

2007 Massachusetts Community Health Center Dental Director Survey

AIM

The purpose of this survey was to collect general information about CHC dental programs in Massachusetts and more specific information about CHC dental directors. In particular, we were interested in identifying the challenges CHC dental directors face in leading such programs and factors that impede timely and effective patient care. Such knowledge will contribute to a better understanding of the current status of CHC dental programs and will guide efforts to provide appropriate program support and leadership development.

METHODS

The project was undertaken jointly by the Catalyst Institute and Massachusetts League of Community Health Centers. A survey questionnaire was designed and posted by using an online commercial web-based product, *SurveyMonkey*. Items were designed to collect information in three areas: general characteristics and profiles of the CHC dental programs; background information about the CHC dental director and his or her experiences in that role; and interest in a variety of continuing dental education topics. Where possible and appropriate, questions were taken from existing surveys. Additional questions were developed as necessary. Prior to distribution, the survey instrument was reviewed by two regional CHC dental directors, two dental public health professionals, and representatives from the Massachusetts League of Community Health Centers. Items were revised based on their input.

We obtained contact information for all existing Massachusetts CHC dental programs (n=33) and sent the final survey to the dental director at each of these sites. (A list of these programs is included on the back cover.) In March 2007, a letter from the President of the Massachusetts League of Community Health Centers was sent via email to each dental director that included a Web link to the online questionnaire. CHC dental directors were asked to respond within three weeks. Two weeks from the initial emailing, non-responders were contacted through reminder phone calls, and a second email was sent out. For those who did not respond within one week of the second reminder, the CHC's chief executive officer was contacted to encourage participation. The final response rate was 100%.

ACKNOWLEDGEMENTS

We gratefully acknowledge the assistance and support provided by:

Ja Yoon Caroline Choi, DMD, BS, MPH, who was a student at the Harvard School of Public Health when this survey was conducted, for her assistance in developing and administering the survey instrument and analyzing the results.

James W. Hunt, Jr., MUA, CAE, President & Chief Executive Officer, Massachusetts League of Community Health Centers, for his support in reviewing the survey and communicating with dental directors.

Kenneth A. Bolin, DDS, MPH, and Jay D. Shulman, DMD, MA, MSPH, from the Baylor College of Dentistry, The Texas A&M University System Health Science Center, for sharing their survey with us. Internal and external reviewers who provided invaluable comments that improved this report.

ABOUT THE CATALYST INSTITUTE

The Catalyst Institute is committed to improving the effectiveness, efficiency and quality of oral health care. Through direct research, demonstration projects, education and training, the Institute is transforming oral health.

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2007 Massachusetts Community Health Center Dental Director Survey

Table 1. Community Health Centers Participating in the Massachusetts Community Health Center Dental Director Survey: 2007 (n=33)

Boston Health Care for the Homeless Program Boston, MA
Brockton Neighborhood Health Center Brockton, MA
Brookside Community Health Center Jamaica Plain, MA
Cambridge Health Alliance Health Centers Cambridge, MA
Caring Health Center Springfield, MA
Codman Square Health Center Dorchester, MA
Community Health Connections Family Health Center Fitchburg, MA
Desmond Callan Community Health Center (Formerly Community Health Center of Franklin County) Turner Falls and Orange, MA
Dimock Community Health Center Roxbury, MA
Dorchester House Multi-Service Center Dorchester, MA
East Boston Neighborhood Health Center East Boston, MA
Family Health Center of Worcester Worcester, MA
Geiger-Gibson Community Health Center Dorchester, MA
Great Brook Valley Health Center Worcester, MA
Greater New Bedford Community Health Center New Bedford, MA
Greater Roslindale Medical & Dental Center Roslindale, MA
Harvard Street Neighborhood Health Center

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Table 1. Community Health Centers Participating in the Massachusetts Community Health Center Dental Director Survey: 2007 (n=33)

