).

Table 36. Percent of RDHs in Maine by Percent of Patients Served by Age Cohort, 2012

Age of Patients	0%	1% to 10%	11% to 25%	26% to 50%	51% to 75%	76% to 100%	Total
Infants (birth to 3 years)	21.5%	65.1%	9.4%	2.0%	1.3%	0.7%	100.0%
Children/Adolescents (age 4 to 18 years)	0.9%	13.8%	50.0%	23.3%	6.4%	5.5%	99.9%
Adults (age 19 to 64 years)	3.1%	1.9%	6.5%	44.4%	38.8%	5.3%	100.0%
Older Adults (age 65 years and older)	4.8%	7.3%	41.6%	34.6%	8.6%	3.2%	100.1%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 7. Totals do not equal 100% due to rounding error.

Work Activities and Patient Services

RDHs were asked to describe their weekly work activities. More than half of survey respondents (57.8%) indicated that between 1% and 10% of their weekly work time was spent doing administrative activities. Ninety percent of RDHs in Maine spent less than 20% of their weekly work hours in administrative activities.

Table 37. Percent of Weekly Work Time Devoted to Administrative Activities, RDHs, Maine, 2012

Percent of Weekly Work Time That is Spent Doing Administrative Tasks	Percent of RDHs
0%	11.1%
1% to 10%	57.8%
11% to 20%	21.4%
21% to 30%	5.7%
31% to 40%	9.0%
41% to 50%	1.5%
More than 50%	1.5%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 9.

RDHs were asked to describe the number of weekly work hours spent providing a variety of clinical services to patients. On average, RDHs spent between one and two hours a week providing sealants or fluoride treatments; between three and four hours a week providing dental hygiene assessments, patient education, and scaling and root planing services; and between 17 and 24 hours on average providing prophylaxis. About two-thirds of RDHs provided these services under general dental supervision. Services mainly provided under direct supervision included cementing crowns and facings and anesthesia services.

Table 38. Percent of RDHs by Number of Weekly Hours Spent Providing Particular Clinical Services and Level of Supervision for Each Service, Maine, 2012

Clinical Services to Patients	Number of Weekly Hours									Level of Dental Supervision	
	0 hours	1 to 2 hours	3 to 4 hours	5 to 8 hours	9 to 16 hours	17 to 24 hours	25 to 32 hours	33 to 40 hours	More than 40 hours	Direct	General
Dental hygiene assessment	1.6%	33.1%	23.1%	15.3%	7.1%	6.8%	7.5%	5.5%	0.0%	33.5%	66.5%
Oral cancer screenings	4.7%	58.0%	12.9%	6.9%	5.0%	2.5%	5.7%	4.1%	0.0%	35.9%	64.1%
Cleaning and prophylaxis	7.8%	2.7%	4.5%	9.9%	20.0%	26.3%	19.7%	9.3%	0.0%	33.1%	66.9%
Patient education	5.1%	29.0%	24.2%	12.8%	9.3%	7.5%	6.0%	6.0%	0.3%	29.8%	70.2%
Fluoride treatments	10.7%	58.2%	11.9%	5.1%	3.9%	3.9%	4.2%	2.1%	0.0%	30.8%	69.2%
Sealant applications	29.0%	46.6%	11.0%	4.2%	4.8%	1.8%	2.1%	0.6%	0.0%	32.3%	67.7%
Subgingival irrigation	41.5%	34.0%	8.4%	6.3%	3.0%	3.3%	2.4%	1.2%	0.0%	29.7%	70.3%
Scaling and root planing	17.0%	27.5%	20.3%	14.0%	8.4%	7.2%	4.5%	1.2%	0.0%	38.0%	62.0%
Smooth/polish amalgam restorations	87.5%	10.7%	0.0%	0.6%	0.3%	0.0%	0.6%	0.3%	0.0%	44.1%	55.9%
Place temporary restorations	91.3%	6.9%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	60.8%	39.2%
Cement pontics/ facings	99.7%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	64.7%	35.3%
Re-cement crowns	93.7%	6.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	60.9%	39.1%
Take impressions	72.8%	23.6%	1.8%	1.2%	0.3%	0.0%	0.3%	0.0%	0.0%	38.4%	61.6%
Nitrous oxide analgesia	88.7%	9.0%	0.9%	0.9%	0.0%	0.3%	0.3%	0.0%	0.0%	82.8%	17.2%
Local anesthesia	70.4%	22.4%	3.3%	2.7%	0.3%	0.6%	0.0%	0.3%	0.0%	76.0%	24.0%
Suture removal	90.7%	8.1%	0.6%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	53.8%	46.2%
Place/remove dressings	94.9%	4.8%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	53.5%	46.5%
Radiography	11.3%	25.4%	28.1%	15.8%	6.6%	4.2%	4.8%	3.9%	0.0%	36.4%	63.6%
Other	89.9%	4.5%	2.1%	1.5%	0.3%	0.6%	0.6%	0.6%	0.0%	42.9%	57.1%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 8.

Volunteer Activities

More than one-third of Maine’s RDHs who responded to the survey indicated that they participated in volunteer activities in which they provided dental hygiene services (38.4%). The mean time spent annually on volunteer activities among those who volunteered was between six and 10 hours.

Table 39. Annual Time Spent Volunteering Dental Hygiene Services, RDHs, Maine, 2012

Number of Annual Volunteer Hours	Percent of RDHs
1 to 5 hours	33.3%
6 to 10 hours	30.2%
11 to 15 hours	7.9%
16 to 20 hours	10.3%
21 to 25 hours	2.4%
26 to 30 hours	3.2%
31 to 40 hours	4.8%
More than 40 Hours	7.9%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 10a. Note: Percentage tabulations were calculated using only the number of RDHs who volunteered in the denominator.

RDHs indicated the volunteer activities in which they participated. The most common were school-based oral health programs and community health/dental fairs.

Table 40. Percent of Survey Respondent RDHs Who Participated in Volunteer Events, Maine, 2012

Volunteer Event Location	Percent of RDHs
Give Kids a Smile event	7.5%
Dentists Who Care for ME	5.1%
Community health/dental fairs	13.1%
Special Olympics	2.7%
School-based oral health programs	17.0%
Nursing home/long-term care facility	0.3%
Mobile dental van	1.5%
Faith based organization	0.9%
Other	12.5%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 10b. Note: The percentages were calculated using the number of RDHs who responded to the survey in the denominator.

Availability of Employment and Future Plans

RDHs were asked about the degree of difficulty in securing employment in the geographic area where they worked. Most RDHs (86.7%) indicated that it was either somewhat or very difficult to find a dental hygiene job.

Table 41. Assessment of Degree of Difficulty with Finding Employment as an RDH in the Geographic Area, Maine, 2012

Degree of Difficulty	Percent of RDHs
Very easy	0.6%
Somewhat easy	2.1%
Neither easy nor difficult	10.6%
Somewhat difficult	38.7%
Very difficult	48.0%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 11.

RDHs who indicated that it was either somewhat or very difficult to find a dental hygiene job were asked to indicate the reasons for that difficulty. Most indicated that there were too many RDHs in the area (61.8%). Almost half of the RDHs indicated there were too few dentists in the area (48.7%). Some RDHs indicated “other” reasons for difficulty with finding employment, including decreased demand for dental services due to the weak economy and a decrease in the number of patients with dental insurance. A list of “other” answers to this question is available in Appendix A., Survey of RDHs, Question 11a.

Table 42. Percent of RDHs by Reasons for Difficulty Securing Dental Hygiene Employment, Maine, 2012

Reasons for Difficulty Securing Dental Hygiene Employment	Percent of RDHs
There are too few dentists working in the area	48.7%
There are too many RDHs in the area	61.8%
Dentists hire dental assistants to provide some services usually provided by RDHs	4.8%
Education programs in Maine graduate too many RDHs	35.5%
Other	18.5%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 11a. Totals do not equal 100% because respondents were permitted to select multiple response options.

Other Oral Health Workforce Models

Some survey respondents were practicing as RDHs under public health supervision (PHS) status (13.8%) or as expanded function dental assistants (EFDAs) (2.2%). In all, 25.5% of RDHs who responded to the survey had ever practiced under PHS status.

All survey respondents were asked to rank their level of interest in expanded practice opportunities on a Likert scale of 1 to 5, with 1 being most interested. More than half of Maine's RDHs (55.1%) were at least moderately interested in advanced practice dental hygiene. Just less than half (47.2%) of RDH survey respondents were not interested in becoming an EFDA.

Table 43. Percent of RDHs by Level of Interest in Expanded or Alternative Practice Oral Health Workforce Models, Maine, 2012

Expanded Practice Model	Most Interested = Point 1	Considerably Interested = Point 2	Moderately Interested = Point 3	Slightly Interested = Point 4	Least Interested = Point 5	Not Interested
Expanded function dental assistant	13.9%	6.0%	9.2%	3.5%	20.3%	47.2%
Public health supervision status	22.4%	10.3%	15.0%	10.3%	16.8%	25.2%
Independent practice	19.8%	10.2%	12.4%	12.1%	16.1%	29.4%
Dental therapist	15.1%	10.6%	16.4%	8.0%	16.1%	33.8%
Dental hygienist therapist	18.7%	12.1%	17.5%	8.9%	13.7%	29.2%
Advance practice dental hygienist	25.2%	14.6%	15.3%	10.3%	12.1%	22.4%

Source: CHWS, 2012, Survey of RDHs in Maine, Question 13. Totals do not equal 100% because respondents were permitted to select multiple response options.

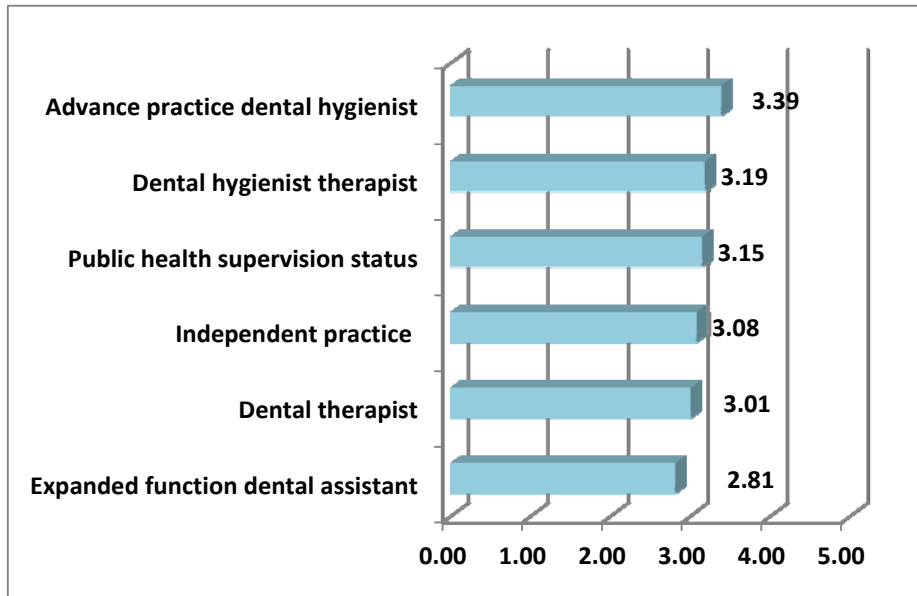
The ranked responses on the Likert scale were weighted by multiplying the number of responses at each point on the scale (1 or 2 or 3, etc.) times a designated weight. Those weights were as follows:

- The number of most interested responses at point 1 was multiplied by 5;
- The number of considerably interested responses at point 2 was multiplied by 4;
- The number of moderately interested responses at point 3 was multiplied by 3;
- The number of slightly interested responses at point 4 was multiplied by 2; and
- The number of least interested responses at point 5 was multiplied by 1.

The weighted values for each item were then added together and divided by the number of responses to that item to arrive at a mean value. A mean score of 5 would indicate the highest level of interest in a workforce model.

RDHs who responded to the survey ranked advanced practice dental hygiene (mean score of 3.39, between moderately and considerably interested) and dental hygiene therapy (mean score of 3.19, at moderately interested) as the workforce models of greatest interest to survey respondents. Public health supervision, independent practice, and dental therapy were also considered moderately interesting.

Figure 5. Mean Ranked Score of Interest for RDHs in Maine in Oral Health Workforce Models, 2012 (5=Most Interested)



Source: CHWS, 2012, Survey of RDHs, Question13.

RDHs were asked to describe their future plans for the next five years. Seventy percent of RDHs in Maine expected to remain in their current position. Some RDHs (8.7%) expected to retire and 3.3% expected to leave dental hygiene practice. Some RDHs indicated “other” future plans, including applying to dental school or needing to seek another job because their employing dentist would be retiring. (See Appendix A., Survey of RDHs, Question 14 for a full description of “other.”)

Table 44. Percent of RDHs by Future Plans for the Next Five Years, Maine, 2012

Future Plans of RDHs	Percent of RDHs
I expect to remain in my current position	70.1%
I expect to seek a similar position in another setting	11.0%
I expect to leave dental hygiene and seek employment in another field	3.3%
I expect to retire	8.7%
I don't know	8.1%
Other	10.1%

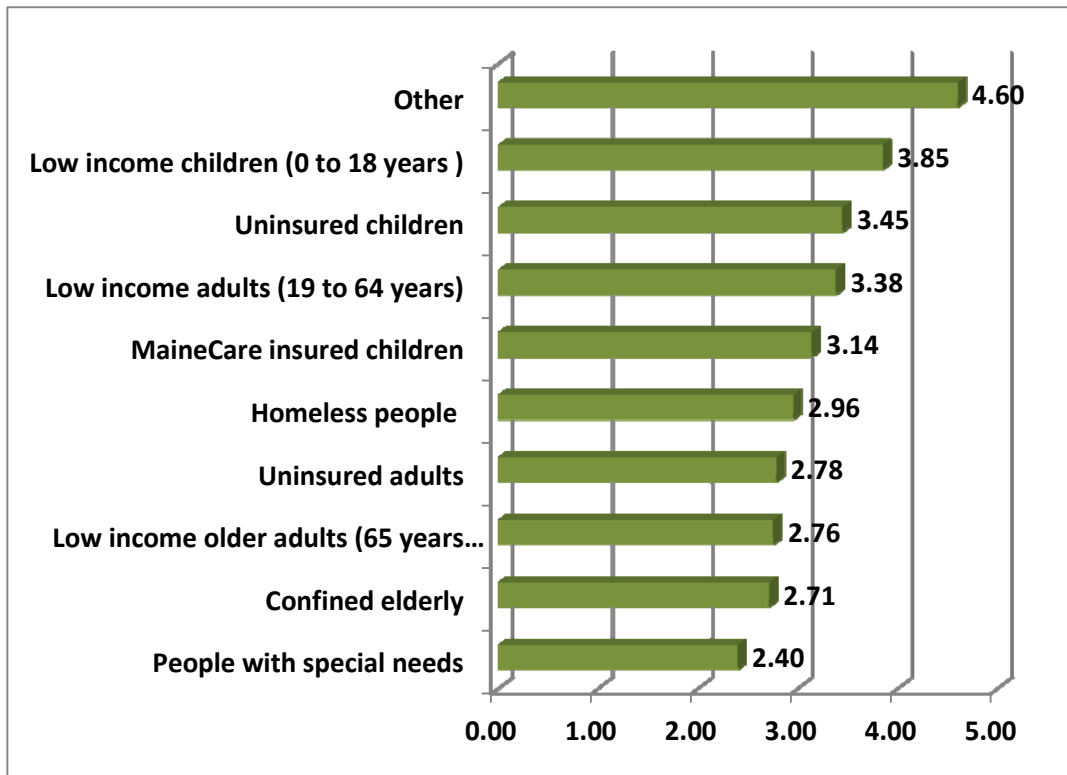
Source: CHWS, 2012. Survey of RDHs, Question 14. Note: Totals do not equal 100% because respondents were permitted to select multiple response options.

Attitudes and Opinions

RDHs were asked if there were barriers that impeded people’s ability to obtain dental or dental hygiene services in their geographic areas. Most RDH survey respondents indicated that there were barriers that affected access (75.4%). However, 15.8% of RDHs did not feel there were barriers to access and 8.8% were unsure.

RDHs were then asked to rank the populations most in need of dental services in their geographic areas on a Likert Scale of 1 to 5, with 1 being the neediest. The responses to this question were weighted in a similar manner as the weighting described previously in this report (see page 47). A mean weighted score closest to 5 indicates the neediest populations identified by RDHs. RDHs ranked “other” populations (mean score 4.60), low-income children (mean score 3.85), and uninsured children (mean score 3.45) as neediest. “Other” populations included all of the populations listed as response options. (See Appendix A. RDH Survey, Question 22.) RDHs also identified low-income adults in Maine (mean score 3.38) as being among the populations most in need of oral health services.

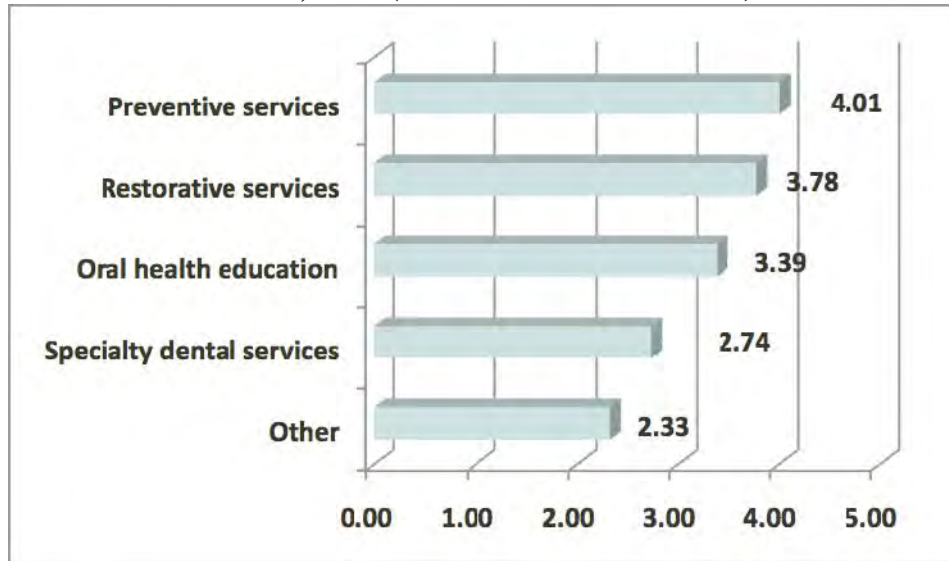
Figure 6. Mean Rank Score of Populations Most in Need of Oral Health Services in the Geographic Area, RDHs, Maine, 2012 (5= Most Needy Population)



Source: CHWS, 2012. Survey of RDHs in Maine, Question 22.

RDHs also ranked the greatest unmet need for oral health services in their geographic areas on a Likert scale of 1 to 5, with 1 being the greatest need. These responses were also weighted with a mean score of 5 being the greatest unmet need. RDHs identified preventive services (mean score 4.01) and restorative services (mean score 3.78) as the greatest unmet needs in their geographic areas.

Figure 7. RDHs' Mean Rank Score of Greatest Unmet Need for Oral Health Services, Maine, 2012 (5 = Greatest Unmet Need)



Source: CHWS, 2012. Survey of RDHs in Maine, Question 23.

RDHs were asked to describe strategies or policy initiatives that might help to address unmet dental need in the areas where they worked. RDHs discussed the new dental school, improving oral health literacy of the population, and expansion in scope of practice as possible strategies to improve access to oral health services in Maine.

The Report of Registered Dental Hygienists Working Under Public Health Supervision Status in Maine

Characteristics of RDHs Working Under PHS Status

About 25% of RDHs who responded to the survey had used PHS status at some point in their dental hygiene career. At the time of survey completion, 13.8% of RDH survey respondents were actively working under PHS status. The following figures and tables represent data collected from RDHs who were using PHS status. These data do not include independent practice dental hygienists (IPDHs) in Maine who might use PHS status to treat MaineCare-insured children. IPDHs were surveyed using a separate survey instrument. The data collected from IPDHs is reported in a subsequent chapter of this report.

The majority of RDHs who had ever worked under PHS status indicated that an associate degree was their highest level of education (66.3%) with the remainder indicating a bachelor's degree or higher as their educational attainment.

Table 45. Level of Highest Educational Attainment of RDHs Who Have Ever Worked Under PHS Status, Maine, 2012

Highest Level of Education	Percent of RDHs Who Ever Worked Under PHS Status
Associate degree	66.3%
Bachelor's degree	24.4%
Master's degree	5.8%
Post-Master's certificate	1.2%
Other	2.3%

Source: CHWS, 2012. Survey of RDHs in Maine, Questions 20 and 24.

RDHs who had ever worked under PHS status mainly did so in metropolitan areas (44.2%) but many also practiced in rural areas (20.8%) and small towns (15.6%).

Table 46. Work Locations of RDHs Working Under PHS Status in Maine by RUCA, 2012

Geography of Work Location	Percent of RDHs Working Under PHS Status
Rural	20.8%
Small Town	19.5%
Micropolitan	15.6%
Metropolitan	44.2%

Source: CHWS, 2012. Survey of RDHs in Maine, Questions 5 and 24.

Most RDHs working under PHS status did so as paid employment. Just 15.6% indicated they were not paid for work time spent as an RDH under PHS status. More than 70% of RDHs working under PHS status indicated they did no volunteer work using this status.

Table 47. Percent of RDHs by Percent of Annual Work Time as Paid Employment or Using Volunteer Status When Working Under PHS Status, Maine, 2012

Percent of Annual Work Time	Paid Employment	Volunteer Time
0%	15.6%	71.9%
1% to 10%	12.4%	15.6%
11% to 25%	3.1%	0.0%
26% to 50%	0.0%	6.2%
51% to 75%	6.2%	0.0%
76% to 99%	12.5%	3.1%
100%	50.0%	3.1%
Total	99.8%	99.9%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 27. Note: Totals do not equal 100% due to rounding error.

RDHs working under PHS status worked mainly in school-based oral health programs (90.6%) and in “other” settings (25.0%), including day care centers, Head Start programs, and WIC clinics. (See Appendix A., Survey of RDHs, Question 28 for a full list of “other” settings.)

