

Health workforce survey data

Dental hygienist report

June 29, 2026

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Executive summary

The 2024 workforce survey greatly increased the number of respondents and response rates compared to previous surveys. While the number of dental hygienists has increased since 2018, the number of distinct or unique employers has decreased. The majority of responding dental hygienists practice in more urban locations, specifically in Salt Lake and Utah County (55% of respondents). The overwhelming majority of responding dental hygienists work and plan to continue working part-time.

Key findings

- The number of dental hygienists with reported wages in unemployment insurance data has increased every year since 2019.
- Turnovers outpaced new hires during 2020 through 2022: there was a shift in 2023 where new hires overtook turnovers.
- Approximately 85% of respondents indicate they work part-time, while about 15% work full-time.
- While 70% of respondents plan to continue working the same hours they work now over the next two years, approximately 14% indicated they plan to reduce their hours, shift away from patient care, leave, or retire.
- Of the respondents who indicated providing care in Utah, approximately 32% practice in Salt Lake County and 22% in Utah County.
- While rural counties typically have fewer dental hygienists compared to more metro or urban areas, when controlling for county population, the rates of responding providers for many rural counties are generally more similar to more urban or higher populated counties.
- Approximately 77% of respondents indicate they earned their qualifying degree in Utah.



Introduction

The Utah Health Workforce Information Center (HWIC, <https://hwic.utah.gov/>) was established in 2022 through HB176 (<https://le.utah.gov/~2022/bills/static/HB0176.html>) and is a key entity in efforts to collect and analyze healthcare workforce data in Utah. This legislation also created the Governor’s Health Workforce Advisory Council (HWAC), which provides strategic guidance and oversight on policies and initiatives to strengthen the state’s healthcare workforce across all sectors. The Department of Professional Licensing (DOPL), responsible for the licensing of healthcare professionals in Utah, is now required to integrate workforce survey questions into the licensing process. These surveys, previously developed and administered by the Utah Medical Education Council (UMEC), help inform decisions regarding workforce trends and needs. By incorporating these surveys and capturing this data, the HWAC will now have data to inform health workforce initiatives and recommendations for Utah.

Background

A dental hygienist is a “dental health specialist that promotes the prevention of oral and systemic disease, provides non-surgical periodontal therapy, and helps maintain the overall dental health of the population.” (California Dental Hygienists’ Association, 2025). The Department of Health and Human Services (DHHS) describes dental hygienists’ responsibilities and tasks as commonly including “taking medical history and vital signs, scaling and polishing teeth, applying sealants and fluoride, taking and developing X-rays, evaluating oral health, documenting care, treating gum disease, educating patients”, among other services (American Dental Hygienists’ Association, 2025, para. 5).



Utah dental hygienist workforce in context

Table 1 compares key characteristics of Utah’s dental hygienist workforce to national averages and highlights differences in wages, employment density, education levels, age, and gender distribution. Understanding these comparisons helps identify areas in which Utah’s dental hygienist workforce aligns with or differs from broader trends.

Table 1. Comparison of Utah dental hygienist workforce to national averages

Measure	National average	Utah average
Pay per hour	\$45.32	\$39.72
Per 1,000 jobs	0.7	2
Associate's degree holders	71%	48%
Bachelor's degree holder	25%	50%
Master's degree holders	2%	<1%
Average age	42	41
Gener distribution (female)	94%	98%

Bureau of Labor Statistics, 2024; Zippia, 2025; Data USA, 2023; Department of Workforce Services, 2025

Comparing the average Utah dental hygienist wage to the national average results in a difference of about \$52,167 per year, meaning Utah dental hygienists on average, earn about 55% less.

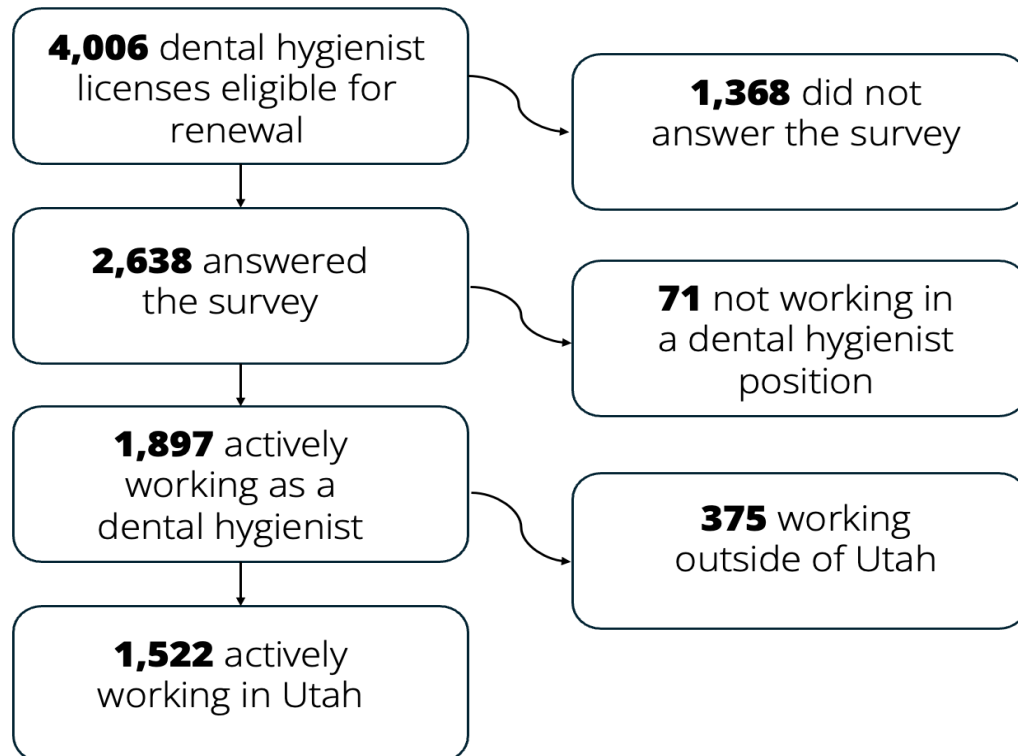
While the information about education, age, and gender comes from survey results that may not represent the entire population of dental hygienists in Utah, it appears that the survey respondents tend to be slightly older and have different educational backgrounds compared to the national average.



Methods

DOPL survey

Figure 1. DOPL survey population and respondents



DOPL, Utah, 2024

All practitioners who were eligible for online renewal were offered the survey during their license renewal process and participation in the survey was voluntary. This type of sampling design is often referred to as convenience samples or non-probability samples. Providers who chose to respond to the survey may not be representative of the entire workforce. Therefore, the statistical analysis included in this report only represents individuals who participated in the survey and does not attempt to make inferences about the entire population. Comprehensive unit and item non-response rates are also provided to guide interpretation of the results (see Appendix A). Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

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included in this report only represents individuals who participated in the survey and does not attempt to make inferences about the entire population. Comprehensive unit and item non-response rates are also provided to guide interpretation of the results (see Appendix A). Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

DOPL data preparation and analysis

Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed, including how to evaluate duplicate respondent records, questions with multiple responses, and null-type values. Only data from respondents who replied to a question and provided a valid license number are included in the analysis. Including responses from those with invalid license numbers can introduce bias since the missing data might represent a distinct group that could potentially skew results.

Dental hygienists whose license had expired in the previous two years were eligible for online renewal and were invited to participate in the survey. DOPL reported there were 4,006 dental hygienists eligible for renewal, and 2,638 of them provided a valid DOPL license number and responded to at least one survey question.

Other data sources

While the focus of this analysis is on the dental hygienist DOPL survey, supplemental data are also used to help contextualize the survey results and provide deeper insights into the dental hygienist workforce in Utah. Other data sources that are included in this report include: Unemployment insurance (UI), National Plan and Provider Enumeration System (NPPES), and education data.

UI data includes those with reported wages and shows that there were 2,028 providers in 2023. UI analysis is based on data captured through the Utah Department of Workforce Services' unemployment insurance program. Employers pay unemployment taxes based on the wages earned by their employees. A data-sharing agreement is in place that allows the HWIC to request data for individuals found in healthcare workforce professional licenses.

UI data has limitations. Notably, the data contains an industry code and employer name but does not specify geographic area, job title, or scope of work performed by the individual. The data indicate that a provider was employed in a healthcare-related industry as indicated by a code starting with 62 in the North American Industry Classification System (NAICS). In addition, self-employed healthcare workers, such as those in private practice, do not report their wages since they do not pay into the Utah unemployment insurance program.

The NPPES serves as the national system designed to assign unique identifiers to healthcare providers and health plans who apply for the National Provider Identifier (NPI). NPIs are being used across the healthcare industry and government health care programs.



Graduation counts and the number of programs come from the Integrated Postsecondary Education Data System (IPEDS) Graduates data, Urban Institute Education Data Portal (UIEDP) API directory: <https://educationdata.urban.org/documentation/colleges.html#ipeds-awards-by6-digit-cip-code>.

Additional API information is available at: <https://urbaninstitute.github.io/education-datapackage-r/>

Job postings are obtained from Conference Board–Lightcast Help Wanted OnLine data, provided by the Department of Workforce Services (DWS). DWS provides monthly counts of jobs by Standard Occupational Classification (SOC) codes associated with dental hygienists.

Note that all 2020 data should be interpreted with an understanding that the COVID-19 pandemic caused significant disruptions in healthcare staffing, hiring patterns, and workforce demand, which may not reflect typical trends.



Results

Licensed and active workforce

Dental hygienists who renewed their license during 2023 and those whose license expired in the previous two years were eligible for online renewal and were supposed to be invited to participate in the survey. Based on the population files supplied by DOPL, approximately 66% responded to at least one survey question and provided a valid license number that matched dental hygienist licenses from DOPL's database.

The 2024 survey was the first HWIC survey of dental hygienists though dentists have been surveyed since in 2006.

Figure 2. Dental hygienist license count
Dental hygienist licenses have increased over time

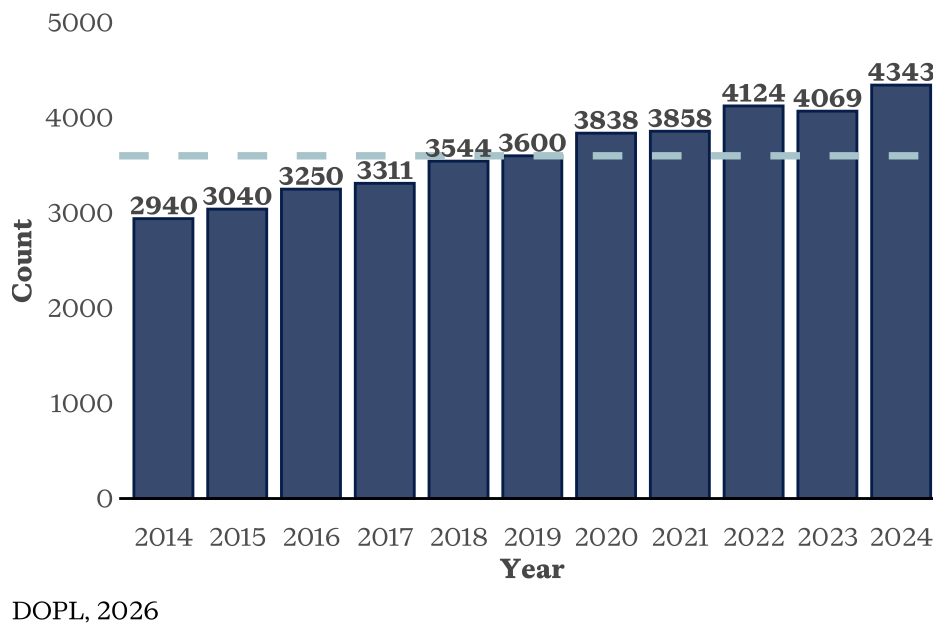
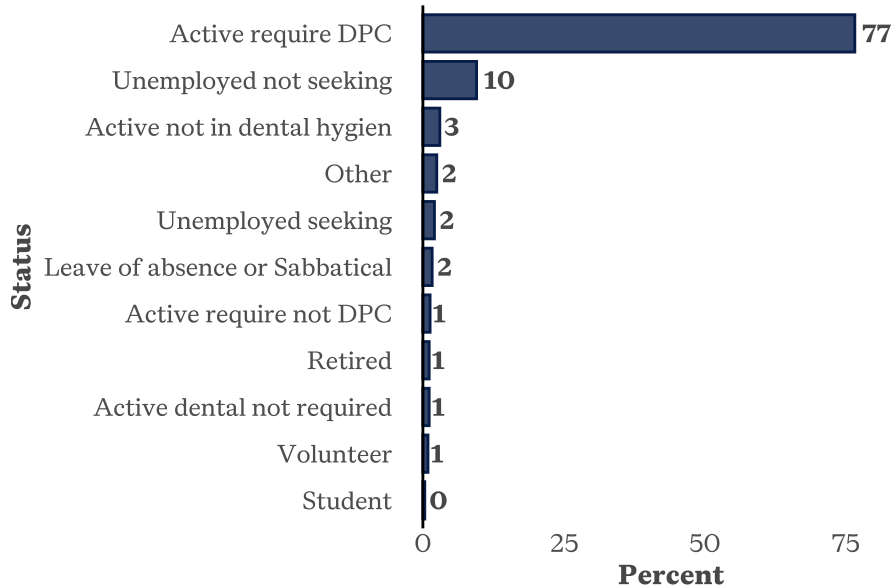


Figure 2 shows the number of dental hygienist licenses from DOPL during 2014-2024. From 2014 to 2024, the number of dental hygienist licenses increased every year with the exception of 2023. The number of dental hygienist licenses in 2023 increased by about 48% from 2014.



