

1977 DENTIST SURVEY

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Each year the Division of Records and Statistics of the Iowa State Department of Health collects data pertaining to licensed health manpower. A result is the 1977 data which are contained in this report.

Licensed health manpower data are obtained in the fulfillment of a contract with the Division of Health Manpower and Facilities Statistics, National Center for Health Statistics. This agency has established the Cooperative Health Statistics System (C.H.S.S.) for the purpose of collecting health and vital data to meet needs at federal, state, and local levels. Another purpose of C.H.S.S. is to produce data on a periodical basis for the broad assessment of the health status of the population and the planning, management, and evaluation of the delivery of health services.

In conjunction with the license renewal process, nine professions were surveyed during 1977:

- . Dentists
- . Dental Hygienists
- . Physicians
- . Podiatrists
- . Optometrists
- . Physical Therapists
- . Chiropractors
- . Veterinarians
- . Nursing Home Administrators

Each professional, who responded to the survey, verified the information which was completed in 1976. If specific items were incorrect or had changed since last year, the respondents made the necessary changes.

The 1977 Dentist surveys were mailed with the license renewal applications initially to 2,411 Dentists who were licensed in the state of Iowa in 1976 or were added to the file prior to the initial mailing. As of November 16, 1977, the final cutoff date for processing survey questionnaires, a total of 2,305 surveys had been completed. This total represents 96.4% of the 2,392 Dentists who renewed or obtained new licenses prior to the final data tabulations.

The following general characteristics were recorded:

Among the respondents to the survey, 1,303, or 56.5% of the total respondents indicated they were actively practicing in their licensed field in Iowa. (The tables in this report represent those 1,303 active Iowa Dentists, approximately *94.8% of all the Dentists actively practicing in the state.)

Dentists actively practicing in the licensed field out of state number 802 or 34.8% of the total respondents.

Among the Dentists who responded, 15 or 0.7% were not employed.

An additional 172 Dentists or 7.5% of the total respondents were retired.

* estimated according to the number of non-responders with Iowa mailing addresses.

TABLE 1

TABLE 1

NUMBER OF DENTISTS BY COUNTY AND TYPE OF PRACTICE, BY AGE GROUP
IOWA, 1977

COUNTY AND TYPE OF PRACTICE	ALL AGES	AGE GROUP						N.S.
		UNDER 30	30-39	40-49	50-59	60-64	65+	
DALLAS								
ALL TYPES OF PRACTICE	8	-	3	2	-	1	2	-
GENERAL PRACTICE	7	-	2	2	-	1	2	-
SPECIALISTS	1	-	1	-	-	-	-	-
ORAL SURGEON	-	-	-	-	-	-	-	-
ORTHODONTIST	-	-	-	-	-	-	-	-
PEDODONTIST	-	-	-	-	-	-	-	-
PERIODONTIST	-	-	-	-	-	-	-	-
OTHER	1	-	1	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-
DAVIS								
ALL TYPES OF PRACTICE	4	2	-	-	1	-	1	-
GENERAL PRACTICE	3	2	-	-	-	-	1	-
SPECIALISTS	1	-	-	-	1	-	-	-
ORAL SURGEON	-	-	-	-	-	-	-	-
ORTHODONTIST	-	-	-	-	-	-	-	-
PEDODONTIST	-	-	-	-	-	-	-	-
PERIODONTIST	-	-	-	-	-	-	-	-
OTHER	1	-	-	-	1	-	-	-
NOT STATED	-	-	-	-	-	-	-	-
DECATUR								
ALL TYPES OF PRACTICE	2	-	-	1	-	-	1	-
GENERAL PRACTICE	2	-	-	1	-	-	1	-
SPECIALISTS	-	-	-	-	-	-	-	-
ORAL SURGEON	-	-	-	-	-	-	-	-
ORTHODONTIST	-	-	-	-	-	-	-	-
PEDODONTIST	-	-	-	-	-	-	-	-
PERIODONTIST	-	-	-	-	-	-	-	-
OTHER	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-
DELAWARE								
ALL TYPES OF PRACTICE	4	1	2	1	-	-	-	-
GENERAL PRACTICE	4	1	2	1	-	-	-	-
SPECIALISTS	-	-	-	-	-	-	-	-
ORAL SURGEON	-	-	-	-	-	-	-	-
ORTHODONTIST	-	-	-	-	-	-	-	-
PEDODONTIST	-	-	-	-	-	-	-	-
PERIODONTIST	-	-	-	-	-	-	-	-
OTHER	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-
DES MOINES								
ALL TYPES OF PRACTICE	22	2	5	4	5	1	4	1
GENERAL PRACTICE	17	2	5	2	2	1	4	1
SPECIALISTS	4	-	-	2	2	-	-	-
ORAL SURGEON	2	-	-	1	1	-	-	-
ORTHODONTIST	2	-	-	1	1	-	-	-
PEDODONTIST	-	-	-	-	-	-	-	-
PERIODONTIST	-	-	-	-	-	-	-	-
OTHER	-	-	-	-	-	-	-	-
NOT STATED	1	-	-	-	1	-	-	-