Dorchester, MA

Healthfirst Family Care Center
Fall River, MA

Hilltown Community Health Centers
Huntington and Worthington, MA

Holyoke Health Center
Holyoke and Chicopee, MA

Joseph M. Smith Community Health Center
Allston and Waltham, MA

Lynn Community Health Center
Lynn, MA

Mattapan Community Health Center
Mattapan, MA

Mid-Upper Cape Community Health Center
Hyannis, MA

No Tooth Left Behind Dental Clinic [Brightwood]
(at German Gerena Elementary School)
Springfield, MA

North End Community Health Center
Boston, MA

North Shore Community Health
Peabody and Salem, MA

Roxbury Comprehensive Community Health Center
Roxbury, MA

South Boston Community Health Center
South Boston, MA

South Cove Community Health Center
Boston and Quincy, MA

South End Community Health Center
Boston, MA

Upham's Corner Health Center
Dorchester, MA

Whittier Street Health Center
Roxbury, MA

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Table 2. Number of number days clinic is open per week and number of clinic hours per week among CHC dental programs in Massachusetts: 2007 (n=33)

	Clinic Days per Week	Clinic Hours per Week
Mean	5.5	50.7
Maximum	7	71
Minimum	5	29.5
Median	6	51

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Table 3. Number of dental appointments scheduled and dental patients seen per provider per day among CHC dental programs in Massachusetts: 2007 (n=32)

	Number of dental appointments scheduled per provider per day	Number of dental patients seen per provider per day
Mean	15.8	13.4
Maximum	20	20
Minimum	9	8
Median	16	14

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Table 4. Number of CHC dental clinical sites and dental operatories among CHC dental programs in Massachusetts: 2007 (n=33)

	Number of dental clinics	Number of dental operatories
Total among all CHCs	47	234
Mean	1.4	7.1
Maximum	3	15
Minimum	1	2
Median	1	7

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Table 5. Frequency distribution of full-time equivalent (FTE) staff currently employed by CHC dental programs by staff category among CHC dental programs in Massachusetts: 2007 (n=33)

Staff category	Number of FTEs	Percent of all dental FTEs	Mean per CHC with at least one staff member in category
General dentist	131.8	30.7	4.1
Full license	79.3	18.5%	2.5
Limited license	52.5	12.2	2.4
Oral Surgeons	4.3	1.0%	0.7
Pediatric dentists	7	1.6%	0.8
Orthodontists	0.3	0.1%	0.1
Periodontists	2.8	0.7%	0.6
Post-doctoral dental residents	17.5	4.1%	1.9
Dental hygienists	30.1	7.0%	1.7
Dental assistants	149.0	34.8%	5.0
Dental clinic practice managers	24.6	5.7%	0.9
Other non-clinical support staff	61.3	14.3%	2.9

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Table 5A. Number of full-time equivalent (FTE) dental staff among CHC dental programs in Massachusetts: 2007 (n=33)

	Number of FTEs
Total FTEs among all CHCs	428.5
Mean number per CHC	13.0
Maximum number per CHC	31.8
Minimum number per CHC	3.0
Median number per CHC	10.0

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Table 6. Frequency distribution of full-time equivalent staff who were hired or left during the past 24 months among CHC dental programs in Massachusetts: 2007 (n=28).

Staff Category	<u>Hired</u>			<u>Left</u>		
	Number of FTEs	Percent of FTEs	Mean among CHCs with one or more new hires	Number of FTEs	Percent of FTEs	Mean among CHCs with one or more staff members leaving
Total	122	100.0%		75	100.0%	
General dentists	44.5	36.5%	1.8	35	46.7%	1.8
Oral surgeons	3	2.5%	0.8	2	2.7%	0.7
Pediatric dentists	10	8.2%	1.3	3.5	4.7%	0.7
Periodontists	1.5	1.2%	0.8	0.5	0.7%	0.5
Dental hygienists	4	3.3%	0.8	4.5	6.0%	0.8
Dental assistants	51	41.8%	2.3	24.5	32.7%	1.6
Practice managers	8	6.6%	0.9	5	6.7%	1.0

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Table 7. Frequency distribution of full-time equivalent positions for which CHC is currently recruiting among CHC dental programs in Massachusetts: 2007 (n=22)

