

**REFERENCES**

- Albandar JM, Kingman A. Gingival recession, gingival bleeding, and dental calculus in adults 30 years of age and older in the United States, 1988-1994. *J Periodontol.* 1999;70:30-43.
- Albandar JM, Brunelle JA, Kingman A. Destructive periodontal disease in adults 30 years of age and older in the United States, 1988-1994. *J Periodontol.* 1999;70:13-29.
- Allen VR, Miller MD. A model for assessing health needs of the rural elderly: methodology and results. *J Allied Health* 1986;15:213-24.
- Allukian M. Oral health policy issues for women and children. *J Public Health Dent* 1990;50(Spec):406-17.
- American Public Health Association. *Healthy Communities 2000: Model Standards.* 3rd ed. Washington, DC: American Public Health Association, 1991.
- Association of State and Territorial Dental Directors. *Guidelines for State Dental Public Health Programs.* 1985 20p.
- Association of State and Territorial Dental Directors, ad hoc Committee on Data Needs and Analysis. *Report of ASTDD data survey.* 1991 11p.
- Baker GH. Integration of oral and general health in maternal and child populations. *J Public Health Dent* 1990;50(Spec):402-5.
- Basch CE. Focus group interview: an underutilized research technique for improving theory and practice in health education. *Health Ed Quarterly* 1987;14: 411-37.
- Bowman B, Wolkenheim BJ, Beck ML, O'Donnell D, Schneider K. Needs assessment: an information processing model. *J Cont Ed Nurs* 1985;16:200-4.
- Brown ER. Community organization influence on local public health care policy: a general research model and comparison case study. *Health Ed Quarterly* 1983;10(3-4):205-37.
- Brown LJ, Wall TP, Lazar V. Trends in untreated caries in permanent teeth of children 6 to 18 years old. *J Am Dent Assoc.* 1999;130:1637-44.
- Brown LJ, Wall TP, Lazar V. Trends in total caries experience: permanent and primary teeth. *J Am Dent Assoc.* 2000;131:223-31.
- Brown LJ, Wall TP, Lazar V. Trends in untreated caries in primary teeth of children 2 to 10 years old. *J Am Dent Assoc.* 2000;131:93-100.
- Burt BA, Eklund SA. *Dentistry, Dental Practice, and the Community.* 4th ed. Philadelphia, PA: WB Saunders Co, 1992.
- Chaney HS. Needs assessment: a Delphi approach. *J Nurs Staff Devel* 1987;3:48-53.
- Chang A. Standards for maternal and child health care. *J Public Health Dent* 1990;50(Spec):427-31.
- Chrisman NJ. The health seeking process: an approach to the natural history of illness. *Cult Med Psych* 1977;1:351-77.
- Delbecq AL, Van de Van AH, Gustafson DH. *Group Techniques for Program Planning: a Guide to Nominal Group and Delphi Processes.* 2nd ed. Middleton, WI: Green Briar Press, 1986.
- Dental, Oral and Craniofacial Data Resource Center. *Catalog of surveys related to oral health (CD-ROM).* NIDCR/CDC, 2002.
- Desvousges WH, Smith VK. Focus groups and risk communication: the "science" of listening to data. *Risk Anal* 1988;8:479-84.
- Devine AE. Community assessment: its components and significance in planning

- health care programs. *J Enterostomal Theory* 1985;12(5):167-74.
- Entwistle B, Berkey D, Bomberg T, Holtzman T, Heiden K. *Dental Programs for the Older Adult: a Planning Workbook*. Denver, CO: University of Colorado School of Dentistry, 1989.
- Fern EF. The use of focus groups for idea generation: the effect of group size, acquaintanceship, and moderator on response quantity and quality. *J Marketing Res* 1982;19:1-13.
- Folch-Lyon E, Trost JF. Conducting focus group sessions. *Stud Fam Plann* 1981; 12:443-9.
- Frazier PJ, Horowitz AH. Oral health education and promotion in maternal and child health: a position paper. *J Public Health Dent* 1990;50(Spec):390-5.
- Gaupp PG. New initiatives for advocacy in national maternal and child oral health. *J Public Health Dent* 1990;50(Spec):396-401.
- Goodman AB, Craig TJ. A needs assessment strategy for an era of limited resources. *Am J Epidem* 1982;115:624-32.
- Gregor S, Galazka SS. The use of key informant networks in assessment of community needs. *Fam Med* 1990;22: 118-21.
- Grembowski D, Andersen RM, Chen M. A public health model of the dental care process. *Med Care Rev* 1989;46:439-96.
- Guyer B, Schor L, Messenger KP, Prenney B, Evans F. Needs assessment under the Maternal and Child Health Services Block Grant: Massachusetts. *Am J Public Health* 1984;74:1014-9.
- Institute of Medicine. *Future of Public Health*. 1988.
- Johnson DE, Meiller LR, Miller LC, Summers GF. Needs Assessment: Theory and Methods. 1st edition. Ames, IA: Iowa State Univ Press, 1987.
- Johnson K, Siegal MD. Resources for improving the oral health of maternal and child populations. *J Public Health Dent* 1990;50(Spec):418-26.
- Kaste LM, Selwitz RH, Oldakowski RJ, Brunelle JA, Winn DM, Brown LJ. Coronal caries in the primary and permanent dentition of children and adolescents 1-17 years of age: United States, 1988-1991. *J Dent Res*. 1996 Feb;75 Spec No:631-41.
- Klerman LV, Rosenbach M. Needs indicators in maternal and child health planning. USDHHS, HRSA, USPHS, MCHB. 1984. ii+46pp.
- Laffrey SC, Meleis AI, Lipson JG, Solomon M, Omidian PA. Assessing Arab-American health care needs. *Soc Sci Med* 1989; 29:877-83.
- MacStravic RE. *Determining Health Needs*. Ann Arbor, MI: Health Administration Press, 1978.
- Maddock JM, Daley D, Moss HB. A practical approach to needs assessment for chemical dependency programs. *J Subst Abuse Treat* 1988;5:105-11.
- Marti-Costa S, Serrano-Garcia F. Needs assessment and community development: an ideological perspective. *Preventive Human Services* 1983;2(4):75-88.
- Mecklenburg R. Documentation and evaluation in oral health services. *J Public Health Dent* 1990;50(Spec):439-46.
- Mesters I, Pieterse M, Meertens R. Pediatric asthma, a qualitative and quantitative approach to needs assessment. *Patient Educ Couns* 1991;17:23-34.
- Moroney RM. Needs assessment for human services. In: Anderson WF, Frieden BJ, Murphy MJ. *Managing Human Services*.

