

Fact Sheet: Minnesota's Dental Hygienist Workforce – 2008-2009



The Office of Rural Health and Primary Care (ORHPC), in cooperation with the Minnesota Board of Dentistry, collects information on education, career and future plans of dental hygienists. Minnesota dental hygienists voluntarily complete workforce surveys during the biennial licensing renewal process. Unless noted, all data presented are based on information collected from dental hygienists renewing licenses from 2008 to 2009. **Contact ORHPC with questions or data requests about dental hygienists or other Minnesota health care professionals at 651-201-3838, or visit ORHPC at: www.health.state.mn.us/divs/orhpc/workforce.**

Overall:

- According to the Minnesota Board of Dentistry, a total of 4,608 dental hygienists renewed their Minnesota licenses between 2008 and 2009. ORHPC received 2,926 survey responses, representing an overall response rate of 63 percent.
- Among survey respondents, 2,112 or 72 percent reported actively practicing in Minnesota. The remaining 814 respondents were not practicing as hygienists, were practicing in other states, or did not indicate practice locations.
- Based on number of respondents and license renewals, an estimated 3,594 hygienists were practicing in Minnesota or approximately 68 per 100,000 population.¹

Sex, Race and Ethnicity:

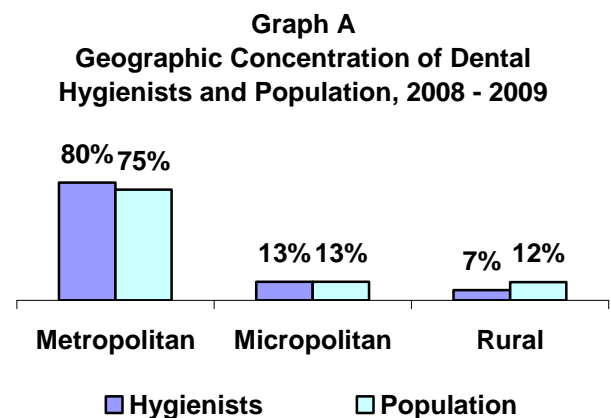
- Hygienists are predominately female (98 percent).
- Nearly all hygienists identified themselves as White (97 percent).
- Only 3 percent of hygienists identified themselves as African American, Native American, Asian or multiracial. Less than 1 percent identified their ethnicity as Hispanic.

Training and Education:

- Most hygienists (83 percent) received their training and education at one of 10 dental hygiene programs in Minnesota.
- More than half (69 percent) received an associate degree in preparation for licensure as a hygienist while 30 percent had acquired a bachelor's degree or higher.

Geographic Distribution:

- Most hygienists were concentrated in metropolitan² areas of Minnesota (80 percent), while 13 percent of hygienists were practicing in micropolitan³ areas of the state. Only 7 percent of hygienists practiced in rural areas,⁴ where 12 percent of Minnesota's residents live. (Graph A).



Age Range:

- Based on license information, half of the hygienist workforce was 45 years or older (53 percent).

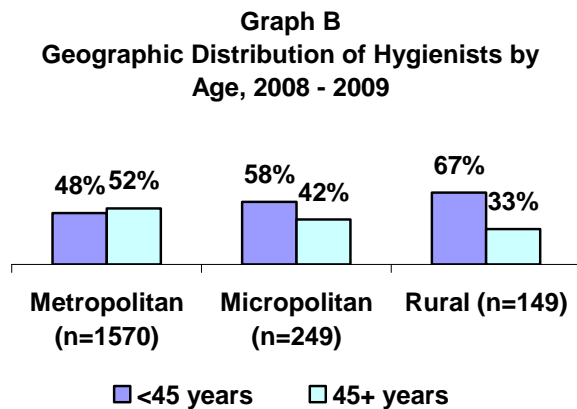
¹ 2008 Minnesota Population Estimates

² Metropolitan Statistical Areas (MSA) = 23 counties included in seven metropolitan statistical areas (Minneapolis-St. Paul, St. Cloud, Rochester, Duluth-Superior, Fargo, Grand Forks and La Crosse).