Staff category	Number of open dental positions	Percent of all open dental positions	Mean number of open positions among CHCs with one or more open positions
Any position	70.0	100.0%	3.2
General dentists	30.0	42.9%	1.7
Oral surgeons	0.5	0.7%	0.5
Pediatric dentists	4.0	5.7%	1.0
Orthodontists	0.5	0.7%	0.5
Dental hygienists	13.5	19.3%	1.0
Dental assistants	19.5	27.9%	1.6
Practice managers	2.0	2.9%	1.0

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Table 8. Frequency distribution of no-show rates among CHC dental programs in Massachusetts: 2007 (n=33)

Percent of all scheduled appointments for which the patient was a no-show	Number of CHCs	Percent of CHCs
<10%	1	3.0%
10-20%	7	21.2%
21-30%	21	63.6%
31-40%	4	12.1%

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Table 9. Frequency distribution of average waiting time for a new patient to be seen for his/her first appointment among CHC dental programs in Massachusetts: 2007 (n=33)

Average waiting time for new patient visit	Number of CHCs	Percent of CHCs
<1 month	11	33.3%
1-2 months	11	33.3%
3-6 months	6	18.2%
7-12 months	1	3.0%
>12 months	4	12.1%

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Table 10. Frequency distribution of estimated waiting time for an existing patient to receive his/her next appointment among CHC dental programs in Massachusetts: 2007 (n=33)

Estimated waiting time for next appointment	Number of CHCs	Percent of CHCs
<2 weeks	1	3.0%
2-4 weeks	15	45.5%
5-6 weeks	5	15.2%
7-8 weeks	6	18.2%
9-12 weeks	4	12.1%
>12 weeks	2	6.1%

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Table 11. Frequency distribution of types of dental services provided among CHC dental programs in Massachusetts: 2007 (n=32)

Service category	Number of CHCs providing service	Percent of CHCs providing service
Diagnostic	32	100.0%
Preventive	32	100.0%
Restorative	32	100.0%
Endodontics	23	71.9%
Periodontics	19	59.4%
Prosthodontics, removable	27	84.4%
Prosthodontics, fixed	23	71.9%
Oral and Maxillofacial Surgery	24	75.0%
Orthodontics	1	3.1%
Implant Services	4	12.5%
Adjunctive General Services	8	25.0%

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Table 12. Frequency distribution of emergency or urgent care visits among CHC dental programs in Massachusetts: 2007 (n=33)

Proportion of all visits that were for emergency or urgent care	Number of CHCs	Percent of CHCs
<10%	6	18.2%
10-20%	18	54.5%
21-30%	8	24.2%
31-50%	1	3.0%

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Table 13. Frequency distribution of oral health activities offered by CHC dental programs in Massachusetts outside of CHC's dental clinic: 2007

Activity	<u>Offered</u>		<u>Not Offered</u>	
	Number of CHCs	Percent of CHCs	Number of CHCs	Percent of CHCs
Any outside oral health activity	32	97.0%	1	3.0%
Screening (n=28)	23	82.1%	5	17.9%
School-based oral health education programs (n=30)	17	56.7%	13	43.3%
School-based oral/dental services (n=26)	11	42.3%	15	57.7%
Mobile/portable programs (n=25)	6	24.0%	19	76.0%
Oral health education seminars (n=24)	16	66.7%	8	33.3%
Health fair (n=32)	26	81.3%	6	18.8%
Nursing home (n=24)	4	16.7%	20	83.3%

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Table 14. Frequency distribution of source of educational institution for rotating dental/dental hygiene students among CHC dental programs in Massachusetts: 2007 (n=24)

Educational institution	Number of CHS	Percent of CHCs
Boston University Goldman School of Dental Medicine	13	54.2%
Harvard School of Dental Medicine	10	41.7%
Tufts University School of Dental Medicine	5	20.8%
Forsyth Dental Hygiene Program – Massachusetts College of Pharmacy and Health Sciences	6	25.0%
Mount Ida College	1	4.2%
Mount Wachusett Community College General Studies Department	1	4.2%
Quinsigamond Community College	2	8.3%
Springfield Technical Community College	1	4.2%

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Table 15. Frequency distribution of CHC dental directors by race among CHC dental programs in Massachusetts: 2007 (n=31)