Appendix

HEALTH MANPOWER BASIC DATA SURVEY QUESTIONNAIRE

PLEASE VERIFY OR COMPLETE THE ITEMS BELOW.
MAKE ANY NEEDED CHANGES ABOVE THE INCORRECT INFORMATION.

1. SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	2. BIRTH DATE MO DAY YR	3. RACE 1 <input type="checkbox"/> WHITE 3 <input type="checkbox"/> ORIENTAL 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> BLACK 4 <input type="checkbox"/> AMERICAN INDIAN	4. PROFESSIONAL EDUCATION (BASIC QUALIFYING EDUC. IN LICENSED FIELD) CITY _____ (NAME OF SCHOOL) _____ STATE _____	5. YEAR GRADUATED _____	
6. MARITAL STATUS 1 <input type="checkbox"/> NEVER MARRIED 4 <input type="checkbox"/> WIDOWED 2 <input type="checkbox"/> MARRIED 5 <input type="checkbox"/> DIVORCED 3 <input type="checkbox"/> SEPARATED		7. EDUCATION: HIGHEST DEGREE OR LEVEL ATTAINED IN LICENSED FIELD 1 <input type="checkbox"/> LESS THAN H.S. DIPLOMA 5 <input type="checkbox"/> BACCALAUREATE DEGREE 2 <input type="checkbox"/> H.S. DIPLOMA OR G.E.D. 6 <input type="checkbox"/> MASTERS DEGREE 3 <input type="checkbox"/> NURSING SCHOOL DIPLOMA 7 <input type="checkbox"/> DOCTORATE DEGREE (OTHER THAN DOCTORATE REQUIRED FOR LICENSURE) 4 <input type="checkbox"/> ASSOCIATE DEGREE OR CERTIFICATE		8. HOW MANY YEARS HAVE YOU BEEN ACTIVE IN LICENSED FIELD? (EXCLUDE PERIODS OF INACTIVITY) _____ YEARS	
9. LICENSED BY OTHER STATE(S) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	11. USUAL WORKING STATUS: (CHECK ONE ITEM ONLY) 1 <input type="checkbox"/> SELF EMPLOYED 3 <input type="checkbox"/> NOT EMPLOYED 2 <input type="checkbox"/> EMPLOYED 4 <input type="checkbox"/> RETIRED		12. IF SELF EMPLOYED: 1 <input type="checkbox"/> SOLO 2 <input type="checkbox"/> GROUP NUMBER IN GROUP _____ (INCLUDE YOURSELF)	13. TYPE OF PRACTICE: 1 <input type="checkbox"/> GENERAL 3 <input type="checkbox"/> PRIMARY 2 <input type="checkbox"/> SPECIALTY 4 <input type="checkbox"/> SECONDARY (WRITE IN SPECIALTY IN ORDER OF IMPORTANCE.) 5 <input type="checkbox"/> TERTIARY	
10. DO YOU WORK IN LICENSED FIELD? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		IF NOT WORKING IN LICENSED FIELD, RETIRED OR NOT EMPLOYED, STOP HERE.			
14. PRIMARY WORKING LOCATION IN LICENSED FIELD: CITY _____ COUNTY _____ STATE _____ ZIP _____				15. HOW LONG HAVE YOU WORKED AT PRESENT LOCATION? _____ YEARS	