Table 48. Settings in Which RDHs Working Under PHS Status Provided Services, Maine, 2012

Settings In Which DHs Provided Services Under PHS Status	Currently Using
School-based oral health programs	90.6%
Nursing homes/long-term care facilities	3.1%
Community health fairs	9.4%
Institutional settings	6.3%
Other	25.0%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 28. Totals exceed 100% because respondents were permitted to select multiple response options.

RDHs working under PHS status were asked their reasons for selecting work in public health. Most (84.4%) indicated a concern about lack of dental access in the areas where they worked and 68.8% indicated an interest in working in a public health setting.

Table 49. Percent of RDHs Working Under PHS status by Reason for Selecting Status, Maine, 2012

Reasons for Working Under PHS Status	Percent of DHs
Interest in working in a public health setting	68.8%
Concern about lack of a dental access in my area	84.4%
Desire for expanded practice opportunities	37.5%
Desire to participate in oral health volunteer activities	25.0%
Other	9.4%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 29. Totals exceed 100% because respondents were permitted to select multiple response options.

Patients and Clinical Services

RDHs working under PHS status described the characteristics of the patients that they served. Most (96.4%) served low-income children and MaineCare-insured children. Three-quarters of RDHs under PHS status (73.3%) served no confined elderly patients and 62.5% served no low-income older adults.

Table 50. Percent of RDHs Working Under PHS Status by Characteristics of Patients Served, Maine, 2012

Characteristics of Patients	0%	1% to 10%	11% to 20%	21% to 30%	31% to 40%	41% to 50%	More than 50%	Total
Low-income children (0 to 18 years)	3.6%	7.1%	0.0%	3.6%	10.7%	7.1%	67.9%	100.0%
Low-income adults (19 to 64 years)	53.3%	6.7%	13.3%	6.7%	6.7%	0.0%	13.3%	100.0%
Low-income older adults (65 years and older)	62.5%	18.8%	0.0%	6.3%	0.0%	0.0%	12.5%	100.1%
Uninsured children	0.0%	20.0%	20.0%	8.0%	16.0%	12.0%	24.0%	100.0%
Uninsured adults	50.0%	16.7%	5.6%	5.6%	0.0%	22.2%	0.0%	100.1%
MaineCare-insured children	3.6%	0.0%	7.1%	3.6%	3.6%	14.3%	67.9%	100.1%
Confined elderly	73.3%	20.0%	0.0%	0.0%	6.7%	0.0%	0.0%	100.0%
People with special needs	25.0%	35.0%	25.0%	5.0%	0.0%	5.0%	5.0%	100.0%
Homeless people	46.7%	40.0%	13.3%	0.0%	0.0%	0.0%	0.0%	100.0%
Other	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 33.

RDHs working under PHS status were asked to describe the frequency of the services they provided to their patients. Most of these RDHs always performed oral inspections (90%) and two-thirds always took dental histories (66.7%) and provided fluoride varnishes (67.7%). There were some tasks that were never or rarely performed by RDHs under PHS status, including cementing pontics, taking impressions, and smoothing/polishing amalgams.

Table 51. Percent of RDHs Working Under PHS Status by Frequency of Clinical Services Provided to Patients, Maine, 2012

Clinical Services	Never	Rarely	Sometimes	Often	Always	Total
Take dental histories	10.0%	3.3%	6.7%	13.3%	66.7%	100.0%
Perform oral inspections	0.0%	0.0%	0.0%	10.0%	90.0%	100.0%
Take/expose radiographs	73.3%	6.7%	6.7%	10.0%	3.3%	100.0%
Complete prophylaxis	13.3%	6.7%	6.7%	13.3%	60.0%	100.0%
Root planing	56.7%	23.3%	13.3%	3.3%	3.3%	99.9%
Sealant application	0.0%	3.2%	3.2%	45.2%	48.4%	100.0%
Fluoride varnish	0.0%	3.1%	0.0%	29.0%	67.7%	99.8%
Temporary fillings	46.7%	20.0%	13.3%	16.7%	3.3%	100.0%
Smooth/polish amalgam restorations	83.3%	13.3%	0.0%	0.0%	3.3%	99.9%
Supragingival polishing	27.6%	0.0%	13.8%	17.2%	41.4%	100.0%
Apply topical anesthetics	73.3%	10.0%	10.0%	3.3%	3.3%	99.9%
Take impressions	83.3%	13.3%	3.3%	0.0%	0.0%	99.9%
Cement pontics/facings	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Other	66.7%	0.0%	0.0%	16.7%	16.7%	100.1%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 31. Totals do not equal 100% because respondents were permitted to select multiple response options.

Scope of Practice

RDHs working under PHS status were asked if a more expansive scope of practice would be helpful when providing services to patients. Forty-four percent of RDHs agreed that an expansion in scope of practice would be helpful, 46.9% of RDHs working under PHS status were unsure if it would be helpful, and 9.4% did not feel an expansion in scope would be helpful. RDHs described services that are not currently permitted that they would like to provide, including taking radiographs, placing temporary fillings, and identifying caries.

Payment for Services

RDHs working under PHS status were asked about how the non-volunteer clinical services they provided were paid. Many RDHs working under PHS status (71.9%) were employed by an organization that billed for their services. About one-third (31.3%) of those working under PHS

status indicated that their services were paid through grant funding. Some (18.8%) directly billed for their services.

Table 52. Percent of RDHs Working under PHS Status by Method of Payment for Services, Maine, 2012

How Services Provided Under PHS Status are Paid	Percent of RDHs
I am employed by an organization that bills for my services	71.9%
My services are paid through a program grant	31.3%
My dentist employer bills for my services	0.0%
I bill directly for my services	18.8%
I provide these services only on a volunteer basis	3.1%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 30. Totals exceed 100% because respondents were permitted to select multiple response options.

Referrals to Dentists

RDHs working under PHS status were also asked to describe their patient referral practices. Most indicated they had an established dental referral network to which they referred patients (71.9%). One-third of RDHs (34.4%) indicated they either gave a patient a referral and suggested the patient find a dentist or they worked with the patient to find a dentist to provide services.

Table 53. Percent of RDHs Working Under PHS Status by Referral Practices for Patients in Need of Dental Services, Maine, 2012

Referral Practices	Percent of RDHs
I refer to the supervising dentists	12.5%
I have an established dental referral network to which I generally refer	71.9%
I give the patient a referral and suggest they find a dentist	34.4%
I work with the patient to find a dentist to provide care	34.4%
Other	18.8%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 34. Totals exceed 100% because respondents were permitted to select multiple response options.

RDHs working under PHS status were asked to assess the degree of difficulty they encountered in finding a dentist in their geographic area that would accept dental referrals. More than half (56.3%) found it either somewhat (34.4%) or very (21.9%) difficult to find a dentist to accept referrals in the areas where they worked.

Table 54. Level of Difficulty with Finding a Dentist to Accept Patient Referrals, Maine, 2012

Degree of Difficulty	Percent of RDHs
Somewhat easy	21.9%
Neither easy nor difficult	21.9%
Somewhat difficult	34.4%
Very difficult	21.9%

Source: CHWS, 2012. Survey of RDHs in Maine, Question 35.

Appendix C of this report contains a list of places in Maine where RDHs working under PHS status have provided services to patients from 2002 to 2011 as well as some tables describing the number of patients and type of services provided during that time period.

The Report of Independent Practice Dental Hygienists in Maine

All licensed IPDHs in Maine were sent the workforce survey. Among IPDH survey respondents, just 70% indicated they were working currently as an IPDH. The following tabulations included only responses from actively practicing IPDHs.

Characteristics of IPDHs in Maine

IPDHs who responded to the workforce survey were all female and mainly non-Hispanic White (92.3%). On average, IPDHs in Maine were licensed 20.2 years as a RDH with a range in years licensed from seven years to 33 years. Half of the IPDH respondents indicated that an associate degree was their highest level of education.

Table 55. Highest Level of Education of IPDHs in Maine, 2012

Highest Level of Education	Percent of IPDHs
Associate degree	50.0%
Bachelor's degree	42.9%
Master's degree	7.1%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 27.

Half of the IPDHs (50.0%) who responded to the survey worked in either a rural areas or a small town in Maine. (See explanation of RUCA codes in the note on page 20 of this report.)

Table 56. Geographic Locations of IPDHs in Maine, 2012

Geography of Work Location	Percent of IPDHs
Rural	42.9%
Small Town	7.1%
Micropolitan	14.3%
Metropolitan	35.7%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 7.

Work Patterns of IPDHs

More than 90% of IPDHs in Maine indicated that they were self-employed at least part of the time. Half of the IPDHs (50%) reported that they were self-employed 76% to 100% of the time. An additional 14.3% of IPDHs reported they spent between one-half and three-quarters of their work time self-employed.

Table 57. Percent of Total Work Time that IPDHs Were Self-Employed, Maine, 2012

Percent of Work Time	Percent of IPDHs
0%	7.1%
1% to 10%	14.3%
11% to 25%	14.3%
26% to 50%	0.0%
51% to 75%	14.3%
76% to 100%	50.0%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 2.

IPDHs were asked whether they ever worked under the supervision of a dentist. Some IPDHs (21.4%) reported never working under the supervision of a dentist, 64.3% of IPDHs sometimes worked under the supervision of a dentist, and 14.3% always worked under the supervision of a dentist (14.3%). Some IPDHs, even those who were self-employed, also provided services working under PHS status, which requires standing orders from a dentist. Other IPDHs worked in private dental practices some of the time and in self-employment the rest of their work time. The percent of IPDH work time spent working under the supervision of a dentist varied. More than half of IPDHs (55.6%) indicated they were supervised by a dentist 26% to 50% of their work time. No IPDHs were supervised by a dentist 51% to 75% of their work time, but 11.1% were supervised by a dentist between 76% and 100% of their work time.

Table 58. Percent of Total IPDH Work Time That Was Supervised by a Dentist, Maine, 2012

Percent of Supervised Work Time	Percent of IPDHs
1% to 10%	11.1%
11% to 25%	22.2%
26% to 50%	55.6%
51% to 75%	0.0%
76% to 100%	11.1%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 3.

IPDHs were asked to indicate the number of employers for whom they worked. About half of the IPDHs were only self-employed and none of the remaining respondents indicated more than one employer.

IPDHs apportioned their work hours by the time spent self-employed and by the number of hours worked for an employer. Some IPDHs worked only a few hours a week in an IPDH practice while others worked full time as an IPDH.

Table 59. IPDH Work Hours by Percent of Employed or Self-Employed IPDHs in Maine, 2012

Number or Weekly Work Hours	Self-Employed Hours	Hours Worked for Employer
1 to 5 hours	15.4%	12.5%
6 to 10 hours	30.8%	12.5%
11 to 15 hours	0.0%	12.5%
16 to 20 hours	7.7%	25.0%
21 to 25 hours	0.0%	0.0%
26 to 30 hours	23.1%	12.5%
31 to 35 hours	0.0%	25.0%
36 to 40 hours	23.1%	0.0%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 4.

Half of the IPDHs (50%) who responded to the survey were self-employed full time. All others worked with either a general dentist or in one case a public health dentist, when they worked with a dentist. Most of those IPDHs (71%) worked with dentists in solo private practices, while 14.3% worked some time in a group practice.

A few IPDHs (14.3%) spent some time, but less than 10% of their time, providing services in patients' homes. One-fifth of IPDHs (21.3%) spent some time working in nursing homes and one IPDH worked in a nursing home full time. Some IPDHs indicated they worked in "other" settings, including schools and a denture center. (See Appendix A., IPDH Survey, Question 5 for a list of "other" settings.)

Work Activities

IPDHs spent most of their time providing clinical services to patients; 85.7% of IPDHs indicated they spent between 51% and 100% of their weekly work time providing clinical services. A small percentage of IPDHs (7.1%) spent no time weekly providing clinical services to patients and 28.6% spent no time providing education.

Table 60. Percent of Time by Type of IPDH Activity or Service, Maine, 2012

Type of Service or Function	0%	1% to 10%	11% to 25%	26% to 50%	51% to 75%	76% to 100%
Clinical Services	7.1%	0.0%	7.1%	0.0%	57.1%	28.6%
Administrative Functions	14.3%	35.7%	42.9%	7.1%	0.0%	0.0%
Education	28.6%	21.4%	14.3%	14.3%	7.1%	14.3%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 6.

Patients

As with dentists, very few IPDHs treated young children. More than one-third of IPDHs (35.7%) saw no children age birth to 3 years and 42.9% indicated that children in that youngest age group constituted less than 10% of their patient caseload. Half of IPDHs (50%) indicated that adults between the age of 19 and 64 constituted between 11% and 25% of their caseload, and 21.4% indicated that adults were between 51% and 75% of their caseload. More than 40% of IPDHs indicated that children age 4 to 18 years constituted between one-quarter and one-half of their patients.

Table 61. Percent of IPDHs by Percent of Patients in their Caseloads by Age Cohort, Maine, 2012

Age of Patients	Percent of Patients Treated in Dental Practice					
	0%	1%-10%	11%-25%	26%-50%	51%-75%	76%-100%
Infants (0 to 3 years)	35.7%	42.9%	14.3%	7.1%	0.0%	0.0%
Children/Adolescents (4 to 18 years)	14.3%	14.3%	21.4%	42.9%	7.1%	0.0%
Adults (19 to 64 years)	14.3%	0.0%	50.0%	14.3%	21.4%	0.0%
Older adults (65 years and older)	0.0%	35.7%	21.4%	21.4%	14.3%	7.1%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 8.

IPDHs were asked to describe the socioeconomic characteristics and ages of their patients. Half of the IPDH respondents (50%) indicated they treated no MaineCare-insured children. Until recently, IPDHs were not permitted to bill MaineCare for services to MaineCare-insured patients. Some IPDHs also worked under PHS status and were able to bill for services to MaineCare-insured children under that umbrella. Most IPDHs treated a variety of populations especially uninsured children and adults. Only 14.3% of IPDHs had no uninsured adults in their patient caseloads.

Table 62. Percent of IPDHs by Percent and Type of Patients in their Clinical Caseloads, Maine, 2012

Type of Patient	0%	1%-10%	11%-20%	21%-30%	31%-40%	41%-50%	More than 50%
Low-income children (0 to 18 years)	35.7%	21.4%	14.3%	0.0%	0.0%	14.3%	14.3%
Low-income adults (19 to 64 years)	42.9%	21.4%	14.3%	14.3%	0.0%	0.0%	7.1%
Low-income older adults (65 years and older)	35.7%	42.9%	7.1%	7.1%	0.0%	0.0%	7.1%
Uninsured children	21.4%	50.0%	28.6%	0.0%	0.0%	0.0%	0.0%
Uninsured adults	14.3%	21.4%	35.7%	7.1%	14.3%	0.0%	7.1%
MaineCare-insured children	50.0%	7.1%	7.1%	0.0%	0.0%	7.1%	28.6%
People with special health needs	28.6%	50.0%	7.1%	7.1%	0.0%	0.0%	7.1%
Homeless people	92.9%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Confined elderly	64.3%	14.3%	0.0%	0.0%	0.0%	0.0%	21.4%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 9.

Clinical Services

IPDHs were asked to describe the clinical services they provided to patients. All IPDHs who responded to the survey (100.0%) provided dental hygiene assessments, complete prophylaxis, and oral cancer screenings for patients. Most also provided patient education, fluoride treatments, and sealant applications. Some services that are permitted, such as cementing pontics, were not performed by respondent IPDHs.

Table 63. Percent of IPDHs by Hours Spent and Type of Clinical Patient Services and Type of Supervision, Maine, 2012

Type of Clinical Service	Number of Weekly Hours									Level of Supervision		
	0 hours	1 to 2 hours	3 to 4 hours	5 to 8 hours	9 to 16 hours	17 to 24 hours	25 to 32 hours	33 to 40 hours	More than 40 hours	Direct Supervision	General Supervision	Unsupervised
Dental hygiene assessment	0.0%	30.8%	23.2%	7.7%	23.1%	0.0%	7.7%	7.7%	0.0%	0.0%	8.3%	91.7%
Dental history	7.7%	30.8%	15.4%	15.4%	23.1%	0.0%	0.0%	7.7%	0.0%	0.0%	9.1%	90.9%
Periodontal/restorative charting	15.4%	15.4%	46.2%	7.7%	7.7%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	100.0%
Oral cancer screenings	0.0%	61.5%	23.1%	0.0%	15.4%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	90.9%
Patient education	7.7%	15.4%	38.5%	7.7%	15.4%	7.7%	0.0%	7.7%	0.0%	0.0%	0.0%	100.0%
Take impressions	92.3%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	66.7%
Complete prophylaxis	0.0%	7.7%	15.4%	30.8%	15.4%	7.7%	15.4%	7.7%	0.0%	0.0%	0.0%	100.0%
Partial prophylaxis	15.4%	30.8%	15.4%	30.8%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	100.0%
Fluoride treatments	7.7%	53.8%	15.4%	0.0%	15.4%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Sealant applications	15.4%	38.5%	7.7%	15.4%	23.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Apply desensitizing agent	23.1%	46.2%	7.7%	7.7%	7.7%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	100.0%
Apply topical anesthetics	38.5%	38.5%	7.7%	0.0%	7.7%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	100.0%
Place topical antimicrobials	69.2%	15.4%	0.0%	7.7%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	100.0%
Subgingival irrigation	46.2%	7.7%	23.1%	0.0%	7.7%	7.7%	7.7%	0.0%	0.0%	0.0%	0.0%	100.0%
Scaling and root planing	38.5%	7.7%	23.1%	0.0%	15.4%	7.7%	0.0%	7.7%	0.0%	0.0%	0.0%	100.0%
Place temporary restorations	76.9%	15.4%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Smooth/polish amalgam restorations	84.6%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	100.0%
Cement pontics/facings	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Place/remove rubber dams	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Wire/ligature adjustments	92.3%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Local anesthesia	76.9%	15.4%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	25.0%	25.0%	50.0%
Nitrous oxide analgesia	92.3%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%
Suture removal	92.3%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%
Place/remove dressings	92.3%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%
Radiography	46.2%	23.1%	15.4%	7.7%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	20.0%	80.0%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 15.

Referrals to Dentists

IPDHs were asked to describe the overall difficulty in finding dentists to accept patient referrals in the geographic areas where they worked. While some IPDHs indicated no difficulty (14.3%) finding dentists to accept patient referrals, 64.3% of IPDHs indicated that it was moderately (28.6%), considerably (21.4%), or extremely (14.3%) difficult to find dentists to accept patient referrals.

Table 64. Level of Difficulty Finding Dentists to Accept Patient Referrals in the Geographic Area, Maine, 2012

Level of Difficulty	Percent of IPDHs
Not at all difficult	14.3%
Slightly difficult	21.4%
Moderately difficult	28.6%
Considerably difficult	21.4%
Extremely difficult	14.3%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 10.

About two-thirds of IPDHs (64.3%) indicated they had established a referral network in the area where they work and more than half of the IPDHs who responded to the survey (57.1%) indicated that they work with patients to find a dentist when dental care is needed. “Other” referral practices are described in Appendix A., IPDH Survey, Question 11.

Table 65. Referral Practices of IPDHs in Maine, 2012

Referral Practices	Percent of IPDHs
I refer to a supervising dentists	21.4%
I have an established dental referral network	64.3%
I give the patient a referral and suggest they find a dentist	14.3%
I work with the patient to find a dentist to provide care.	57.1%
Other	21.4%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 11. Note: Totals exceed 100% because respondents were permitted to select multiple response options.

Compensation for Services

IPDHs were asked to describe compensation for their services. Most IPDHs (85.7%) indicated that a portion of the revenue they received was from patient payments for services. More than 40% of IPDHs also received some reimbursement from MaineCare. Reimbursement from MaineCare was only available to IPDHs who also worked under PHS status.

Table 66. Percent of IPDHS by Type of Compensation Received for Clinical Services, Maine, 2012

Type of Compensation	Percent of IPDHs
Patient self-pay	85.7%
Salary/hourly/per unit pay from employer	35.7%
Grant funds for oral health program	0.0%
Direct MaineCare reimbursement	42.9%
Direct commercial insurance reimbursement	35.7%
Other	7.1%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 12. Note: Totals exceed 100% because respondents were permitted to select multiple response options.

IPDHs were asked to indicate the percentage of their services that were paid by private insurance, by MaineCare, by patients, or other sources. The most common source of payment was patient self-pay, followed by private insurance. Only 43% of IPDHs received any MaineCare revenue.

Table 67. Percent of IPDHs by Percent of Practice Revenue by Type of Payer, Maine, 2012

Type of Payer	0%	1%-25%	26%-50%	51%-75%	76%-100%
Private insurance	28.6%	35.7%	14.3%	14.3%	7.1%
MaineCare	57.1%	7.1%	7.1%	21.4%	7.1%
Patient self-pay	7.1%	21.4%	28.6%	21.4%	21.4%
Other	0.0%	0.0%	0.0%	0.0%	0.0%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 14.

Patients' Attitudes about Receiving Care from IPDHs

IPDHs were asked about patients' attitudes towards receiving services from an IPDH. Most indicated that patients were happy to have available oral health care (92.9%) or that patients were not generally concerned (85.7%). IPDHs also indicated "other" patient attitudes. (See Appendix A. IPDH Survey, Question 17 for a list of "other" responses.)

Table 68. Percent of IPDHs by Perception of Patient Attitudes about Receiving Services from an IPDH, Maine, 2012

Patient Attitudes	Percent of IPDHs
Patients are cautious	7.1%
Patients ask questions about my clinical skills	21.4%
Patients are happy to have available oral health care	92.9%
Patients are generally not concerned at all	85.7%
Other	28.6%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 17. Note: Totals exceed 100% because respondents were permitted to select multiple response options.

Impact of Scope of Practice Limitations on Practice

IPDHs were asked about the impact of scope of practice limitations on their practices as IPDHs. Among the issues IPDHs raised was the inability to take x-rays or to provide whitening services and the semantic issues surrounding the word "diagnosis" and the impact on patient services, such as cancer screenings and reading x-rays.

Volunteer Activities

More than three-quarters of IPDHs (78.6%) participated in volunteer activities in which they provided oral health services. More than one-third of IPDHs (36.4%) volunteered on average between one and five hours annually and more than one-quarter (27.3%) volunteered on average between 16 to 20 hours annually.