- Washington, DC: International City Management Assoc, 1977, p. 128-44.
- Morris LL, Fitz-Gibbon CT, Freeman ME. How to communicate evaluation findings. Vol 9, Program Evaluation Kit. Newbury Park, CA: Sage Publications, Inc, 1992.
- National Association of County Health Officials. APEXPH: Assessment Protocol for Excellence in Public Health. Washington, DC, 1991.
- United Way of America. Needs Assessment: the State of the Art: a Guide for Planners, Managers, and Funders of Health and Human Care Services. Alexandria, VA: United Way Institute, 1982.
- Nowjack-Raymer R, Gift HC. Contributing factors to maternal and child oral health. *J Public Health Dent* 1990;50(Spec):370-8.
- Payne SMC, Strobino DM. Two methods for estimating the target population for public maternity services programs. *Am J Public Health* 1984;74:164-5.
- Poffenpoel M. Research methodology in assessing community needs. *Curationis* 1983;6(1):75-88.
- Rabkin JG. Mental health needs assessment: a review of methods. *Med Care* 1986; 24: 1093-1109.
- Sackman H. Delphi critique. Lexington (MA): DC Heath & Co 1975
- Satin MS, Monetti CH. Census tract predictors of physical, psychological, and social functioning for needs assessment. *Health Serv Res* 1985;20:341-58.
- Selwitz RH, Winn DM, Kingman A, Zion GR. The prevalence of dental sealants in the US population: findings from NHANES III, 1988-1991. *J Dent Res*. 1996;75 Spec No:652-60.
- Slater CH, Lorimor RJ, Lairson DR. The independent contributions of socioeconomic status and health practices to health status. *Prev Med* 1985;14:372-8.
- Smith MJ. Program Evaluation in the Human Services. New York, NY: Springer Pub Co, 1990.
- Snider G, Stein HF. An approach to community assessment in medical practice. *Fam Med* 1987;19:213-9.
- Steffensen JEM. Literature and concept review: issues in maternal and child oral health. *J Public Health Dent* 1990;50 (Spec):358-69.
- Stewart R. The nature of needs assessment in community mental health. *Community Ment Health J* 1979;15:187-295.
- USDHHS, PHS. Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Washington, DC: U.S. Govt Printing Office, 1991.
- USDHHS, PHS, HRSA, MCHB. Equity and access for mothers and children: strategies from the Public Health Service workshop on oral health of mothers and children. DHHS Pub No HRS-MCH-90-4. 1990. xi+94pp.
- Vargas CM, Crall JJ, Schneider DA. Sociodemo-graphic distribution of pediatric dental caries: NHANES III, 1988-1994. *J Am Dent Assoc*. 1998;129:1229-38.
- Waldman HB. Oral health status of women and children in the United States. *J Public Health Dent* 1990;50(Spec):379-9.
- Warheit GJ, Bell RA, Schwab JJ. Needs assessment approaches: concepts and methods. Rockville, MD. Alcohol, Drug Abuse, and Mental Health Administration, 1979.
- Warheit G, Vega W, Buhl-Auth J. Mental health needs assessment approaches: a case for applied epidemiology. *Prevention in Human Services* 1983;2:9-33.

Weintraub JA. Maternal and child oral health issues: research. *J Public Health Dent* 1990;50(Spec):447-55.

Williams W. Implementation analysis and assessment. *Policy Analysis* 1975;1(3): 531-66.

Wilson AA. Standards in maternal and child oral health. *J Public Health Dent* 1990;50(Spec):432-8.

Wise PY. Needs assessment as a marketing strategy. *J Contin Educ Nurs* 1981;12:5-9.

World Health Organization. *Oral Health Surveys: Basic Methods*. 3rd ed. Geneva: World Health Organization, 1987.

## DELPHI TECHNIQUE

The example below uses the Delphi Technique in a situation where a dental director wants to identify ways to make the dental Medicaid program more accessible. The process starts with the formation of a declarative statement:

**"List three ways to improve the state's dental Medicaid program for children."**

Follow with these implementation steps:

- 1a. Pretest your statement for clarity and adequacy with a few experts before finalizing it.
- 1b. Concurrently, select and contact potential participants. The selection process should yield a group that provides some diverse perspectives on the issue.
2. **Round 1:** A sample Round 1 questionnaire and cover letter are found on pages A-6 and A-7. Distribute your questionnaire and cover letter to the participants. The cover letter explains (1) the process; (2) the anticipated time required to complete the entire Delphi process; (3) the deadline for completing the Round 1 questionnaire; (4) the anonymity of the participants; and (5) the feedback mechanism once the process has been completed. The name and telephone number of a contact person are provided and a stamped, self-addressed envelope is included in the packet. It is best to restrict the time frame (*i.e.*, less than two or three weeks) in this process to minimize the turnaround time for each round.
3. Upon return of the questionnaires, the organizer collates the initial results, grouping similar responses. The organizer may make minor editorial revisions to the responses (*i.e.*, shorten), but must retain the intent of all answers.
4. A second questionnaire is then generated with each of the results presented along with an ordinal scale, such as a Likert scale, for the participants to rate the importance of each response.
5. **Round 2:** The revised questionnaire (see example on page A-9) is sent to the participants as expeditiously as possible to maintain their commitment. The cover letter, as well as the questionnaire, instructs participants to rate each of the responses and to elaborate upon any responses that they choose. Make sure that you define the rating scale. Indicate to the participants that the order of the statements is for convenience and not necessarily by importance. Once again, a deadline for response is given.
6. Collect and collate all of the Round 2 questionnaires. Calculate the mean (average) and mode (most frequent response) for each of the responses. Organize all of the written comments.
7. **Round 3:** The participants review and comment on the Round 2 results. In this Round the same statements are ordered along with the mean and mode scores for each statement and any written comments. The participants are asked to rethink and rescore each of the statements. The intent of the rescoring is to determine if there are cogent comments that either will bring convergence of opinion or determine if there is divergent opinion concerning this item. As before, a deadline is established for the return of the questionnaire.
8. The final results are then tabulated with each of the participants receiving the final analysis. The participants are thanked for their input, presented with the findings, and informed about how this information likely will be used.