Figure 3. Employment status

Most are active in a position that requires licensure



Dental hygienist workforce survey, Utah, 2024

Figure 3 shows the proportion of respondents' reported employment status. Response options were modified for the presentation of the chart. What is displayed as "active require" appeared on the survey as "actively working in a position that requires this license". "Active not require" appeared on the survey as "actively working in a position in the field of nursing that does not require this license". "Unemployed seeking" appeared on the survey as "unemployed and seeking work that requires this license". "Volunteer" appeared on the survey as "volunteer work only". "Unemployed not seeking" appeared on the survey as "unemployed and not seeking work that requires this license". "Active not in medicine" appeared on the survey as "actively working in a position in a field other than medicine". Of those who responded to the question, 77% report actively working in a position that requires their license.

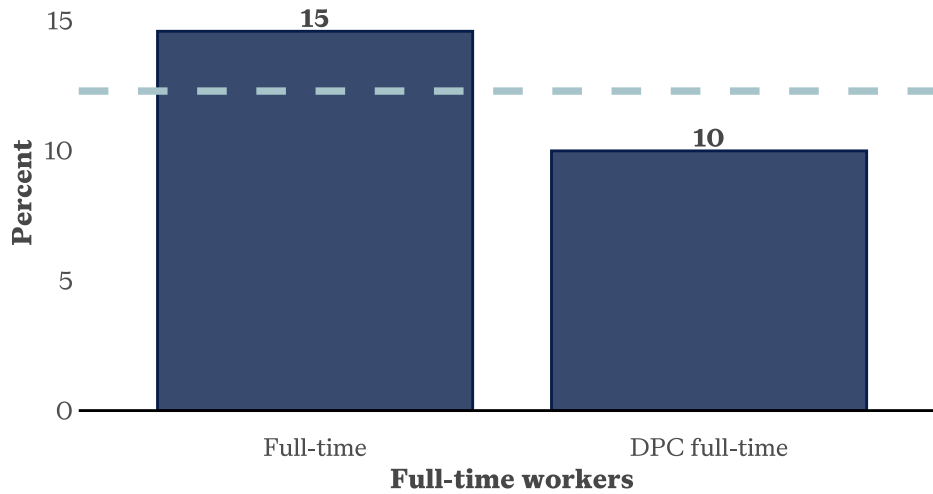
Full-time, direct patient care, and full-time equivalence (FTE)

To better estimate the supply of dental hygienists, full-time workers, direct patient care (DPC), and full-time equivalence (FTE) estimates are illustrated below.



Figure 4. Full-time workers and direct patient care

Only 15% of respondents work full-time



Dental hygienist workforce survey, Utah, 2024

Figure 4 shows the percentage of respondents' FTE status. Approximately 15% of respondents indicate they work 37 hours or more per week. To estimate the proportion of respondents working full-time, the median of the response range of primary and secondary practice locations was summed and divided by the total number of respondents who report working at least one hour in Utah.

Table 2. FTE count by county

County	FTE Count	FTE per 100k
Beaver	0	0
Box Elder	16	26
Cache	36	25
Carbon	3	15
Daggett	0	0
Davis	95	25
Duchesne	5	25



County	FTE Count	FTE per 100k
Emery	2	20
Garfield	0	0
Grand	2	20
Iron	14	21
Juab	2	16
Kane	1	12
Millard	2	15
Morgan	1	8
Piute	0	0
Rich	0	0
Salt Lake	302	25
San Juan	4	27
Sanpete	7	23
Sevier	5	23
Summit	14	32
Tooele	15	19
Uintah	12	33
Utah	194	27
Wasatch	8	21
Washington	61	31
Wayne	2	79
Weber	74	27
Total	877	595

Dental hygienist workforce survey, Utah, 2024; Kem C. Gardner Policy Institute, Utah, 2024

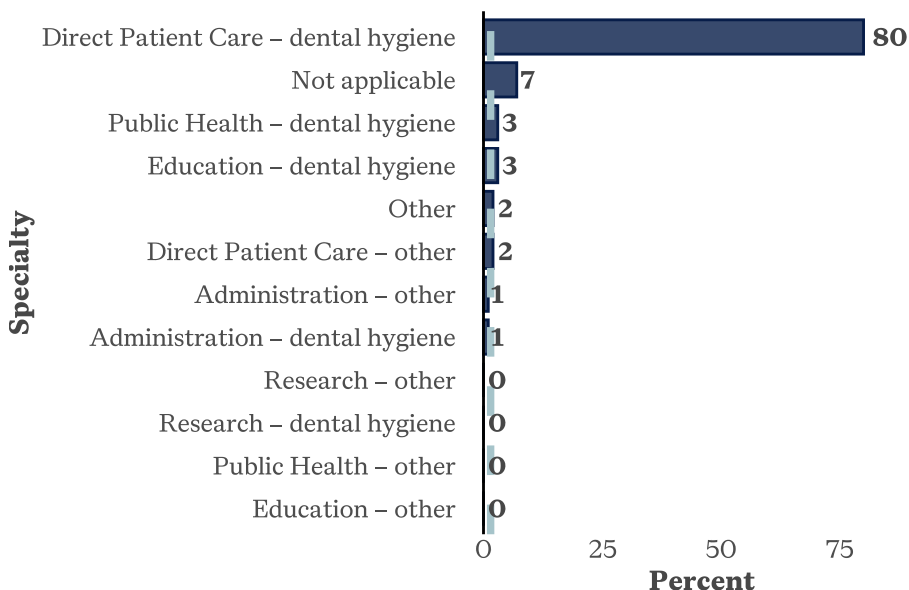


Table 2 estimates the count of FTE respondents by county. The count includes both primary and secondary practice locations. FTE was determined by converting responses into numeric values based on the midway point of the response option. Primary and secondary locations were then combined and grouped by county. Hours worked were then summed to each county and divided by 38.5, which is the midway point for the lowest full-time response option.

Specialty

Specialties of providers are analyzed below. While there are many different types of specialties, for this report due to space limitations, only the most common specialties are included in the charts below.

Figure 5. Top primary specialties
80% of respondents work in direct patient care



Dental hygienist workforce survey, Utah, 2024

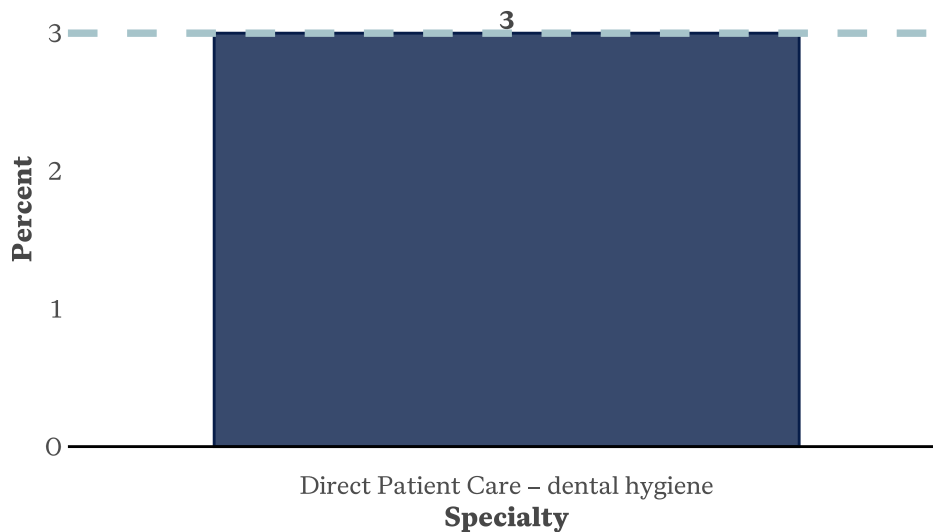
Figure 5 depicts respondents' primary specialty. Approximately 80% of providers who responded to the question indicate their primary specialty is direct patient care dental hygiene.

The primary specialty question text was mistakenly duplicated for secondary specialty, so no analysis can be conducted for possible secondary specialties.



Figure 6. Full-time specialties

Direct patient care is the only full-time specialty



Dental hygienist workforce survey, Utah, 2024

Figure 6 looks at full-time status by primary specialty. Direct patient care dental hygiene is the only specialty with full-time status with only 3% of respondents.

Practice characteristics

This section includes practitioner survey response information on practices where they provide services, such as the setting type

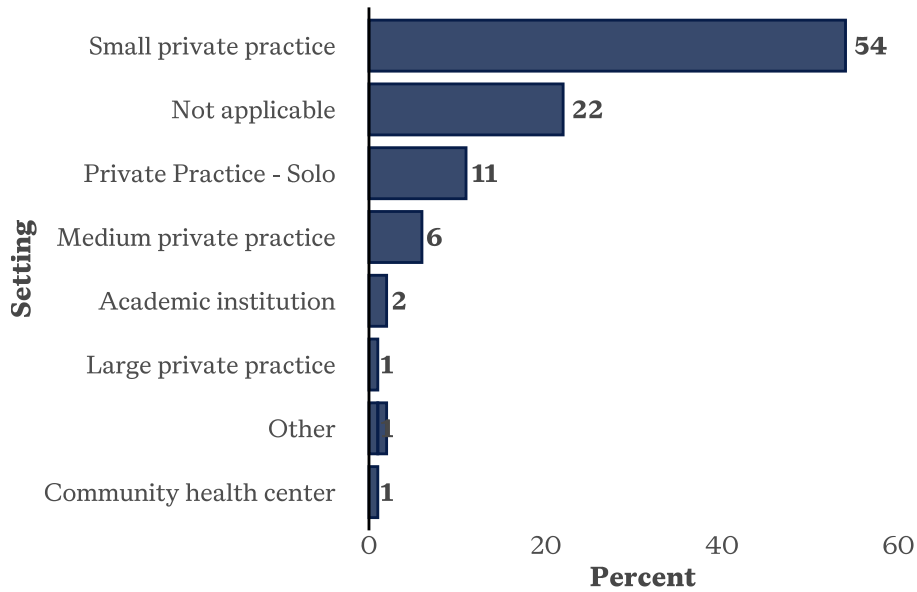
Setting

Settings of providers' practice are analyzed below. While there are many different types of settings, due to space limitations in this report, only the most common specialties are included in the charts below.



Figure 7. Primary practice setting

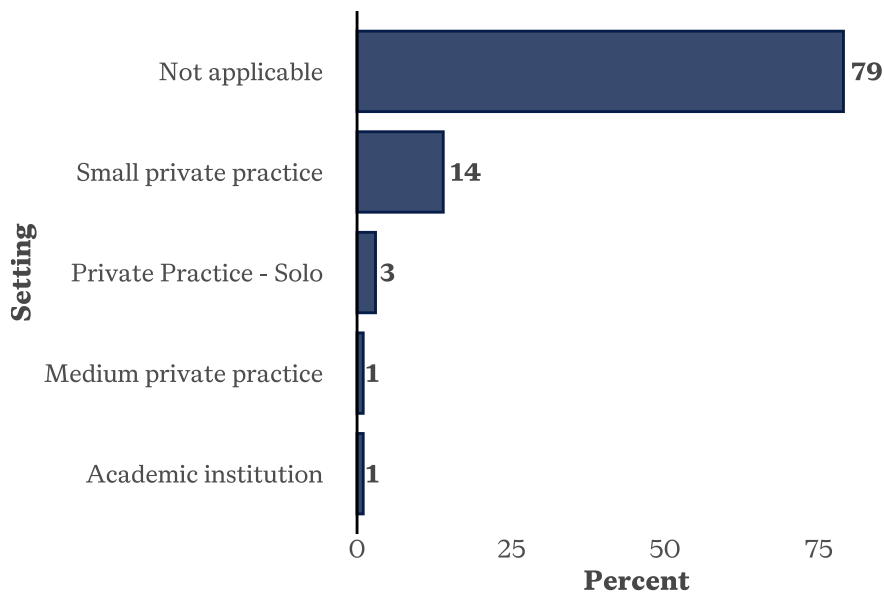
Small private practice is the most common setting



Dental hygienist workforce survey, Utah, 2024

Figure 8. Secondary practice setting

Most do not have a secondary practice setting



Dental hygienist workforce survey, Utah, 2024

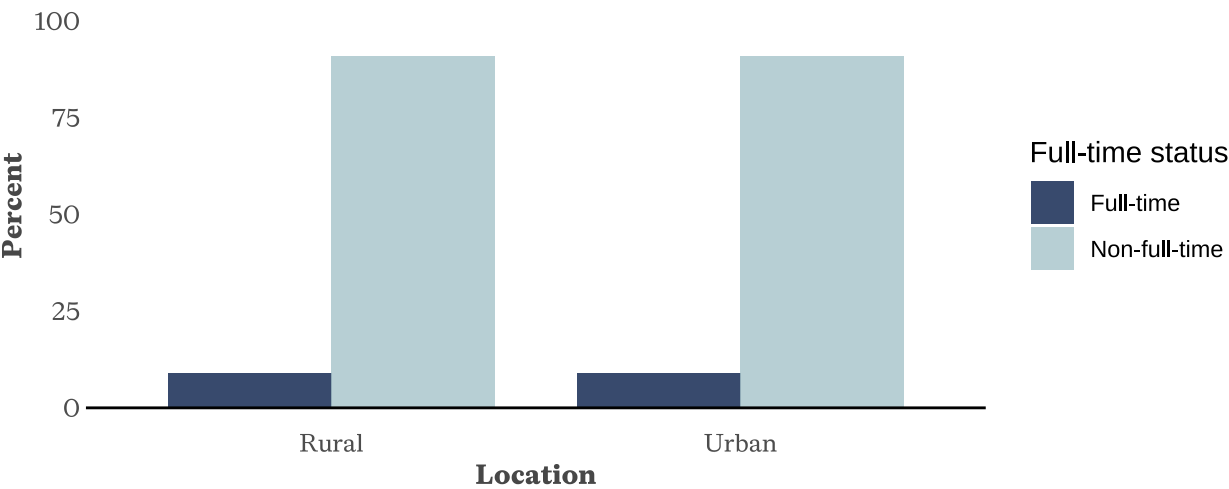


Figures 7 and 8 depict respondents’ practice settings with Figure 7 showing primary and Figure 8 showing secondary practice settings. Whereas 89% of participants responded to the question regarding their primary practice setting, only 74% responded to the question regarding their secondary practice setting. This may be driven by secondary locations being less common and subsequently skipped.