³ Micropolitan counties = 18 counties surrounding smaller urban centers of at least 10,000 people.

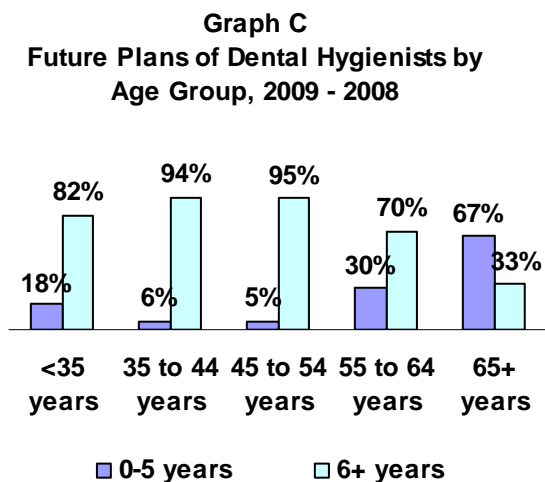
⁴ Rural counties = 46 counties outside MSA and micropolitan areas.

- Younger hygienists (<45 years) outnumber older hygienists nearly two to one in rural areas of Minnesota (Graph B).



Practice Longevity Plans:

- Thirteen percent of hygienists expected to stop practicing within the next five years.
- Twenty-two percent of hygienists intended to practice another six to 10 years.
- Most (66 percent) hygienists planned to practice another 10 years or more.
- With the exception of those near retirement (55+ years), hygienists younger than 35 years were most likely to stop practicing within the next five years (18 percent) compared to other age groups (Graph C).



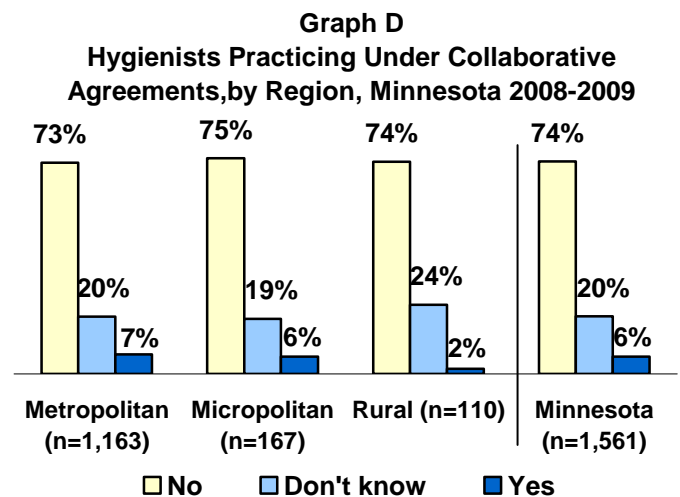
Primary Practice Setting:

- Hygienists had worked an average of 10 years at their current work site or facility.
- Most (71 percent) worked part time (<35 hours per week).

- In Minnesota, the median wage for a hygienist rose from \$27.53/hour in 2001 to \$33.47/hour in 2008, a 22 percent increase.⁵
- The most common practice settings for hygienists were solo private practices (40 percent) or small group private practices with two to four dentists (41 percent).
- Nine out of 10 hygienists reported direct patient care as their primary activity.

Collaborative Hygienists:

- Six percent of hygienists said they were actively participating under a collaborative agreement with a dentist, while 20 percent said they did not know if they were participating under a collaborative agreement (Graph D).
- Among the 6 percent of hygienists who reported actively practicing under a collaborative agreement, it appears a larger proportion worked in metropolitan (7 percent) or micropolitan areas (6 percent) rather than a rural area (2 percent) (Graph D).



- Top five primary practice settings were managed care organization (44 percent), small group private practice (19 percent), solo private practice (11 percent), community or school clinic (9 percent), and large group private practice (5 percent).

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⁵ Bureau of Labor Statistics, U.S. Department of Labor, Occupational Employment Statistics May 2008 on the Internet at http://www.bls.gov/oes/2008/may/oes_MN.htm (April 29, 2010).