## ROUND 1

Date

Dr. I. M. Portant  
4321 Circle Drive  
Samplecity, Samplestate

Dear Dr. Portant,

Thank you for your willingness to participate in addressing (ways to improve access within the Medicaid program). As we discussed on the telephone, you were selected to participate in this process because of your (expertise/experience/knowledge) in this field. The Samplestate Health Department wants to understand the reasons for the low participation of practitioners in the dental Medicaid program.

The format of the structured process is:

1. Complete the attached sheet (first round) and return by (DATE) to:

**Amy Straight, Oral Health Program  
Samplestate Health Department  
621 Franklin Road  
New City, Samplestate  
FAX (987) 654-3210**

2. I will compile the suggestions from the first round. The second round will allow you to place a value on the importance of all submitted suggestions. You should receive round two in early (MONTH).
3. A third round of the form will be distributed in early (MONTH). This will include: 1) the distribution of scores for each of the responses and 2) any additional responses and comments from the participants. Once again, you will be asked to rank the data elements in light of the scoring and comments from the other participants. This will allow you to reconsider your opinions in relation to the other participants. If there is convergence of core data elements after this round, we will tabulate and report the results to you. Otherwise, there will be one more round so that we can reach a consensus.

The responses for all rounds should take less than an hour of your time. At the completion of the data input, I will send you a summary of the findings.

Your knowledge and comments, along with others, will be invaluable. **Please be assured that all respondents will remain anonymous.** If you have any questions, please don't hesitate to contact me at **(987) 654-0123**. Dr. (MCH Director) and I sincerely appreciate your cooperation.

Yours truly,

Dr. Sandra Strong  
Project Director

**List three ways to improve the state's dental Medicaid program for children.**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this sheet in the stamped, addressed envelope that was provided, or FAX to:

**Amy Straight  
Oral Health Program  
Samplestate Health Department  
621 Franklin Road  
New City, Samplestate  
  
FAX (987) 654-3210**

## ROUND 2

Date

Dr. I. M. Portant  
4321 Circle Drive  
Samplecity, Samplestate

Dear Dr. Portant,

Thank you for your prompt response to the first round of the discussion about **ways to improve the state's dental Medicaid program for children**.

Please rank the importance of each of the items from the first round of responses. If you have thought of other items since the initial round, please feel free to add additional data elements or comments (please be brief) in the appropriate column. The attached sample serves as an example for completing the form and should **not** be construed as suggested responses.

A third round of the form will be mailed in early (MONTH). This will include 1) the distribution of scores for each of the responses and 2) any additional responses and comments from the participants. Once again, you will be asked to rank the data elements in light of the scoring and comments from the other participants. This will allow you to reconsider your opinions in relation to the other participants. If there is agreement of core data elements after this round, we will tabulate and report the results to you. Otherwise, there will be one more round so that we can reach consensus.

Please return your response in the enclosed self-addressed, stamped envelope by **(DATE)** to:

**Amy Straight, Oral Health Program  
Samplestate Health Department  
621 Franklin Road  
New City, Samplestate  
FAX (987) 654-3210**

Once again, thank you for your participation in this process. If you have any questions, please don't hesitate to contact me at **(987) 654-0123**.

Yours truly,

Dr. Sandra Strong  
Project Director

Attachment



**ROUND 2**

Rate the following statements ("X") as they relate to improving the **state's Medicaid program for children**. The choices are: **5 = extremely important; 4 = very important; 3 = somewhat important; 2 = of little importance; 1 = of no importance**. When it is appropriate, add comments that reflect or defend your position.

	5	4	3	2	1	COMMENTS
<b>PAYMENT MECHANISMS</b>						
Increase fees						
Review fees annually with dental society						
Reduce the turn-around time for payment						
<b>PROGRAMMATIC</b>						
Need for contact person (actual name and phone number)						
Reduce unnecessary paper-work						
Abandon prior authorization						
Provide more up-to-date information about the program						
Easier way to determine current patient eligibility						
<b>PATIENTS</b>						
Decrease rate of "broken appointments/no shows"						
<b>PROVIDERS</b>						
Mandate that each provider see at least ____ Medicaid patients per month						

## ROUND 3

Date

Dr. I. M. Portant  
4321 Circle Drive  
Samplecity, Samplestate

Dear Dr. Portant,

Attached is the third round of the Samplestate survey to determine **the best ways to improve the Medicaid program for children**. Once again, the purpose of the enclosed form is to determine how **best** to address this problem.

For each of the responses from the second round I have included the mean and mode for each item. I now ask that you:

1. Reconsider your selection for each data element in light of the scoring and comments from other participants.
2. Write additional comments directly on the form.
3. Score and write comments concerning the **ADDITIONAL ITEMS THAT YOU WOULD INCLUDE**.
4. Return the form in the enclosed stamped, self-addressed envelope by **(DATE)** to:

**Amy Straight, Oral Health Program  
Samplestate Health Department  
621 Franklin Road  
New City, Samplestate  
FAX (987) 654-3210**

The comments were distilled and consolidated as best as possible.

Once again, **please be assured that all respondents will remain anonymous**. If you have any questions, don't hesitate to contact me at **(987) 654-0123**. I will summarize the findings and provide you with the results.

Thank you very much.

Yours truly,

Dr. Sandra Strong  
Project Director

Attachment

### ROUND 3

Rate the following statements ("X") as they relate to improving the **state's Medicaid program for children**. In rating each item, consider the mean, mode, and comments from Round 2. The choices are: **5=extremely important; 4=very important; 3=somewhat important; 2=of little importance; 1=of no importance**. If you have additional comments, please feel free to write them on the reverse side of this form.