Urban versus rural comparisons

Rural care is always a focus to ensure residents in non-urban counties are receiving adequate care as well. Two measures described below were used to compare respondents practicing in urban counties versus those practicing in rural counties, the first being full-time status and the second being two-year employment plans.

Figure 9. Dental hygienist respondents by full-time status, Urban vs. Rural
Urban and rural counties have similar full-time respondent proportions



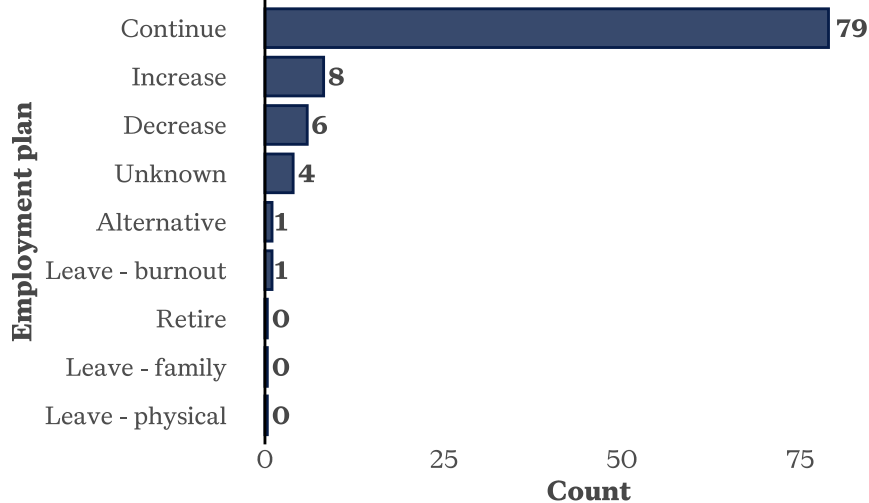
Dental hygienist workforce survey, Utah, 2024

Urban and rural areas have similar responding dental hygienist full-time proportions with both urban and rural each having 9%.



Figure 10. Dental hygienist respondents by employment plan, rural counties

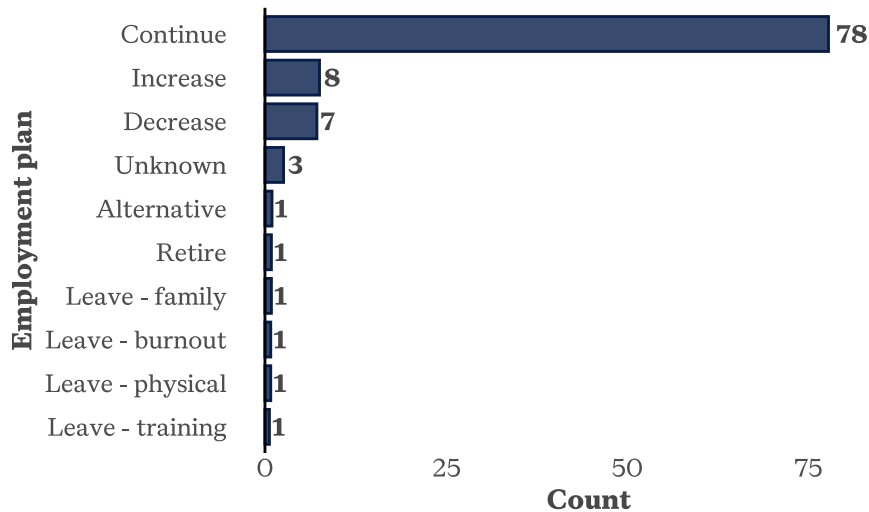
The majority of respondents in rural counties plan to continue working as they are



Dental hygienist workforce survey, Utah, 2024

Figure 11. Dental hygienist respondents by employment plan, urban counties

The majority of respondents in urban counties plan to continue working as they are



Dental hygienist workforce survey, Utah, 2024



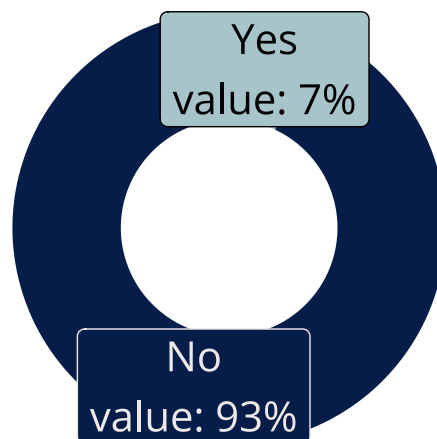
Two-year employment plans appear to be similar as well, with 79% of rural practicing respondents indicating plans to continue as they are compared to 78% of urban practicing respondents indicating plans to continue as they are.

Telehealth services

The prevalence of telehealth used by dental hygienist providers is depicted below along with a breakdown of hours used.

Figure 12. % providing telehealth services

7% of respondents use telehealth

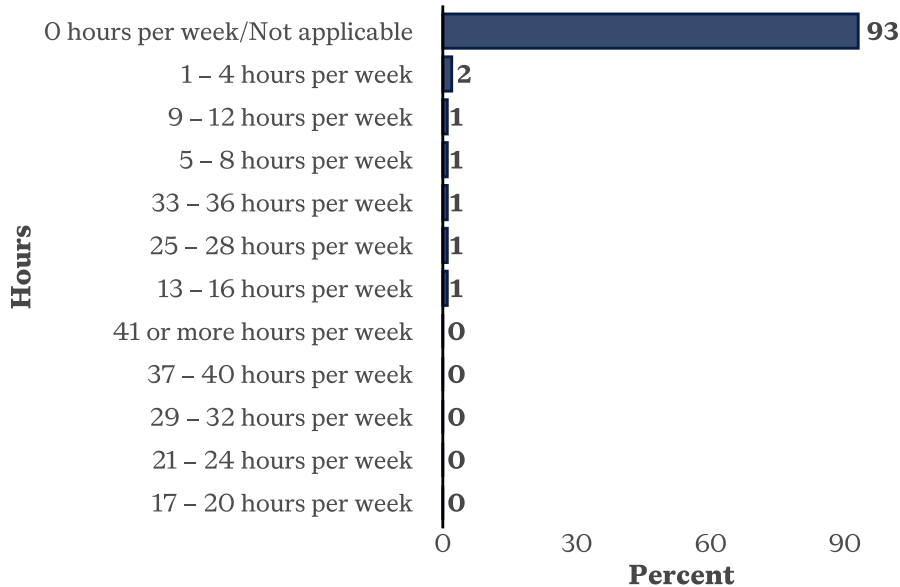


Dental hygienist workforce survey, Utah, 2024



Figure 13. Telehealth hours

93% of respondents do not use telehealth



Dental hygienist workforce survey, Utah, 2024

The ratio for responding dental hygienist providers total working hours versus hours spent providing telehealth services was found to be **17:1**. This means that the average dental hygienist respondent works an average of around 17 hours a week and provides an average of 1 hour of telehealth a week. Note that these are averages due to the responses being in range format (such as 21-24 hours worked a week).

Demographics

The following section includes practitioner survey response information on demographic information such as age, race/ethnicity, and sex/gender.

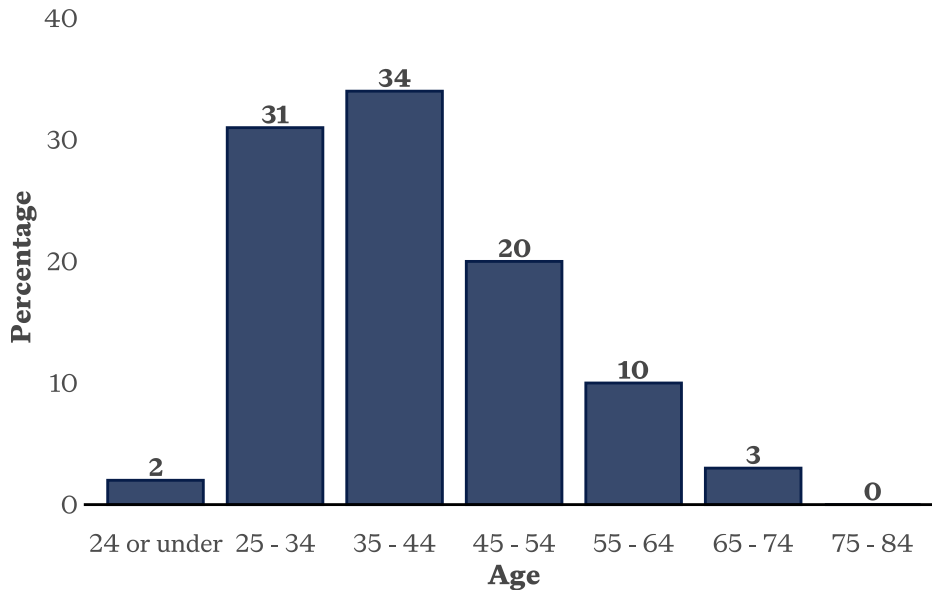
Age

The age of the provider workforce is important to consider in anticipating supply levels as older providers are more likely to retire or decrease working hours.



Figure 14. Dental hygienist respondents' age

Most respondents are 35-44 years old



Dental hygienist workforce survey, Utah, 2024

Figure 14 shows the proportion of respondents within various age groups. Age data comes from DOPL and not from the survey. Age is calculated from the difference between the survey date and the birth date.

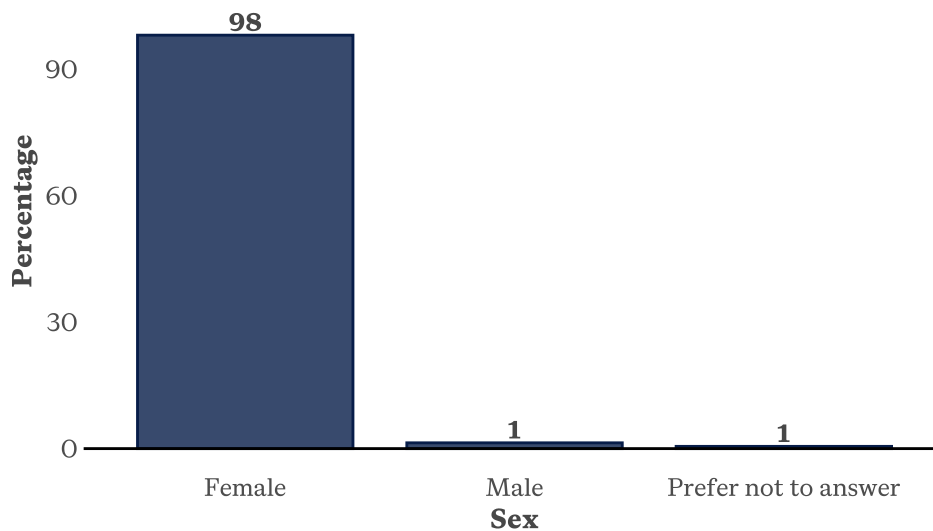
Sex and gender

Sex is an important characteristic to consider due to patient-provider relations because it can impact patient experiences. Sex and gender interact in various of ways that can affect patient health outcomes (WHO, 2021).



Figure 15. Sex of respondents

98% of respondents are female



Dental hygienist workforce survey, Utah, 2024

Figure 15 shows the percentage of respondents' sex. Approximately 98% of respondents identify as female, slightly over 1% identify as male, and under 1% preferred not to answer.