16. PRIMARY WORKING LOCATION IN LICENSED FIELD TWELVE MONTHS AGO: CITY _____ COUNTY _____ STATE _____ ZIP _____				17. <input type="checkbox"/> NOT WORKING 12 MONTHS AGO	
18. MAJOR WORK SETTING (CHECK ONE ITEM ONLY):					
1 <input type="checkbox"/> HOSPITAL 2 <input type="checkbox"/> NURSING HOME 3 <input type="checkbox"/> COLLEGE OR SCHOOL OF MEDICINE OR DENTISTRY 4 <input type="checkbox"/> COLLEGE OR SCHOOL OF NURSING 5 <input type="checkbox"/> OTHER COLLEGE OR UNIVERSITY 6 <input type="checkbox"/> ELEMENTARY OR HIGH SCHOOL 7 <input type="checkbox"/> SCHOOL OR TREATMENT CENTER FOR THE HANDICAPPED OR DISABLED	8 <input type="checkbox"/> OTHER SCHOOLS 9 <input type="checkbox"/> PUBLIC HEALTH 10 <input type="checkbox"/> OUT PATIENT CLINIC 11 <input type="checkbox"/> PRACTITIONER OFFICE, INDIVIDUAL 12 <input type="checkbox"/> PRACTITIONER OFFICE GROUP 13 <input type="checkbox"/> MANUFACTURING OR INDUSTRY 14 <input type="checkbox"/> RETAIL OR WHOLESALE TRADE 15 <input type="checkbox"/> OTHER BUSINESS	16 <input type="checkbox"/> GROUP HEALTH PLAN FACILITY 17 <input type="checkbox"/> PATIENT HOMES 18 <input type="checkbox"/> MEDICAL RESEARCH INSTITUTE 19 <input type="checkbox"/> PROFESSIONAL OR ALLIED HEALTH ASSOCIATION 20 <input type="checkbox"/> ADMINISTRATIVE OR REGULATORY HEALTH AGENCY 21 <input type="checkbox"/> OTHER, SPECIFY _____			
19. MAJOR FORM OF EMPLOYMENT: (CHECK A, B OR C AND ONE CORRESPONDING SUBGROUP ONLY) A <input type="checkbox"/> GOVERNMENT 1 <input type="checkbox"/> LOCAL GOVT. 2 <input type="checkbox"/> COUNTY GOVT. 3 <input type="checkbox"/> STATE GOVT. 4 <input type="checkbox"/> FEDERAL (CIVILIAN) GOVT. 5 <input type="checkbox"/> FEDERAL (ARMED FORCES) GOVT.		B <input type="checkbox"/> NON GOVERNMENTAL C <input type="checkbox"/> OTHER 1 <input type="checkbox"/> VOLUNTARY (UNPAID) 2 <input type="checkbox"/> OTHER: (EXCLUDING SELF EMPLOYED OR SALARIED) SPECIFY _____		20. WEEKS WORKED IN PAST 12 MONTHS _____	21. TOTAL HOURS WORKED PER WEEK: LIST HOURS USUALLY WORKED PER WEEK IN: 1 _____ PATIENT CARE 4 _____ ADMINISTRATION 2 _____ TEACHING COURSES 5 _____ RETAIL OR WHOLESALE TRADE 3 _____ RESEARCH 6 _____ OTHER SPECIFY _____