Race	Number of CHC Dental Directors	Percent of CHC Dental Directors
Asian	7	22.6%
Black or African American	8	25.8%
White	16	51.6%

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Table 16. Frequency distribution of CHC dental directors by Hispanic or Latino status among CHC dental programs in Massachusetts: 2007 (n=30)

Hispanic or Latino	Number of CHC Dental Directors	Percent of CHC Dental Directors
Yes	4	13.3%
No	26	86.7%

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Table 17. Frequency distribution of CHC dental directors by gender among CHC dental programs in Massachusetts: 2007 (n=31)

Gender	Number of CHC Dental Directors	Percent of CHC Dental Directors
Female	17	54.8%
Male	14	45.2%

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Table 18. Frequency distribution of CHC dental directors by age among CHC dental programs in Massachusetts: 2007 (n=31)

Age group	Number of CHC Dental Directors	Percent of CHC Dental Directors
< 30 years	2	6.5%
30-39 years	10	32.3%
40-49 years	4	12.9%
50-59 years	8	25.8%
60-69 years	7	22.6%

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Table 19. Frequency distribution of CHC dental directors who hold degrees in addition to DDS/DMD/RDH among CHC dental programs in Massachusetts: 2007 (n=33)

Type of degree	Number of CHC Dental Directors	Percent of CHC Dental Directors
BDS	4	12.1%
MPH/MS/MPP/MBA/ <i>etc.</i>	11	33.3%

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Table 20. Frequency distribution of CHC dental directors by whether director has a faculty appointment at either a dental or dental hygiene school among CHC dental programs in Massachusetts: 2007 (n=29)

Faculty appointment	Number of CHC Dental Directors	Percent of CHC Dental Directors
Yes	16	55.2%
No	13	44.8%

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Table 21. Frequency distribution of CHC dental directors by length of time in current position among CHC dental programs in Massachusetts: 2007 (n=31)

Time period	Number of CHC Dental Directors	Percent of CHC Dental Directors
Less than one year	8	25.8%
< 6 months	5	16.1%
6-11 months	3	9.7%
One to four years	10	32.3%
1-2 years	4	12.9%
3-4 years	6	19.4%
Five years or longer	13	41.9%
5-7 years	6	19.4%
8-10 years	4	12.9%
>10 years	3	9.7%

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Table 22. Frequency distribution of CHC dental directors by annual gross salary excluding benefits among CHC dental programs in Massachusetts: 2007 (n=30)

Salary range	Number of CHC Dental Directors	Percent of CHC Dental Directors
<\$60,000	3	10.0%
\$60,000-\$99,999	11	36.7%
\$60,000-\$69,999	2	6.7%
\$70,000-\$79,999	3	10.0%
\$80,000-\$89,999	3	10.0%
\$90,000-\$99,999	3	10.0%
\$100,000-\$120,000	11	36.7%
>\$120,000	5	16.7%

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Table 23. Frequency distribution of CHC dental directors by membership in professional organizations among CHC dental programs in Massachusetts: 2007 (n=25)

Organization	Number of CHC Dental Directors	Percent of CHC Dental Directors
Academy of General Dentistry	3	12.0%
American Academy of Orofacial Pain	1	4.0%
American Academy of Pediatric Dentistry	3	12.0%
American Association for Dental Research	1	4.0%
American Association of Public Health Dentistry	2	8.0%
American Dental Association	20	80.0%
American Dental Education Association	4	16.0%
American Public Health Association	2	8.0%
Hispanic Dental Association	2	8.0%
International Association of Orthodontists	1	4.0%
Massachusetts Dental Society	19	76.0%
National Dental Association	4	16.0%
National Network for Oral Health Access	1	4.0%
Special Care Dentistry	2	8.0%

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Table 24. Frequency distribution of CHC dental directors by prior work experience among CHC dental programs in Massachusetts: 2007 (n=30)