Table 69. Average Annual Number of Volunteer Hours Providing Oral Health Services, IPDHs, Maine, 2012

Number of Annual Volunteer Hours	Percent of IPDHs
0 hours	9.1%
1 to 5 hours	36.4%
6 to 10 hours	9.1%
11 to 15 hours	9.1%
16 to 20 hours	27.3%
21 to 25 hours	0.0%
26 hours to 30 hours	0.0%
31 to 40 hours	9.1%
More than 40 hours	0.0%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 19a

IPDHs were asked to describe the locations where they provided oral health services as a volunteer. Half of the survey respondents (50%) indicated they volunteered at community health/dental fairs and half (50%) volunteered at school-based oral health programs. (A description of “other” IPDH volunteer locations is available in Appendix A, IPDH Survey, Question 19b).

Table 70. Locations Where IPDHs Volunteer to Provide Oral Health Services, Maine, 2012

Location of Volunteer Dental Services	Percent of IPDHs
Give Kids a Smile event	7.1%
Dentists Who Care for ME	14.3%
Community health/dental fairs	50.0%
Special Olympics	0.0%
School-based oral health programs	50.0%
Nursing home/long-term care facility	7.1%
Mobile dental van	0.0%
Faith based organization	7.1%
Other	21.4%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 19b. Note: Totals exceed 100% because respondents were permitted to select multiple response options.

Reasons for Choosing IPDH Practice and Interest in Expanded Practice Opportunities

IPDHs were asked why they chose to become an IPDH. Most indicated that their reasons for choosing IPDH practice were a desire for expanded practice opportunities (92.9%), an interest in owning a business (85.7%), and concerns about lack of dental access in the areas where they worked (85.7%).

Table 71. Reasons for Choosing IPDH Practice, Maine, 2012

Reason for Becoming an IPDH	Percent of IPDHs
Interest in working in a public health setting	42.9%
Concern about lack of dental access in my area	85.7%
Desire for expanded practice opportunities	92.9%
Interest in owning a business	85.7%
Other	21.4%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 16. Note: Totals exceed 100% because respondents were permitted to select multiple response options.

IPDHs were asked if they expected to participate in the radiography pilot program recently authorized by the Maine Legislature. More than half of survey respondents (57.1%) were unsure about participation, 28.6% expected to participate, and 14.3% did not expect to participate in the pilot program.

IPDHs were also asked about their interest in other practice opportunities if they became available in Maine. More than half of IPDHs expressed interest in dental therapy, dental hygiene therapy, and advanced practice. The remaining IPDHs were unsure about their interest in other practice opportunities.

Table 72. Interest in Other Practice Opportunities If Available in Maine, 2012

Type of Practice	Yes	No	Unsure
Dental therapist	54.4%	0.0%	45.5%
Dental hygienist therapist	60.0%	0.0%	40.0%
Advanced practice dental hygienist	78.6%	0.0%	21.4%

Source: CHWS, 2012. Survey of IPDHs in Maine, Question 20. Note: Totals exceed 100% because respondents were permitted to select multiple response options.

IPDHs supplied comments about their future professional plans. Some were expecting to go to dental school or obtain an advanced degree. Others were expecting to remain in independent dental hygiene practice. A list of IPDHs' comments about their future plans is available in Appendix A., IPDH Survey, Question 28.

Attitudes and Opinions

IPDHs were asked to rank a list of possible barriers to obtaining oral health services in Maine on a Likert scale of 1 to 5, with 1 being the most significant barrier and 5 the least significant barrier. IPDHs were provided with defined response options but were also permitted to select "other" and to describe "other." (A list of "other" responses appears in Appendix A., IPDH Survey, Question 30.)

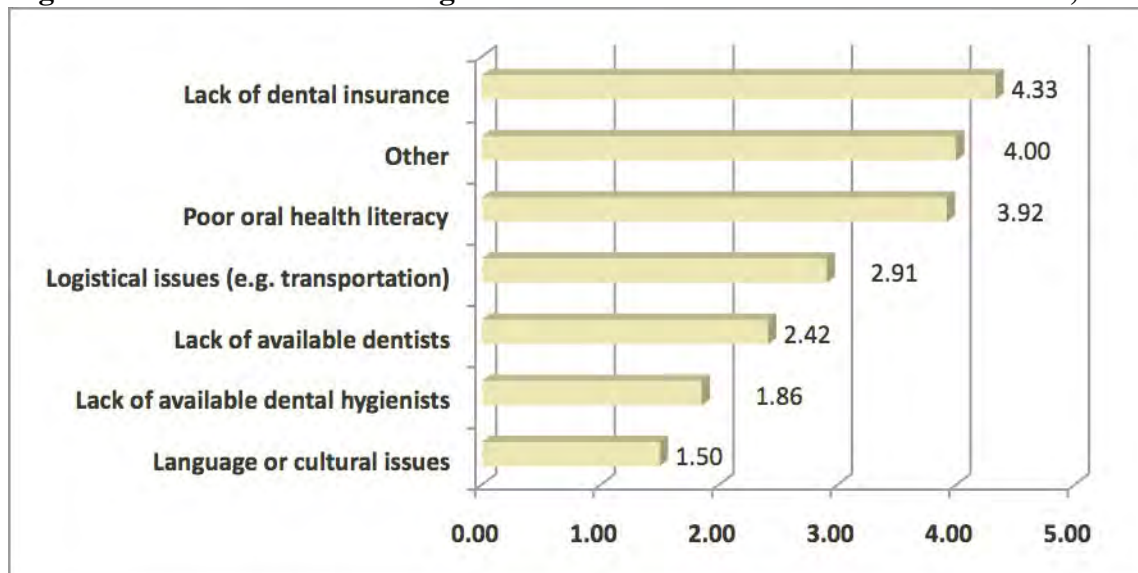
The responses on the Likert scale were weighted by multiplying the number of responses at each point on the scale (1 or 2 or 3, etc.) times a designated weight. Those weights were as follows:

- The number of most significant responses at point 1 was multiplied by 5;
- The number of very significant responses at point 2 was multiplied by 4;
- The number of significant responses at point 3 was multiplied by 3;
- The number of somewhat significant responses at point 4 was multiplied by 2; and
- The number of least significant responses at point 5 was multiplied by 1.

The weighted values for each item were then added together and divided by the number of responses to that item to arrive at a mean value. A mean score of 5 would indicate the most significant barriers.

IPDHs felt that the most significant barrier to oral health services was a lack of dental insurance (mean score of 4.33). "Other" barriers (mean score of 4.00) and poor oral health literacy (mean score 3.92) were the next most significant barriers. While logistical barriers, such as lack of transportation or lack of time off from work, lack of available oral health workforce, and language and cultural issues were considered barriers to access, they were not ranked as highly significant factors obstructing access to oral health services in Maine.

Figure 8. IPDHs' Mean Ranking of Barriers to Oral Health Services in Maine, 2012

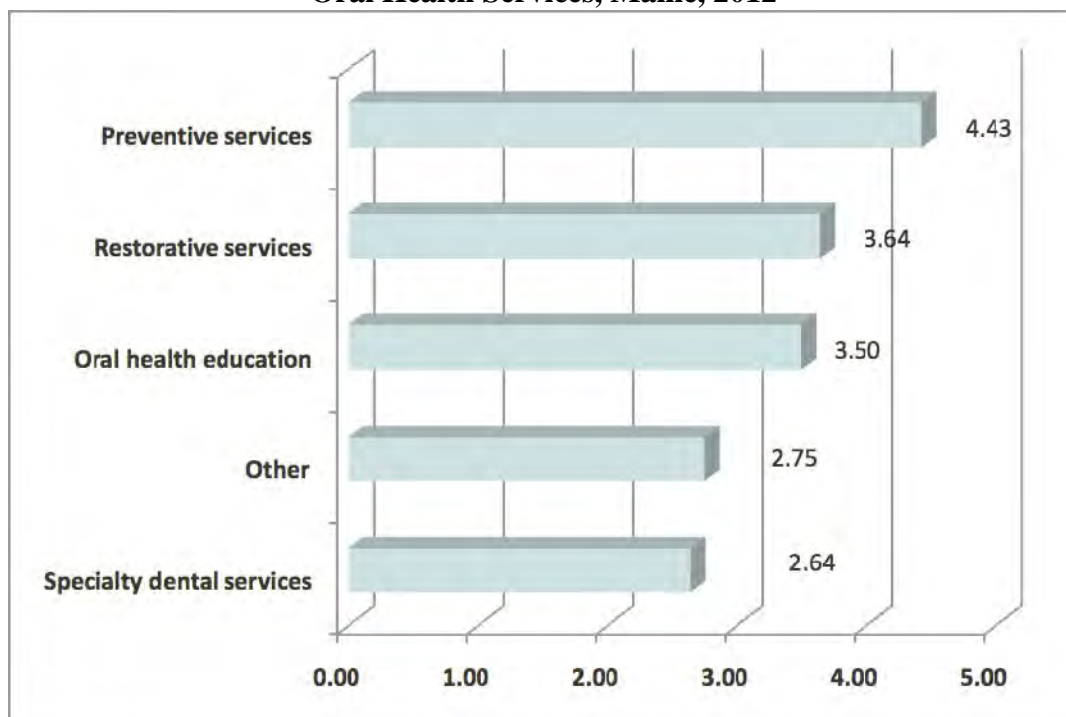


Source: CHWS, 2012. Survey of IPDHs in Maine, Question 33.

IPDHs were also asked to rank the greatest unmet need for oral health services in their geographic area on a Likert scale of 1 to 5, with 1 being the most important unmet need. Responses to this question were weighted in the same way that responses to the previous question were handled. The most important unmet need would have a weight of 5 so the weighted average score closest to 5 is the need perceived to be the most important.

IPDHs described preventive services (mean score 4.43) as the most important need followed by restorative services (mean score 3.64). “Other” services are described in Appendix A., IPDH Survey, Question 32.

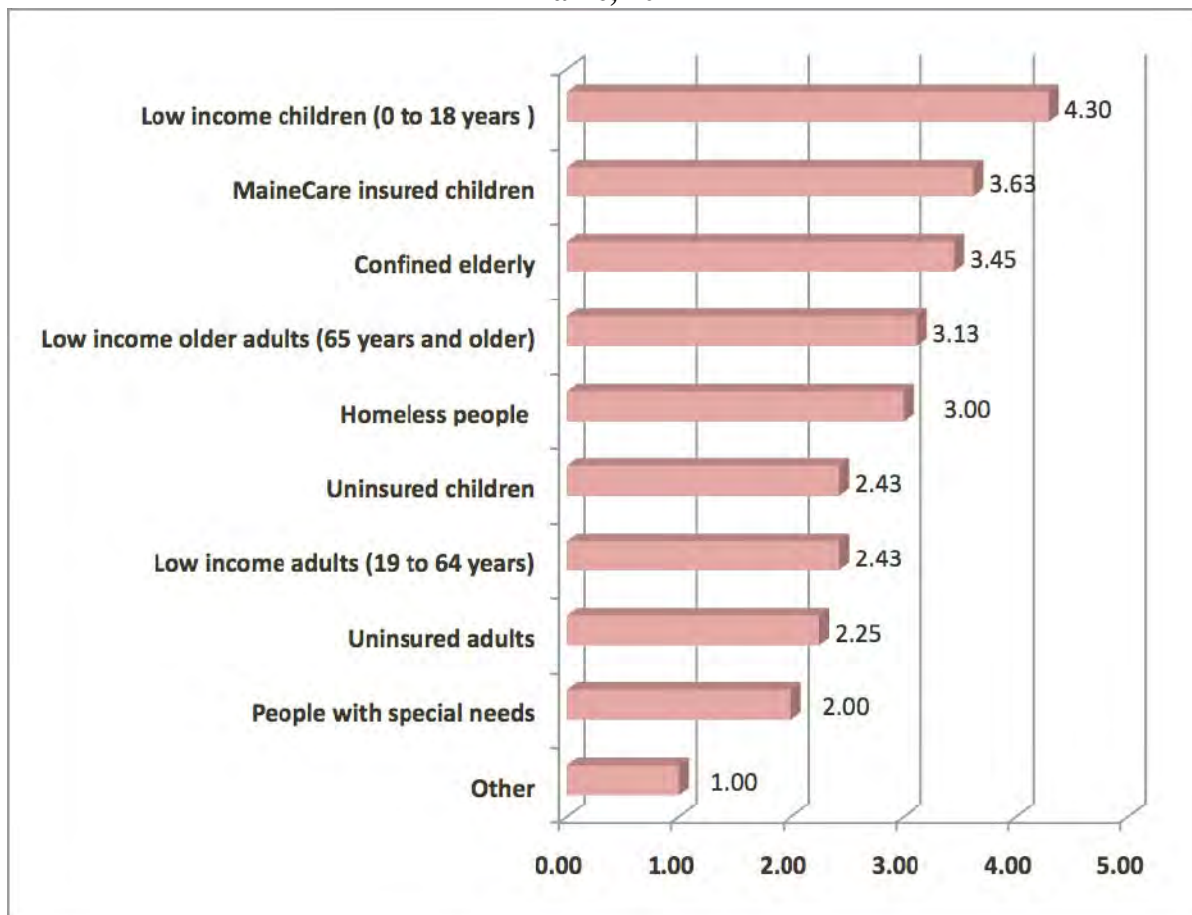
Figure 9. IPDHs' Mean Ranking of the Most Important Unmet Needs for Oral Health Services, Maine, 2012



Source: CHWS, 2012. Survey of IPDHs in Maine, Question 32.

IPDHs were then asked to rank the populations most in need of dental services in their geographic areas on a Likert Scale of 1 to 5, with 1 being the neediest. The responses to this question were again weighted in a similar manner as the weighting for the previous questions. A mean weighted score closest to 5 indicates the neediest populations selected by IPDHs. Low-income children (mean score 4.30) were perceived to be the neediest population in the state followed by MaineCare-insured children (mean score 3.63) and confined elderly people (mean score 3.45).

Figure 10. IPDHs' Mean Ranking of Populations Most in Need of Oral Health Service in Maine, 2012



Source: CHWS, 2012. Survey of IPDHs in Maine, Question 30.

IPDHs provided narrative comments describing possible strategies or policy initiatives that might help address unmet dental need in their geographic areas.

The Report of Expanded Function Dental Assistants in Maine

Characteristics of EFDAs in Maine

EFDAs in Maine were mainly female (93.8%) and non-Hispanic White (93.8%). On average, EFDAs had worked 11.75 years as a dental assistant with total years working as a dental assistant ranging from two to 30 years. One-quarter of the EFDAs (25.0%) who responded to the survey were also RDHs.

More than 40% of EFDAs indicated that a certificate/diploma was their highest level of education and 31.3% indicated they had a bachelor's degree.

Table 73. Highest Current Level of Education, EFDAs, Maine, 2012

Highest Level of Education	Percent of EFDAs
Certificate/Diploma	43.8%
Associate Degree	12.5%
Bachelor's Degree	31.3%
Master's Degree	6.3%
Other	6.3%

Source: CHWS, 2012. Survey of EFDAs in Maine, Question 16.

EFDAs mainly worked in metropolitan areas of the state. (See the note on page 13 of this report for an explanation of RUCA codes.)

Table 74. Location of EFDAs by RUCA Code, Maine, 2012

Location of EFDAs by Rural Urban Continuum Code	Percent
Rural	18.0%
Small Town	0.0%
Micropolitan	6.3%
Metropolitan	75.0%

Source: CHWS, 2012. Survey of EFDAs in Maine, Question 6.

Becoming an EFDA

EFDAAs were asked to indicate the reasons why they became an EFDA. Most indicated a personal interest in learning to do more (93.3%) and/or career advancement (86.7%) as their reasons for becoming an EFDA.

Table 75. Percent of EFDAAs by Reasons for Becoming an EFDA, Maine, 2012

Reasons for Becoming an EFDA	Percent of EFDAAs
For career advancement	86.7%
My employer encouraged me to do it	60.0%
I had a personal interest in learning to do more	93.3%
Other	13.3%

Source: CHWS, 2012. Survey of EFDAAs in Maine, Question 7.

EFDAAs were also asked to indicate how they had paid for their EFDA training course. Forty percent of EFDAAs indicated that they had shared the cost of the course with their employer.

Table 76. Percent of EFDAAs by Source of Payment for EFDA Training Course, Maine, 2012

Payment for EFDA Training Course	Percent of EFDAAs
I paid the cost of the course	20.0%
My employer paid the total cost of the course	20.0%
My employer and I shared the cost of the course	40.0%
Other	20.0%

Source: CHWS, 2012. Survey of EFDAAs in Maine, Question 8.

Employment of EFDAs

All EFDAs who responded to the survey worked with at least one other EFDA in their workplaces. Fourteen percent of EFDAs worked with only one other EFDA but all others worked with two or more EFDAs.

Table 77. Percent of EFDAs by the Number of Other EFDAs in their Workplaces, Maine, 2012

Number of EFDAs in Workplace	Percent of EFDAs
Works with 1 Other EFDA	14.3%
Works with 2 Other EFDAs	28.6%
Works with 3 Other EFDAs	28.6%
Works with 4 or More Other EFDAs	28.6%

Source: CHWS, 2012. Survey of EFDAs in Maine, Question 16.

EFDAs mainly worked part time (30 hours or less per week) for their primary employers but 46.7% worked more than 31 hours weekly for a primary employer.

Table 78. Percent of EFDAs by the Number of Weekly Hours Worked for Primary and Secondary Employers, Maine, 2012

Number of Weekly Hours Worked	Employer 1	Employer 2
1 to 5 hours	13.3%	18.8%
6 to 10 hours	13.3%	0.0%
11 to 15 hours	0.0%	0.0%
16 to 20 hours	13.3%	0.0%
21 to 25 hours	0.0%	0.0%
26 to 30 hours	13.3%	0.0%
31 to 35 hours	26.7%	0.0%
36 to 40 hours	20.0%	0.0%
More than 40 hours	0.0%	0.0%

Source: CHWS, 2012. Survey of EFDAs in Maine, Question 3.

Most EFDAs in Maine (75.0%) worked in private solo (50.0%) or group (25.0%) dental practices

Table 79. Percent of EFDAs by Type of Primary and Secondary Work Location, Maine, 2012

Work Location	Employer 1	Employer 2
Private dental office – solo	50.0%	12.5%
Private dental office – group	25.0%	0.0%
Community/migrant/rural dental clinic	12.5%	6.3%
Academic educational institution	12.5%	6.3%

Source: CHWS, 2012. Survey of EFDAs in Maine, Question 4

Most EFDAs worked with general dentists in their primary work locations (93.8%). A few EFDAs worked with specialty dentists in either a primary or secondary work location.

Table 80. Percent of EFDAs by Type of Dentist with Whom the EFDA Worked, Maine, 2012

Type of Dentist	Employer 1	Employer 2	Total Number of Dentists
General Dentist	93.8%	6.3%	17
Periodontist	0.0%	12.5%	2
Prosthodontist	6.3%	0.0%	1
Endodontist	6.3%	0.0%	1
Public Health Dentist	6.3%	0.0%	2
Other	6.3%	0.0%	1

Source: CHWS, 2012. Survey of EFDAs in Maine, Question 5. Totals exceed 100% because respondents were permitted to select multiple response options

EFDAs provided a wide variety of services in their workplaces. All EFDAs (100.0%) exposed radiographs, but few EFDAs placed periodontal dressings (18.7%) or cemented crowns and bridges (18.7%) during their weekly work time. Also, many EFDAs placed temporary restorations (62.5%) during at least a portion of their weekly work time.

Table 81. Clinical Services Provided to Patients by EFDAs in Maine by Percent of Weekly Work Time, 2012

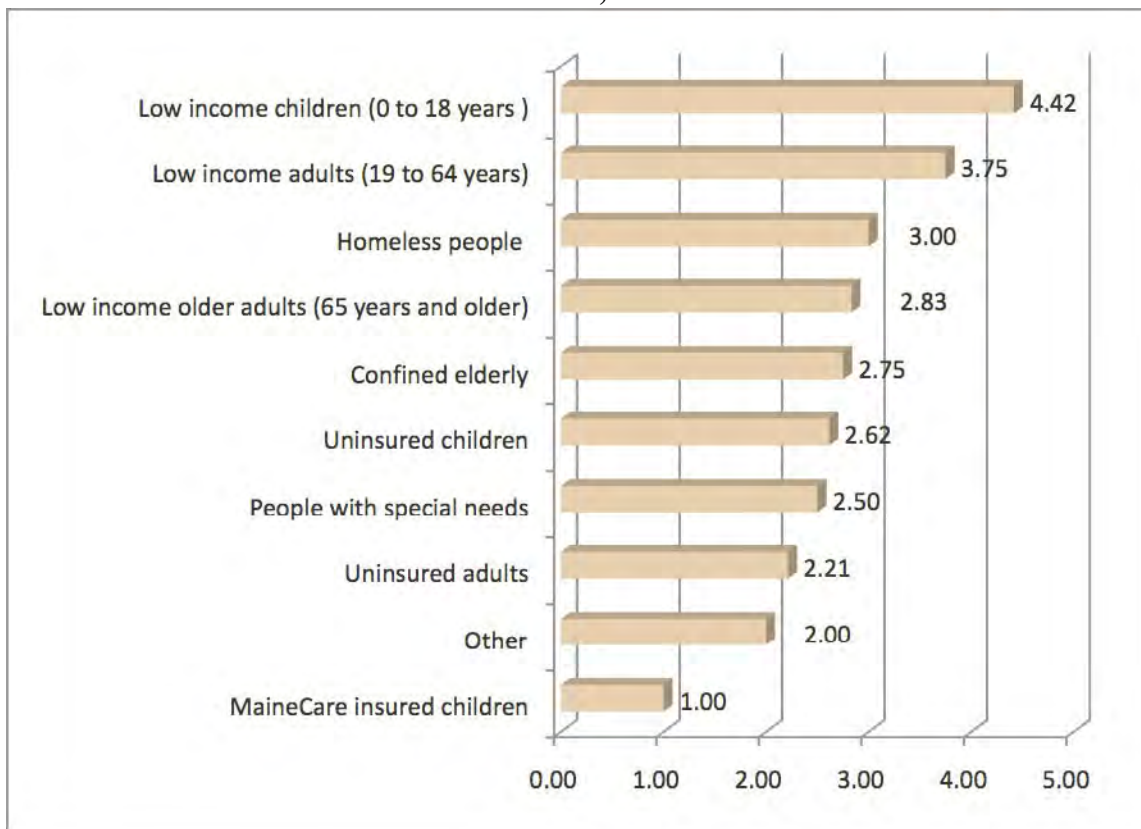
Clinical Services	0%	1% to 10%	11% to 20%	21% to 30%	31% to 40%	41% to 50%	More than 50%
Apply sealants	6.3%	81.3%	12.5%	0.0%	0.0%	0.0%	0.0%
Apply topical fluorides	15.0%	50.0%	6.3%	12.5%	6.3%	0.0%	0.0%
Supragingival polishing	31.3%	37.5%	0.0%	18.8%	6.3%	0.0%	6.3%
Expose radiographs	0.0%	12.5%	18.8%	12.5%	18.8%	12.5%	25.0%
Perform vitality testing	50.0%	31.3%	6.3%	6.3%	6.3%	0.0%	0.0%
Take impressions	6.3%	31.3%	18.8%	12.5%	6.3%	12.5%	12.5%
Place temporary restorations	37.5%	31.3%	6.3%	6.3%	6.3%	0.0%	12.5%
Place amalgam restorations	68.8%	18.8%	0.0%	0.0%	6.3%	0.0%	6.3%
Contour amalgams	68.8%	18.8%	0.0%	0.0%	6.3%	0.0%	6.3%
Cement crowns/bridges	81.3%	6.3%	6.3%	0.0%	0.0%	0.0%	6.3%
Place periodontal dressings	81.3%	12.5%	6.3%	0.0%	0.0%	0.0%	0.0%
Place/remove retraction chord	56.3%	25.0%	6.3%	0.0%	6.3%	0.0%	6.3%
Other	56.3%	12.5%	6.3%	0.0%	6.3%	12.5%	6.3%

Source: CHWS, 2012. Survey of EFDAs in Maine, Question 9.