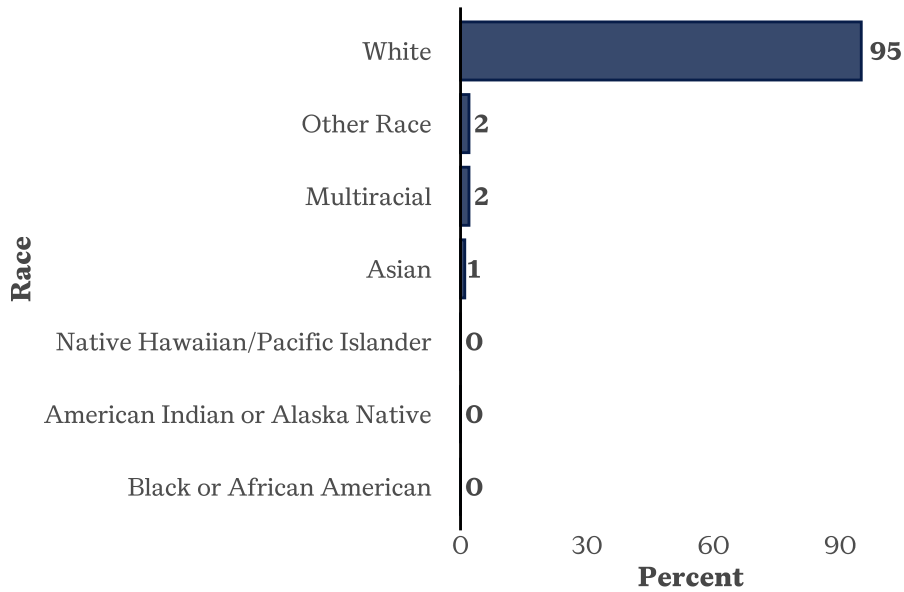
Race and ethnicity

Similar to issues of sex and gender, race and ethnicity are important to consider when analyzing provider workforce demographics (Togioka, et al., 2024).



Figure 16. Dental hygienist respondents' race

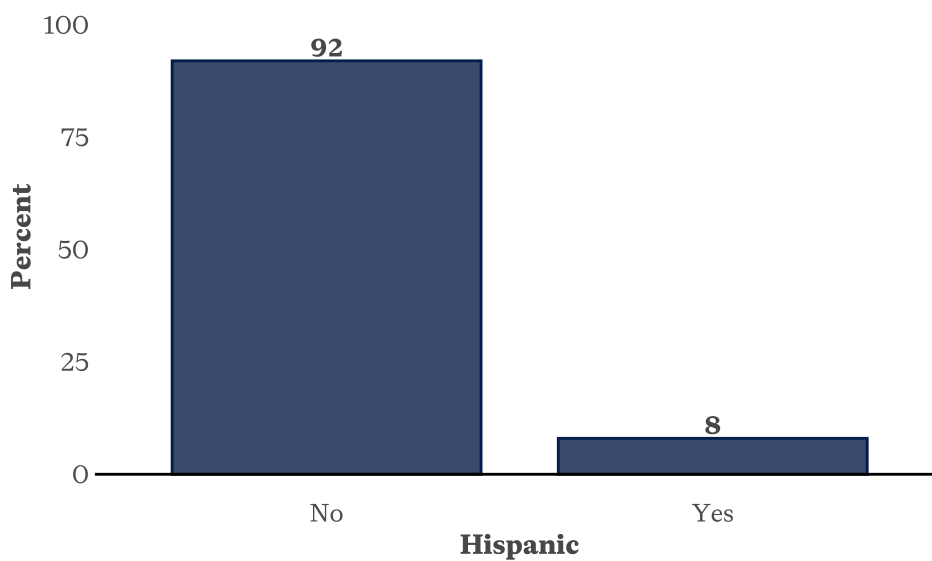
95% of respondents are white



Dental hygienist workforce survey, Utah, 2024

Figure 17. Ethnicity of respondents

8% of respondents are Hispanic



Dental hygienist workforce survey, Utah, 2024



Figure 16 shows respondents' race. Note multiracial did not appear as a response option but was created for this report by counting respondents who selected multiple racial options.

Figure 17 shows the ethnicity of respondents and highlights 8% of respondents identify as Hispanic whereas 92% do not.

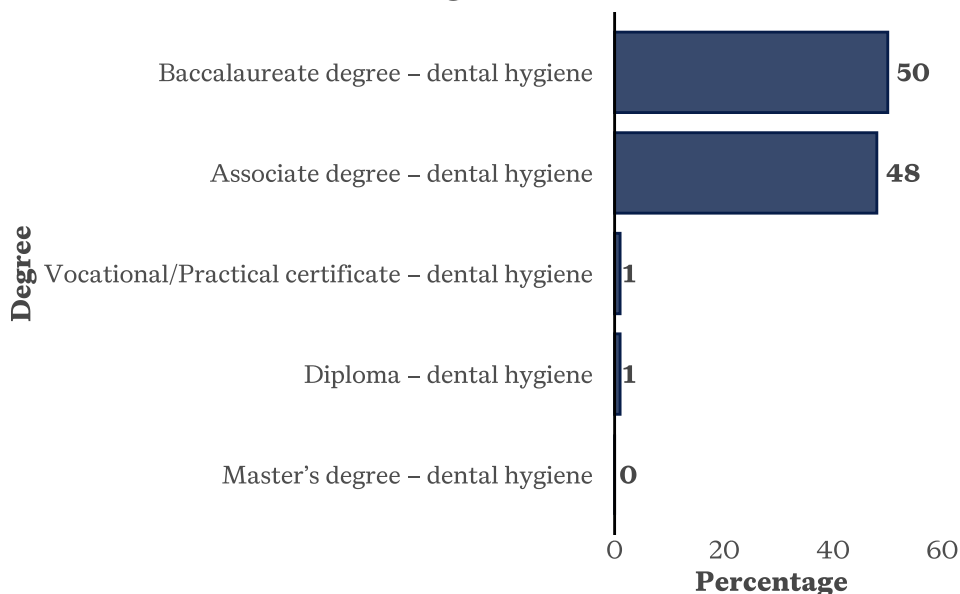
Education

This section includes a review of education, including qualifying education and highest education.

Qualifying education

Aspects of providers' qualifying education, such as degree type and degree location are reviewed below.

Figure 18. Qualifying degree of respondents
Most have a baccalaureate degree

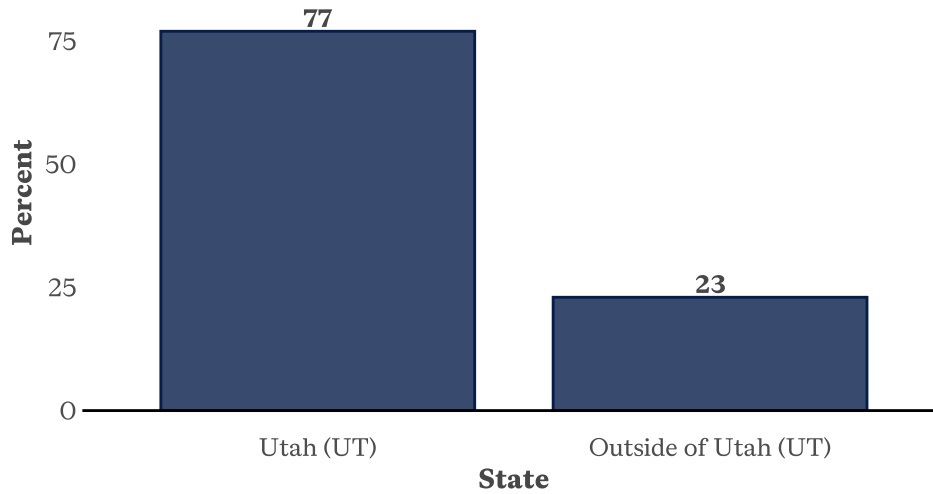


Dental hygienist workforce survey, Utah, 2024



Figure 19. Qualifying degree inside/outside of Utah

77% earned their degree in Utah



Dental hygienist workforce survey, Utah, 2024

Figures 18 and 19 illustrate the proportion of respondents who earned their qualifying degree in Utah compared to other states.

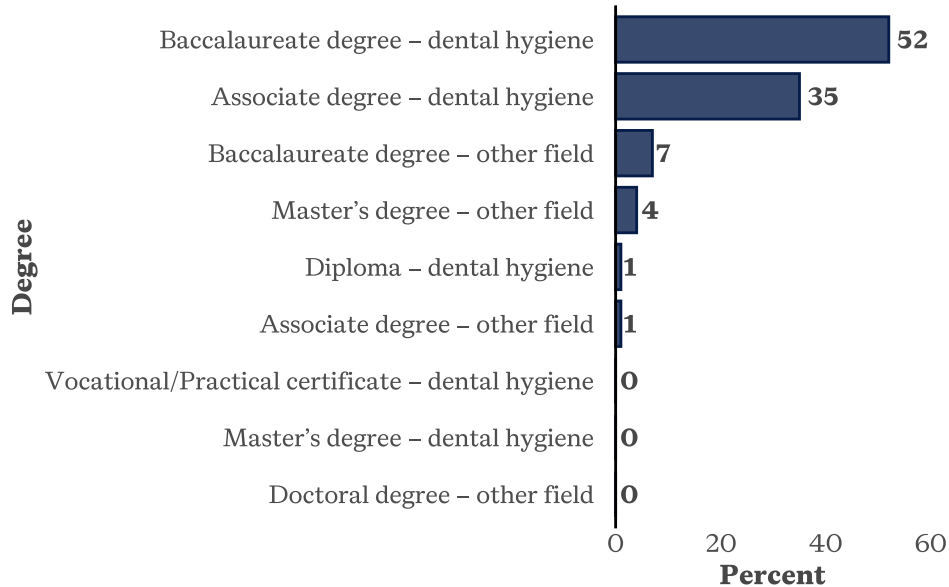
Highest education

Providers' highest education is reviewed below.



Figure 20. Highest degree

Baccalaureate is the most common highest degree



Dental hygienist workforce survey, Utah, 2024

Figure 20 shows the proportion of respondents' highest level of education. Baccalaureate degree is the most common highest degree for respondents with approximately 52% followed by an associate degree with about 35%.

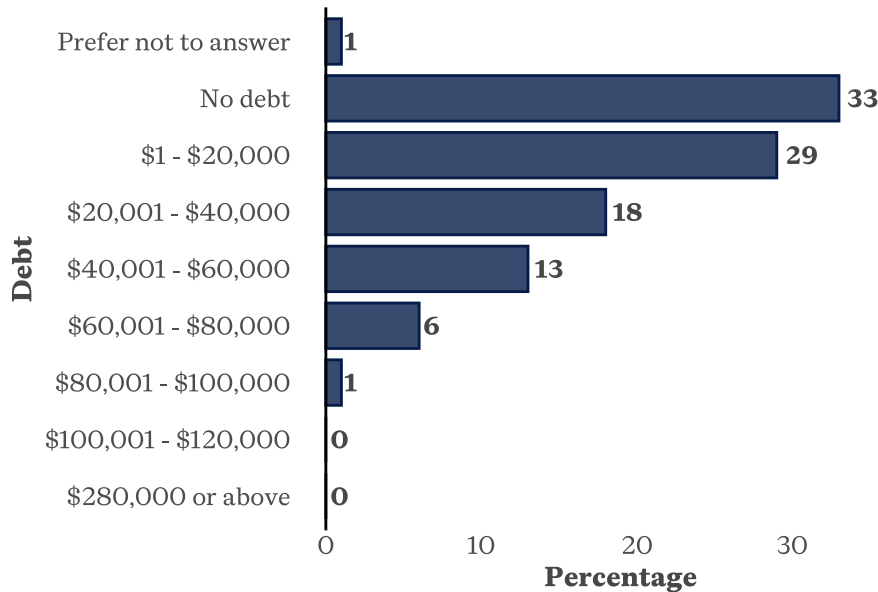
Education debt

This section includes practitioner survey response information on educational debt.

Responding providers' educational debt is depicted below. It is important to note that responses were regarding total educational debt at the time of graduation as opposed to their current educational debt.



Figure 21. Educational debt
Most respondents have educational debt



Dental hygienist workforce survey, Utah, 2024

Figure 21 shows the proportion of respondents' educational debt. Approximately 33% of respondents report having no educational debt while about 29% indicate they have \$1-\$20,000 in educational debt.

Employment characteristics

This section includes practitioner survey response information on their employment, such as specialty, role, telehealth hours, precepting status, and patient types.

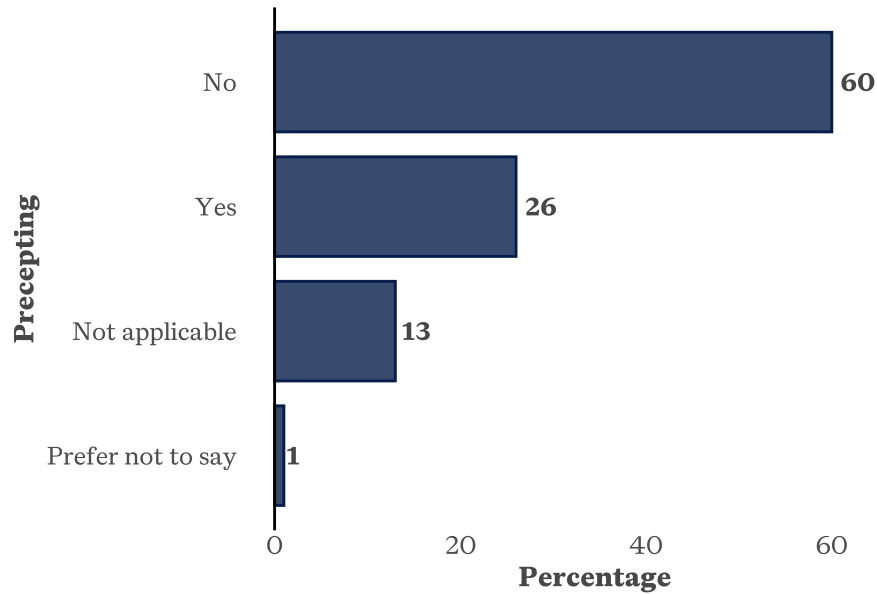
Precepting

The proportion of responding providers who precept is depicted below.