Prior work site	Number of CHC Dental Directors	Percent of CHC Dental Directors
Private practice/owner or partner	6	20.0%
Private practice/associate or employee	10	33.3%
Dental student (undergraduate)	3	10.0%
Specialty/graduate program (post-doctoral)	3	10.0%
Full-time faculty at a dental/hygiene school	1	3.3%
Current or other CHC staff dentist	13	43.3%
Semi-retired	1	3.3%
Dental director at university	1	3.3%
Hospital staff dentist	1	3.3%

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Table 25. Distance from CHC dental directors' home to CHC among CHC dental programs in Massachusetts, 2007 (n=29)

	Distance (miles)
Average	22.5
Maximum	100
Minimum	2.3
Median	20

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Table 26. Frequency distribution of CHC dental directors by reporting relationship within CHC among CHC dental programs in Massachusetts: 2007 (n=31)

Reporting relationship	Number of CHC Dental Directors	Percent of CHC Dental Directors
Executive Director	19	61.3%
Director of Operations/Chief Operating Officer	3	9.7%
Medical Director	8	25.8%
Vice President	1	3.2%

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Table 27. Frequency distribution of top reasons CHC dental directors report for choosing to practice in a CHC dental program among CHC dental programs in Massachusetts: 2007 (n=30)

Reasons for Choosing to Practice in CHC Dental Clinic	Number of CHC Dental Directors	Percent of CHC Dental Directors
Felt a mission to the dentally underserved population	26	86.7%
Wished to practice dentistry in a community-based setting	22	73.3%
Wished to offer oral health care within an interdisciplinary environment	11	36.7%
Attracted by work schedule/leave policies of the community health center	6	20.0%
Sold private practice or retired from government service	3	10.0%
Loan repayment was offered or promised to you when employed at the community health center	2	6.7%
Unsatisfied with associate/employee dentist arrangements currently available	1	3.3%
Other reason(s) reported	10	33.3%

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Table 28. Percentage distribution of CHC dental director work-time spent on direct patient care, clinical supervision, and administrative duties among CHC dental programs in Massachusetts, 2007 (n=31)

	Direct patient care	Clinical supervision	Administrative duties
Mean	60%	17%	23%
Maximum	97%	90%	100%
Minimum	0%	0%	3%
Median	70%	10%	15%

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Table 29. Frequency distribution of CHC dental directors' opinions about their work among CHC dental programs in Massachusetts, 2007

Statement	<u>Strongly Agree or Agree</u>		<u>No opinion</u>		<u>Disagree or Strongly Disagree</u>		Number of responses
	Number	Percent	Number	Percent	Number	Percent	
All things considered, I am satisfied with my CHC as a place to work.	29	96.7%	0	0.0%	1	3.3%	30
I have the support I need from my CHC leadership to be an effective dental director.	28	96.6%	1	3.4%	0	0.0%	29
I am viewed as a leader within my CHC.	27	90.0%	1	3.3%	2	6.7%	30
I am satisfied with my total compensation package (salary and other income sources).	14	48.3%	3	10.3%	12	41.4%	29
I am satisfied with my benefits including the number of vacation days, sick leave policies, the quality of health insurance and the retirement plan options.	25	83.3%	1	3.3%	4	13.3%	30
I could use more training in business practices.	18	62.1%	7	24.1%	4	13.8%	29
Organized dentistry values what I do.	15	53.6%	5	17.9%	8	28.6%	28
Strategic planning is an important part of what I do.	28	96.6%	1	3.4%	0	0.0%	29

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Statement	<u>Strongly Agree or Agree</u>		<u>No opinion</u>		<u>Disagree or Strongly Disagree</u>		Number of responses
	Number	Percent	Number	Percent	Number	Percent	
I intend for my dental practice to always be in a CHC.	18	66.7%	4	14.8%	5	18.5%	27
Our dental program could do more to reach out to the community.	21	75.0%	2	7.1%	5	17.9%	28
I would like more continuing education that is relevant for dentists whose practice is in CHCs.	29	96.7%	1	3.3%	0	0.0%	30

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Table 30. Frequency distribution of CHC dental directors' opinions about continuing dental education courses among CHC dental programs in Massachusetts, 2007

