

Office of Rural Health & Primary Care Health Workforce Analysis Program

Profile of Minnesota Dental Hygienists – 2005

The Office of Rural Health and Primary Care asks dental hygienists to answer questions about their employment status and the nature of their practices each year when they renew their licenses. Response to the survey is voluntary and does not affect license renewal.

Numbers of dental hygienists

In January 2006, there were 4,517 dental hygienists with Minnesota licenses. Some were retired or not working as dental hygienists, and many lived or practiced in other states.

Based on survey responses and licensing data from the Minnesota Board of Dentistry, the Office of Rural Health and Primary Care estimates that approximately 3,310 dental hygienists were practicing at least part time in Minnesota in early 2005. For explanation of this estimate, see the methodological notes at the end of this report.

Using the July 1, 2005, population estimate for Minnesota, 3,310 dental hygienists equate to 64 active dental hygienists per 100,000 people.

All data reported below is for dental hygienists who work at least part time at a primary practice site in Minnesota, according to the Office of Rural Health and Primary Care survey of dental hygienists renewing licenses for 2005.

Geographic Distribution

The geographic distribution of dental hygienists more closely matches the population than the distribution of dentists and dental assistants, both of which are more concentrated in metropolitan and micropolitan areas. This suggests that rural dentists may depend on hygienists more than their urban counterparts.

	2004 Population	Percent of Population	Percent of Hygienists
Urban	3,015,421	58.6%	69.4%
Rural (old definition)	2,129,685	41.0%	30.6%
Statewide	5,145,106	100.0%	100.0%
Metropolitan counties	3,732,499	72.5%	71.6%
Micropolitan counties	752,857	14.6%	13.7%
Rural (new definition)	659,750	12.8%	14.8%

Shaded rows distinguish data reported under the old urban-rural definition from data reported under the new MSA-micropolitan-rural definition (see page 4 for full explanation).

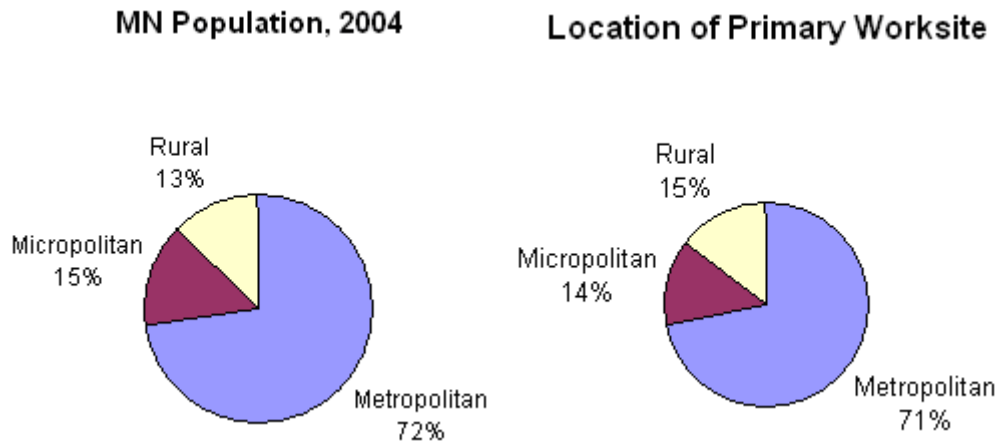


P.O. Box 64882
St. Paul, MN 55164-0882
(651) 201-3838
<http://www.health.state.mn.us>
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Profile of Minnesota Dental Hygienists – 2005

page 2

The disproportionate percentage of hygienists in urban Minnesota (seven Twin Cities counties, Rochester, Duluth and St. Cloud) mostly reflects a high concentration in the seven Twin Cities counties.



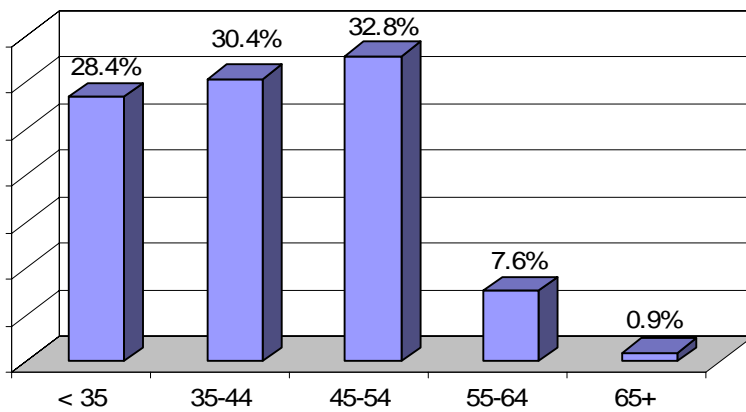
Age and Gender

At 99.1 percent female, dental hygienist is a female-dominated health profession in Minnesota. Nearly all hygienists are female in both rural and urban areas, as well in every major kind of practice setting. The dental hygienist workforce is relatively young, with a median age of 42. Rural dental hygienists are typically about two years younger than urban or metropolitan hygienists.