PAYMENT MECHANISMS	ROUND 2 COMMENTS	MEAN	MODE	5	4	3	2	1
Increase fees	a. Only a temporary solution b. A token increase won't work c. This isn't the 'real' reason that dentists don't see these patients d. They must increase by 60%	4.2	5					
Review fees annually with dental society	a. Sure! b. Is this price fixing? c. It would help establish a dialogue with Medicaid administrators	2.7	3					
Reduce the turn-around time for payment	a. This is just as important as the low payment b. I thought this was supposed to be in effect	3.7	4					
PROGRAMMATIC								
Need for contact person (actual name and phone number)	a. Install a toll-free number b. There should be at least two administrators who are familiar with the program c. Have this person provide an update to the Executive Committee of the dental society	2.4	2					
Reduce unnecessary paperwork	a. Without specific recommendations, I don't know which part is unnecessary b. Any reduction will be helpful c. This is linked to the turnaround in payment	4.2	4					
Abandon prior authorization	a. There needs to be some agreement about which procedures require prior authorization b. This would definitely streamline the process	4.3	5					

Provide more up to date information about the program	a. Those that know the system already are up to date! b. No one reads this stuff	2.1	2					
Easier way to determine current patient eligibility	a. There should be a toll-free number to determine eligibility (like vendors do for charge cards) b. Current method is archaic	3.3	3					
<b>PATIENTS</b>								
Decrease rate of "broken appointments/no shows"	a. Everyone wants to have a "perfect" appointment schedule b. Any decrease is an improvement	4.4	5					
<b>PROVIDERS</b>								
Mandate that each provider in the state see at least _____ Medicaid patients per month	a. This isn't feasible b. Only way to have an equitable way of addressing the problem of access c. This sounds like more paperwork, may even be fodder for more providers to drop out of the program	1.9	1					

## 1995 BEHAVIORAL RISK FACTOR QUESTIONNAIRE Optional Oral Health Module

1. How long has it been since you last visited the dentist or a dental clinic?
  - a. Within the past year (1 to 12 months ago) Go to Question 3.
  - b. Within the past 2 years (1 to 2 years ago)
  - c. Within the past 5 years (2 to 5 years ago)
  - d. 5 or more years ago
  - e. Don't know / Not sure
  - f. Never
  - g. Refused
  
2. What is the main reason you have not visited the dentist in the last year?
  - a. Fear, apprehension, nervousness, pain, dislike going
  - b. Cost
  - c. Do not have / know a dentist
  - d. Cannot get to the office/clinic (too far away, no transportation, no appointment available)
  - e. No reason to go (no problems, no teeth)
  - f. Other priorities
  - g. Have not thought of it
  - h. Other
  - i. Don't know / Not sure
  - j. Refused
  
3. How many of your permanent teeth have been removed because of tooth decay or gum disease. Do not include teeth lost for other reasons, such as injury or orthodontics.
  - a. 5 or fewer
  - b. 6 or more but not all
  - c. All
  - d. None
  - e. Don't know / Not sure
  - f. Refused
  
4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
  - a. Yes
  - b. No
  - c. Don't know / Not sure
  - d. Refused

**NORTH DAKOTA YOUTH RISK BEHAVIOR SURVEY  
Oral Health Module**

1. On how many of the past seven days did you brush your teeth?
  - a. 0 days
  - b. 1 day
  - c. 2 days
  - d. 3 days
  - e. 4 days
  - f. 5 days
  - g. 6 days
  - h. 7 days
  
2. During the past 12 months, how many times did you visit the dentist for examination, teeth cleaning, or dental work?
  - a. 0 times
  - b. 1 or 2 times
  - c. 3 or more times
  
3. How many cavities have you had in your permanent teeth
  - a. 0
  - b. 1
  - c. 2 to 3
  - d. 4 to 5
  - e. 6 or more
  - f. Not sure
  - g. I don't know. I have never gone to the dentist

**PREGNANCY RISK ASSESSMENT MONITORING SYSTEM  
Oregon PRAMS 2000 Oral Health Module**

1. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not literature or videos. For each item, please circle N (No) or Y (Yes).
 

a. The importance of seeing a dentist during your pregnancy.	N	Y
--	---	---
  
2. This question is about care of your teeth during your most recent pregnancy. For each item, circle N (No) or Y (Yes).
 

a. I needed to see a dentist for a problem	N	Y
b. I went to a dentist or dental clinic	N	Y
c. A dental or health care worker talked with me about how to care for my teeth and gums	N	Y
  
3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
  - a. Within the past year (less than 12 months)
  - b. 1 to 2 years ago (12-23 months)
  - c. 2 to 5 years ago (24-59 months)
  - d. 5 or more years ago (more than 60 months)
  - e. Never

## ASTDD'S BASIC SCREENING SURVEY

### Recommended Oral Health Questions

1. During the past 6 months, did your child have a toothache more than once, when biting or chewing?
  - a. Yes
  - b. No
  - c. Don't know
2. How long has it been since your child last visited a dentist or a dental clinic for any reason? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.
  - a. 6 months or less
  - b. more than 6 months, but not more than 1 year ago
  - c. More than 1 year ago, but not more than 3 years ago
  - d. More than 3 years ago
  - e. Never have been
  - f. Don't know / Don't remember
3. What is the main reason that your child **last** visited the dentist?
  - a. Went in on own for check-up, examination or cleaning
  - b. Was called in by the dentist for check-up, examination or cleaning
  - c. Something was wrong, bothering or hurting
  - d. Went for treatment of a condition that dentist discovered at earlier check-up or
  - e. Other
4. During the past 12 months, was there a time when you wanted dental care for your child but could not get it?
  - a. Yes
  - b. No
  - c. Don't know / Don't remember
5. The last time your child could not get the dental care you wanted for him/her, what was the main reason he/she could not get care?
  - a. Could not afford it
  - b. No insurance
  - c. Dentist did not accept Medicaid/insurance
  - d. Dental problems not serious enough
  - e. Wait too long in clinic/office
  - f. Difficulty in getting appointment
  - g. Don't like/trust/believe in dentists
  - h. No dentist available
  - i. Didn't know where to go
  - j. No way to get there
  - k. Hours not convenient
  - l. Speak a different language
  - m. Health of another family member
  - n. Other reason
  - o. Don't know/don't remember
6. Do you have any kind of insurance that pays for some or all of your child's MEDICAL care? Include medical insurance obtained through work, purchased directly, as well as government programs like Medicaid coupons?
  - a. Yes
  - b. No
  - c. Don't know
7. Do you have any kind of insurance that pays for some or all of your child's DENTAL care? Include dental insurance obtained through work, purchased directly, as well as government programs like Medicaid coupons?
  - a. Yes
  - b. No
  - c. Don't know

California Department of Health Services  
(Page one of four)

## Oral Health Information Survey

Please answer all questions by circling the letter(s) corresponding to the most appropriate response, except where a fill in the blank is requested.