I HAVE VERIFIED OR COMPLETED THE ABOVE INFORMATION. (PLEASE INITIAL BELOW)

THANK YOU FOR YOUR COOPERATION

APPENDIX TABLE 1

DENTISTS

SUMMARY OF THE RESPONSES TO THE SURVEY
IOWA, 1977

QUESTION NUMBER	NUMBER OF RESPONDENTS	PERCENT OF RESPONDENTS	PERCENT OF WITHIN QUESTION RESPONDING
TOTAL	1303	100.0	...
1	1303	100.0	100.0
1	1297	...	99.5
2	6	...	.5
2	1297	99.5	...
3	1295	99.4	100.0
1	1278	...	98.7
2	4	...	.3
3	11	...	.8
4	-	...	...
5	2	...	.2
4	1303	100.0	...
5	1298	99.6	...
6	1295	99.4	100.0
1	45	...	3.5
2	1200	...	92.7
3	3	...	.2
4	13	...	1.0
5	34	...	2.6
7	1303	100.0	100.0
1	-	...	...
2	-	...	...
3	-	...	...
4	-	...	...
5	-	...	...
6	-	...	...
7	1303	...	100.0
8	1244	95.5	...
9	1303	100.0	...
1	332	25.5	...
2	971	74.5	...
10	1303	100.0	...
1	1303	100.0	100.0
2	-	...	...
11	1303	...	...
1	1123	86.2	86.2
2	180	...	13.8
3	-	...	...
4	-	...	100.0
12	1118	...	...
1	900	...	80.5
2	218	...	19.5

APPENDIX TABLE 1

DENTISTS

SUMMARY OF THE RESPONSES TO THE SURVEY
IOWA, 1977

QUESTION NUMBER	NUMBER OF RESPONDENTS	PERCENT OF RESPONDENTS	PERCENT OF WITHIN QUESTION RESPONDING
13	1303	100.0	100.0
1	-	...	
2	1303	...	100.0
3	1286	...	98.9
4	13	...	1.0
5	2	...	.2
14	1303	100.0	...
15	1181	90.6	...
16	1272	97.6	...
17	27	2.1	...
18	1295	99.4	100.0
1	16	...	1.2
2	1	...	.1
3	75	...	5.8
4	-	...	
5	-	...	
6	-	...	
7	4	...	.3
8	-	...	
9	-	...	
10	7	...	.5
11	912	...	70.4
12	272	...	21.0
13	-	...	
14	-	...	
15	-	...	
16	-	...	
17	-	...	
18	-	...	
19	2	...	.2
20	2	...	.2
21	4	...	.3
19	1302	99.9	...
A	96	7.4	100.0
1	6	...	6.3
2	4	...	4.2
3	76	...	82.3
4	7	...	7.3
5	-	...	
B	1202	92.2	100.0
C	4	.3	100.0
1	-	...	
2	4	...	100.0
20	1086	83.3	...
21	1170	89.8	100.0
1	1156	...	98.8
2	133	...	11.4
3	67	...	5.7
4	314	...	26.8
5	-	...	
6	63	...	5.4