Course topic	<u>Strongly Agree or Agree</u>		<u>No opinion</u>		<u>Disagree or Strongly Disagree</u>		Number of responses
	Number	Percent	Number	Percent	Number	Percent	
Methods for increasing best practices in quality assurance in a CHC dental clinic.	26	96.3%	1	3.7%	0	0.0%	27
Step-by-step instruction on developing a protocol designed to increase effective and efficient triaging in a CHC dental clinic.	18	69.2%	6	23.1%	2	7.7%	26
Strategic scheduling designed to maximize efficiency and increase revenue in a CHC dental clinic.	27	100.0%	0	0.0%	0	0.0%	27
Education on the most up-to-date standards in community dental care.	26	96.3%	1	3.7%	0	0.0%	27
Determining what comprises 'actual' informed consent, as defined by the Board of Registration & peer review.	23	88.5%	2	7.7%	1	3.8%	26
Marketing the community health dental practice.	14	51.9%	7	25.9%	6	22.2%	27
Retaining qualified dental staff in a CHC dental clinic.	21	80.8%	3	11.5%	2	7.7%	26
Creating a CHC dental clinic budget for the year (salaries, supplies, revenue, projections, manipulations, predictions, etc.)	25	92.6%	1	3.7%	1	3.7%	27

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Course topic	<u>Strongly Agree or Agree</u>		<u>No opinion</u>		<u>Disagree or Strongly Disagree</u>		Number of responses
	Number	Percent	Number	Percent	Number	Percent	
Learning the differences across the different reimbursement mechanisms and how they work.	24	88.9%	2	7.4%	1	3.7%	27
Ways to limit revenue lost from procedures not covered by insurance.	24	88.9%	1	3.7%	2	7.4%	27
Regulatory changes of major insurance providers with an emphasis on Medicaid.	25	92.6%	2	7.4%	0	0.0%	27
Mass Health coverage of periodontal procedures (focusing on maximizing reimbursement).	26	96.3%	0	0.0%	1	3.7%	27
How to incorporate private pay into a CHC dental clinic.	21	80.8%	3	11.5%	2	7.7%	26
Periodontics and its application in community center practice.	23	85.2%	3	11.1%	1	3.7%	27
Treating children ages zero to five years.	21	77.8%	4	14.8%	2	7.4%	27
Identification and treatment of children at high risk for caries.	23	85.2%	4	14.8%	0	0.0%	27
Best practices in treating diabetic patients.	23	85.2%	3	11.1%	1	3.7%	27

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Course topic	<u>Strongly Agree or Agree</u>		<u>No opinion</u>		<u>Disagree or Strongly Disagree</u>		Number of responses
	Number	Percent	Number	Percent	Number	Percent	
Information on 'foolproof' sealant application and a review of the multiple sealant products available-including pros and cons.	23	85.2%	2	7.4%	2	7.4%	27
A review of current pharmacology (heart, pain, post surgical meds & medications commonly prescribed in dentistry.)	26	96.3%	1	3.7%	0	0.0%	27
A review of lab values (including liver function, diabetes, etc.)	21	80.8%	4	15.4%	1	3.8%	26
Oral pathology associated with substance abuse and 'meth mouth.'	26	96.3%	1	3.7%	0	0.0%	27
Best practices in oral cancer screening technique (including Board regulations).	24	92.3%	2	7.7%	0	0.0%	26
A review of base-line exam topics (including charting, exams, x-rays, periodontal charting, oral cancer screening and diagnosis, complete medical history, and hard and soft tissue exams.)	19	73.1%	3	11.5%	4	15.4%	26
Updates in orthodontics for general dentists.	18	66.7%	5	18.5%	4	14.8%	27
Updates in pediatric dentistry for general dentists.	24	88.9%	2	7.4%	1	3.7%	27

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Course topic	<u>Strongly Agree or Agree</u>		<u>No opinion</u>		<u>Disagree or Strongly Disagree</u>		Number of responses
	Number	Percent	Number	Percent	Number	Percent	
Minor oral surgery techniques & best practices surrounding extractions, comparative techniques, biopsies, lesions, and infection control.	24	88.9%	2	7.4%	1	3.7%	27
Cultural competence as it pertains to treating HIV+ patients.	23	88.5%	2	7.7%	1	3.8%	26