1. Please indicate your primary occupation:
  - a. local health officer
  - b. local maternal and child health director
  - c. local CHDP director/deputy director
  - d. local nursing director
  - e. local Dental Disease Prevention (SB 111) Program coordinator
  - f. local Head Start director
  - g. Head Start health coordinator
  - h. elementary school principal
  - i. elementary school teacher
  - j. high school principal
  - k. high school teacher
  - l. continuation high school principal
  - m. continuation high school teacher
  - n. school nurse
  - o. elected official
  - p. other (specify) \_\_\_\_\_
  
2. What county does your program primarily serve?  
\_\_\_\_\_
  
3. Approximately what percentage of all persons served by your program are children in the following age groups?
  - a. \_\_\_\_\_ % under 3
  - b. \_\_\_\_\_ % 3 - 4
  - c. \_\_\_\_\_ % 5 - 17
  - d. \_\_\_\_\_ % 18 - 20
  
4. The primary purpose of dental sealants is to:
  - a. fill cavities
  - b. prevent tooth decay
  - c. repair fractured teeth
  - d. prevent gum disease
  - e. improve cosmetic appearance
  - f. none of the above
  - g. don't know
  
5. Does your program counsel children or parents about dental sealants?
  - a. yes
  - b. no
  - c. don't know
  - d. not applicable
  
6. Does your program counsel children or parents about topical fluoride applications?
  - a. yes
  - b. no
  - c. don't know
  - d. not applicable
  
7. Does your program counsel children who engage in sports or their parents about protective equipment for the mouth or face such as mouthguards?
  - a. yes
  - b. no
  - c. don't know
  - d. not applicable
  
8. Do you know the fluoride levels of the water systems or wells supplying the residences and schools in which most of the children served by your program live?
  - a. yes, for both residence and school
  - b. yes, but for residence only
  - c. yes, but for school only
  - d. no
  - e. not sure
  
9. Is your home served by a fluoridated community water supply?
  - a. yes
  - b. no
  - c. don't know
  
10. Does your program counsel children who live in suboptimally fluoridated communities or their parents about the need for daily fluoride supplements?
  - a. yes
  - b. no
  - c. don't know
  - d. not applicable
  
11. Where does your program receive information on the fluoride levels of water supplies of children served by you/your program? (circle all that apply)
  - a. local water treatment plant
  - b. state health department
  - c. local health department
  - d. private lab
  - e. patients
  - f. don't know where to get information
  - g. don't need information
  - h. not applicable
  - i. other (specify) \_\_\_\_\_
  
12. For approximately what percentage of children (ages 0-17) served by your program, and who live in suboptimally fluoridated communities, are dietary fluoride supplements (fluoride tablets or drops) prescribed?
  - a. none
  - b. 1% to 10%
  - c. 11% to 30%
  - d. 31% to 50%
  - e. 51% to 70%
  - f. more than 70%
  - g. don't know



13. When addressing tobacco use among children (ages 5-17) in your program, are you primarily concerned with (circle one):
- a. smoking only
  - b. smokeless tobacco only
  - c. both smoking and smokeless tobacco use
  - d. do not actively address tobacco issues in our office/program
  - e. other (specify) \_\_\_\_\_

14. Which of the following activities related to tobacco use does your program do for children (ages 5-17)? (circle all that apply)
- a. routinely perform thorough intraoral exams
  - b. instruct on self-examination of their mouth
  - c. counsel to not start using tobacco products
  - d. counseling on tobacco use cessation
  - e. prescribe nicotine gum or patch
  - f. refer to tobacco use cessation programs in the community
  - g. not actively engaged in tobacco education
  - h. other (specify) \_\_\_\_\_

15. Approximately what percentage of school-age children (ages 5-17) in your community would you estimate have difficulty obtaining the dental care they need? \_\_\_\_ %

16. For those children who have difficulty obtaining the dental care they need, please rank what you think are the **THREE MOST IMPORTANT** barriers (1=most important):
- a. \_\_\_\_ lack of transportation
  - b. \_\_\_\_ lack/shortage of dentists in the community
  - c. \_\_\_\_ few dentists in area accepting Medi-Cal patients
  - d. \_\_\_\_ lack of public dental clinics
  - e. \_\_\_\_ lack of money/inadequate insurance benefits to pay for dental care
  - f. \_\_\_\_ fear of dentist
  - g. \_\_\_\_ no child care available for siblings
  - h. \_\_\_\_ parents unable to take time off to take child to the dentist
  - i. \_\_\_\_ dental care is low priority for population/low dental IQ
  - j. \_\_\_\_ too long of a wait to see the dentist
  - k. \_\_\_\_ people don't know how or where to obtain dental care
  - l. \_\_\_\_ cultural or language barrier
  - m. \_\_\_\_ parents don't think children have a dental problem
  - n. \_\_\_\_ parents don't want children to miss school
  - o. \_\_\_\_ don't know
  - p. \_\_\_\_ other (specify) \_\_\_\_\_

17. How does your community provide for those people who have difficulty obtaining the dental care they need (check all that apply)?
- a. local dentists see selected number of patients free of charge
  - b. public dental clinic, e.g., community health center, local health department
  - c. Denti-Cal
  - d. local dental society program
  - e. other (specify) \_\_\_\_\_
  - f. no provisions that I know of

18. Approximately what percentage of the children (ages 5-17) seen by your program are on Medi-Cal?
- a. none
  - b. 1% to 10%
  - c. 11% - 30%
  - d. 31% - 50%
  - e. 51% - 70%
  - f. more than 70%
  - g. don't know/not applicable

19. Please rank below the **THREE MOST IMPORTANT** reasons why you think dentists do not see Denti-Cal patients (1=most important):
- a. \_\_\_\_ too many broken appointments
  - b. \_\_\_\_ reimbursement rates too low
  - c. \_\_\_\_ cumbersome paperwork
  - d. \_\_\_\_ poor payment response
  - e. \_\_\_\_ patients don't appreciate the dental treatment provided
  - f. \_\_\_\_ other (specify) \_\_\_\_\_

20. Which of the following do you consider appropriate activities for schools in promoting dental health? (Circle all that apply)
- a. annual dental screenings to detect untreated dental disease
  - b. referral of students with dental problems to dentists
  - c. fluoride mouthrinse or fluoride tablet program (in nonfluoridated communities)
  - d. brushing and flossing in the classroom
  - e. mouthguard protection in school sports programs
  - f. dental health education
  - g. offering school lunches and vending machine snacks that help maintain oral health
  - h. providing a safe environment to prevent unintentional injuries
  - i. dental sealant program
  - j. dental treatment services in a school-based clinic
  - k. schools shouldn't be involved in the above listed activities
  - l. don't know
  - m. other (specify) \_\_\_\_\_



23. The many health issues that school-age children face often compete for resources to prevent or deal with them. Please rate each of the following health issues...