APNDX 2

APPENDIX TABLE 2

DENTISTS

NUMBER OF RESPONDERS AND NONRESPONDERS BY COUNTY

IOWA, 1977

COUNTY	TOTAL	RESPONDERS	NONRESPONDERS*
STATE	1375	1303	72
ADAIR	4	2	2
ADAMS	2	2	-
ALLAMAKEE	7	7	-
APPANOOSE	5	4	1
AUDUBON	4	4	-
BENTON	6	5	1
BLACK HAWK	62	61	1
BOONE	8	7	1
BREMER	10	10	-
BUCHANAN	7	7	-
BUENA VISTA	9	9	-
BUTLER	2	2	-
CALHOUN	6	6	-
CARROLL	11	10	1
CASS	10	10	-
CEDAR	6	6	-
CERRO GORDO	29	29	-
CHEROKEE	7	6	1
CHICKASAW	3	2	1
CLARKE	1	1	-
CLAY	13	13	-
CLAYTON	2	2	-
CLINTON	26	26	-
CRAWFORD	7	6	1
DALLAS	9	8	1
DAVIS	4	4	-
DECATUR	2	2	-
DELAWARE	4	4	-
DES MOINES	22	22	-
DICKINSON	2	2	-
DUBUQUE	55	52	3
EMMET	2	2	-
FAYETTE	9	9	-
FLOYD	12	10	2
FRANKLIN	5	5	-
FREMONT	2	2	-
GREENE	4	4	-
GRUNDY	3	3	-
GUTHRIE	2	2	-
HAMILTON	6	6	-
HANCOCK	6	6	-
HARDIN	9	9	-
HARRISON	3	3	-
HENRY	9	8	1
HOWARD	5	5	-
HUMBOLDT	5	5	-
IDA	4	4	-
IOWA	7	6	1

*COUNTY OF MAILING ADDRESS

APNDX 2

APPENDIX TABLE 2

DENTISTS

NUMBER OF RESPONDERS AND NONRESPONDERS BY COUNTY

IOWA, 1977

COUNTY	TOTAL	RESPONDERS	NONRESPONDERS*
JACKSON	6	6	-
JASPER	17	17	-
JEFFERSON	7	6	1
JOHNSON	138	116	22
JONES	7	7	-
KEOKUK	3	1	2
KOSSUTH	8	8	-
LEE	19	19	-
LINN	82	81	1
LOUISA	2	2	-
LUCAS	2	2	-
LYON	3	3	-
MADISON	4	3	1
MAHASKA	6	5	1
MARION	13	12	1
MARSHALL	22	22	-
MILLS	4	4	-
MITCHELL	5	5	-
MONONA	3	3	-
MONROE	2	2	-
MONTGOMERY	5	5	-
MUSCATINE	15	14	1
OBRIEN	8	8	-
OSCEOLA	2	2	-
PAGE	12	12	-
PALO ALTO	4	4	-
PLYMOUTH	12	12	-
POCAHONTAS	5	4	1
POLK	185	174	11
POTTAWATTAMIE	37	36	1
POWESHIEK	8	8	-
RINGGOLD	2	2	-
SAC	5	5	-
SCOTT	67	63	4
SHELBY	5	5	-
SIoux	12	11	1
STORY	27	25	2
TAMA	5	5	-
TAYLOR	2	2	-
UNION	5	5	-
VAN BUREN	1	1	-
WAPELLO	12	12	-
WARREN	8	8	-
WASHINGTON	9	9	-
WAYNE	2	2	-
WEBSTER	23	22	1
WINNEBAGO	8	8	-
WINNESHIEK	12	12	-
WOODBURY	56	54	2
WORTH	3	3	-
WRIGHT	8	8	-

*COUNTY OF MAILING ADDRESS

APPENDIX TABLE 3
 *EMPLOYMENT STATUS OF IOWA DENTISTS
 Iowa, 1977

EMPLOYMENT STATUS	EMPLOYED IN LICENSED FIELD			
	TOTAL	YES	NO	NOT STATED
TOTAL	1,404	1,303	101	-
**TOTAL EMPLOYED	1,307	1,303	4	-
SELF EMPLOYED	1,125	1,123	2	-
EMPLOYED	182	180	2	-
NOT EMPLOYED	12	-	12	-
RETIRED	85	-	85	-

*BASED ON: Location of employment - Iowa for active respondents. For inactive respondents mailing address is Iowa.

**The sum of Total Employed Yes and Total Employed Not Stated, equals the State Total in Data Table 1.