Figure 22. % precepting

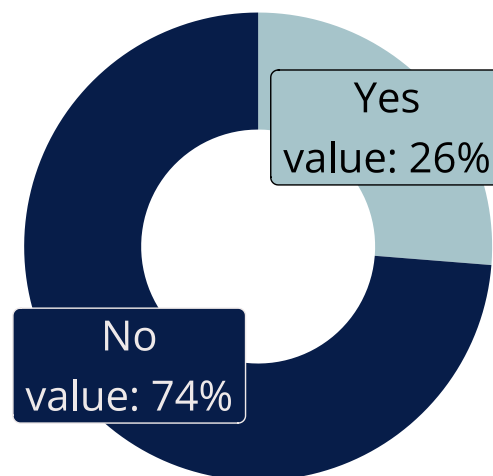
26% of respondents precept while most do not



Dental hygienist workforce survey, Utah, 2024

Figure 23. % precepting

74% do not precept



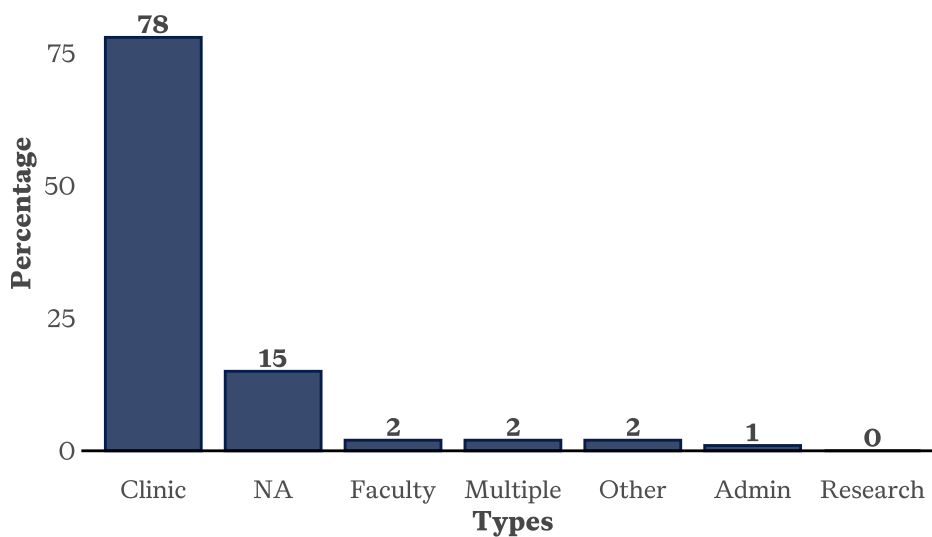
Dental hygienist workforce survey, Utah, 2024

Dental hygienist providers who mentor, teach, or instruct a student or new staff member are considered to precept. Figure 22 shows the proportion of respondents who selected response options. Figure 23 shows the percentage of responding dental hygienist providers who precept excluding those who responded with prefer not to say, and grouping those who selected not applicable with those who selected no.

Role and employment type

Responding providers' role and employment type are depicted below.

Figure 24. Primary role types
Most primary roles are clinical

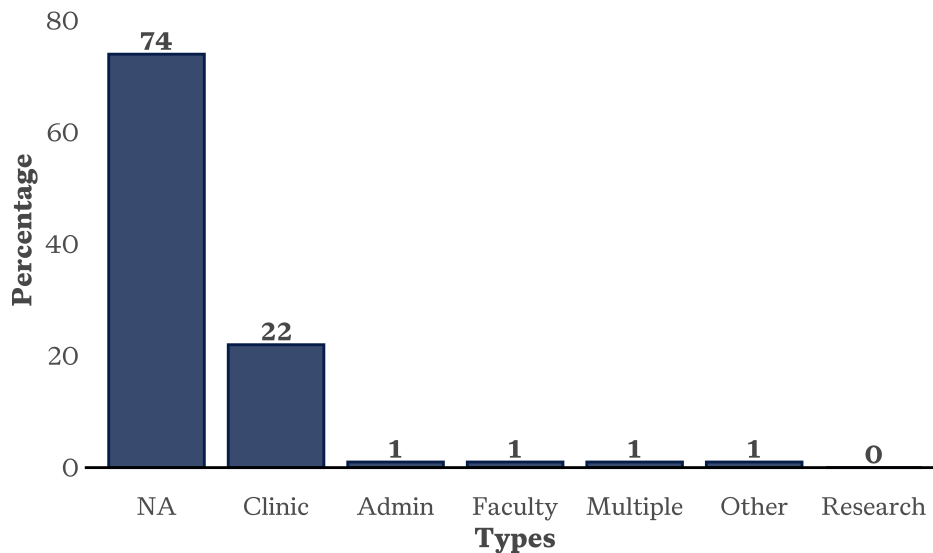


Dental hygienist workforce survey, Utah, 2024



Figure 25. Secondary role types

Most do not have a secondary role



Dental hygienist workforce survey, Utah, 2024

Multiple did not appear as a response option on the survey but was constructed for this report by counting respondents who selected multiple response options.

Income

Income data including employment and wages, comes from matching dental hygienist providers from DOPL data to unemployment insurance (UI) data from DWS.

Table 3. Dental hygienist and employer counts with average wage

Year	Dental hygienists	Employer Count	Total Wages	Average Wage
2018	2586	1557	\$ 82,213,353	\$ 31,792
2019	2581	1415	\$ 86,917,025	\$ 33,676
2020	2608	1346	\$ 86,064,432	\$ 33,000
2021	2737	1334	\$ 100,310,858	\$ 36,650
2022	2883	1346	\$ 110,960,518	\$ 38,488
2023	2901	1286	\$ 122,112,717	\$ 42,093

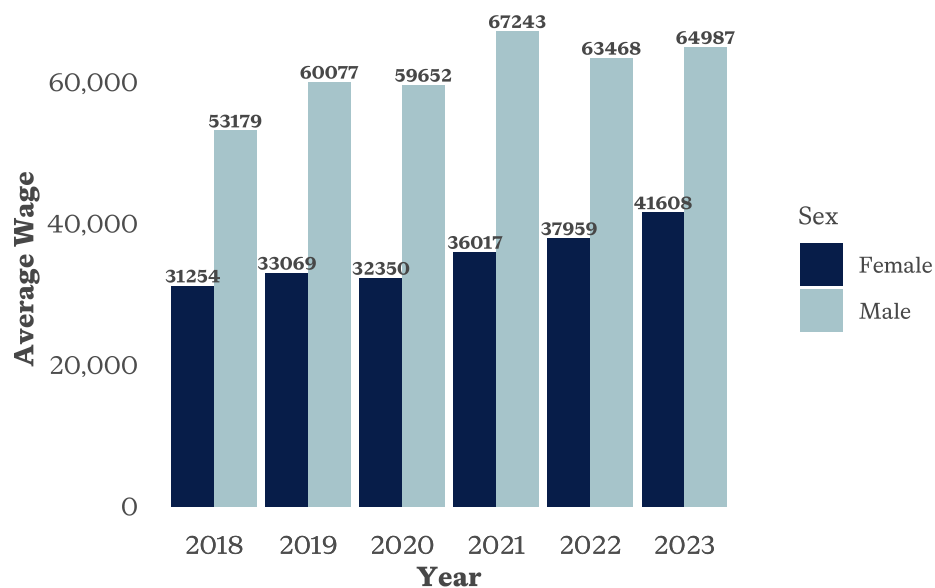
Unemployment insurance data, DWS, 2024



The dental hygienist count is of distinct dental hygienists while employer count is of distinct employers of dental hygienists. Total wages are the sum of dental hygienist wages, while average wage is the mean dental hygienist wage. The average dental hygienist wage from UI data increased approximately 32% from 2018 to 2023. To avoid counting those who are not actively practicing as a dental hygienist, only those with a NAICS code related to healthcare were included.

There is a long history of a national sex/gender pay gap (Majumder et al., 2025; Fry et al., 2025; Coillberg, 2025; Criado-Perez, 2019), and that gap is wider in Utah (Kervin, 2022; Alberty, 2023; Majumder et al., 2025). While the causes for lower female pay can be multifaceted, females commonly “provide essential care to family members, including children and adults who need help” and consequently “often face significant financial consequences when they reduce their employment to provide unpaid family care” (Johnson et al., 2023, para. 1 & 5). It is estimated that the costs related to females “providing unpaid care averages \$295,000 over a lifetime, based on the 2021 U.S. dollar value, adjusted for inflation” (Johnson et al., 2023, para. 6).

Figure 26. Average wage by sex
Average female wage is 64% of average male wage



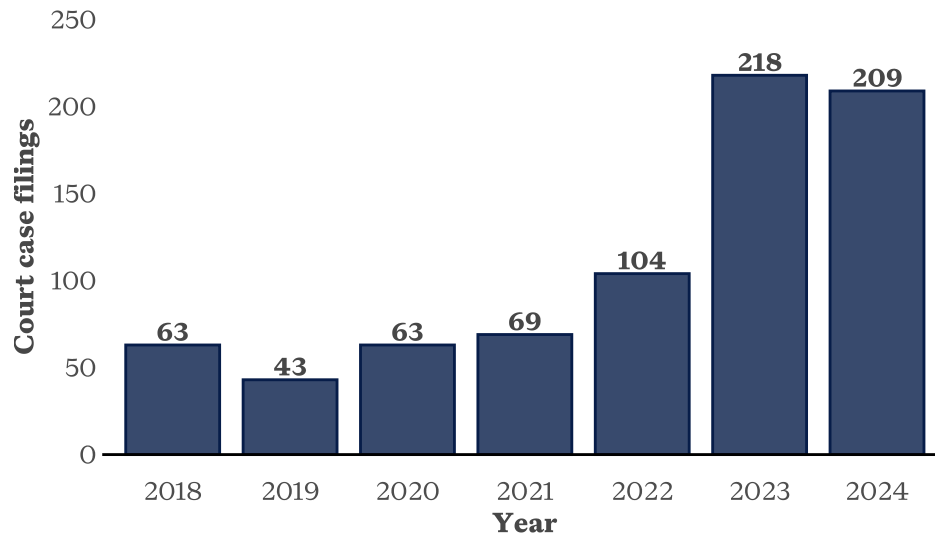
Unemployment insurance data, DWS, 2024

Possible family care in tandem with injuries may explain a fraction of the wage penalties females encounter in the workplace but there are many others. While DWS reports that in 2022, female healthcare workers generally made 51% of male wages (Department of Workforce Services, 2022), the gap is narrower for PAs. From unemployment insurance data, the sex wage gap for PAs is not only substantial but has remained relatively stable from 2018 through 2023. The female-to-male wage gap in 2018 was 73%, meaning the average female wage was 73% of the average male wage. In 2023, the gap had dropped one percent to where the average female wage was 74% of the average male wage, \$103,057 for females compared to \$138,896 for males, a difference of about \$35,839.



Figure 27. Violence against healthcare workers

Cases filed has increased



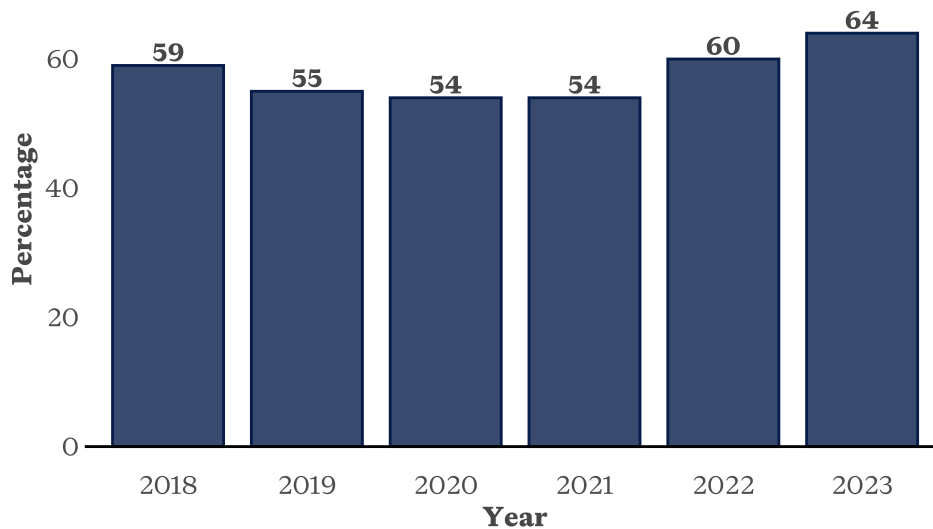
Utah state courts, 2025

From 2018 through 2023, both female and male average dental hygienist wages have increased and unlike other types of health care providers such as licensed practical nurses, the rate of increase has been similar. The average female wage increased approximately 31%, whereas the average male wage increased approximately 29%. While higher wages are welcomed, the preexisting 36% difference between female and male average wages helps explain how the female and male wage gap continues for dental hygienists.