- a. First, by the proportion of children you think are affected (1=many; 2=some; 3=few)
- b. Second, by what you think the issue costs the community (1=high cost; 2=moderate cost; 3=low cost)
- c. Third, by the cost to prevent the condition (1=high cost; 2=moderate cost; 3=low cost)
- d. Fourth, by the current availability of resources to address the prevention and treatment of the condition (1=high availability; 2=moderate availability; 3=low availability)

	Proportion affected 1,2,3 or 4*	Cost to treat 1,2,3 or 4*	Cost to prevent 1,2,3 or 4*	Resources to prevent/treat 1,2,3 or 4*	Health Issue
a					alcohol and drug abuse
b					tobacco use
c					personal health/fitness
d					nutrition/overweight
e					dental disease
f					acne
g					hearing
h					vision
i					unintentional injuries/accidents
j					immunizations/infectious diseases
k					sexually transmitted diseases, e.g., HIV/AIDS, syphilis, gonorrhea
l					teenage pregnancy
m					family violence/child abuse
n					school/community violence
o					suicide
p					other (specify)

\*4=no opinion/don't know

## COMMUNITY SURVEY OF OHIO DENTISTS

### Ohio Department of Health, Bureau of Dental Health

1. Which of the following is the primary setting for your current practice?  
 private general practice       public health clinic  
 private pediatric practice       other, specify \_\_\_\_\_  
 other specialty practice, specify \_\_\_\_\_
  
2. How would you describe your primary practice location ? (check one)  
 urban area       rural area       suburban area
  
3. In what year did you receive your DDS or DMD degree? 19\_\_\_\_
  
4. Do you have a formal relationship or linkage (e.g., regularly receive referrals, provide consultation, sit on Community Board) with any of the following agencies? (check all that apply)  
 Head Start       voluntary health agency  
 local health department       local schools  
 public dental clinic       other, specify \_\_\_\_\_  
 local hospital       do not have a relationship
  
5. A number of people in your community are unable to get dental care. What percentage do you estimate this to be? \_\_\_\_\_%
  
6. For those people who have difficulty obtaining dental care, what do you think are the 3 most important barriers? (place an "X" on the line beside your 3 choices)  
 lack of transportation  
 few dentists accept Medicaid  
 lack of public dental clinics  
 lack/shortage of dentists in community  
 lack of money/insurance to pay for dental care  
 people don't know how to obtain dental care  
 dental care is low priority for population  
 fear of dentists  
 low dental IQ  
 other, specify \_\_\_\_\_  
 don't know
  
7. How is your community providing for those people who have difficulty obtaining dental care? (check all that apply)  
 local dentists see selected number of patients free of charge  
 Caring Program for Children (sponsored by Blue Cross/Blue Shield)  
 public dental clinic (e.g., health department, neighborhood health center)  
 Medicaid  
 local dental society program  
 other, specify \_\_\_\_\_  
 no provisions, to my knowledge

**COMMUNITY SURVEY OF OHIO DENTISTS  
PAGE 2**

8. Did you bill the Ohio Department of Human Services for at least 1 Medicaid patient in the last 12 months?

yes       no (AFTER ANSWERING 8.a. GO TO QUESTION #11)



8.a. If no, please indicate the most important reasons why you are not participating in Medicaid. (check all that apply)

- broken appointments
- reimbursement does not cover cost of providing services
- paperwork difficult to fill out correctly
- payment not received in timely manner
- other, specify \_\_\_\_\_

9. If yes, do you treat all Medicaid patients who contact you or only some?

all       some



9.b. If some, how do you limit your Medicaid practice? (check all that apply)

- treat patients of record only, not new patients
- limit the total number Medicaid patients served
- treat only referrals
- treat only emergencies
- other, specify \_\_\_\_\_

10. About what percentage of office visits during a typical week are with Medicaid patients? \_\_\_\_\_%

11. Which of the following activities related to tobacco use are you doing in your office? (check all that apply)

- routinely performing intraoral cancer exams
- instructing patients on oral cancer self-exam
- counseling patients not to start using tobacco products
- counseling patients on tobacco cessation
- prescribing nicotine gum or patch
- referring patients to tobacco cessation program in the community
- not actively engaged in tobacco education
- other, specify \_\_\_\_\_

12. Which of the following information/materials would best help you to conduct an active tobacco prevention program in your office? (check all that apply)

- continuing education for you/staff on tobacco cessation strategies
- patient education materials on oral cancer self-exam
- educational materials for use in school/community
- continuing education on oral effects of tobacco use
- legislative updates on tobacco initiatives
- not interested in tobacco prevention
- other, specify \_\_\_\_\_

**COMMUNITY SURVEY OF OHIO DENTISTS**  
**PAGE 3**

13. Approximately what percentage of your child patients (5-17) receive topical fluoride treatments in your office at each of the following intervals? (percentages should add to 100%)
- |   |  |
|---|--|
| <input type="checkbox"/> % less than 6 months | <input type="checkbox"/> % greater than once a year  |
| <input type="checkbox"/> % 6 months           | <input type="checkbox"/> do not use topical fluoride |
| <input type="checkbox"/> % once year          | <input type="checkbox"/> % other, specify _____      |
14. Where do you receive information on the fluoride level of your patients' water supplies? (check all that apply)
- |  |  |
|--|--|
| <input type="checkbox"/> local water treatment plant | <input type="checkbox"/> patients                            |
| <input type="checkbox"/> state health department     | <input type="checkbox"/> don't know where to get information |
| <input type="checkbox"/> local health department     | <input type="checkbox"/> don't need information              |
| <input type="checkbox"/> private lab                 | <input type="checkbox"/> other, specify _____                |
15. Approximately what percentage of your child patients are taking dietary fluoride supplements? (check one)
- |  |   |
|--|---|
| <input type="checkbox"/> uncertain     | <input type="checkbox"/> 31 - 50%         |
| <input type="checkbox"/> less than 10% | <input type="checkbox"/> 51 - 70%         |
| <input type="checkbox"/> 11 - 30%      | <input type="checkbox"/> greater than 70% |
16. Which of the following information/materials would better help you promote the benefits of dental sealants to your patients? (check all that apply)
- continuing education programs
  - self-study continuing education program
  - articles to be inserted in office newsletter
  - audiovisual/print materials for patient education
  - journal articles
  - other, specify \_\_\_\_\_
17. What are your suggestions to improve access to dental care?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS SURVEY.**  
Ohio Department of Health  
Bureau of Dental Health  
246 North High Street  
Columbus, OH 43266

**Dental Clinic Survey**

Please answer all questions by circling the letter(s) corresponding to the most appropriate response, except where a fill in the blank is requested. Please PRINT where a written response is requested.