Attitudes and Opinions

EFDAs were asked to rank the populations most in need of dental services in their geographic areas on a Likert Scale of 1 to 5, with 1 being the neediest. The responses to this question were weighted in a similar manner as the weighting described previously in this report on page 47. A mean weighted score closest to 5 indicates the neediest populations. Low-income children, from birth to age 18 years (mean score 4.42) were perceived to be the neediest population in the state by respondent EFDAs followed by low-income adults, age 19 to 64 years (mean score 3.75) and homeless people (mean score 3.00).

Figure 11. EFDAs' Mean Ranking of Populations Most in Need of Oral Health Services in Maine, 2012



Source: CHWS, 2012. Survey of EFDAs in Maine, Question 19.

Appendix A: Description of Other and Narrative Comments from the Oral Health Workforce Surveys

The surveys that were fielded for this research contained predefined response options but many questions also permitted the respondent to select “other” as a response. Survey participants were then asked to describe “other.” This appendix contains a list of “other” responses and is organized by survey and by question.

Several of the surveys also asked respondents to provide narrative comments. These comments are also listed in this appendix by survey.

Dentists' Comments

Question 3

Describe your current primary worksite (the location where you spend the most time) and secondary worksite. "Other"

Primary Site

Associate at Medicaid-based private practice
Community urban clinic
Hospital employed
Jessie Albert Dental Center
Job Corps
Not for profit dental center with provisions
to serve the underserved, low income
Prison

Secondary Site

ASC
Consultant
Farming
Hospital
Independent contractor for military
Internal Medicine
Military Reserve
Mobile dental clinic
National Guard

Question 9b

In what location(s) did these registered dental hygienists work under public health supervision status? "Other"

ACAP
Community dental office
FQHC (2)
Free dental clinic-
Community WIC clinic (3)
Hygienist college
Independent sites; Hospital-Clinics, Pediatrician's offices
Penobscot Nation
Private hygiene practice MaineCare
School-based sealant program
Strong Area Dental Clinic, Strong, Maine
York County Maine Head Start

Question 13a

Please indicate the impacts of the economic recession on your dental patients or your practice. "Other"

Change in services for cheapest option (5)
Cut staff positions (2)
Decrease in elective surgery, implants, etc.
Difficulty keeping appointments filled (3)
High unemployment and poverty in this area resulted in many new patients seeking low-cost care
Higher overhead, lower profit
Hours expanded to accommodate patients work schedules
Doctors' hours shortened
Hours were shortened - no patients

Increased hours of operation and staff hours to accommodate patients (3)
Longer hours to accommodate patients but 30% less patients seen
Loss of insurance
Low-income patients needed FQHC because they could not afford to see private dentists
More Medicaid patients (3)
More patients need care at FQHC
No one received raises
Only a slight decrease
Patients often had extractions rather than extensive work to save a tooth or teeth (2).
Postponed fee increase
Private practice closed
Saw more MaineCare patients (4)
Some patients lost jobs plus insurance
Spending more to market for new patients
Staff hours shortened due to drop-off in patient demand and government healthcare regulations
The demand for services increased.
The health center I worked for lost a grant so I was laid off.
Took more vacation weeks
Volume increased! Fewer dentists willing to see kids!
Volume of self-pay/private insurance decreased

Question 17

What percentages of dental services are reimbursed by the following? “Other”

Clef palate program
Department of Correction (2)
Department of Labor - Job Corps
Donated Dental Services (6)
Health Saver Cards
Indian Dental services
Medical insurance (2)
Medical insurance for maxillofacial prosthetic patients
DDS program/other nonpaid
Patient financing
Private pay
Self-pay
Charity
Pro bono - my treat
We have a few MaineCare patients (10) under 18 that we treat free of charge.
Sliding fee scale (2)
The FQHC does not divulge \$ info to the practitioners
Trade work
United Way (2)
U.S. Government (2), military
Veterans Administration, Togus, Maine
We also have subsidy and grant monies to supplement patient payments

Question 18

What is the most important reason you do not treat MaineCare patients? “Other”

All of above and patients are highly unreliable for showing up for appointments. (6)
All of the above (5)
All of the above plus poor treatment of providers
All the above and poor patient compliance (3)
Broken appointments, poor hygiene, often no primary care dentist
Have had trouble getting payment in the past
I do not take any insurance
Limited treatment coverage
Maine should not pay for orthodontic care when there are people in pain
No periodontal procedures covered
No reimbursement
Not accepting new patients
Not my decision
Patients don't keep appointments; they don't value the work, reimbursement too low and paperwork burdensome
Poor patient compliance (4)
Poorly run system
Primarily serve only service connected disabled veterans
Provide medical services to MaineCare patients
Reimbursement is too low and patients are too unreliable (4)
Reimbursement too low and doctors not allowed to treat patients correctly 100% of the time
Reimbursement too low and patients are not compliant with care needed or showing up for appointments
Reimbursement too low, paperwork burdensome and "no shows," bad human relations
Reimbursement too low, patients can fail to show, can't charge them.
Reimbursement time is too slow. Not many prosthodontics/adult services are covered by MaineCare.
Services provided by Department of Labor
Slow payment and paperwork burdensome
So few providers accept MaineCare. If I allowed some, I would be swamped by it.
Something free has no value and they treat it as such.
State fails to reimburse
Too long and too much work for staff
Very poor compliance, excessive repeat paperwork

Question 19a.

Please describe the location(s) where you provide volunteer dental services. “Other”

Alzheimer's care facility in my neighborhood
Cleft team at Maine Medical Center
Dental mission trips to Guatemala every 1-2 years
Dental screenings

Dentists with a Heart
Educating dentists and hygienists
Educational (Tufts Dental School)
Foreign Missions
FQHC
Free day at our office 1 to 2 times a year
Healing the Children
Hygiene school instruction (2)
In hospital
International dental missions occasionally
Kids class, not through any program
Knox Clinic
Maine General Hospital
Masons child ID program
Military (3)
Military vets
Military mobile van (2)
Military Readiness Events
Mouth guard programs
Non-profit community dental clinic
Oral cancer screenings, domestic violence patients all at our office
Pro bono case per year
Provide volunteer services in my office for local schools
Remote Area Medical
Root Cellar
Root Cellar patients come to my office - free service
Special Olympics (6)
Special Olympics Screening/surgery for Rotaplast (cleft lip/palate repair)
Yearly trips to Central America

Question 23

Describe your education. Indicate the field of study for each degree and the location of the associated education program.

Baccalaureate

<u>Field of Study</u>	<u>State or Country</u>	<u>Field of Study</u>	<u>State or Country</u>
Agriculture	Maine	Biology	West Virginia
Animal Science	Pennsylvania	Biology	Wisconsin (3)
Anthropology	Pennsylvania	Biology/Biochemistry/ Microbiology	New Hampshire
Art History and General Science	Oregon	Biology & Business	Massachusetts
Arts	Maine	Biology & Chemistry	Maine
Bacteriology	Maine	Biology & Chemistry	Massachusetts
BDS	India	Biology & Chemistry	New Jersey
Biochemistry	California	Biology & Chemistry	New York (2)
Biochemistry	Maine (6)	Biology & Earth Science	Ohio
Biochemistry	Massachusetts	Biology & Economics	Pennsylvania (2)
Biochemistry	Ohio	Biology & Engineering	Massachusetts
Bio-communications	Pennsylvania	Biology & Music	Massachusetts
Bioinformatics and Molecular Biology	New York	Biology & Music	New York
Biological Sciences	Alberta, Can.	Biology & Philosophy	New York
Biological Sciences	Maine	Biology & Pre-med	New York (2)
Biology	Arizona	Biology & Psychology	California
Biology	California (5)	Biology & Psychology	Connecticut
Biology	Connecticut (3)	Biology /Biochemistry	Maryland
Biology	Florida	Bio-science	Ohio
Biology	Illinois	Botany	Massachusetts
Biology	Indiana	BSc	Halifax, NS
Biology	Iowa	BSc	New Brunswick, NB
Biology	Maine (23)	Business	Pennsylvania
Biology	Maryland	Chemical Engineering	New York
Biology	Massachusetts (13)	Chemistry	Indiana
Biology	Michigan (3)	Chemistry	Maine (3)
Biology	Nebraska	Chemistry	Maryland
Biology	New Hampshire (3)	Chemistry	Massachusetts (2)
Biology	New Jersey (2)	Chemistry	Minnesota
Biology	New York (9)	Chemistry	New Hampshire
Biology	Ohio (4)	Chemistry	New Mexico
Biology	Pennsylvania (5)	Chemistry	New York (3)
Biology	Texas (3)	Chemistry	Vermont (3)
Biology	Vermont	Chemistry/History	Georgia
Biology	Virginia	Chemistry/Premed	Massachusetts
		Classics	Massachusetts

Dental hygiene	Maine (3)	Pharmacology	Rhode Island
Dental hygiene	Rhode Island	Pharmacy	Rhode Island
Dentistry	Nigeria	Physics	Massachusetts
Economics	Massachusetts	Physics, Biology, Math	Vermont
Education	Canada	Premed	Maine
Education	Ohio	Premed	Nebraska
Electrical Engineering	New York	Premed and Classics	Maine
Engineering	Virginia	Psychobiology	New York
English Literature	Massachusetts (3)	Psychology	Illinois
Food & Nutrition	Maine	Psychology	Indiana
Forestry	Maine	Psychology	Maine (2)
General Arts & Sciences	Pennsylvania	Psychology	Massachusetts (2)
Geology	New York	Psychology	Pennsylvania
Health Science	Florida	Psychology/Sociology	Colorado
Health Science	N-B Canada	Religious Studies, Premed	Massachusetts
History	Iowa	Resource management	New York
History	Massachusetts	Science	Connecticut
Human Nutrition	Maine	Science	Iowa
Language	Utah	Science	New York
Life Sciences	Massachusetts	Science	Ontario, Can.
Math	New York	Science	Pennsylvania
Math	Vermont (2)	Science Education	Maine
Math/Biology	Massachusetts	Social Work	Ohio
Math/Biology	New Hampshire	Sociology	Florida
Mathematics	Massachusetts	Sociology	New York
Mathematics	Pennsylvania	Sociology	Pennsylvania
Mathematics	Vermont	Zoology	Maine (26)
Medical Biology	Maine	Zoology	Michigan
Microbiology	Maine	Zoology	Nebraska
Microbiology	Massachusetts	Zoology	New Hampshire (2)
Microbiology	New Hampshire	Zoology	North Carolina
Microbiology	Washington	Zoology	Ohio (2)
Microbiology/cell science	Florida	Zoology	Utah
Molecular, Cellular, Developmental, Biology	Connecticut	Zoology	Vermont
Natural Sciences	Massachusetts (2)	Zoology	Washington (2)
Nutrition	New Hampshire	Zoology, Physiology	New Zealand
		Zoology/Premed	North Carolina

Master's

<u>Field of Study</u>	<u>State or Country</u>	<u>Field of Study</u>	<u>State or Country</u>
Anatomy	New Jersey	Biology & Educ.	Arizona
Anatomy	Nova Scotia, Canada	Biomedical ethics	California
Biology	New York	Bone biology	Massachusetts
Biology & Educ.	Missouri	Business Admin.	Utah

Cert MIP	New Hampshire	Med chemistry	England
Chemistry	Maine	Microbiology	Maine (4)
Dental Science	Connecticut	Neurosciences	California
Dentistry	Kentucky	OMS	Massachusetts
Dentistry	Ohio	Oral biology	Maryland
Education	Kentucky	Oral physiology	Georgia, USA
Education	Maine	Orthodontics	Virginia
Education	New Mexico	Orthodontics	Indiana
Education	Pennsylvania	Orthodontics	Missouri
Endodontics	Toronto, Canada	Public Health	Maryland, USA
English Education	Massachusetts	Public Health	Massachusetts
Genetics	Connecticut	Public Health	New York
Health Management	Pennsylvania	Social Work	Ohio
Immunology	Maine	Theology	Maine
MagD	Illinois	TMJ	Krems, Austria
MBA	New York		

Dental Doctorate

<u>Field of Study</u>	<u>State or Country</u>	<u>Field of Study</u>	<u>State or Country</u>
DDS	California (5)	Dentistry	California (2)
DDS	Connecticut (3)	Dentistry	Colorado
DDS	Georgia	Dentistry	Connecticut (3)
DDS	Halifax, Canada	Dentistry	Illinois (2)
DDS	Illinois (2)	Dentistry	Iowa
DDS	Iowa (4)	Dentistry	Massachusetts (13)
DDS	Kentucky	Dentistry	New Jersey (2)
DDS	Maryland (3)	Dentistry	New York (4)
DDS	Massachusetts (10)	Dentistry	Nova Scotia, Can. (2)
DDS	Michigan (4)	Dentistry	Ohio (3)
DDS	Minnesota (3)	Dentistry	Pennsylvania (3)
DDS	Nebraska (3)	DMD	Arizona
DDS	New York (14)	DMD	Connecticut 11)
DDS	North Carolina (3)	DMD	Kentucky
DDS	Nova Scotia, Can. (2)	DMD	Massachusetts (53)
DDS	Ohio (12)	DMD	Missouri
DDS	Pennsylvania (7)	DMD	New Jersey (5)
DDS	Texas (3)	DMD	Pennsylvania (23)
DDS	Virginia (2)	DMD	Quebec, Canada
DDS	Washington, DC (13)	Endodontics	Massachusetts
DDS	West Virginia (3)	General Dentistry	Connecticut/USA
DDS	Wisconsin	General Dentistry	Illinois
Dental	Canada	General Dentistry	Kentucky
Dental Medicine	Massachusetts (3)	General Dentistry	Maine (2)
Dental Medicine	Pennsylvania	General Dentistry	Massachusetts (20)

General Dentistry	Nebraska	General Dentistry	Washington, DC (3)
General Dentistry	New York (3)	General Dentistry	Wisconsin
General Dentistry	Nova Scotia, Canada	General, DMD	Connecticut
General Dentistry	Ohio	OMS	Massachusetts
General Dentistry	Pennsylvania (2)	Teeth	Massachusetts

Other Doctorates

<u>Field of Study</u>	<u>State or Country</u>	<u>Field of Study</u>	<u>State or Country</u>
Biochemistry	England	Medicine	Maine
CAGS	Massachusetts	MS, Orthodontics	Minnesota
Endodontist	Pennsylvania	Oral Surgery	Pennsylvania
FAGD	Illinois	Orthodontics	New York
JD Law	New Hampshire	Pediatric Specialty	Massachusetts
MD	Florida	Prosthodontics	Georgia
MD	Massachusetts (3)	Prosthodontics	New Jersey
MD	Nebraska	Surgery	Austria

Other Degrees

<u>Field of Study</u>	<u>State or Country</u>
AEGD	North Carolina
AEGD	Ohio
Anesthesia	Massachusetts
AS Flight Tech	Florida
Biochemistry, Post-Bac./BS Mechanical Eng.	Maine
Certificate in Orthodontics	Ohio
Certificate of Periodontics	Massachusetts
Certificate in Orthodontics (3-year program) w/ Master's	Connecticut
Certificate of Advanced Graduate Studies-Orthodontics	Massachusetts
Certificate of Advanced Graduate Study Specializing in Pediatric Dentistry	Massachusetts
Certificate of Periodontics	Massachusetts
Certificate of proficiency in Orthodontics	New York
Certificate: general practice residency	New York
Chartered Financial Analyst	Virginia
Dental Hygiene	Maine (2)
Dental Hygiene	Massachusetts
Dental residency	Maine
Electrical Engineering, 2 year, Endodontics	Massachusetts
Endodontics	Michigan
Fellow in Academy of General Dentistry	Maine
Fellow in the Academy of General Dentistry	Maine
Master Acad of Gen. Dentistry, Maxillofacial Prosthetic, Oncology Fellowship	Texas

Maxillofacial Surgery	Connecticut
MS	Ohio
Oral & Maxillofacial Surgery	New York
Oral & Maxillofacial Surgery	Washington
Orthodontics	Massachusetts
Ortho certificate	Massachusetts
Orthodontic spec. certificate	Pennsylvania
Orthodontics	New York
Orthodontics	Pennsylvania
Pediatric Dental Certification	Connecticut
Pediatric Dental Certification	Ohio
Pediatric Dental Certification	Connecticut
Pediatric Dentistry Residency	Pennsylvania
Pedodontics Certification	Michigan
Periodontics	Pennsylvania
Periodontics/Implants	Massachusetts
Prosthodontic residency	Texas
Residency	Nebraska
FRSH	London, England
GPR	Massachusetts
JD	New Jersey

Question 24

Indicate your future plans. “Other”

- Add associate in 1-5 years
- Buy practice
- Consultant
- Continue to practice
- Depends on what happens with dentistry
- Expect to purchase current practice within 5-10 years
- Expecting to purchase current practice from senior doctor, hire a new associate, keep current hours (possibly expand hours to one more day/week), practice for at least 25-30 more years
- Hire associate
- I'm 64 years old and still having fun
- Increase teaching and/or speaking
- Move out of the state of Maine
- Move practice to a new building within same city.
- Move to practice location out of state due to restrictive clause in current contract
- My son is in dental school
- Not ready to retire
- Only work in my office full time/leave second office
- Open a practice in 1-5 years
- Open additional locations
- Open another practice
- Open new office but continue with underserved population part time

Practice with normal hours except for maternity leave (probably about 2 1/2 months)
Reduce hours if I bring in an associate within 5 years, retire in 15 years
Relocate to another state
Retire 10-15 years
Retire within 10 years
Retired- work 2times per week from June to Oct.
Stay in Maine if I can find enough patients to keep my practice open
Stay in practice at least 20 years
Teach
Try to find work, presently looking in MA, ME, NY, RI
Unknown - may keep some hours but also work in private practice
Want to have a say in transition 1-5yrs

Question 25

In your experience, are there barriers that impede people's ability to obtain dental or dental hygiene services in your geographic area? "Other"

Don't care on part of patient,
Ability to pay for care (2)
Aging population - lack of good jobs
All of the above except language or cultural issues
Basically many patients want treatment for free
Cost of care (6)
Costs/income
Low income/high cost of service
Disposable income - none
Economic/financial barriers
Economic issues - There is not a lack of dentists in Maine
Economic issues/fear/lack of priority
Poor economy, poor job market (2)
Economics-low income = unable to afford care
Financially challenging for most people; especially without insurance
Indigent area, economy getting worse, no manufacturing jobs left, Maine is a welfare state!
Lack of awareness that FQHC dental program is available
Lack of dental clinic providing care for MaineCare and sliding fee patients
Lack of dental providers of any kind
Lack of dentist to take MaineCare
Dentist who will accept MaineCare
Lack of dentists in remote areas
Lack of dentists in rural areas, Lack of dentists accepting MaineCare
Lack of financial commitment or inability to afford (2)
Lack of any payment mechanism
Lack of income (6)
Lack of money (14)
Lack of money after rent, food, gas
Lack of money to pay for any services regardless of type of provider

Lack of sufficient income in a down economy
Lack the ability to pay either by not having insurance or more importantly not seeing the benefit
Level of reimbursement from MaineCare
Lack of MaineCare reimbursements sufficient to cover dental costs to providers thus few participate
Liberal ideas of entitlement when job creation is #1 issue
MaineCare - Poorly accepted by providers as it is underfunded and there is no accountability
Money - State reimbursement is pathetic for MaineCare
Poor MaineCare reimbursement
Lack of value or importance of dental care/leaving until it becomes an emergency
Lack of perceived value of services versus other things (cable TV, beer, vacations, etc.)
People would rather spend money on motorcycle, snowmobile, boat, new truck, etc.
Lack of personal finances being placed towards dental health
Limited discretionary funds
No value in a free service/no water fluoridation
Oral health takes a lower priority than other elective expenditures
Other offices' Medicaid policies
Patients do not value the importance of regular care.
Priorities
Public is not aware of the availability of CHC dentistry
Socioeconomic status
Some patients have no interest in their oral health. They have an access problem to free on demand
They don't want to spend the money or are afraid
They don't want to/can't pay for services
Total available funding
Unemployed
Fear and ignorance
Dental phobias
Fear of dental treatment (5)
Hygiene not covered for MaineCare patients

Question 26

In your experience what is the greatest unmet need for oral health services in your geographic area? "Other"

All needs are being met for patients who want it.
All needs can be met if finances are available
All to some degree
Needs are met
Needs are unmet due to patients not seeking care, not due to a shortage of providers
No money, poor area, ignorant drug-infested rural areas.
No unmet need
No unmet services
There are no unmet needs only the refusal to reimburse or pay for them
There are plenty of dentists and resources for all patient needs

They are all met
I am in a high income area with few unmet needs - so I am not sure how to rank these
I believe all are adequately available
In my particular area, all of these services are provided adequately.
Ongoing relationship with a dental home
Oral surgeons
Desire to go to the dentist - some people do not desire routine care
Education
Education dentally
Education, there is plenty of access to care, it's educating people to not go to the emergency room
Instruction in personal responsibility
Parents who will take care of their children's teeth
Patient apathy
Patient compliance
Patient's orientation to good dental health
Understanding of healthful habits/individuals role in own health
Lack of community coordinator to help with barriers
Anesthesia
Emergency services (3)
Extraction services
Fluoridation
Transportation for patients to dental offices, especially CHC who have many unfilled chairs
Free/on demand emergency dental services
Funding for dental work (2)
Good economy through job creation--best social program is a job
Jobs
Lack of patient's ability to pay for services
MaineCare practices
Management of occlusal issues
Money (2)

Question 27

In your opinion, what population groups are most in need of oral health services in your geographic area? "Other"

All need help
All of the above (6)
All population groups affected by lack of money equally
All these people have a local clinic for treatment
Everyone, because there is no viable economy here anymore, Welfare State mentality.
Fearful patients
I personally do not see any of these groups in need in my immediate area.
Insured individuals with poor reimbursement
It's about money and perceived need
MaineCare-insured adults

Males 17-32, "invincible group"

No way to know as plenty of practitioners are taking new patients.