Age Group	Statewide n = 2,724 respondents	Urban n = 1,906 respondents	Rural n = 818 respondents	Metropolitan n = 2,086 respondents	Micropolitan n = 398 respondents	Rural n = 431 respondents
Median age	42	42	40	42	41	40
Less than 35	28.4%	26.5%	32.5%	26.8%	31.7%	32.7%
35-44	30.4%	30.1%	31.1%	30.1%	31.9%	30.4%
45-54	32.8%	33.9%	30.4%	33.6%	30.9%	30.6%
55-64	7.6%	8.3%	5.9%	8.3%	5.5%	5.8%
65 and older	.8%	1.2%	.1%	1.1%	-0-	.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Shaded columns distinguish data reported under the old urban-rural definition from data reported under the new MSA-micropolitan-rural definition (see page 4 for full explanation).

Age of Active Hygienists



Practice Settings

Most dental hygienists are employed in private solo or group dental offices. Hygienists in micropolitan, and especially rural counties, are more likely than metropolitan or urban hygienists to work in solo private practices, as opposed to group practices. This reflects a similar pattern for dentists.

Type of Site	Statewide	Urban	Rural	Metropolitan	Micropolitan	Rural
N = respondents	2,908	2,016	892	2,079	398	431
Solo private	48.9%	45.6%	56.3%	46.7%	52.0%	56.6%
Group private	42.0%	43.1%	39.6%	42.7%	44.0%	36.9%
Educational	1.8%	2.3%	.8%	2.2%	.8%	1.2%
Clinic (non staff HMO)	2.7%	3.5%	.9%	3.1%	1.5%	1.9%
Hospital (acute care)	*	-0-	.1%	-0-	-0-	.2%
Institutional	.3%	.3%	.1%	.2%	-0-	.7%
Public health facility	1.5%	1.3%	1.9%	1.4%	1.5%	1.9%
Staff model HMO	2.3%	3.3%	-0-	3.0%	-0-	.7%
Other	.6%	.6%	.3%	.7%	.3%	-0-

* less than .1 percent

Shaded columns distinguish data reported under the old urban-rural definition from data reported under the new MSA-micropolitan-rural definition (see page 4 for full explanation).

Race and ethnicity

The dental hygienist workforce is overwhelmingly white. Small numbers of racial and ethnic minorities work in urban locations.

	State	Urban	Rural
White	98.1%	97.5%	99.2%
Black or African American	.3%	.4%	-0-
Asian	.9%	1.4%	-0-
American Indian or Alaska Native	.1%	.1%	.3%
Spanish/Hispanic/Latino	.4%	.3%	.5%
Other	.1%	.2%	-0-
Multiple race/ethnicity	.1%	.2%	-0-

4.8% of respondents did not answer question; percentages based on only respondents who answered questions. Precise data not available for metropolitan, micropolitan and other rural counties.

Methodology on numbers of dental hygienists

This data is from responses received from dental hygienists renewing their licenses for 2005. Renewals were due January 1, 2005, so most dental hygienists answered the survey in December 2004 or early 2005.

The Board of Dentistry received at least 4,273 renewals for 2005. This estimate is based on the number of active licenses in effect January 1, 2006, minus initial licenses and license reinstatements during 2005. The estimate is not precise because it may include some early renewals of licenses due for renewal in January 2006. The Board of Dentistry does not keep a count of the number of licenses renewed.

The Office of Rural Health and Primary Care received survey responses from 3,764 dental hygienists renewing their licenses for 2005. At the time of license renewal, 2,915 of these said they working at least part time at a primary practice site in Minnesota.

The exact number of dental hygienists actually practicing in Minnesota is not known. Survey respondents represented approximately 88 percent of all dental hygienists renewing licenses in 2005.

If active Minnesota-based dental hygienists responded to the survey at about the same rate as all dental hygienists renewing their licenses, the estimated total number of dental hygienists working at least part time in Minnesota would be about 3,310. If active Minnesota dental hygienists were more likely to respond to the survey, the estimated number of active Minnesota dental hygienists would be somewhat lower.

Using the July 1, 2005, population estimate for Minnesota, 3,310 dental hygienists equate to about 64 dental hygienists per 100,000 people.

Because of different data sources and definitions, this estimate of 64 active dental hygienists is not directly comparable to other reported data. The Bureau of Health Professions in the U.S. Health Resources and Services Administration reported that Minnesota had 3,410 practicing dental hygienists in 2000, or 69 dental hygienists per 100,000 people, exceeding the national number of 50. This federal data appears to include licensed dental hygienists practicing in states other than the state in which licensed.

Profile of Minnesota Dental Hygienists – 2005

page 5

Dental hygienist workforce data has previously been reported for “urban” and “rural” portions of the state. Urban has been defined to include seven Twin Cities metropolitan counties (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington) and the cities of Duluth, Rochester and St. Cloud. For 2005, data is also reported for three groupings that focuses greater attention on the 46 most rural counties:

Metropolitan Statistical Area (MSA) counties – 21 Minnesota counties included in seven MSAs (Minneapolis-St. Paul, St. Cloud, Rochester, Duluth-Superior, Fargo, Grand Forks and La Crosse)

Micropolitan counties – 20 counties surrounding smaller urban centers of at least 10,000 people

Rural – 46 counties outside MSAs and Micropolitan areas.

In the data tables, shaded rows and columns distinguish data reported under the old urban-rural definition from data reported under the new MSA-micropolitan-rural definition.