Name of clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Name of dental director \_\_\_\_\_  
 Name of person completing survey (if other than dental director) \_\_\_\_\_

1. Does your dental clinic have satellite facilities?  
 a. yes  
 b. no

2. If yes, please complete the following:

Name of **Satellite #1** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Name of dental director \_\_\_\_\_

Name of **Satellite #2** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Name of dental director \_\_\_\_\_

Name of **Satellite #3** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Name of dental director \_\_\_\_\_

3. If your dental clinic has more than 3 satellite clinics, how many satellites are there in total, including any named above? \_\_\_\_\_

4. Please answer the following about this dental clinic during 1993. Select a typical week. (Use your appointment book if available.)

a. Total number of **weeks** clinic was open to see patients \_\_\_\_\_  
weeks

b. Total number of **hours per week** spent treating patients in the clinic . \_\_\_\_\_  
hours per week

c. Percentage of hours per week treating patients (b above) devoted to treating **children** . \_\_\_\_\_  
percent

d. Average number of **new child patients per week** treated in this clinic . \_\_\_\_\_  
new child patients per week

e. Number of **individual patients** (of all ages) seen **per week** . \_\_\_\_\_  
patients seen

f. Number of **patient visits per week** (all ages) . \_\_\_\_\_  
patient visits

g. Number of **individual children seen per week** . \_\_\_\_\_  
children seen

h. Number of **child visits per week** \_\_\_\_\_  
child visits

5. On average, how long do children have to wait before they are seen for a dental exam?

- a. less than 2 weeks
- b. 2 weeks to 1 month
- c. 1-2 months
- d. 2-3 months
- e. 3-4 months
- f. more than 4 months

6. How many operatories does this clinic use? \_\_\_\_\_

7. Assuming no additional paid staff were added, could this clinic see more child patients if (circle as many as apply):
- a. volunteer dental staff staffed the clinic part of the time?
  - b. independent contractors who generated their own salary staffed the clinic part of the time?
  - c. days or hours of operation were extended?
  - d. additional operatories were added (i.e., there is space to accommodate them)?
  - e. other (specify) \_\_\_\_\_

8. Does this clinic have underutilized capacity, i.e., could more patients be seen or more treatment provided if more of the following paid staff or independent contractors were working at your clinic?
- a. yes \_\_\_ no \_\_\_ more dentists
  - b. yes \_\_\_ no \_\_\_ more dental hygienists
  - c. yes \_\_\_ no \_\_\_ more dental assistants
  - d. yes \_\_\_ no \_\_\_ more dental lab technicians
  - e. yes \_\_\_ no \_\_\_ more receptionists
  - f. yes \_\_\_ no \_\_\_ more \_\_\_\_\_

9. What days and how many hours is this clinic typically open and providing dental care each week?

Day	No. of Hours Operation		
	AM	PM	Eves
Mon	_____	_____	_____
Tue	_____	_____	_____
Wed	_____	_____	_____
Thu	_____	_____	_____
Fri	_____	_____	_____
Sat	_____	_____	_____
Sun	_____	_____	_____

10. Approximately what percentage of all of this clinic's active patients are **children** in the following age groups?
- a. \_\_\_\_\_ % under 3
  - b. \_\_\_\_\_ % 3 - 4
  - c. \_\_\_\_\_ % 5 - 17
  - d. \_\_\_\_\_ % 18 - 20

11. Please indicate: 1) the total number of **individuals** in each category (including yourself) and 2) the total number of hours per week worked by **all individuals** in each category (including yourself) during 1993:

Category	Total No.	
	Individs.	Hrs/Wk
a. general dentists	_____	_____
b. pediatric dentists	_____	_____
c. orthodontists	_____	_____
d. other specialists	_____	_____
e. dental hygienists	_____	_____
f. dental assistants	_____	_____
g. secty/recepts*	_____	_____
h. dental lab technicians	_____	_____
i. other	_____	_____

\*Note: A secretary or receptionist who provides chairside assistance at least 50% of the time should be counted as a chairside assistant and not as a secretary or receptionist.

12. What was the approximate number of **children's visits** per week provided by all hygienists in this clinic in 1993? (If no hygienists were employed, skip to question 14.) \_\_\_\_\_ **visits per week**

13. Please answer the following:
- a. Does (Do) your hygienist(s) place sealants in children? yes \_\_\_ no \_\_\_
  - b. Does (Do) your hygienist(s) provide topical fluoride applications for children? yes \_\_\_ no \_\_\_
  - c. Is (are) your hygienist(s) involved in the fabrication of mouthguards for children? yes \_\_\_ no \_\_\_

14. Do you know the fluoride levels of the water systems or wells supplying the residences and schools in which most of your child patients live?
- a. yes, for both residence and school
  - b. yes, but for residence only
  - c. yes, but for school only
  - d. no
  - e. not sure

15. Where do you receive information on the fluoride levels of your patients' water supplies? (Circle all that apply)
- a. local water treatment plant
  - b. state health department
  - c. local health department
  - d. private lab
  - e. patients/parents
  - f. don't know where to get information
  - g. don't need information
  - h. other (specify) \_\_\_\_\_