In addition to the issues of lower wages compared to their male counterparts and unpaid labor, female healthcare workers face a considerably more dangerous work environment. Female nurses are “subjected to more acts of violence than police officers or prison guards” and “required time off work due to violence four times more often than other types of injury” (Criado-Perez, 2019, para. 33). While the higher rates of violence are alarming, perhaps even more concerning is that such instances are routinely and dramatically underreported as only 12% of workers report violence because of how common and frequently it occurs (Criado-Perez, 2019, para. 38). While there are many different reasons for violence against females, research suggests “wait times as a trigger for violent behavior directed towards staff” (Criado-Perez, 2019, para. 40).



Figure 28. % between female and male wages
Gap between female and males is shrinking



Unemployment insurance data, 2024

Utah court case filings involving a charge of violence against a healthcare worker have dramatically increased. From 2018 to 2021 there were only between 43 and 69 cases filed per year. In 2022 the count of case filings jumped to 104, and in 2023 it more than doubled with 218. While the rise might not be completely due to more instances of violence but more willingness to file, the workplace for many healthcare staff is dangerous. Using unemployment insurance data to estimate the healthcare worker count for Utah in 2023 (88,383) and Utah court case filings involving charges of violence against healthcare staff, the rate of violence per 100,000 was 247 for healthcare workers in Utah. The Commission on Criminal and Juvenile Justice (CCJJ) estimates the rate of violence per 100,000 Utah residents for 2023 was 232 (CCJJ, 2024). This means healthcare workers are about 6.5% more likely to be subjected to violence. Future research and analysis should look at the proportion of violence directed at female and male healthcare workers. It is also important that the rate of violence against healthcare workers is based on court case filings which likely substantially underestimates the rate as most violence goes unreported.

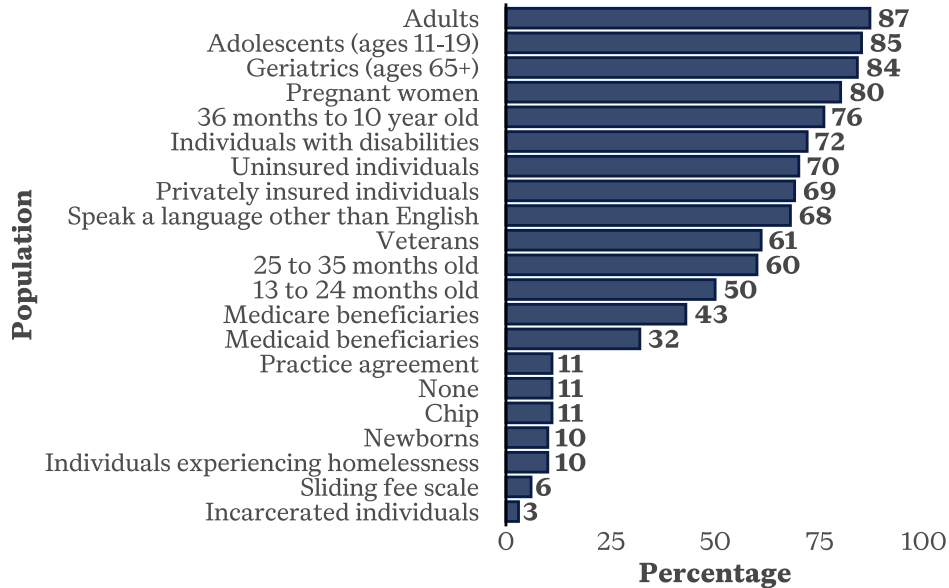
Patient characteristics

Patient populations served by respondents were derived from a multiple selection (i.e., select all that apply) question.



Figure 29. Patient populations

Adults are the most likely to be seen by respondents



Dental hygienist workforce survey, Utah, 2024

Figure 29 shows the percentage of respondents who see various patient population groups. Those experiencing homelessness, newborns, those requiring a sliding fee scale, and the incarcerated are patient populations least likely to receive treatment from a responding dental hygienist.

Future employment

This section includes practitioner survey response information on employment intentions, including employment plans for the next two years, anticipated changes in hours worked (change in full-time status), and projections.

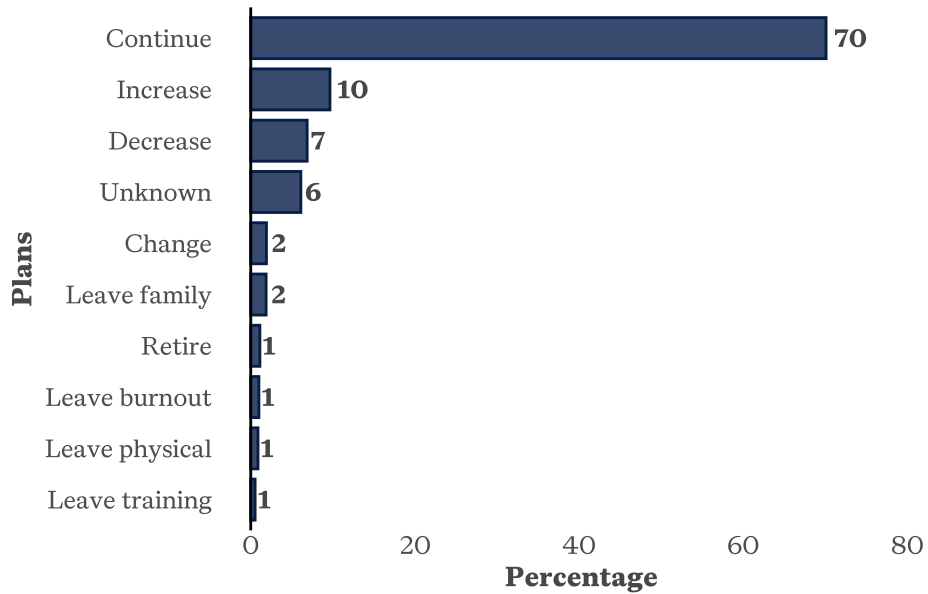
Two-year employment intentions

The following charts look at responses regarding future employment plans over the next two years, specifically if providers plan to change the hours they work per week.



Figure 30. Two-year employment plans

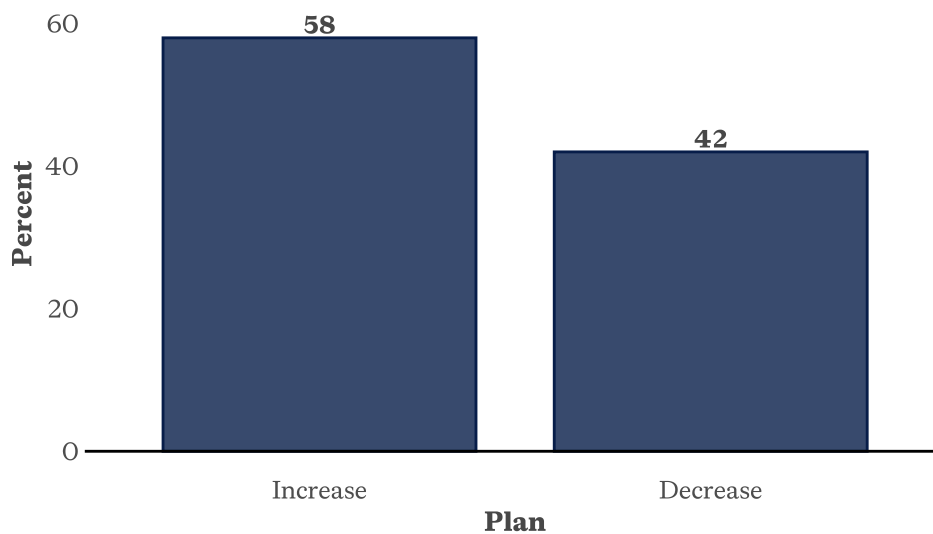
70% plan to continue as they are



Dental hygienist workforce survey, Utah, 2024

Figure 31. Increase vs decrease hours

Of those who plan to change, most plan to increase hours

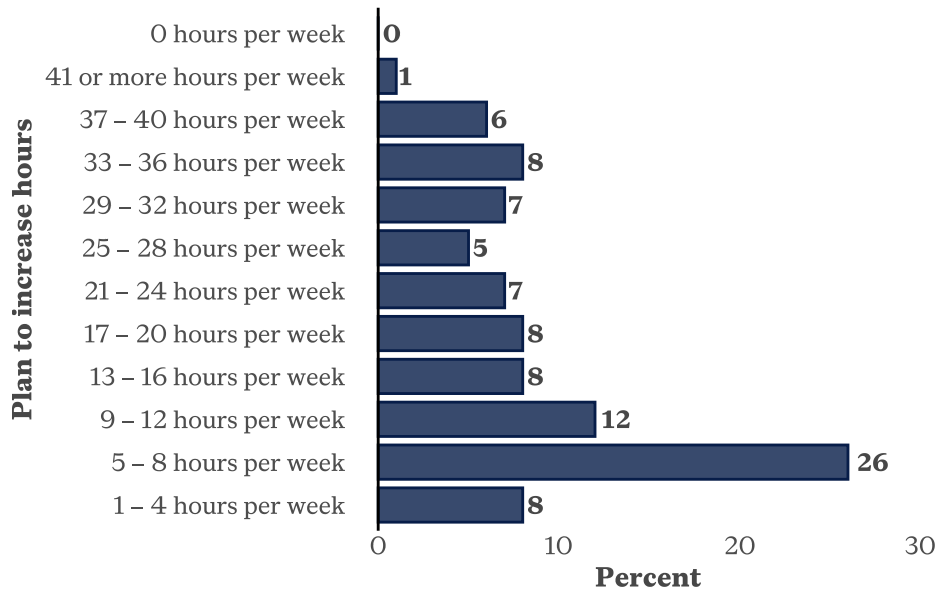


Dental hygienist workforce survey, Utah, 2024

Figure 30 shows respondents' two-year employment plans. Figure 31 compares those who plan to increase their hours compared to those who plan to decrease their hours. Figures 32 and 33 look at just those respondents who plan to increase or decrease their work hours per week and how many hours they plan to work per week following their change.

Figure 32. Plan to increase hours

Most respondents want to work part-time

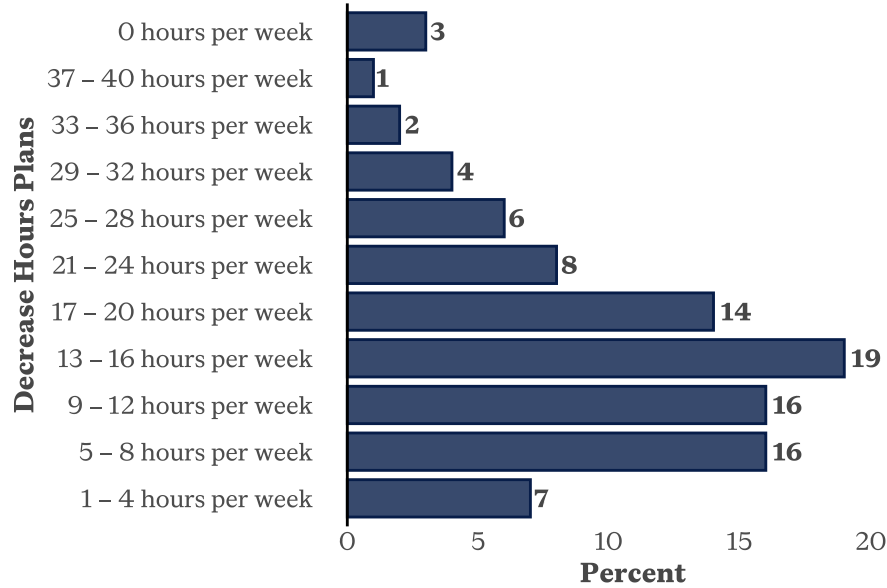


Dental hygienist workforce survey, Utah, 2024



Figure 33. Plan to decrease hours

Most respondents want to work part-time



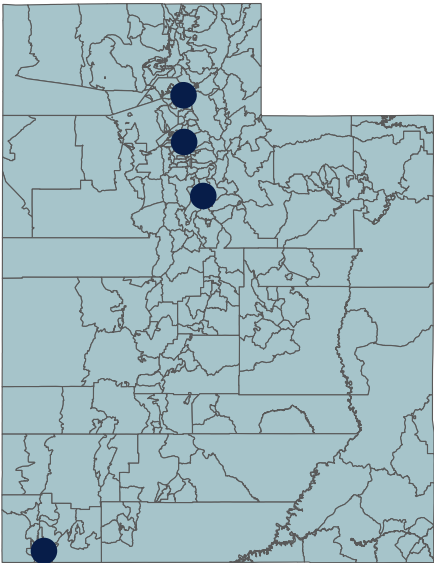
Dental hygienist workforce survey, Utah, 2024

It should be noted that the small response rate related to the question regarding a change in hours is a consequence of the relatively low number of respondents indicating they plan to increase or decrease hours. Approximately 70% of respondents indicate they plan to continue working the same hours as they do currently.

Programs

Dental hygienist-related educational programs located in the state of Utah are mapped below along with counts.