Nursing home lack of dental care

Of the people that need dental services I have no way of ranking this.

People unwilling to pay for anything in health services

Some segments of all the above

The elderly are most in need

The Portland area is in need of services I assume - but I do not know the neediest population

What about illegal aliens and migrant workers?

Dental services are not a priority to many

Registered Dental Hygienists' Comments

Question 3

Describe your current primary (the location where you spend the most time) and secondary (if applicable) worksites. "Other"

Primary Worksite

Aspen Dental-corporate
Endodontic office
Enrolled student
Mental health dental clinic
Nonprofit, private practice
Not working currently
Pediatric medical office
Psychiatric hospital

Public Health WIC (2)
Public health: schools, homeless shelter, etc.
State
Volunteer at free clinic
Work for temp agency

Secondary Worksite

Periodontist
Youth corrections facility

Question 4

Please describe the dentist(s) for whom you work in your primary and secondary worksites. "Other"

Academic (2)
Community-based early intervention program
Dental assisting school
Dental hygiene academics working with multiple general dentists
Dental hygiene school (4)
Holistic and biological practice
I am currently working under Public Health Supervision--a general dentist
Multiple volunteers
No dentist working with me
None - Supervising dentist for public health dental hygiene is not on site
Pediatric (3)
PH supervision
Public Health - no dentist (2)
Tech school for dental assistants
The second site is a nonprofit public health preventive dental service
Work with dental hygiene students

Question 8

Please indicate your major tasks and roles as a RDH. Please indicate the NUMBER OF HOURS spent weekly on each activity. For clinical tasks, please indicate the level of supervision under which you generally work when performing each task.

Five hygienists in our facility, two deliver local and N2O. I see periodontic patients primarily. All activities overseen as clinical educator and under Maine law supervision levels per function. All under public health supervision
Assist the dentist with emergency patients

Assist the Dr. with surgery
 Diet/nutritional counseling
 Difficult to state how many hours any of the above are done weekly as I am an educator
 Direct intraoral care
 Director of a nonprofit
 Educator
 Fitting perm crowns, seeing emergency patients
 I do not work in the summer
 I volunteer at a free clinic with offsite dentist supervision
 Laser-post quad scaling
 Many of these are done occasionally, just not weekly
 Marketing of practice
 Non-contamination time extremely important
 Operatory and instrument clean-up
 Presentation on oral health initiative
 Program coordination
 Room care, instrument care
 Sterilization procedures (2)
 Surgical assistant
 Taking blood pressure, sterilization, writing charts, referrals, adjusting the schedule
 Teaching
 Testing and bacterial pathology
 Unable to provide hours, I work varied days, weeks and hours through the school year
 Varies greatly depending on schedule

Hours

1-2 Assistant in periodontics and implant surgery
 1-2 Calling next day patients, updating comp info, office work
 1-2 Clean up confirmation calls, sharpening instruments,
 1-2 Dentist administers anesthesia for SRP, when a no-show required to assist--some hands-
 on, more cleanup, setup
 1-2 Education - oral health classes
 1-2 Fabricate bleaching trays and instruct patient use
 1-2 Laser to treat periodontal disease
 1-2 Make appointments
 1-2 Management
 1-2 Medical history review/blood pressure
 1-2 Notes, 1-2 hours
 1-2 Outreach education daycare schools
 1-2 Program administration
 1-2 Rx review, med treatments
 1-2 Scheduling patients, instrument sterilization, stocking equip shelves

Question 10b

Indicate the location(s) in which you provide volunteer services. "Other"

Annual donated care
Back to School, Ellsworth
Brain Tumor Foundation, volunteer proceeds from half day
Bright Smiles
Dentist give back day - in our office
Dentistry with a Heart day (2)
Dentists with a Dream (profits) benefits, St Jude's Hospital/Brain tumor research
Events handing out toothbrushes, floss, paste
Free dental clinic
Free treatments for 1 day each year
Girl Scouts/Brownies
Head Start-education
Health care for homeless, COHP (Bright Smiles)
Homeless shelters (2)
I volunteer days in another FQHC seeing patients
In-office volunteering (3)
International dental volunteer group
Knox Dental clinic (3)
Lincoln County Dental Clinic
Lobby day Augusta, stand down clinics military and homeless
Local dental clinic
National Guard x-ray screenings
Oasis Dental Clinic (4)
Oral cancer screenings
Patients who have an elderly one at home
Preschool volunteer (2)
Public Health in schools
Services delivered through Saving Smiles, Inc.
Talking to school children during February
The Leavitt's Mill free health clinic
The Root Cellar
Volunteer clinic
We work out of a van at schools

Question 11a

Describe the reasons that securing employment is somewhat or very difficult. "Other"

Current state of economy (8)
Decline in demand for services due to poor economy and fewer patients with dental insurance
Dentists do not seem to advertise for hygienist, maybe there's little turn over.
Dentists like to hire part time
Depressed area

Economy - many offices have cut hours (2)
Economy - more hygienists working longer
Economy - patients don't have insurance. They don't come if very low income.
The current economy (3)
The economy in general has fewer patients receiving dental hygiene services
The economy isn't good. People not spending money on dental hygiene, therefore less need for hygienists
Slow economy, patients not keeping or making appointments for care, students come from all over the country not just Maine
Recession, RDHs staying at their current jobs; dentists hiring part time only; somewhat too many hygienists in the area
Most dental offices have had some slow down with the economy. Very little hiring going on
Most offices have several part-time DH's and full-time work is hard to find.
Too few patients that can afford care
Loss of patients due to economy and finances
People are losing their dental insurance coverage, so there are less active patients in Maine practices.
Not enough paying patients to fully staff all dentists in Maine. Lack of education in surrounding population
Not enough people seeking preventative care for many reasons-less RDH jobs needed
Few jobs so established RDHs stay in their jobs 20+years, after 6 months a new dentist needed someone so I was hired.
Hygienist are keeping their full-time jobs and not going part time or retiring (2)
Hygienist working longer and hard to find full-time job versus half days a week
Hygienists are practicing longer and not leaving offices due to lack of employment
Hygienists are staying in their jobs rather than moving around.
Hygienists are working more years and field is saturated.
I live more rural where there seems to be a balance here with dentists/ RDH, probably need more dentists-I work in the city where there is a RDH school -more graduates looking for jobs, also more of a concentration of dentists but generally more RDH's
In our office there are many no-shows or cancellations which made our office go from 32-34 hours down to 24 or less
Job availability
Limited by license from working in hospitals, nursing homes and homeless shelters
New grads can't get jobs - Lack of experience (4)
The last full-time job I applied for had 50+ applicants
There should be dental clinics where TRAINED RDH's could work providing supervised dentistry.
Usually jobs are not posted jobs given in office
Older hygienists are working longer and not retiring.
Older practices with staff retention
Once a hygienist finds a dentist she/he likes they're unlikely to move from their job
Practices are not expanding and RDH's not leaving positions
RDH's staying in profession longer than ever before possibly due to economy
Rural areas/not enough dentists and too many hygienists
Local dentists nearing retirement and are not expanding practices in this weak economy

Shortage of dentists in state

The costs for a hygienist to set up a rural practice are challenging. It would be nice to see some grants for this as there are for dentists to set up a practice and to encourage people to live in a rural setting.

Dentists retiring and working fewer hours

Dentists using several part-time hygienists to avoid paying benefits (2)

Too few patients that can afford care

Unfair controls by BODE- limiting growth of professional RDHs to obtain Practitioner degrees – similar to Minnesota.

Being controlled by the dental board as to where and how we can provide prevention services blocks many avenues for employment

No health insurance, no incentives, personalities of dentists

None of the above explains the reasons why securing employment is difficult. In a different model there would be plenty of work for all of the RDH's in Maine

No jobs to apply for!

I don't know

Question 14

Please indicate your future plans for the next five years. “Other”

Also getting EFDA license 5/2013

Applying to dental school at UNE (2)

Become a dentist

Considering dental school

Dental school (2)

I would love to become a midlevel hygienist to serve the needs of my community. If unable to do so, I will have to seriously reconsider dental school. Many challenges present themselves since I would be a non-traditional student.

Finishing my BS, currently hoping to open more doors for more opportunities

Obtain BS and possible teach, public health or independent

Graduate with BS in Dental Hygiene; teach in clinic setting, DH Programs

If allowed- master's degree in ADHP- advanced dental hygiene practitioner

Obtain a master's degree

Possibly further my education

Consulting and education

Husband's job may cause me to move

Currently temping

I work for per diem and am exploring other employment options. There are not many good ones!

I'm trying to find more hours as a hygienist-if not I may seek another type of job

Increase my hours after my little ones are in school

Become full time in the pedodontist's office I am currently working in

I expect to remain in my current position and hopefully gain more employment.

I hope to acquire a position in private practice in the near future, but because of the extreme lack of opportunity I will continue to practice under public health supervision for the next few years out of necessity and may change careers within 5 years

I hope to become a dental hygiene educator (2)

I may look into working in a nursing home on my day off
I recently received my IPDH, would like to open own practice (2)
I would like to work in dental research.
I would love to work in the schools full time but concerned about lack of funding
Moving west with intentions of practicing as an RDH, initially beginning with volunteer at
dental clinic located in a hospital for the uninsured, unemployed and underprivileged
My dentist may be retiring? Hope to find another job locally if a position is available. Not many
openings in this area.
Both dentists nearing retirement
Not sure

Question 20

Please indicate your highest level of completed education. "Other"

Associate, but working on my bachelor's
BS in different field
I have 2 BS degrees premed and dental hygiene
Numerous continuing education courses yearly! (48 hours +/-year)
One semester away from my BS
Public Health Certificate
Anesthesia license

Question 22

In your opinion, what population groups are most in need of oral health services in your geographic area? "Other" (1 being neediest)

All neediest except homeless
All neediest except MaineCare-insured children (3)
All the above should be 1's (6)
Aroostook County families
Homeless have good services in Portland
Middle-income adults who don't qualify for the "give-away" programs and have to pay for their
own insurance
Middle income families who have lost jobs recently
Patients with current medical challenges

Question 23

In your experience what is the greatest unmet need for oral health services in your geographic area? "Other" (1 being the most important unmet need)

Advocates
All are most important unmet need (5)
All equal - about a 3
All should be 5's
Care for confined elderly
Desire for health

Emergency care
Lack of access to care
Low-income adult services
Major restorations
Mobile dental units
More dentists
Need more dentists who will take MaineCare
No practice but ours accepting new patients
Not enough dentists
Oral cancer screening
Oral surgery and pedodontic services
Orthodontics
Orthodontics for people with extreme crowding
Periodontic therapy
Reasonable prices for treatment
Very few dentists take MaineCare as the fees are so low and have not changed in several years.
While kids are in school K-12 there should be dental chairs in the schools to do screenings.

RDHs Working Under PHS Status Comments

Question 26

How often did you use public health supervision status in the past? “Other”

100% of the time as public health RDH until 3 weeks ago when we hired a new dentist.

For over 20 years I went to four elementary schools to do education.

I was working under a federal grant

Once a year

Part-time job

Weekly

Worked with mobile hygiene van for a short time

Question 28

In what settings do you typically work under public health supervision status? “Other”

FQHC (2)

Head Start

Homeless shelters (3)

Medical centers (2)

Doctor’s office

Pediatric medical office

WIC (2)

School classrooms sometimes for education (2)

Nonprofit programs

Community health center

Free dental clinic (2)

Free health clinic

Tooth Protectors/Traveling/Medical Offices

Root Cellar Community Center

Community center

Maine Coast Community Dental Clinic when there was no dentist.

Weekend clinics

Dental van at schools

Dental clinic without a dentist

Private practice dental office

Period of time for FQHC when gap in two dentists being employed by the center

Dental sealant program with ACAP

Lobby day

Question 29

Indicate your reason(s) for practicing under public health supervision status? “Other”

I have found private practice is too focused on money. (I hate private practice for that reason).

I just love to clean teeth. Quit my 30 year job - doctor’s concern for \$ more than quality of care.

Necessity due to a major lack of job opportunities in private dental offices.

Enjoyed working as a peer with dentist - we had a common employer.
Limited jobs in private practices
Maintain employment
Necessity for working with ACAP
Needed employment
Needed more money
No other options
Paid jobs
School project (2)
Very concerned about homeless access to care
Weekend work

Question 30

Indicate how the non-volunteer services you provide when working under public health supervision status are paid “Other”

The practice pays me, I primarily see MaineCare children and we bill them.

Question 31

In your work as a RDH under public health supervision status, how often do you provide the following services? “Other”

Administrative
Home care instructions
I see babies with their first tooth in hopes of helping their providers keep them caries free.
Place temporary fillings

Question 32

Would it be helpful to have a more expensive scope of practice when providing services under public health supervision status?

I would like to be able to call decay, decay.
With proper training and education, I can see a need in the public health setting for simple extractions of baby teeth, as well as fillings. I can usually readily refer in Portland, but in rural areas, I think this is a critical need.

Currently we must notify the Maine Board of Dental Examiners of locations where services will be provided. There have been several times for me when asked to provide services in a location that I had to decline because of the notification process. Contacting previous dental providers to get approval to see a patient is very restrictive and time consuming. If a parent wants a child to have preventative services we should be doing everything we can to provide that service and not delay to contact previous provider for permission for treatment.

I think that it would be easier without public health supervision and start getting the advanced practice dental hygienist out there. Our state board is primarily made up of dentists. We need to be trained to do our work on our own.

The world health organization views the temporary fillings we place as permanent. It would be nice if the state of Maine also viewed them the same. If that were the case we would decrease the time we spend looking for permanent filling placement. To my mind it is redundant and a waste of our resources.

We had to get our radiology license to be a dental hygienist and the dental board has no right to take that away because I practice outside their office. They claim that radiographs are for diagnostics only; I feel they are for identification purposes that can better serve that patient. This is just another way for the dentist to try to force people into their practices for their prevention services. Again, self-regulation would expand the services that people need in order to prevent oral disease.

I don't work under public health supervision status anymore, but it would be easier as a hygienist to provide services such as oral inspections and fluoride varnish w/out general or direct supervision needed by a dentist.

Extractions and restorations.

I would like to be able to diagnose radiographs and provide basic restorations.

Placing temporary fillings.

Remove loose, exfoliating primary teeth with topical anesthesia.

Temporary fillings are currently permitted but we are not able to be paid for them. This would really help us as a nonprofit.

X-rays, access to dental services not just prophylaxis e.g. fillings, crown, etc.

Administer local anesthesia.

Bill insurance companies.

Brush biopsies.

Remove public health notification and reporting procedures. What RDH provides is written in patients charts.

Simple extractions. (2)

Bill out for elderly cleanings thru MaineCare.

Dental hygiene diagnosis! (3)

Diagnose w/ radiographs- send out referrals.

Emergency triage (dental and oral).

Give anesthetic without dentist in the house. (2)

Occlusal restorations.

Take radiographs without supervision. (2)

Temporary fillings. (2)

Able to write prescriptions. (2)

Advanced hygiene practitioner (AHP). Master's degree level only. Not expanded hygiene service.

I had never placed or been shown how to place a temporary restoration.

Independent practice with financial assistance (it is very expensive to set-up a hygiene practice plus malpractice insurance.

Not sure, but I believe it would be good to have a expansive scope of practice.

Prophy, fluoride.

X-Rays (4)

Question 33

Indicate the types of patients you typically treat when you are working under public health supervision status. "Other"

All 2nd and 3rd graders are eligible for sealant program at no cost.

Other children.

Question 34

Indicate your referral practice for patients in need of dental services. "Other"

Often we will make the appointment and take the patient!

We have two caseworkers who facilitate the referrals.

Work with our program's case manager.

Send referrals home to parents or call parents when there is gross need.

School nurse handles those in need of services.

Do not do referrals.

Gave referral to parent.

I currently work with a dentist; if they see me, they are seeing a dentist too.

Provided name of dentist.

Sent letter home with child with suggestions to take child to dentist.

The employing RDH worked with patients to find dentists.

Worked with the school nurse to find a dentist to provide care.

Question 35

Describe the overall level of difficulty you encounter in finding a dentist to accept referrals for dental services in your geographic area. "Very Difficult"

Most dentists are not taking new patients.

Not taking new patients, or new MaineCare patients.

Independent Practice Dental Hygienists' Comments

Question 5

**What percent of your work time is spent providing services in the following locations?
“Other”**

1-10%	Denture center
26-50%	Public health/school settings
51-75%	Independent dental hygiene office
51-75%	My own IPDH office

Question 6

Indicate the percent of your weekly work time spent doing the following. “Other”

Maintenance, set up, clean up- only person there! (did not indicate % of time)

Program management. (did not indicate % of time)

Question 11

Indicate your referral practices for patients in need of dental services. “Other”

Very few are on my list.

I provide a referral to the nursing staff at the nursing home facility.

Referred to social services, they take it from there.

Question 12

Indicate how you are compensated for the services you provide. “Other”

Patient self-pays when working as IPDH, hourly wage when working for a dentist at private practice.

Question 16

Indicate your reasons for selecting practice as an IPDH. “Other”

Help access to quality care and reduce costs and be able to practice prevention as it should be.

Concerned with lack of care for elderly in home or facility.

Getting involved with passing laws for future RDH/IPDH.

Question 17

In your experience, what are patients' attitudes towards receiving services from an IPDH?

“Other”

Many don't care that I'm not a dentist - but I will see them and am close so they can make appointments.

Most are very happy I am available to do what I do.
Sons and daughters are thrilled to have care for their disabled parents.
They think it is great that I am running an office and doing hygiene.

Question 19b

Indicate the location(s) in which you provide volunteer services. “Other”

Mostly community volunteering but some on a state level also.

Volunteer to provide input and discussions in how to improve dental care access in nursing homes.

Question 28

Please indicate your future plans for the next five years. “Other”

I am working hard to be one of the first Maine DH Therapists - licensed, minimal supervision.
I expect to continue working for a dentist (to get my health insurance) and will continue with and expand my IPDH practice for the elderly and homebound.

Own business, Master's - advanced dental therapist

Advance as much as possible.

I expect to be a full-time IPDH.

I plan to enter dental school.

Eventually open my own independent practice.

Question 30

In your opinion, what population groups are most in need of oral health services in your geographic area? “Other”

In this area, all ages are in need.

Question 31

Describe strategies/policy initiatives that might help to address unmet dental need in your geographic area.

Don't let the Board restrict our services to all clients. They are passing a rule at the July board meeting that wants us to service public health supervision clients out of our office site i.e. PHS status client can't come to our office. They also want to restrict our services to children in schools unless we have checked with their family dentist to make sure we have the dentist's permission.

I feel that at least preventive dental care should be covered by MaineCare and Medicare for seniors. It would also be helpful to have nursing homes and assisted living facilities to be required to provide a space or room for in house dental services. This would hopefully help to encourage dentists to look at this aging population and the best ways to serve them. I would love to be able to take x-rays and would like to participate in the pilot program but do not have the

personal funds to purchase a portable x-ray machine. There should be some funding to assist with this process.

Advanced dental hygiene therapist to help at nursing home resident's oral care - IN-House! Local anesthesia, radiographs, extraction of single tooth, broken root-tips, relin/ adjust denture partials, restore 1-2 surface restoration. Our residents have very complex needs, very limited resources and very limited mobility.

Access to care and providers accepting MaineCare or reasonable fee's to uninsured individuals. IPDH. Midlevel dental practitioners.

Access, cost/reimbursement- the list seems endless and getting worse- have to get going sooner than later.

Incentives for dentists to accept MaineCare in private offices. Increased reimbursement for restorative services.

Self-regulation for dental hygiene licensed professionals.

A government grant for an IPDH at the local hospital, The IPDH needs full benefits and to be able to get wages for the work she/he performs.

Question 32

In your experience what is the greatest unmet need for oral health services in your geographic area? "Other"

Emergency/infection/pain treatment other than ED.

All most important unmet need.

Question 33

Rank the 5 most significant barriers impeding oral health access in your geographic area, from 1 to 5 with 1 being the most significant barrier. "Other"

Lack of affordable preventive care.

Expanded Function Dental Assistants' Comments

Question 5

Please describe the dentist(s) for whom you work in your primary and secondary worksites. "Other"

Does limited orthodontics, a lot of pedodontics, and strong focus on prevention and public health.

Question 7

Indicate the reason(s) you became an EFDA. "Other"

Not enough services are delegated to auxiliaries and I will train for anything the state will allow. Educator in dental health.

Question 8

How did you pay for your EFDA training course(s)?

I paid for course and getting reimbursed 75% over 4 years.

Employer paid and I paid back over time.

Employer paid then I earned the \$ back.

Question 9

Indicate the percent of your total weekly work time spent providing the following clinical services to patients. "Other"

11-20%	place and contour composite restorations
41-50%	place composites
More than 50%	place, trim and adjust composite fillings
41-50%	place and contour composite restorations
0%	I'm also a dental hygienist. I only did this so I could place filling material and carve it.
31-40%	place composites restorations
1-10%	place and contour composites
1-10%	place composite and contour

Question 14

Indicate your race. "Other"

White-Hispanic

Question 16

Please indicate your highest level of completed education. “Other”

Some college

Appendix B

The following tables use data from the four surveys to display comparisons across oral health professions.