Figure 34. Dental hygienist programs
4 counties have dental hygienist programs



Urban institute education data portal, 2024

Table 4. Dental hygienist educational programs

County	Program count
Utah County	2
Weber County	2
Cache County	1
Davis County	1
Salt Lake County	1
Washington County	1

Urban institute education data portal, 2024

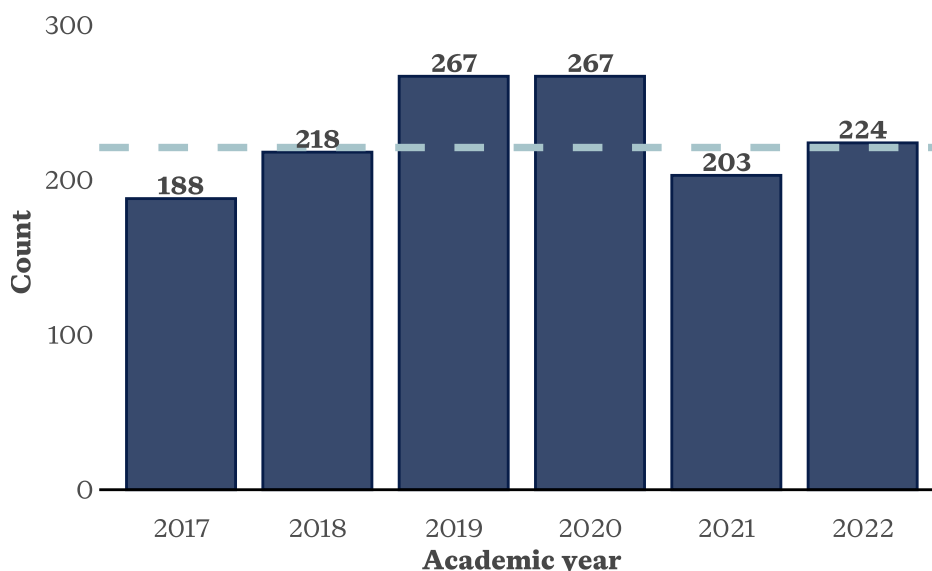


Only dental hygienist programs were included while all other dental and healthcare programs including those for dental assistants were excluded.

Graduates

Counts of Utah's dental hygienist-related program graduates are provided below by academic year.

Figure 35. Utah dental hygienist graduates
Dental hygienist graduates have increased from 2021



Urban institute education data portal, 2024

Figure 35 displays dental hygienist graduates derived from medicine classification of instructional programs or CIP code (51.1201) completions by academic year. Data comes from Integrated Postsecondary Education Data System (IPEDS), via Education Data Portal v. 0.22.0, Urban Institute, under ODC Attribution License. 2023 provisional data files from the IPEDS Data Center were accessed in November 2024.

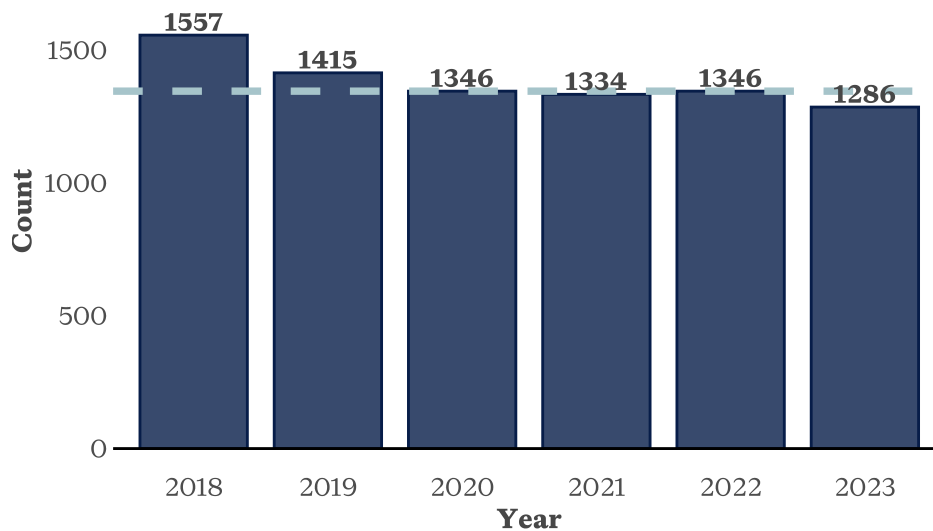


Workforce indicators

This section includes workforce indicators and job postings data.

Employer counts of dental hygienist providers derived from unemployment insurance data are depicted below.

Figure 36. Dental hygienist employers
Number of distinct employers continues to drop



Unemployment insurance data, DWS, 2024

Figure 36 shows dental hygienist employer counts with a NAICS code related to healthcare from unemployment insurance data. The figure illustrates a 2023 decrease of 4% from 2022 and a decrease of 17% from 2018. The count of distinct employers has generally been decreasing since 2018.

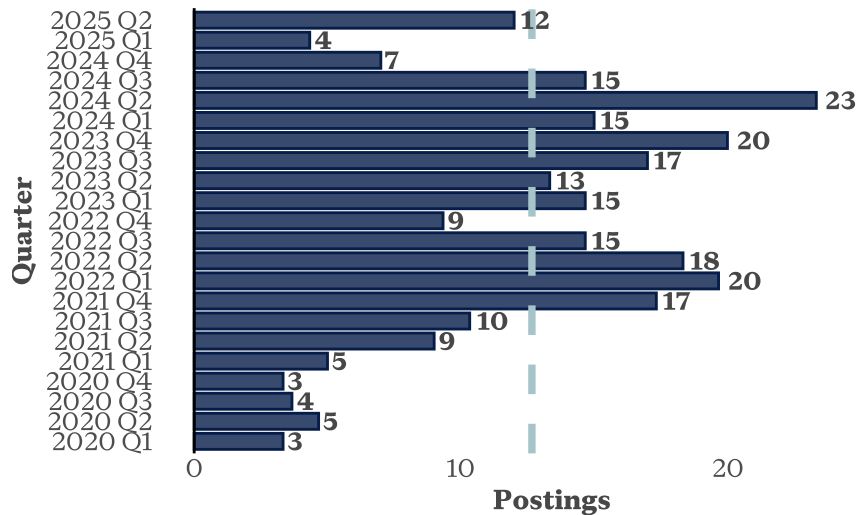
Job postings

The quarterly average number of dental hygienist job postings from Conference Board–Lightcast Help Wanted OnLine data, provided by DWS is depicted below.



Figure 37. Average count of monthly job postings

Quarterly averages of job postings fluctuate substantially



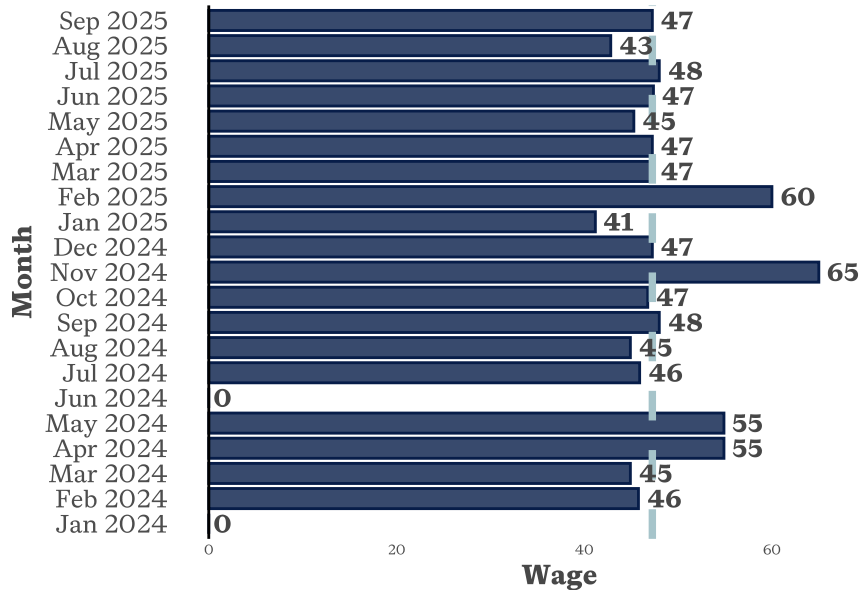
Conference Board–Lightcast Help Wanted OnLine data, provided by DWS, 2025

Figure 37 shows the average number of job postings. Data comes from Conference Board–Lightcast Help Wanted OnLine data, provided by DWS. Job postings are received as monthly counts of unique listings. For this report, those counts are used to calculate quarterly averages. Advertised wages are averages of wages specified in monthly job postings. Averages or means are based on monthly distinct counts of job postings. Monthly counts are of all distinct job postings and not just monthly new postings. Displaying values of means rather than the sum of counts was decided because there was a perceived higher risk of inflating counts through summing due to the possibility of including duplicates which is avoided by taking the mean. While the same job may be listed in different months, the mean would avoid compounding its representation while the sum would not.



Figure 38. Advertised wage of job postings

Advertised salaries appeared stable



Conference Board–Lightcast Help Wanted OnLine data, provided by DWS, 2025

Figure 38 displays the monthly average hourly wage for help-wanted online job postings. Not all job postings advertise the salary. Comparing the count of unique job postings to the count of job postings with an advertised salary during 2024, about 41% of postings advertise a salary. It cannot be determined from the data if the advertised salary is an accurate representation of pay or wages. It might be accurate for some professions or jobs but might not be for others.

Table 5. Forecasting job postings

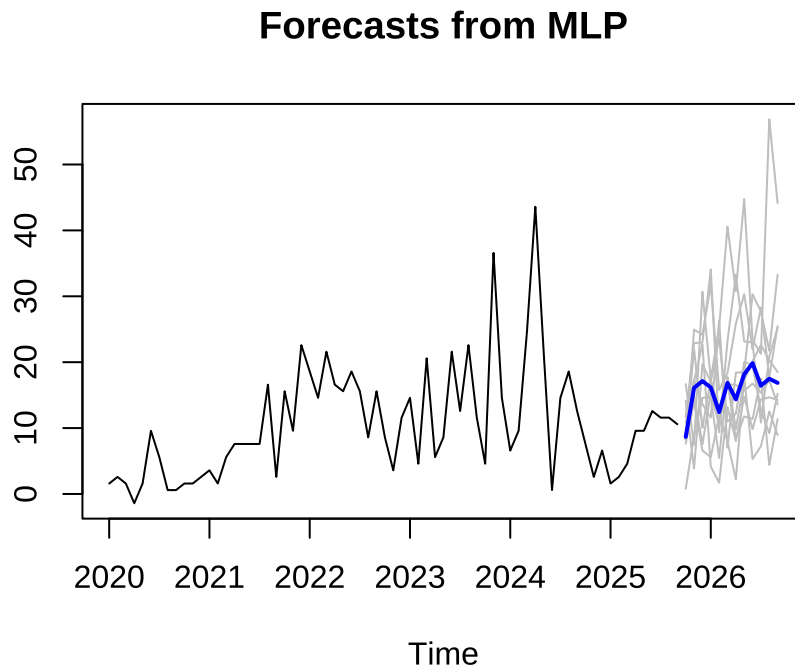
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
16	12	17	14	18	16	16	17	17	9	16	17

Conference Board–Lightcast Help Wanted OnLine data, provided by DWS, 2025

Table 5 displays the projected outlook of dental hygienist job listings.



Figure 39. Forecasting dental hygienist job postings. Projects a substantial decline in job postings

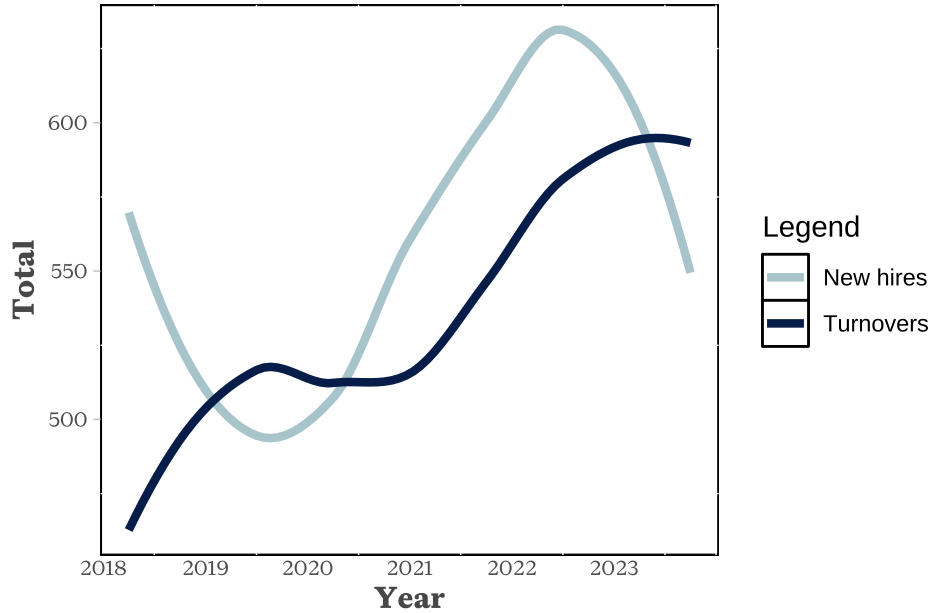


Conference Board–Lightcast Help Wanted OnLine data, provided by DWS, 2025

Figure 39 projections are done using a multilayer perceptron (MLP), which is a low-level neural network. This architecture is the baseline for many common AI applications today. Grey lines show the various simulations run by the neural network, while the blue line is the averaged prediction over the next year which gives us the most likely scenario. Simulated predictions like these are healthy estimates of future projections, but they should not be taken as the concrete truth as unpredictable factors are in play (COVID-19 being a great example).