The first table lists dentists, RDHs, RDHs working under PHS status, IPDHS, and EFDAs by work settings and by practice characteristics.

The second table compares the rankings of the various oral health professionals of the populations most in need of oral health services in Maine.

The third table compares the rankings of the various oral health professionals of the greatest unmet need for oral health services in Maine.

The fourth table compares the geographic locations of all oral health professionals in Maine.

The following table shows the location of dentists who were working with EFDAs, RDHs working under PHS status, and IPDHs; and the locations of RDHs, RDHs working under PHS status, IPDHs, and EFDAs in Maine.

Table 82. Percent of Oral Health Professionals by Setting and by Participation with New Workforce Models, Maine, 2012

Settings	Percent of Dentists' Primary Worksite	Percent of Dentists' Secondary Worksite	Percent of Dentists Who Worked with EFDAs	Dentists Who Supervised RDHs under PHS Status	Dentists Who Accepted Referrals from RDHs under PHS Status	Dentists Who Accepted Referrals from IPDHs
Private Dental Practice - Solo	55.4%	2.9%	44.1%	59.6%	52.4%	62.6%
Private Dental Practice - Group	33.3%	4.0%	32.2%	21.2%	29.5%	27.8%
Federally Qualified Health Center	4.1%	2.0%	10.2%	13.5%	6.7%	3.5%
Community/Migrant/Rural Dental Clinic	3.5%	1.4%	8.5%	3.8%	8.6%	3.5%
Indian Health Services	0.3%	0.3%	0.0%	1.9%	0.0%	0.0%
School-Based Dental Program	0.3%	2.3%	0.0%	0.0%	0.0%	0.0%
Academic/Educational Institution	0.3%	0.3%	0.0%	0.0%	0.0%	0.0%
Nursing Home/Long-Term Care	0.3%	1.4%	0.0%	0.0%	0.0%	0.0%
Veterans Hospital	0.6%	0.3%	1.7%	0.0%	0.0%	0.0%
Other	2.0%	3.7%	3.4%	0.0%	2.9%	1.8%
Totals	100.0%	18.6%	100.1%	100.0%	100.1%	99.2%
Settings	Percent of RDHs Primary Worksite	Percent of RDHs Secondary Worksite	Percent of RDHs under PHS Status	Percent of IPDHs	Percent of EFDAs Primary Worksite	Percent of EFDAs Secondary Worksite
Private Dental Practice - Solo	53.7%	6.0%	0.0%	71.4%	50.0%	12.5%
Private Dental Practice - Group	28.7%	3.9%	0.0%	28.6%	25.0%	0.0%
Federally Qualified Health Center	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Community/Migrant/Rural Dental Clinic	1.8%	1.2%	0.0%	0.0%	12.5%	6.3%
Indian Health Services	0.9%	9.0%	0.0%	0.0%	0.0%	0.0%
School-Based Dental Program	3.3%	3.3%	90.6%	7.1%	0.0%	0.0%
Academic/Educational Institution	3.0%	1.8%	0.0%	0.0%	12.5%	6.3%
Nursing Home/Long-Term Care	0.0%	0.0%	3.1%	21.4%	0.0%	0.0%
Veterans Hospital	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	3.9%	0.6%	40.7%	42.9%	0.0%	0.0%
Totals	100.1%	25.8%	*	*	100.0%	25.1%

Source: CHWS, 2012, Surveys. Note * Totals exceed 100% because IPDHs and RDHs under PHS worked in multiple settings.

The various surveys asked respondents to rank the populations in Maine who were most in need of dental services in their geographic areas. Respondents were provided a list of population groups to rank on a 5-point Likert Scale, from neediest to least needy. The responses to this question were weighted with a mean weighted score, with closest to 5 indicating the neediest populations. There was variation in the rankings across the professions but the professions mainly agreed that low-income children and low-income adults were among the neediest populations in the state.

Dentists and RDHs ranked “other” populations described as all of the listed populations as most in need of oral health services. RDHs and IPDHs ranked MaineCare-insured children as among the neediest populations in Maine, but dentists and EFDAs did not identify these children as being as needy as other groups in Maine.

Table 83. Mean Ranking of Populations Most in Need of Oral Health Services by Profession, in Maine 2012

Patients	Professional Rankings of Need			
	Dentists	RDHs	IPDHs	EFDAs
Low-income children (0 to 18 years)	4.08	3.85	4.30	4.42
Low-income adults (19 to 64 years)	3.72	3.38	2.43	3.75
Low-income older adults (65 years and older)	2.88	2.76	3.13	2.83
Uninsured children	3.05	3.45	2.43	2.62
Uninsured adults	2.65	2.78	2.25	2.21
MaineCare-insured children	2.49	3.14	3.63	1.00
Confined elderly	2.77	2.71	3.45	2.75
People with special needs	2.48	2.40	2.00	2.50
Homeless people	2.87	2.96	3.00	3.00
Other	4.19	4.60	1.00	2.00

Source: CHWS, 2012, Surveys of Dentists, RDHs, IPDHs, and EFDAs.

Dentists ranked restorative services and then preventive services as the greatest unmet oral health needs in Maine. RDHs and IPDHs ranked preventive services followed by restorative services as the most important unmet needs in Maine. Responses were weighted such that a mean score of 5 would indicate the greatest unmet need for a service.

Table 84. Mean Ranking of the Greatest Unmet Need for Oral Health Services by Profession, in Maine, 2012

Patients	Professional Rankings		
	Dentists	RDHs	IPDHs
Preventive services	3.81	4.01	4.43
Restorative services	3.92	3.78	3.64
Oral health education	3.54	3.39	3.50
Specialty dental services	2.79	2.74	2.64
Other	3.66	2.33	2.75

Source: CHWS, 2012, Surveys of Dentists, RDHs, IPDHs, and EFDAs.

The following table compares the geographic locations of oral health workforces in Maine.

Table 85. Geographic Location of Oral Health Workforce in Maine by RUCA Code,* 2012

Type of Oral Health Professionals	Metropolitan	Micropolitan	Small Town	Rural
Dentists	51.5%	23.4%	11.7%	13.5%
RDHs	52.4%	18.6%	13.2%	15.8%
RDHs under PHS status	44.2%	15.6%	19.5%	20.8%
IPDHs	35.7%	14.3%	7.1%	42.9%
EFDAs	75.0%	6.3%	0.0%	18.0%

Source: CHWS, 2012 Surveys.

* Note: RUCA codes are a comparatively new Census tract-based classification scheme that utilizes the standard Census Bureau Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts. The metropolitan classification includes areas where there is an urban cluster of 50,000 or more people. The micropolitan classification includes areas where there is a cluster of 10,000 or more people. Small towns include areas with at least 2,500 residents and rural areas comprise settlements with fewer than 2,500 residents. (See USDA Economic Research Service <http://webarchives.cdlib.org/sw15d8pg7m/http://www.ers.usda.gov/briefing/Rurality/MicropolitanAreas/>).

Appendix C: RDHs Working under PHS Status

The ME BDE collects data from RDHs working under PHS status about the number of patients they screen and to whom they provide clinical services as well as the locations in which those services are provided. The following lists and table provide summary information about these services. The data that are reported were supplied by the ME BDE to the Center for this report.

RDHs working under PHS status have served patients in a variety of settings. The following lists are locations where services were provided by County beginning in 2002 through 2011.

ANDROSCOGGIN COUNTY

Abused Women's Advocacy Project
Advocates for Children
Androscoggin Head Start/ Tri-Town Center
Auburn Head Start
Auburn Middle School Health Center
Auburn School District
Auburn WIC
B Street Clinic
B Street Dental
B Street Head Start
Boys & Girls Club
Bruce Whittier Middle School
Carrie Ricker School
Clover Manor
Coburn Head Start
Common ties Mental Health Coalition
Community Concepts
Dental Office of Roger Kay, DDS for Livermore
Elementary
D'Youville Pavilion
Early Head Start
East Auburn Elementary
Edward Little High School Health Center
Elm Street Elementary
Fairview Elementary
Governor Longley Elementary
Hillview Apartments-Lewiston Housing
Authority
Hillview Head Start
Jay School District
Lake Street School
Langley Elementary
Lewiston Head Start
Lewiston School District
Libby Tozier School
Lincoln Elementary
Lisbon Community School
Lisbon Head Start
Litchfield Elementary
Livermore Schools

Livermore Falls Schools
Livermore Head Start
Margaret Murphy Center
Martel Schools
Minot Consolidated School
Montello Schools
MSAD # 52
Multi-Purpose Child Care/Head Start
New Beginnings Shelter
Park Avenue Elementary
Pettingill Elementary
Pittston Consolidated
Poland Community School
Poland Regional High School
River Street Head Start
Roger Kay's Office
"RSU # 10 District Home-Mexico covering:
Buckfield Jr./Sr. High, Dirigo Elementary[Peru];
Dirigo High School [Dixfield]; Hartford-
Sumner"[Sumner];
T. W. Kelly"Dirigo Middle School Dixfield];
Meroby Elementary [Mexico];"
Mountain Valley High School [Rumford];"
Mountain Valley Middle School [Rumford];
Pennacook Learning Center [Rumford];"
Rumford Elementary [Rumford]""
Sabattus Central School
Sacopee Valley High School
SAD # 36
SAD # 44
SAD # 52 Central office-Turner covering:
Greene Central Schools;
Leavitt Area HS; Leeds Central School;
Tripp Middle; Turner Elem & Turner Primary
SAD 6, 35, 55, 60, & 72 (Auburn, Lewiston,
Sanford, & Westbrook)
Sandcastle Day Care
Sandcastle Pre-school
Sherwood Heights School
Spruce Mountain High School
The Center for Women's Wisdom
Tri County Mental Health Services

Trinity Jubilee Center
Turner Head Start
Union # 44
Wales Central School
Walton Schools
Walton Head Start
Washburn Schools
Washburn Head Start
Western Maine CAP

AROOSTOOK COUNTY

Aroostook County Elementary Schools
Aroostook WIC
Ashland Elementary
Ashland Head Start
Ashland WIC
Benedicta Elementary
Bird Street Head Start
Bridgewater School
Caribou Center
Caribou Head Start
Caribou WIC
Connor Consolidated
Danforth Head Start
Danforth WIC
Dr. Levesque Elementary School
Dyer Brook Head Start
Dyer Brook High School
Eagle Lake Elementary/Jr. High
Eagle Lake WIC
East Grand Head Start
East Grand High School
Easton Elementary
Fort Fairfield Schools
Fort Fairfield Head Start
Fort Fairfield WIC
Fort Kent Schools
Fort Kent Head Start
Fort Kent WIC
Fort Street School
Gateway Elem

Hilltop Elementary
Hodgdon Elementary
Houlton Schools
Houlton Head Start
Houlton Home Based Head Start
Houlton North Street Head Start
Houlton Southside School
Houlton WIC
Island Falls WIC Clinic
Katahdin Elementary
Little Feather Pre-School
Little Feathers Head Start
Madawaska Elementary School
Madawaska WIC
Maliseet Head Start
Maliseet High School
Mapleton Elementary
Mars Hill Head Start
Mars Hill Schools
Mars Hill WIC Clinic
MicMac Head Start
New Sweden Consolidated
New Sweden Schools
North Street Head Start
Park Street Head Start
Patrick Theriault School
Pine Street Schools
Presque Island WIC Clinic
Presque Isle Rehabilitation & Nursing Center
Presque Isle Head Start
Presque Isle High School
River Street Elementary
Saint Francis Elementary
South Aroostook Consolidated
Southern Aroostook Community School
Southern Aroostook Home-based Head Start
St John Valley Dental
Teague Park Schools
Van Buren Head Start
Van Buren WIC
Wallagrass Elementary
Washburn District Elementary

Washburn Head Start
Washburn WIC
Wellington School
Woodland Consolidated
Woodland Elementary
Zippel Schools

CUMBERLAND COUNTY

Air National Guard
Baldwin Consolidated
Baldwin Schools
Barron Center
Barron Center Nursing Home
Barron/Reiche Clinic
Berwick Head Start
Box Factory
Boys & Girls Club
Brentwood Rehab
Bridgton Dental Hygiene Care
Bridgton Head Start
Bridgton WIC
Bridgton Youth Alternatives
Brown Elementary
Brown Street WIC
Brunswick Head Start
Canal Elementary
Casco Bay High School
Casco Head Start
Casco WIC
Cathedral School
Catherine Morrill Day Nursery
Children's Dental Clinic
Children's Volunteer Dental Clinic
City Health Stations
City of Portland Dental Clinic
Citywide
Clifford/Ocean Avenue Schools
Congin Elementary
Cornish Elementary
Cumberland & York County Nursing Homes
Deering High School

Deering Place
Deering WIC
East End Community School
East End Schools
East End Screening
Edna Libby Schools
Fairfield Elementary
Falmouth High School
Food Shelter
Frank I. Brown Elementary
Fred Morrill Elementary
Freeport Nursing Home
George E. Jack School
Girls Transitional
Gorham School District
Gorham WIC
Gray WIC
Greater Portland PEDS
Greely High School
Hall Schools
Harrison Elementary
Health Store
Hiram Elementary
Homeless Health
HUD Stand Down Clinic @ Air Nat'l Guard
Station
Hunger Clinic
James Otis Kaler School
King Middle School
Lake Region High School
Lincoln Schools
Longfellow School
Lyman Moore Middle School
Lyseth Elementary School
Mahoney Middle School
Maine Mall
Maine Medical OBG
Maine Medical Peds
Maine Medical Center Clinic
Maine Stay
Memorial Middle School
Midcoast Hunger Prevention Program

MMC Pediatric Clinic
Moore Middle School
Mt. Ararat Middle School
Narragansett Elementary
Nathan Clifford School
North Berwick Head Start
Ocean Avenue School
Otisfield Elementary School
Park Place
Peaks Island Schools
Plummer Motz School
Port Resources
Portland Elementary Schools:Adams, Cathedral,
Clifford, Hall,Longfellow, Lyseth, Peaks Island,
Presumpscot, Riverton, St. Patrick's, St. Joseph's
Portland Family Health Store"
Portland High School
Portland House
Portland Pediatrics
Preble St. Clinic
Presumpscot Schools
Prides Corner Elem
Pride's Corner Schools
PROP Daycares
PROP Early Head Start
PROP Head Starts
Raymond Elementary
Reardon's Place
Reiche Clinic
Reiche Health Station
Reiche Schools
Reiche/Preble Clinic
Riverton City Wide
Riverton Schools
Riverton Screening
Riverton WIC
Root Cellar
Saccarappa Schools
Saco House
Saco Sweetser
Sacopee Valley Schools
SAD # 6 : Edna Libby and H.B. Emery Schools

SAD # 6, # 55, # 72, SCARBOROUGH, Westbrook
& Windham Schools
SAD # 6, # 55, # 72, SCARBOROUGH, Westbrook
& Windham Schools
SAD # 6, # 55, # 72, SCARBOROUGH, Westbrook
& Windham Schools
SAD 6, 35, 55, 60, & 72 (AUBURN, Lewiston,
Sanford & Westbrook)
"SAD 6, 55 and Lime School"
Sagamore WIC
Scarborough WIC
Sebago Elementary
Sebago WIC
Songo Locks School
South Hiram Elementary
South Portland Boys & Girls Club
South Portland WIC
St. Brigid's School
St. Elizabeth's Child Development Center
St. Elizabeth's Daycare
St. Joseph's Manor
St. Joseph's School
St. Patrick's School
Steep Falls Elementary
The Box Factory Homeless Health
Village Elementary
West School
Westbrook Pediatric Office
Westbrook Schools
Westbrook WIC
Westcott Jr High
White Rock Elementary
Windham WIC
Woodfords Family Services
Yarmouth WIC
Youth Alternatives Steps Program
Youth Builders, Inc

FRANKLIN COUNTY

Cascade Brook School
Community Concepts

Strong Dental Center
East Wilton WIC
Franklin City Dental
Hartford Elementary
Hartford-Summer
Health Fair
Jay Schools
Kingfield Elementary
Livermore Schools
Livermore Head Start
Phillips Elementary
SAD # 9 covering: Mt. Blue High School; Mt.
Blue Middle School
Strong Schools
W.G. Mallett School
Wilton WIC
Wilton Family Practice

HANCOCK COUNTY

Adams School
Blue Hill Consolidated
Brooksville Elementary
Buxport Head Start
Child & Family Opportunities
Dedham School
Dr. Caddoo's office
Ellsworth Head Start
Frenchboro Elementary
G. Herbert Jewett School
Hancock Elementary
Lamoine School
Maine Coast Community Dental Clinic
Maine Coast Community Portable Dental Clinic
Maine Coast Pediatrics
Miles Lane School
Mt View School
Stonington Head Start
Sullivan Head Start
Sullivan WIC
Surry Elementary School
Swans Island School

KENNEBEC COUNTY

Albion Elementary
Atwood Schools
Atwood Tapley School
Atwood/Williams School
Auburn, Augusta, Biddeford, Boothbay, Kittery,
Norway, Sacoppe Valley, York County Schools
and WIC programs
Augusta Boys & Girls Club
Augusta Head Start
Augusta Rehab
Augusta Schools
Augusta WIC
B.B. Head Start
Belgrade Central School
Benton Elementary
Big Brothers/Big Sisters
Carrie Ricker Middle School
Chelsea Elementary
China Head Start
China Primary School
Clinton Elementary
Cony High School
Dental2U
Fairfield Primary
Farrington Schools
Gardiner Head Start
Gardiner Middle School
Gardiner Rec Club
George Mitchell School
Gilbert School
Gray Birch
H L Cottrell Schools
Hall-Dale Schools
Hallowell Elementary
Hartland School
Health Reach
Healthy Futures
Helen Thompson School
Henry Cottrell School
Hodgkins School

Hussey Schools
James H. Bean School
KVCAP/WIC
KVCAP-Head start
Lakeview DayCare
Laura E. Richards School
Lawrence High School
Lawrence Jr. High
Libby-Tozier School
Lincoln Schools
Magic Years Head Start
Maine Autism Society
Maine General Hosp Rehab & Nursing Care
Maranacook Schools
MDHA Lobby Day - Hall of Flags
Messalonskee Middle School
Monmouth Academy
Monmouth Schools
Mount Saint Joseph Nursing Home
MSAD # 11 (Gardiner Schools)
MSAD 11
MSAD 16
Nursing Home
Pittston Consolidated Schools
Richmond Health Center
River View Community School
Riverview Schools
RSU # 12 (formerly Union # 132)
RSU # 12 (formerly Union # 133)
SAD # 16
SAD # 44
Saint Joseph Manor
Skowhegan Community Ctr
South Gardiner Head Start
Spurwink School
State House
Teresa C. Hamlin School
Togus VA
Vassalboro Community School
Wales Elem
Waterville Alternative Education
Waterville Schools

Waterville Pediatrics
Waterville WIC
Webster Head Start
Whitefield Elementary
Williams School
Windsor Elementary
Winslow Elementary
Winthrop Schools
Winthrop Head Start
Winthrop WIC

KNOX COUNTY

Bangor Homeless Shelter
Camden-Rockport Elementary
Friendship Village School
Hussey Elementary
ICMS Dental Clinic
Knox County Health Clinic
Prescott Memorial School
Rockland Elementary
Rockland Head Start
Rockland High School
South School
Union Elementary
Union Head Start
Vinalhaven School
Warren Community School

LINCOLN COUNTY

Auburn, Augusta, Biddeford, Boothbay, Kittery,
Norway, Sacope Valley, York County Schools
and WIC programs
BERT BEVERLY, MD
Boothbay Region Elementary
Damariscotta Head Start
Dresden Schools
Edgecomb School
Family Health Center
Great Salt Bay Community School
Great Salt Bay School

Jefferson Village School
Lincoln Academy
Medomak Valley High School
Mid Coast Dental Hygiene Services
Miller Grade School
Somerville Elementary
St. Andrews Hospital
Waldoboro Head Start
Warren Consolidated School
Whitefield Elementary
Whitefield Head Start
Wiscasset Head Start
Wiscasset Primary

OXFORD COUNTY

Agnes Gray Elementary
Auburn WIC
Auburn, Augusta, Biddeford, Boothbay, Kittery,
Norway, Sacopee Valley, York County Schools
and WIC programs
Baldwin Consolidated
Bethel Family Dentistry
Bethel School District
Brilliant Smiles Dental Hygiene
Buckfield Jr/Sr High School
Canton Elem
Community Concepts
Dirigo Schools
Dixfield Schools
Fred W. Morrill School
Fryeburg Family Dental Independ Hygiene Prac
Fryeburg Schools
Hartford Sumner Elementary
Hebron Elementary
Hiram Elementary
Madison Avenue School
Maroby Elementary
Mildred Fox Elementary
MSAD # 17
Norway Schools
Norway Pediatrics

Norway WIC
Oxford Elementary
Oxford Hills School District
Parent Place
Peru Elementary
Porter Head Start
Porter WIC
Riley Head Start
RSU # 10
Rumford Elementary
Sacopee Valley Health Center
Sacopee Valley Middle
Sacopee WIC
SAD # 17 central office Oxford covering: Agnes
Gray [West Paris]; Harrison Elementary
[Harrison]; Hebron Station School [Hebron];
Otisfield Community School [Otisfield]; Oxford
Elementary [Oxford]; Oxford Hills
Comprehensive High School [South Paris];
Oxford Hills Middle School [South Paris]; Paris
Elementary [South Paris]; Guy E. Rowe School
[Norway]; Waterford Memorial School
[Waterford]
SAD # 39-Buckfield covering: Buckfield Jr./Sr.
High Schools; Harford Sumner Elementary
SAD # 55
SAD # 72-Fryeburg
SAD 44 Clinic/Bethel Family Dentistry
SAD 6,55 and Lime School
South Hiram Elementary
Victoria Villa Rehab
Virginia Elementary
Waterford Elementary
Western Maine CAP
Norway WIC

PENOBSCOT COUNTY

Abraham Lincoln School
Bangor (and Brewer) Head Starts
Bangor Area Homeless Shelter
Bangor Christian Academy