Figure 40. Turnovers and new hires

New hires have substantially dropped from 2022



a may not capture self-employed provider job change counts.

Unemployment insurance data, DWS, 2024

Figure 40 illustrates new hires and turnover. During 2018, the number of new hires dropped while turnover increased. However, during 2019, the number of new hires began to increase while turnover decreased and this continued until 2021, when turnover began to increase while new hires continued to increase. In 2022 new hires started to drop and continued to decrease through 2023 while turnover plateaued.

Unemployment insurance data workforce activity

Counts of dental hygienist providers who were hired and those who terminated employment for Utah employers are provided in the table below.

Table 6. Dental hygienist added/loss

Year	Added	Loss	Net
2018	1614	1516	98
2019	2013	1984	29
2020	2069	2139	-70
2021	2356	2050	306



Year	Added	Loss	Net
2022	2486	2329	157
2023	2367	2349	18

Unemployment insurance data, DWS, 2024

Unemployment insurance data is used to determine the general yearly trend of job growth or loss in Table 6. The added column is the count of new hires, while the loss column are counts of providers leaving employment. The net column is simply the sum of the added and loss aggregates. A major limitation of unemployment insurance data is that it does not include all providers who work in a self-employed practice. To avoid including those who are not actively working as a dental hygienist, only those with a NAICS code related to healthcare are included.

Regardless of the limitations, the data shows a massive increase in the number of dental hygienists in 2021. In 2021, employers hired 306 dental hygienists, which is more than all the dental hygienists added previous 3 years. The number of dental hygienists added slowed significantly in 2023 with only a net of 18 compared to 157 in 2022.

Table 7. Dental hygienist NAICS groupings

NAICS group	2018	2019	2020	2021	2022	2023
Ambulatory Health Care Services	2,209	2,256	2,315	2,424	2,542	2,554
Hospitals	23	17	15	19	18	18
Nursing and Residential Care Facilities	13	5	5	6	7	7
Social Assistance	32	20	16	19	17	12

Unemployment insurance data, DWS, 2024

Table 7 displays the count of dental hygienists by NAICS groupings which is the North American Industry Classification System used by federal agencies to analyze business data. Data from 2023 shows the number of dental hygienists has remained stable from 2018 to 2023. Ambulatory Health Care Services is the largest source of jobs, comprising about 99% of the sector's 2023 employment.

It is important to note that while the analysis counts distinct dental hygienists by year and NAICS group, there is some double-counting when a provider changes employment with different NAICS codes. For example, a worker may have started a year employed in a hospital setting but later in the year moved to an ambulatory care setting. That worker in Table 7 would be counted once in each setting during the year in question.



Discussion

With the enactment of Utah House Bill 414, signed by Governor Cox, the definition of public health settings now encompasses hospitals. This legislative shift permits licensed hygienists to practice within hospital environments without the general supervision of a dentist (Texas Dentists for Medicaid Reform, 2026). Consequently, this expansion creates new employment pathways that may redirect labor away from traditional private practices. As hygienists transition into these medically integrated roles or join mobile health initiatives, the pool of available talent for private dental offices may become increasingly diluted.

While Utah's dental hygiene programs are producing a steady stream of graduates, approximately 90% of dental practices still report persistent hiring challenges (American Dental Association, 2026). Although wages have increased in urban centers like Salt Lake City and Provo, stagnant insurance reimbursement rates limit revenue growth, make it increasingly difficult for smaller private practices to compete with larger practices and Dental Support Organizations (DSOs). This shortage is further complicated by the rise of staffing platforms and agencies, which have prompted a shift toward temporary work. By selecting options with high daily rates and flexible shifts, hygienists gain autonomy, but local practices are left struggling to maintain patient continuity (Teero, 2026).

Utah's workforce challenges are sharply divided by geography. While the Wasatch Front, comprising Salt Lake, Davis, and Utah counties, contends with intense competition for talent, rural Utah suffers from a chronic shortage, with many counties designated as Dental Health Professional Shortage Areas (HPSAs). Hygienists are frequently hesitant to relocate to these regions, despite a potentially broader scope of practice, rural roles often offer limited professional networks and lower salary caps. This supply strain is further exacerbated by many dental hygienists entering the workforce unprepared for the realities of high-volume practice environments. While students are trained in idealized clinical environments, the market demands high-efficiency and multi-column hygiene. When new graduates encounter this high-volume reality, turnover rates spike within the first two years, creating strain on the state labor supply.

In addition to geographic disparities, workforce participation trends may further destabilize supply. Approximately 22% of hygienists intend to reduce their hours, change employers, or exit the profession entirely within the next two years. While job satisfaction saw a slight uptick in early 2026, burnout and the physical rigors of clinical work continue to drive early retirements (Portalatin, 2026). This workforce instability is further evidenced by a significant subset of licensed professionals remaining outside the clinical pool. Specifically, 10% of respondents are currently unemployed and not seeking hygiene work, 3% have pivoted to other industries, and 2% are unemployed but actively looking to return to the field. Also, the vast majority of respondents are females working part-time. Only 15% of respondents indicated they work full-time while 85% work part-time and 98% of respondents are female, while just 1% are male. Additionally, while 70% of dental hygienist respondents plan to continue working the same hours they work now over the next two years, approximately 14% indicate they plan to reduce their hours, shift away from patient care,



leave, or retire. Together, these trends highlight factors that may be shaping the workforce, with pipeline limitations and retention challenges potentially influencing the availability of clinical dental hygiene services



Limitations

The workforce survey data is a product of non-probability samples and therefore inferences and generalizing to non-respondents, other populations, or other healthcare provider groups is not appropriate or valid. More robust and generalizable results can be produced through shifting survey methods toward probability or random sampling.

While these findings offer valuable insights, they should be interpreted in light of several limitations. The data are drawn from a voluntary survey administered during license renewal, with an average response rate of about 50%, which may not fully represent the entire dental hygienist workforce. Because the survey is neither a complete census nor a statistically valid random sample, results cannot be generalized and must be interpreted with caution.

License counts from the DOPL include all individuals holding an active license, but do not confirm whether the licensee is currently practicing, practicing in Utah, or working in a dental hygienist role. All employment and demographic information is self-reported, which introduces the potential for misclassification, recall bias, and error. Finally, the data represent a single point in time and do not reflect changes in the workforce that may occur after data collection.

The Conference Board–Lightcast Help Wanted OnLine job postings data, provided by DWS does not easily equate into net job growth. Job postings may only be needed to replace staff turnover. Not all new hires are publicly posted and not all job postings lead to new hires. Some postings remain online long after hiring is complete. Companies may post jobs to build candidate pipelines or for market testing of recruitment and salary expectations. These can sometimes be referenced as “ghost jobs”. The existence of ghost jobs is one reason many are cautious about using online job postings to estimate future employment growth. A large number of postings can make the labor market look stronger than actual hiring activity.



Appendix A - DOPL supply survey

Questions were asked about practitioners' Utah status, practice characteristics, demographics, employment plans, and patient population types.

Accessible at:

<https://ruralhealth.utah.gov/wp-content/uploads/2024-Dental-Hygienist-Survey-Final-1.pdf>

Objectives

The HWAC has developed and adopted, with support from the Data Subcommittee, the Utah cross-profession minimum data set (UCPMDS). The UCPMDS is the underlying set of questions covering the highest priority data elements needed for health workforce planning throughout Utah.

Seven national healthcare regulatory organizations worked with Veritas Health Solutions, a consultant in health workforce data, policy, and planning, to create the UCPMDS. The UCPMDS intends to standardize certain information captured from various health professions to support within-profession and between-profession analyses to better inform health policies and strategies. The UCPMDS serves as a fundamental data system, upon which individual profession-specific tools are being developed and implemented into the re-licensure process.

Profession-specific surveys are being created for all licensed health professions. They are optional and are being implemented into the application process through the Division of Professional Licensing.

Target population

All DOPL dental hygienist-related licenses were included in the license renewal process. Dental hygienist-related license types include:

- Dental Hygienist
- Dental Hygienist with Local Anesthesia
- Temporary Dental Hygienist
- Volunteer Dental Hygienist w/Local Anes

Response rates

Observing the count of eligible practitioners provided by DOPL, the survey response rate was approximately 66%.

The following item response rates are based on those who provided a valid license number and responded to at least one question rather than those who were eligible to receive the survey.



Accompanying the item response rate is the question text. The question text displayed is as it appeared on the survey instrument.

Table 8. Item response rates

Number	Text	%
1	What is your sex?	99.9
2	What is your race? Mark one or more boxes.	99.5
3	Are you of Hispanic, Latina/o, or Spanish origin?	99.7
4	What type of degree/credential first qualified you for this license?	99.8
5	Year completed qualifying education?	99.8
6	Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)	99.8
7	In which which city & country did you complete Medical School?	0.1
8	What is your highest-level of education?	97.9
9	What year did you complete your highest level of dental hygiene education?	88.0
10	What is your employment status?	92.3
11	How many months did you work in dental hygiene in the past year?	99.4
12	What best describes your employment plans for the next 2 years?	99.4
13	If you previously indicated you plan to increase or decrease hours in a field related to this license in the next 2 years, please estimate the total number of hours per week you expect to work after the change. If this does not apply, please select not applicable.	16.3
14	Of the hours per week spent in direct patient care, estimate the average number of hours per week delivering patient care via teledentistry.	97.9
15	Please indicate the population groups to which you provide clinical services. Please check all that apply.	96.7
16	Which of the following best describes the primary specialty/field/area of practice in which you spend most of your professional time?	98.9



Number	Text	%
17	Which of the following best describes the primary specialty/field/area of practice in which you spend most of your professional time? [DOPL mistakenly duplicated question]	97.6
18	What is your primary practice location? If this does not apply, please enter "N/A".	89.5
19	Which of the following best describes your current employment arrangement at your principal practice location?	97.5
20	Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.	96.9
21	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "not applicable".	97.5
22	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable". Does not include time on call.	97.3
23	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable.	97.2
24	What is your secondary practice location? If this does not apply, please enter "N/A".	74.5
25	Which of the following best describes your current employment arrangement at your secondary practice location?	69.7
26	Please identify the role/title(s) that most closely corresponds to your secondary employment/practice type.	66.0
27	Which of the following best describes the practice setting at your secondary practice location? If this does not apply, please select "not applicable".	66.5
28	Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select not applicable. Does not include time on call.	65.7
29	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select not applicable.	65.6
30	Please indicate if you are currently practicing under the following:	96.4



Number	Text	%
31	Is your principal practice site formally affiliated with a network of other practices or health providers?	90.3
32	Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your dental hygienist program (exclude non-dental hygienist and non-educational debt)	95.0
33	Have you mentored students within the last two years?	96.1

Dental hygienist workforce survey, Utah, 2024



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Appendix B - DOPL supply survey

Questions were asked about practitioners' Utah status, practice characteristics, demographics, employment plans, and patient population types.

Accessible at:

<https://ruralhealth.utah.gov/wp-content/uploads/2024-Dental-Hygienist-Survey-Final-1.pdf>

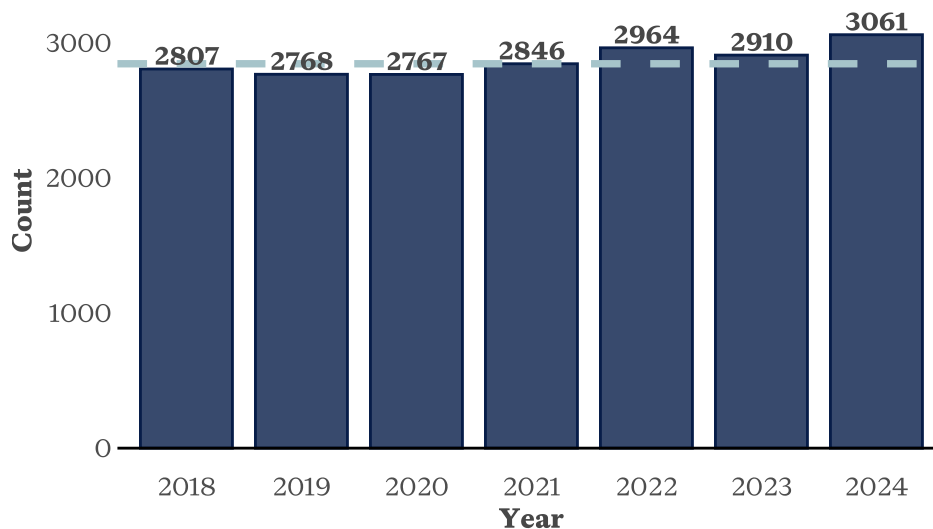


Appendix C - Alternative counts

Unemployment insurance (UI)

The following are counts of dental hygienists from DWS's unemployment insurance data. Unemployment insurance data includes employees of businesses with at least one person or those that have paid wages of \$1,500 or more in a quarter.

Figure 41. Dental hygienists with wages
More dental hygienists with wages now than previous 2022 high



Unemployment insurance data, DWS, 2025

UI data includes those with reported wages. UI data shows that there were 3431 providers between 2018 and 2024. Please note that the counts include all who had an active DOPL dental hygienist license during 2018-2024 and include potential individuals who had reported UI wages but were not working as a dental hygienist. Furthermore, the counts do not filter on healthcare-related NAICS codes but include all workers with wages and an active dental hygienist license during 2018-2024.