Bangor Dental clinic	Garland Consolidated
Bangor Elementary Schools	Glenburn Elementary
Bangor Head Start	Grace United Methodist Church
Bangor Health & Community Services	Granite Street Elementary
Bangor Health & Welfare Dept	Guilford United Methodist Church
Bangor Homeless Shelter	Head Start
Benedicta Elementary	Health Access Network Dental Clinic
Bradford Elementary	Helen Dunn School
Brewer Community School	Helen Hunt Health Ctr
Brewer Head Start	Helen S Dunn Elementary
Brewer Schools	Hichborn Middle School/Penobscot Valley
Brewer Pendleton school	Holbrook Schools
Brewer School Health Program	Holden Dental Ctr.
Brownville Elementary	Holden Elementary
Capehart Community Clinic	Hudson Elementary
Carmel Schools	Job Corp Head Start
Catch a Falling Star Childcare Center	Journey House
Charleston Schools	Katahdin Schools
City of Bangor-Park Woods Transitional Housing	Katahdin Valley Health Center
Cleveland St. Head Start	Kenduskeag Elementary
Clinton Elementary	Kingman Elementary
Community Care of Lincoln	LaGrange Elementary
Corinna Elementary School	Lee Winn Elementary
Corinth Schools	Levant Consolidated School
Corinth United Methodist Church	Levant Elementary
Dedham School	Lincoln School (LDS)
Dexter Schools	Marion Cook School
Dexter Family Health	Mattananwcook Schools
Dexter Family Practice	Mattananwcook Academy
Dexter First Free Baptist Church	Mattawamkeag Town Office
Dover United Methodist Church	Medway Church of God
Downeast	Millinocket Baptist Church
Dr. Kyes Office	Milo United Methodist Church
Dr. Lewis S. Libby School	Mobile Dental Center
Drs. Office's in Lincoln	Morison Elementary
Eddington Elementary	Morison Memorial School
Edith Lombard schools	Mt. Jefferson Jr. High
Ella Burr Elementary	Newburgh Town Office
Enfield Station School	Newport (and Etna) Head Starts
Etna Municipal. Town Office	Newport Congregational Church
Etna/Dixmont School	Newport Elementary School
Exeter Consolidated School	Newport Head Start

Nokomis High School
Office of Dr. H. Joseph Thibodeau
Old Town United Methodist Church
Orono Head Start
Pediatric Clinic @1068 Union St
Penobscot Job Corp
Penobscot Community Health Center
Penquis CAP Head Start
Penquis Community Action Program"
Ridge View Community School
Sebasticook Family Doctors
Sebasticook Family Medicine
Sebasticook Valley Schools
Shaw House
St. Albans Consolidated School
Stetson Elementary
Summer Street Health Clinic
Suzanne Smith School
University College Bangor Dental Hygiene Clinic
Veazie Community School

PISCATAQUIS COUNTY

Abbot Head Start
Brownville Elementary
Dover-Foxcroft Schools
Exeter Head Start
Family Practice
Garland Elementary
Greenville Church of Open Bible
Guilford Primary
Guilford United Methodist Church
Harmony Elementary
Marion C. Cook School
Mayo Hospital
Mckusick Elementary
Milo Elementary
Milo Head Start
Milo United Methodist Church
Monson Schools
Morton Avenue Schools
Piscataquis Community Schools

Sedomocha Elementary

SAGADAHOC COUNTY

Health Center
Union 44 schools
Marcia Buker School
Mt. Ararat Middle School
Boothbay Head Start
Bath Head Start
Richmond Health Center
Bowdoinham Community School
Phippsburg Elementary

SOMERSET COUNTY

Albion Elementary
Athens Elementary
Bloomfield Elementary
Canaan Elementary
Carrabec Community School
Carrabec Schools
Central High School
Cornville Schools
Embden Elementary
Fairfield Primary Schools
Garritt Schenck Elementary
Harmony Schools
Hartland Consolidated School
Hartland Schools
Helen S. Dunn Elementary
Jackman WIC
Klearview Manor
KVCAP
Lawrence Jr and Sr High Schools
Madison Elementary
Maple Crest Rehabilitation & Living Center
Maple Crest Residential Center
Margaret Chase Smith Elementary
Mercer Elementary
Millstream Elementary
Moscow Elementary

New Portland Central Elementary
Newport Elementary School
Nokomis High School
Norridgewock Elementary
North Elementary
Palmyra Consolidated Schools
SAD # 12: Forest Hills Consolidated Schools
Saint Albans Consolidated Schools
Sebasticook Family Doctors
Sebasticook Valley Dental Program
Skowhegan Community Center
Skowhegan Family Medicine
Skowhegan Middle School
Skowhegan WIC
Solon Elementary
Somerset Residential Center
Somerset Valley Middle School
St. Albans Consolidated School
Starks Elementary
Vickery Schools

WALDO COUNTY

Belfast Community Center
Belfast Head Start
Belfast YMCA
Burnham Elementary
Burnham Village School
Dresden Elementary
Frankfort Elementary School
Islesboro Health Center
Islesboro Town Office
Kermit S. Nickerson School
Liberty Elementary
Monroe Elementary
Nickerson Elementary
Palermo Consolidated
Palermo Elementary
Searsport Elementary
Stockton Springs Elementary
Stockton Springs School
Unity Community Center

Waldo Community Action Program
Waldo Community Action Program- Head Start
Waldo County Dental Project
Walker Elementary

WASHINGTON COUNTY

Alexander Elementary School
Alexander Head Start
Bay Ridge Elementary
Bay Ridge Schools
Beals Elementary
Beatrice Rafferty School
Blueberry Camp
Bundles of Joy Childcare
Calais Childcare
Calais Day Program
Calais Head Start
Calais Schools
Calais Pre-Kindergarten
Calais Well Child Clinic
Charlotte Elementary School
Charlotte Head Start
Charlotte Pre-K
Cherryfield Elementary
Clinic in Princeton
Columbia Falls Elementary
Cutler Elementary School
Cutler Head Start
Daniel W Merritt School
East Grand School
East Range II Consolidated Schools
Eastport Elementary
Eastport Head Start
Eastport Health Care
Eastport Pre-K
Edmonds Pre-K
Edmunds Consolidated School
Ellis Lewis School
Elm Street School
Fort O'Brien School
Harrington Developmental Preschool

Harrington Elementary
Harrington Head Start
Harrington Migrant H
Harrington Preschool
Jonesboro Elementary
Jonesport Elementary
Jonesport Head Start
Lee Pellon Event Center -Machias, ME-NYUCD
Henry Schein Cares Global Outreach Program
Lubec Head Start
Machias Head Start
Machias Preschool
Machias Valley Head Start
Machias Valley Schools
Machias-Harrington Developmental Preschool
Migrant Blueberry Sector
Migrant Head Start
Milbridge Child Care Center
Milbridge Daycare
Milbridge Elementary
Milbridge Preschool
Moose-A-Bec Head Start
Narraguagus High School
Passamaquoddy Head Start
Pembroke Elementary
Pembroke Head Start
Perry Elementary
Perry Head Start
Pleasant Point Head Start
Princeton Elementary
Princeton Pre-Kindergarten
Regional Medical Center at Lubec
Robbinston Schools
Rose M. Gaffney School
Sacopee Valley Health Center
Saint Croix Head Start
Schools in Lubec
School-Based Health Center in Lubec
Steuben Child Care
University of Maine Machias Head Start
Vanceboro Elementary

Washington County Children's Pre-School
Program
Washington County Developmental Therapy
Group
Washington County Schools
Washington Hancock Community Agency
ChildCare
Washington-Hancock Community Agency of
Machias
Wesley Elementary
West Central Community Center Head Start
Whiting Village Schools
Woodland Consolidated
Woodland Elementary
Wyman Center
Wytopotlock Elementary

YORK COUNTY

Acton Schools
Alfred Elementary
Alfred Shelter
Auburn, Augusta, Biddeford, Boothbay, Kittery,
Norway, Sacopee Valley, York County Schools
and WIC programs
Baldwin Consolidated School
Biddeford Adult Education
Biddeford Early Head Start
Biddeford Elementary
Biddeford Head Start
Biddeford Primary School
Biddeford WIC
Buxton Town Hall
Buxton WIC
Caring Unlimited
Carl J. Lamb Elementary
Cornish Schools
Early Head Start Saco
Early Head Start Home Visit -Biddeford
Early Head Start-Home Visit- Old Orchard Beach
Emerson Schools
Eric L. Knowlton School

Fairfield Elementary
Forever Young Daycare
Frank Jewett School
Fred W. Morrill School
Frisbee Elementary
Governor John Fairfield School
H. B. Emery, Jr. Memorial School
Hanson Elementary
Hollis Elementary
Hollis School
Hollis Town Hall
Home Visit - Pregnant Mother - Biddeford
Home visit - Pregnant Mother – Old Orchard
Beach
Jack Memorial School
John F. Kennedy School
Kennebunk Sweetser
Kennebunkport Consolidated Schools
Kittery Head Start
Kittery WIC
Lafayette Schools
Leavitt's Mill Health Center
Lebanon Elementary
Lebanon Head Start
Lincoln Alternative School
Lincoln School
Line Elementary
Lyman Elementary School
Lyman Head Start
Margaret Chase Smith School
Massabesic Schools
Mitchell School
MSAD # 60 covering: Mary Hurd School [North
Berwick]; Vivian E. Hussey [Berwick]; Eric L.
Knowlton [Berwick]; Lebanon Elementary
[Lebanon]; Noble High School [North Berwick];
Noble Middle School [Berwick]; North Berwick
Primary [North Berwick];
Noble Schools
North Berwick Elementary
North Berwick Head Start
Old Orchard Beach Head Start

Parsonsfield Head Start
Porter Head Start
Saco Head Start
Saco House
Saco Pediatrics
Saco Schools
Saco Sweetser
Sacopec Health Center

Table 86. Number of Patients and Services Provided by RDHs working under PHS Status in Maine, 2002-2011

County	Seen	Screened	Sealed	Cleaned	Other	Referred
Androscoggin County	16,816	18,909	6,750	18,120	5,852	4,160
Aroostook	16,327	15,321	2,905	6,579	10,163	1,744
Cumberland	26,973	22,638	7,538	11,353	7,300	24,150
Franklin	4,265	2,044	662	3,176	735	1,122
Hancock	1,868	1,304	599	1,226	1,180	349
Kennebec	13,476	11,772	4,295	9,777	3,406	5,148
Knox	1,374	1,034	213	1,171	169	558
Lincoln	853	849	266	581	317	411
Oxford	7,851	7,261	4,200	4,986	2,745	3,675
Penobscot	11,946	8,712	3,678	7,957	2,312	2,918
Piscataquis	984	954	676	480	252	392
Sagadahoc	192	114	80	123	50	67
Somerset	4,215	4,042	1,604	2,537	421	2,088
Waldo	1,139	1,117	380	507	297	958
Washington	9,162	6,853	1,575	2,309	2,859	2,663
Waldo	8,201	6,930	3,316	4,678	3,121	4,234
Totals	125,642	109,854	38,737	75,560	41,179	54,637

Source: ME BDE, 2012

Appendix D: The Survey Instruments

Survey of Dentists in Maine

Center for Health Workforce Studies
School of Public Health, University at Albany, SUNY

The Center for Health Workforce Studies at the University at Albany in collaboration with the Maine Oral Health Funders is conducting a study of the oral health workforce in Maine. This survey is an important component of the study. It is designed to obtain up-to-date information about demographics, current employment, services provided to patients, and your opinions about access to oral health services in Maine. Your responses will be confidential and will be reported only in aggregate. This survey should take approximately 15 minutes to complete.

Practice Characteristics

1. How many years have you been licensed as a dentist?

2. Are you currently actively practicing dentistry in Maine? Yes No

3. Describe your current primary worksite (the location where you spend the most time) and secondary worksite.

Primary Worksite

- Private dental office – solo
- Private dental office – group
- Federally qualified health center
- Community/migrant/rural dental clinic
- Indian health services
- School-based dental program
- Academic/educational institution
- Nursing home/long-term care
- Community hospital
- Veterans hospital
- Other. Describe: _____

Secondary Worksite

- Private dental office – solo
- Private dental office – group
- Federally qualified health center
- Com./migrant/rural dental clinic
- Indian health services
- School-based dental program
- Academic/educational institution
- Nursing home/long-term care
- Community hospital
- Veterans hospital
- Other. Describe: _____

4. Please indicate the zip code, city, and state of your current primary worksite and secondary worksite.

Primary Worksite

Zip code: _____

City and State: _____

Secondary Worksite

5. How many clinical patient care hours do you typically work on a weekly basis at your worksite(s)?

	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	More than 40
Primary Worksite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Worksite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Worksite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Indicate your primary and, if applicable, secondary dental specialty.

Primary Specialty

- General dentistry
- Pedodontics
- Orthodontics
- Periodontics
- Prosthodontics
- Endodontics
- Public health dentistry
- Oral and maxillofacial surgery
- Oral pathology
- Oral radiology

Secondary Specialty

- General dentistry
- Pedodontics
- Orthodontics
- Periodontics
- Prosthodontics
- Endodontics
- Public health dentistry
- Oral and maxillofacial surgery
- Oral pathology
- Oral radiology

7. Do you own the dental practice(s) in which you work?

	Yes	No
Primary worksite	<input type="radio"/>	<input type="radio"/>
Secondary worksite	<input type="radio"/>	<input type="radio"/>

How many of the following do you employ in your dental practice(s)?

For this question, please define a **part-time employee** as someone who works fewer than 30 hours per week and a **full-time employee** as someone who works 30 or more hours per week.

	Primary Worksite		Secondary Worksite	
	Full-time	Part-time	Full-time	Part-time
Dentists	_____	_____	_____	_____
Dental hygienists	_____	_____	_____	_____
Dental assistants	_____	_____	_____	_____

8. Do you currently use expanded function dental assistants in your dental practice(s)?

- Yes No

8a. If yes, how many?

- 1 2 3 4 5 or more

9. Have you ever supervised any registered dental hygienists working under public health supervision status?

- Yes No Unsure

9a. If yes, how many?

- 1 2 3 4 5 or more

9b. In what location(s) did these registered dental hygienists work under public health supervision status? (*Indicate all that apply.*)

- Give Kids a Smile event
- Dentists Who Care for ME
- Community health/dental fairs
- Special Olympics
- School-based oral health programs
- Nursing home/long-term care facility
- Mobile dental van
- Faith based organization
- Don't know
- Other. Describe: _____

10. Do you currently accept any patients referred to your practice by registered dental hygienists working under public health supervision status?

- Yes No Unsure

10a. How many patient referrals do you accept on an annual basis?

- 1-10 11-20 21-30 31-40 41-50 More than 50

11. Do you currently accept any patients referred to your practice by independent practice dental hygienists?

- Yes No Unsure

11a. How many patient referrals do you accept on an annual basis?

- 1-10 11-20 21-30 31-40 41-50 More than 50

12. Does your dental practice currently have any additional capacity to provide dental services to new patients?

- Yes No Unsure

13. Did the recent economic recession affect demand for dental services in your dental practice?

- Yes No Unsure

13a. If yes, please indicate the impacts of the economic recession on your dental patients or your practice. (Indicate all that apply.)

- The volume of dental patients decreased.
- Patients deferred dental services.
- The dental practice shortened hours of operation.
- Staff hours were shortened.
- Other. Describe:

Patients Served

14. Approximately how many dental visits did you provide in 2011 (excluding dental hygiene visits)?

Please provide your best estimate: _____

15. Approximately how many patients does your primary practice serve annually? _____

16. What percent of patients that you treat in your dental practice(s) are in the following age groups?

	0%	1-10%	11-25%	26-50%	51-75%	76-100%
Infants (age 0 to 3 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children/adolescents (age 4-18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults (age 19-64 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adults (age 65 and older)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. What percentage of your dental services is reimbursed by the following?

	0%	1-10%	11-25%	26-50%	51-75%	76-100%
Commercial dental insurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MaineCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe other: _____

17a. Which of the following groups of MaineCare-insured patients do you provide care? (Indicate all that apply.)

- Infants (0 to 3 years of age)
- Children/adolescents (4 to 18 years of age)
- Adults (19 to 64 years of age)
- Older adults (65 years of age and older)

17b. Do you limit the number of MaineCare-insured patients in your practice(s)?

- Yes No Unsure

17c. What is the most important reason you do not treat MaineCare patients?

- Reimbursement is too low
- Paperwork is burdensome
- Other. Describe: _____

18. Describe the patient service characteristics of your primary and secondary worksites. (Indicate all that apply.)

Primary Worksite

- Provides care to all new patients
- Provides care only to commercially insured or self-pay new patients
- Provides care to MaineCare-insured children
- Provides a sliding fee scale/reduced-fee services for low-income patients
- Provides some uncompensated care for patients

Secondary Worksite

- Provides care to all new patients
- Provides care only to commercially insured or self-pay new patients
- Provides care to MaineCare-insured children
- Provides a sliding fee scale/reduced-fee services for low-income patients
- Provides some uncompensated care for patients

18a. Please estimate the number of patients who are provided with uncompensated care on a monthly basis.

- 1-5 11-15 21-25 31-35 41-45
 6-10 16-20 26-30 36-40 46-50 More than 50

18b. Please estimate the number and type of uncompensated services provided on a monthly basis.

	1-4	5-10	11-15	6-20	21-25	26-30	31-35	36-40	More than 40
Diagnostic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restorative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18c. Please estimate the number of patients who are provided with reduced-fee/sliding scale fee services on a monthly basis.

- 1-5 11-15 21-25 31-35 41-45
 6-10 16-20 26-30 36-40 46-50 More than 50

18d. Please estimate the number and type of reduced-fee/sliding fee scale services provided on a monthly basis.

	1-4	5-10	11-15	6-20	21-25	26-30	31-35	36-40	More than 40
Diagnostic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restorative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18e. Please estimate the number of business days that uncompensated care/reduced-fee/sliding fee scale patients must wait for an appointment for the following:

	Number of Business Days	New patient visit
Preventive	_____	_____
Restorative	_____	_____
Therapeutic	_____	_____
Emergency	_____	_____

19. Do you participate in volunteer activities in which you provide dental services outside your dental office?

- Yes No Unsure

19a. Please describe the location(s) where you provide volunteer dental services. *(Indicate all that apply.)*

- Free dental clinics
- Maine Donated Dental Services program
- Give Kids a Smile event
- Dentists Who Care for ME
- Community health/dental fairs
- School-based oral health programs
- Nursing home/long-term care facility
- Mobile dental van
- Faith based organization
- Other. Describe: _____

19b. Please estimate the number and type of volunteer dental services provided on an annual basis.

	1-4	5-10	11-15	6-20	21-25	26-30	31-35	36-40	More than 40
Diagnostic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restorative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal Demographics

20. Indicate your gender. Male Female

21. Indicate your race.

- Asian
- Native Hawaiian/Pacific Islander
- Black/African American
- American Indian/Alaska Native
- White
- Other. Describe: _____

22. Are you of Hispanic/Latino origin? Yes No

23. Describe your education. Indicate the field of study for each degree and the location of the associated education program.

	Field of Study	State/Country of Education Program
Baccalaureate	_____	_____
Master's	_____	_____
Dental doctorate	_____	_____
Other doctorate	_____	_____
Other degree (describe below)	_____	_____

Describe other: _____

24. Indicate your future plans. (*Indicate all that apply.*)

- Retire or leave dental practice within one year.
- Retire or leave dental practice within 1 to 5 years.
- Reduce hours within one year.
- Reduce hours within 1 to 5 years.
- Increase hours within one year.
- Increase hours within 1 to 5 years.
- Move practice location to another area in the state.
- Expect to remain in practice for at least 5 years.
- Other. Describe: _____

Attitudes and Opinions

25. In your experience, are there barriers that impede people's ability to obtain dental or dental hygiene services in your geographic area?

Yes No Unsure/Don't know

From 1 to 5 with **1 being the most significant**, rank the 5 most significant barriers impeding oral health access in your geographic area.

Lack of dental insurance	1	2	3	4	5
Logistical issues (transportation, time off work, etc.)	1	2	3	4	5
Poor oral health literacy/lack of patient awareness of importance of oral health	1	2	3	4	5
Language or cultural issues	1	2	3	4	5
Lack of available dentists	1	2	3	4	5
Lack of available dental hygienists	1	2	3	4	5
Other.	1	2	3	4	5

Describe: _____

26. In your experience what is the greatest unmet need for oral health services in your geographic area?

Rank the following with **1 being the most important unmet need and 5 being the least important.**

Preventive services	1	2	3	4	5
Oral health education	1	2	3	4	5
Restorative services	1	2	3	4	5
Specialty dental services	1	2	3	4	5
Other.	1	2	3	4	5

Describe: _____

27. In your opinion, what population groups are most in *need* of oral health services in your geographic area?

From 1 to 5 with **1 being the neediest**, rank the 5 neediest population groups in your geographic area.

Low income children (0 to 18 years of age)	1	2	3	4	5
Low-income adults (19 to 64 years of age)	1	2	3	4	5
Low-income older adults (65 years of age and older)	1	2	3	4	5
Uninsured children	1	2	3	4	5
Uninsured adults	1	2	3	4	5
MaineCare-insured children	1	2	3	4	5
Confined elderly	1	2	3	4	5
People with special needs	1	2	3	4	5
Homeless people	1	2	3	4	5
Other	1	2	3	4	5

Describe: _____

28. In your opinion, would any of the following oral health workforce expansions be helpful to achieve improved access to oral health services in Maine?

	Yes	No	Unsure
Community dental health coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental hygienist therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advanced practice dental hygienist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Please provide comments about access to oral health services in Maine. (If you need extra space, please feel free to include additional paper) *****Please write legibly.***

You have reached the end of the Survey
Thank you for completing this important Survey

Survey of Registered Dental Hygienists in Maine

Center for Health Workforce Studies
School of Public Health, University at Albany, SUNY

The Center for Health Workforce Studies at the University at Albany in collaboration with the Maine Oral Health Funders is conducting a study of the oral health workforce in Maine. This survey is an important component of the study. It is designed to obtain up-to-date information about demographics, current employment, services provided to patients, and your opinions about access to oral health services in Maine. Your responses will be confidential and will be reported only in aggregate. This survey should take approximately 15 minutes to complete.

Employment

1. Are you currently working as a Registered Dental Hygienist (RDH) in Maine?

Yes No

2. Please indicate how many hours per week you are working as a RDH for each of your employers.

	Hours per Week									
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	More than 40
Employer #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Describe your current primary **(the location where you spend the most time)** and secondary **(if applicable)** worksites.

Primary Worksite

- Private dental office – solo
- Private dental office – group
- Federally qualified health center
- Community/migrant/rural dental clinic
- Indian health services
- School-based dental program
- Academic/educational institution
- Nursing home/long-term care
- Community hospital
- Veterans hospital
- Other. Describe: _____

Secondary Worksite

- Private dental office – solo
- Private dental office – group
- Federally qualified health ctr.
- Com/migrant/rural dental clinic
- Indian health services
- School-based dental program
- Academic/educ. institution
- Nursing home/long-term care
- Community hospital
- Veterans hospital
- Other. Describe: _____

4. Please describe the dentist(s) for whom you work in your primary and secondary worksites. *(Indicate all that apply.)*

	Worksite		Total number of Dentists
	Primary Worksite	Secondary worksite	
General Dentist	<input type="radio"/>	<input type="radio"/>	_____
Pedodontist	<input type="radio"/>	<input type="radio"/>	_____
Orthodontist	<input type="radio"/>	<input type="radio"/>	_____
Periodontist	<input type="radio"/>	<input type="radio"/>	_____
Prosthodontist	<input type="radio"/>	<input type="radio"/>	_____
Endodontist	<input type="radio"/>	<input type="radio"/>	_____
Public Health Dentist	<input type="radio"/>	<input type="radio"/>	_____
Oral/Maxillofacial Surgeon	<input type="radio"/>	<input type="radio"/>	_____
Other (describe below)	<input type="radio"/>	<input type="radio"/>	_____

Other dentist(s):

5. Indicate the zip code, city, and state of your current primary employer and secondary employer.

	Primary Employer	Secondary Employer
Zip code:	_____	_____
City/State:	_____	_____

6. Describe the patient service characteristics of your primary and secondary worksites. *(Indicate all that apply.)*

Primary Worksite

- Provides care to all new patients
- Provides care only to commercially insured or self-pay new patients
- Provides care to MaineCare-insured children
- Provides a sliding fee scale/reduced-fee services for low-income patients
- Provides some uncompensated care for patients

Secondary Worksite

- Provides care to all new patients
- Provides care only to commercially insured or self-pay new patients
- Provides care to MaineCare-insured children
- Provides a sliding fee scale/reduced-fee services for low-income patients
- Provides some uncompensated care for patients

7. What percent of patients that you treat in your dental hygiene practice(s) are:

	0%	1-10%	11-25%	26-50%	51-75%	76-100%
Infants (0 to 3 years of age)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children/adols. (age 4-18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults (age 19-64 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adults (age 65 + older)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please indicate your major tasks and roles as a RDH. Please indicate the **NUMBER OF HOURS** spent **WEEKLY** on each activity. For clinical tasks, please indicate the level of supervision under which you generally work when performing each task.

	Number of Hours Weekly								Level of Supervision	
	1-2	3-4	5-8	9-16	17-24	25-32	33-40	40+	Direct	General
Dental hygiene assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral cancer screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning and prophylaxis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoride treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sealant applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subgingival irrigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scaling and root planing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smooth/polish Amalgam restorations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place temporary restorations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cement pontics/facings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-cement crowns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take impressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nitrous oxide analgesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local anesthesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suture removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place/remove dressings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe other: _____

9. What percentage of your work time is spent doing administrative activities related to your dental hygiene work on a **WEEKLY** basis?

- 0%
- 1-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- More than 50%

10. Do you participate in any volunteer activities in which you provide dental hygiene services?

- Yes** **No**

10a. Indicate the approximate number of hours **ANNUALLY** that you volunteer to provide oral health services.

- | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1-4 | 5-10 | 11-15 | 16-20 | 21-25 | 26-30 | 31-35 | 36-40 | More than 40 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10b. Indicate the location(s) in which you provide volunteer services. (*Indicate all that apply.*)

- Give Kids a Smile event
- Dentists Who Care for ME
- Community health/dental fairs
- Special Olympics
- School-based oral health programs
- Nursing home/long-term care facility
- Mobile dental van
- Faith based organization
- Other. Describe: _____

10c. Do you use public health supervision status to provide these volunteer services?

- Yes** **No**

11. Please assess the degree of difficulty securing employment faced by dental hygienists in the geographic area in which you live/work?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

11a. Describe the reasons that securing employment is somewhat or very difficult.

(Indicate all that apply.)

- There are too few dentists working in the area.
- There are too many RDHs in the area.
- Dentists hire dental assistants to provide some services usually provided by dental hygienists.
- Education programs in Maine graduate too many dental hygienists annually.
- Other. Describe: _____

12. Are you currently practicing as any of the following?

- RDH under public health supervision status
- Expanded function dental assistant (EFDA)
- Both of the above
- None of the above

13. Rank your level of interest in the following expanded practice opportunities for RDHs with **1 being the most interest and 5 being the least interest**. (Please Circle)

Expanded function dental assistant	1	2	3	4	5	Not Interested
Public health supervision status	1	2	3	4	5	Not Interested
Independent practice	1	2	3	4	5	Not Interested
Dental therapist	1	2	3	4	5	Not Interested
Dental hygienist therapist	1	2	3	4	5	Not Interested
Advance practice DH (ADHA model)	1	2	3	4	5	Not Interested

14. Please indicate your future plans for the next five years.

- I expect to remain in my current position.
- I expect to seek a similar position in another setting.
- I expect to leave dental hygiene and seek employment in another field.
- I expect to retire.
- I don't know.
- Other. Describe: _____

Personal Demographics and Education

15. Number of years licensed as a RDH:

16. Indicate your gender.

 Male Female

17. Indicate your race.

- Asian
- Native Hawaiian/Pacific Islander
- Black/African American
- American Indian/Alaska Native
- White
- Other. Describe: _____

18. Are you of Hispanic/Latino origin?

 Yes No

19. Please indicate the zip code, city, and state of your *primary residence*.

Zip code:

City and state:

20. Please indicate your highest level of completed education.

- Certificate/Diploma
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Post-Master's Certificate
- Doctoral/Advanced Professional Degree/DDS
- Other. Describe: _____

Attitudes and Opinions

21. In your experience, are there barriers that impede people's ability to obtain dental or dental hygiene services in your geographic area?

 Yes No Unsure

22. In your opinion, what population groups are most in *need* of oral health services in your geographic area? From 1 to 5 with **1 being the neediest**, rank the 5 neediest population groups in your geographic area. (Please circle)

Low-income children (age 0 to 18)	1	2	3	4	5
Low-income adults (age 19 to 64)	1	2	3	4	5
Low-income older adults (age 65 and older)	1	2	3	4	5
Uninsured children	1	2	3	4	5
Uninsured adults	1	2	3	4	5
MaineCare-insured children	1	2	3	4	5
Confined elderly	1	2	3	4	5
People with special needs	1	2	3	4	5
Homeless people	1	2	3	4	5
Other. Describe: _____	1	2	3	4	5

23. In your experience, what is the greatest unmet need for oral health services in your geographic area? Rank the following with **1 being the most important unmet need and 5 being the least important**. (Please circle)

Preventive services	1	2	3	4	5
Oral health education	1	2	3	4	5
Restorative services	1	2	3	4	5
Specialty dental services	1	2	3	4	5
Other. Describe: _____	1	2	3	4	5

28. In what settings do you typically work under public health supervision status?

(Indicate all that apply.)

- School-based dental programs
- Nursing homes/long term care facilities
- Community health fairs
- Institutional settings
- Other. Describe: _____

29. Indicate your reason(s) for practicing under public health supervision status.

(Indicate all that apply.)

- Interest in working in a public health setting
- Concern about lack of dental access in my area
- Desire for expanded practice opportunities
- Desire to participate in oral health volunteer activities
- Other. Describe: _____

30. Indicate how the non-volunteer services you provide when working under public health supervision status are paid. *(Indicate all that apply.)*

- I am employed by an organization that bills for my services.
- My services are paid through a program grant.
- My dentist employer bills for my services.
- I bill directly for my services.
- I provide these services only on a volunteer basis.
- Other. Describe: _____

31. In your work as a RDH under public health supervision status how often do you provide the following services?

	Never	Rarely	Sometimes	Often	Always
Take dental histories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform oral inspections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take/expose radiographs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete prophylaxis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Root planing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sealant application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoride varnish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary fillings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smooth/polish amalgam restorations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supra gingival polishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply topical anesthetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take impressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cement pontics/facings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe other:

32. Would it be helpful to have a more expansive scope of practice when providing services under public health supervision status?

- Yes
 No
 Unsure

Describe the services you would like to provide that are not currently permitted. **** Please write legibly**

33. Indicate the types of patients you typically treat when you are working under public health supervision status.

	0%	1-10%	11-20%	21-30%	31-40%	41-50%	50%+
Low-income children (age 0-18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income adults (age 19-64)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income older adults (65+older)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MaineCare-insured children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with special health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confined elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe other:

34. Indicate your referral practice for patients in need of dental services. *(Indicate all that apply.)*

- I refer to the supervising physician.
- I have an established dental referral network to which I generally refer.
- I give the patient a referral and suggest they find a dentist.
- I work with the patient to find a dentist to provide care.
- Other. Describe: _____

35. Describe the overall level of difficulty you encounter in finding a dentist to accept referrals for dental services in your geographic area.

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

You have reached the end of the Survey
Thank you for completing this important Survey

Survey of Independent Practice Dental Hygienists in Maine

Center for Health Workforce Studies
School of Public Health, University at Albany, SUNY

The Center for Health Workforce Studies at the University at Albany in collaboration with the Maine Oral Health Funders is conducting a study of the oral health workforce in Maine. This survey is an important component of the study. It is designed to obtain up-to-date information about demographics, current employment, services provided to patients, and your opinions about access to oral health services in Maine. Your responses will be confidential and will be reported only in aggregate. This survey should take approximately 15 minutes to complete.

Employment

1. Are you currently working as an Independent Practice Dental Hygienist (IPDH) in Maine?

- Yes No

2. What percent of your total work time as an IPDH are you self-employed?

- 0%
- 1-10%
- 11-25%
- 26-50%
- 51-75%
- 76-100%

3. Do you ever work under the supervision of a dentist?

- Never Sometimes Always

If yes, Indicate the percent of your total work time is spent working supervised by a dentist.

- 0%
- 1-10%
- 11-25%
- 26-50%
- 51-75%
- 76-99%

4. Please indicate how many hours per week you work as a self-employed or employed IPDH.

	Hours per Week									
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	More than 40
Self employed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe the dentist(s) for whom you work. (Indicate all that apply.)

	Worksite		Total number of Dentists
	Primary Worksite	Secondary worksite	
General Dentist	<input type="radio"/>	<input type="radio"/>	_____
Pedodontist	<input type="radio"/>	<input type="radio"/>	_____
Orthodontist	<input type="radio"/>	<input type="radio"/>	_____
Periodontist	<input type="radio"/>	<input type="radio"/>	_____
Prosthodontist	<input type="radio"/>	<input type="radio"/>	_____
Endodontist	<input type="radio"/>	<input type="radio"/>	_____
Public Health Dentist	<input type="radio"/>	<input type="radio"/>	_____
Oral/Maxillofacial Surgeon	<input type="radio"/>	<input type="radio"/>	_____
Other (describe below)	<input type="radio"/>	<input type="radio"/>	_____

Other dentist(s): _____

5. What percent of your work time is spent providing services in the following locations?

	Percent of Time				
	1-10%	11-25%	26-50%	51-75%	76-100%
Private Dental Office - Solo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Dental Office - Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federally Qualified Health Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic/Educational Institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Based Dental Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homes of Patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutional Settings (e.g., prisons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Med. Setting (e.g., physician office)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other location: describe:

6. Indicate the percent of your weekly work time spent doing the following.

	Percent of Time					
	0%	1-10%	11-25%	26-50%	51-75%	76-100%
Clinical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration functions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (describe below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Indicate the zip code, city, and state of your current primary worksite and secondary worksite.

	Primary Worksite	Secondary Worksite
Zip code:	_____	_____
City/State:	_____	_____

8. What percent of patients that you treat are in the following age groups?

	0%	1-10%	11-25%	26-50%	51-75%	76-100%
Infants (age 0-3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children/adolescents (age 4-18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults (age 19-64)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adults (age 65 and older)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What percent of patients that you treat are:

	0%	1-10%	11-20%	21-30%	31-40%	41-50%	50%
Low-income children (age 0-18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income adults (age 19-64)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-income older adults (age 65 and older)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MaineCare-insured children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with special health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confined elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Indicate the overall level of difficulty you encounter in finding dentists in your geographic area to accept referrals to provide needed dental care for patients.

- Not at all difficult
- Slightly difficult
- Moderately difficult
- Considerably difficult
- Extremely difficult

11. Indicate your referral practices for patients in need of dental services. (Indicate all that apply.)

- I refer to a supervising dentist.
- I have an established dental referral network to which I generally refer.
- I give the patient a referral and suggest they find a dentist.
- I work with the patient to find a dentist to provide care.
- Other. Describe: _____

12. Indicate how you are compensated for the services you provide. (Indicate all that apply.)

- Patient self-pay
- Salary/hourly/per unit pay from employer
- Grant funds for oral health program
- Direct MaineCare reimbursement
- Direct commercial insurance reimbursement
- Other. Describe: _____

13. If you are billing for your own services, do you accept patients with MaineCare?

- Yes No Not applicable

14. What percent of your services are paid by:

	0%	1-25%	26-50%	51-75%	76-100%
Private insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MaineCare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient self-pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please indicate your major tasks and roles as an IPDH Please indicate the **NUMBER OF HOURS** spent **WEEKLY** on each activity. For clinical tasks, please indicate the level of supervision under which you generally work when performing each task.

	Number of hours weekly										Level of Supervision			
	0	1-2	3-4	5-8	9-16	17-24	25-32	33-40	More than 40	Direct	General	Unsupervised		
Dental hygiene assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodontal/restorative charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral cancer screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take impressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealant applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply desensitizing agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply topical anesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place topical antimicrobials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subgingival irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaling and root planing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place temporary restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smooth/polish amalgam restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cement pontics/facings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place/remove rubber dams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire/ligature adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrous oxide analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suture removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place/remove dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe: _____

16. Indicate your reasons for selecting practice as an IPDH. (Indicate all that apply.)

- Interest in working in a public health setting
- Concern about lack of dental access in my area
- Desire for expanded practice opportunities
- Interest in owning a business
- Other. Describe: _____

17. In your experience, what are patients' attitudes towards receiving services from an IPDH? (Indicate all that apply.)

- Patients are cautious.
- Patients ask questions about my clinical skills.
- Patients are happy to have available oral health care.
- Patients are generally not concerned at all.
- Other. Describe: _____

18. Please describe any limitations in practice that you experience because of regulations that restrict your scope of services.

19. Do you participate in any volunteer activities as an IPDH?

- Yes No

19a. Indicate the approximate number of hours ANNUALLY that you volunteer to provide oral health services.

- 0
- 1-5 21-25
- 6-10 26-30
- 11-15 31-40
- 16-20 More than 40

19b. Indicate the location(s) in which you provide volunteer services. (Indicate all that apply.)

- Give Kids a Smile event
- Dentists Who Care for ME
- Community health/dental fairs
- Special Olympics
- School-based oral health programs
- Nursing home/long-term care facility
- Mobile dental van
- Faith-based organization
- Other. Describe: _____

20. Would you be interested in any of the following practice opportunities if they were available in Maine?

	Yes	No	Unsure
Dental therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental hygienist therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advanced practice dental hygienist (ADHA model)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Do you expect to participate in the radiography pilot program recently authorized by the Maine Legislature?

- Yes No Unsure

Personal Demographics and Education

22. Number of years licensed as a RDH (including years as an IPDH):

23. Indicate your gender. Male Female

24. Indicate your race.

Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

White

Black/African American

Other. Describe: _____

25. Are you of Hispanic/Latino origin?

Yes

No

26. Please indicate the zip code, city, and state of your primary residence.

Zip code: _____

City and state: _____

27. Please indicate your highest level of completed education.

Certificate/Diploma

Associate Degree

Bachelor's Degree

Master's Degree

Post-Master's Certificate

Doctoral/Advanced Professional Degree/DDS

Other. Describe: _____

28. Please indicate your future plans for the next five years.

I expect to remain in my current position as an IPDH.

I expect to seek a similar position in another setting.

I expect to return to a RDH position.

I expect to leave dental hygiene and seek employment in another field.

I expect to retire.

I don't know.

Other. Describe: _____

Attitudes and Opinions

29. In your experience, are there barriers that impede people's ability to obtain dental or dental hygiene services in your geographic area?

Yes

No

Unsure/Don't know

30. In your opinion, what population groups are most in need of oral health services in your geographic area? From 1 to 5 with **1 being the neediest**, rank the 5 neediest population groups in your geographic area.

- ___ Low-income children (0 to 18 years of age)
- ___ Low-income adults (19 to 64 years of age)
- ___ Low-income older adults (65 years of age and older)
- ___ Uninsured children
- ___ Uninsured adults
- ___ MaineCare-insured children
- ___ Confined elderly
- ___ People with special needs
- ___ Homeless people
- ___ Other. Describe: _____

31. Describe strategies/policy initiatives that might help to address unmet dental need in your geographic area.

32. In your experience what is the greatest unmet need for oral health services in your geographic area? Rank the following with **1 being the most important unmet need and 5 being the least important.**

- ___ Preventive services
- ___ Oral health education
- ___ Restorative services
- ___ Specialty dental services
- ___ Other. Describe: _____

Survey of Expanded Function Dental Assistants in Maine

Center for Health Workforce Studies
School of Public Health, University at Albany, SUNY

The Center for Health Workforce Studies at the University at Albany in collaboration with the Maine Oral Health Funders is conducting a study of the oral health workforce in Maine. This survey is an important component of the study. It is designed to obtain up-to-date information about demographics, current employment, services provided to patients, and your opinions about access to oral health services in Maine. Your responses will be confidential and will be reported only in aggregate. This survey should take approximately 15 minutes to complete.

Employment

1. Are you currently actively employed as an expanded function dental assistant (EFDA) in Maine?

Yes No

2. Do you work with other EFDAs in any worksite?

Yes No Unsure

If yes, indicate the number of other EFDAs at your worksite(s).

01 02 03 04 05 06 or more

3. Please indicate how many hours per week you work as an expanded function dental assistant for each of your employers.

	Hours per Week									
	0	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	More than 40
Employer #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Describe your current primary (the location where you spend the most time) and secondary (if applicable) worksites.

Primary Worksite

- Private dental office – solo
- Private dental office – group
- Federally qualified health center
- Community/migrant/rural dental clinic
- Indian health services
- School-based dental program
- Academic/educational institution
- Nursing home/long-term care
- Community hospital
- Veterans hospital
- Other. Describe: _____

Secondary Worksite

- Private dental office – solo
- Private dental office – group
- Federally qualified health center
- Com./migrant/rural dental clinic
- Indian health services
- School-based dental program
- Academic/educational institution
- Nursing home/long-term care
- Community hospital
- Veterans hospital
- Other. Describe: _____

5. Please describe the dentist(s) for whom you work in your primary and secondary worksites. (Indicate all that apply.)

	Worksite		Total number of Dentists
	Primary Worksite	Secondary worksite	
General Dentist	<input type="radio"/>	<input type="radio"/>	_____
Pedodontist	<input type="radio"/>	<input type="radio"/>	_____
Orthodontist	<input type="radio"/>	<input type="radio"/>	_____
Periodontist	<input type="radio"/>	<input type="radio"/>	_____
Prosthodontist	<input type="radio"/>	<input type="radio"/>	_____
Endodontist	<input type="radio"/>	<input type="radio"/>	_____
Public Health Dentist	<input type="radio"/>	<input type="radio"/>	_____
Oral/Maxillofacial Surgeon	<input type="radio"/>	<input type="radio"/>	_____
Other (describe below)	<input type="radio"/>	<input type="radio"/>	_____

Other dentist(s):

6. Indicate the zip code, city, and state of your current primary employer and secondary employer.

	Primary Employer	Secondary Employer
Zip code:	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
City/State:	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>

7. Indicate the reason(s) you became an EFDA. (Indicate all that apply.)

- For career advancement
- My employer encouraged me to do so
- I had a personal interest in learning to do more
- Other. Describe: _____

8. How did you pay for your EFDA training course(s)? (Indicate all that apply.)

- I paid the total cost of the course(s).
- My employer paid the total cost of the course(s).
- My employer and I shared the cost of the course(s).
- Other: Describe: _____

9. Indicate the percent of your total weekly work time spent providing the following clinical services to patients.

	0%	1-10%	11-20%	21-30%	31-40%	41-50%	More than 50%
Apply sealants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Apply topical fluorides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supragingival polishing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Expose radiographs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Perform vitality testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Take impressions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Place temporary restorations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Place amalgam restorations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Contour amalgams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cement crowns/bridges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Place periodontal dressings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Place/remove retraction cord	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (describe below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Describe other:

Personal Demographics and Education

10. Year of birth:

11. Number of years working as a dental assistant:

12. Indicate your gender.

Male

Female

13. Please indicate the zip code, city, and state of your *primary residence*.

Zip code:

City and state:

14. Indicate your race.

Asian

Native Hawaiian/Pacific Islander

Black/African American

American Indian/Alaska Native

White

Other. Describe:

15. Are you of Hispanic/Latino origin?

Yes

No

16. Please indicate your highest level of completed education.

Certificate/Diploma

Associate Degree

Bachelor's Degree

Master's Degree

Other. Describe:

17. Are you a registered dental hygienist?

Yes No

Attitudes and Opinions

18. In your opinion, is there unmet need for dental care in your geographic area?

<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Unsure/Don't know
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19. In your opinion, what population groups are most in *need* of oral health services in your geographic area?

From 1 to 5 with **1 being the neediest**, rank the 5 neediest population groups in your geographic area.

<input type="checkbox"/>	Low-income children (0 to 18 years of age)
<input type="checkbox"/>	Low-income adults (19 to 64 years of age)
<input type="checkbox"/>	Low-income older adults (65 years of age and older)
<input type="checkbox"/>	Uninsured children
<input type="checkbox"/>	Uninsured adults
<input type="checkbox"/>	MaineCare-insured children
<input type="checkbox"/>	Confined elderly
<input type="checkbox"/>	People with special needs
<input type="checkbox"/>	Homeless people
<input type="checkbox"/>	Other. Describe: <input type="text"/>