16. For approximately what percentage of this clinic's child patients (ages 0-17) who live in suboptimally fluoridated communities are dietary fluoride supplements prescribed?
- none
  - 1% to 10%
  - 11% to 30%
  - 31% to 50%
  - 51% to 70%
  - more than 70%
  - don't know
17. Approximately what percentage of this clinic's child patients (ages 0-17) receive topical fluoride treatments at each of the following intervals? (Total should add to 100%.)
- \_\_\_\_\_ % less than once every 6 months
  - \_\_\_\_\_ % once every 6 months
  - \_\_\_\_\_ % once a year
  - \_\_\_\_\_ % less than once a year
  - \_\_\_\_\_ % never
  - \_\_\_\_\_ % other (specify) \_\_\_\_\_  
100%
18. Approximately what percentage of this clinic's child patients (ages 5-17) receive sealants?
- none
  - 1% to 10%
  - 11% to 30%
  - 31% to 50%
  - 51% to 70%
  - more than 70%
  - don't know
19. For approximately what percentage of this clinic's child patients (ages 5-17) who engage in sports are mouthguards fabricated?
- none
  - 1% to 10%
  - 11% to 30%
  - 31% to 50%
  - 51% to 70%
  - more than 70%
  - don't know
20. When addressing tobacco use among children (ages 5-17) in this clinic, are you primarily concerned with (Circle one):
- smoking only
  - smokeless tobacco only
  - both smoking and smokeless tobacco use
  - do not actively address tobacco issues in our office
  - other (specify) \_\_\_\_\_
21. Which of the following activities related to tobacco use are done for children (ages 5-17) in this clinic? (circle all that apply)
- routinely performing thorough intraoral exams
  - instructing patients on self-examination of their mouth
  - counseling patients not to start using tobacco products
  - counseling patients on tobacco use cessation
  - prescribing nicotine gum or patch
  - referring patients to tobacco use cessation programs in the community
  - not actively engaged in tobacco education
  - other (specify) \_\_\_\_\_
22. Approximately what percentage of school-age children (ages 5-17) in your community would you estimate have difficulty obtaining the dental care they need? \_\_\_\_\_ %
23. For those children who have difficulty obtaining the dental care they need, please rank what you think are the THREE MOST IMPORTANT barriers (1=most important):
- \_\_\_\_\_ lack of transportation
  - \_\_\_\_\_ lack/shortage of dentists in the community
  - \_\_\_\_\_ few dentists in area accepting Medi-Cal patients
  - \_\_\_\_\_ lack of public dental clinics
  - \_\_\_\_\_ lack of money/inadequate insurance benefits to pay for dental care
  - \_\_\_\_\_ fear of dentist
  - \_\_\_\_\_ no child care available for siblings
  - \_\_\_\_\_ parents unable to take time off to take child to the dentist
  - \_\_\_\_\_ dental care is low priority for population/low dental IQ
  - \_\_\_\_\_ too long of a wait to see the dentist
  - \_\_\_\_\_ people don't know how or where to obtain dental care
  - \_\_\_\_\_ cultural or language barrier
  - \_\_\_\_\_ parents don't think children have a dental problem
  - \_\_\_\_\_ parents don't want children to miss school
  - \_\_\_\_\_ don't know
  - \_\_\_\_\_ other (specify) \_\_\_\_\_
24. How does your community provide for those people who have difficulty obtaining the dental care they need (check all that apply)?
- local dentists see selected number of patients free of charge
  - public dental clinic, e.g., community health center, local health department
  - Denti-Cal
  - local dental society program
  - other (specify) \_\_\_\_\_
  - no provisions that I know of

25. Has your clinic either started seeing, reactivated seeing, or increased the number of Denti-Cal children being seen as a result of the 1992 increase in reimbursement rates?

- a. yes, started seeing Denti-Cal children for the first time
- b. yes, reactivated seeing Denti-Cal children
- c. yes, increased the number of Denti-Cal children seen
- d. no
- e. not aware of increase in reimbursement rates

26. Did your clinic bill Denti-Cal for at least one child patient in the last 12 months? yes \_\_\_ no \_\_\_

27. If you answered no to Question 26, please rank your **THREE MOST IMPORTANT** reasons for not seeing Denti-Cal patients at this clinic (1=most important):

- a. \_\_\_ too many broken appointments
- b. \_\_\_ reimbursement rates too low
- c. \_\_\_ cumbersome paperwork
- d. \_\_\_ poor payment response
- e. \_\_\_ patients don't appreciate the dental treatment I provide
- f. \_\_\_ other (specify) \_\_\_\_\_

28. If you answered yes to Question 26, approximately what percentage of the children (ages 5-17) seen in this clinic are Medi-Cal?

- a. none
- b. 1% to 10%
- c. 11% - 30%
- d. 31% - 50%
- e. 51% - 70%
- f. more than 70%
- g. don't know

29. Do you try to limit the number of Medi-Cal children seen in this clinic? yes \_\_\_ no \_\_\_

30. If yes, how? (Circle as many as apply)

- a. only treat patients of record or their family members
- b. treat referrals only
- c. treat only certain ages (specify) \_\_\_\_\_
- d. treat emergencies only
- e. limited days or hours
- f. other (specify) \_\_\_\_\_

31. Which of the following do you consider appropriate activities for schools in promoting dental health? (Circle all that apply)

- a. annual dental screenings to detect untreated dental disease
- b. referral of students with dental problems to dentists
- c. fluoride mouthrinse or fluoride tablet program (in nonfluoridated communities)
- d. brushing and flossing in the classroom
- e. mouthguard protection in school sports programs
- f. dental health education
- g. offering school lunches and vending machine snacks that help maintain oral health
- h. providing a safe environment to prevent unintentional injuries
- i. dental sealant program
- j. dental treatment services in a school-based clinic
- k. schools shouldn't be involved in the above listed activities
- l. don't know
- m. other (specify) \_\_\_\_\_

32. How can the California Department of Health Services help promote better dental health among children? Please rate each of the following by placing a 1,2,3,4 or 5 in the column to the left of the action (1=support/promote WITH financing; 2=support/promote WITHOUT financing; 3=enact legislation; 4=do nothing; 5=no opinion/don't know)

- a. \_\_\_ support dental examinations for children entering school for the first time
- b. \_\_\_ support school-based oral health promotion/oral disease prevention programs
- c. \_\_\_ support school-based dental sealant programs for low-income children
- d. \_\_\_ support community dental clinics for low-income children
- e. \_\_\_ support school-based dental screening and referral programs
- f. \_\_\_ support school-based dental clinics for low-income children
- g. \_\_\_ expand community water fluoridation
- h. \_\_\_ support mouthguard programs for children engaged in school sports activities
- i. \_\_\_ other (specify) \_\_\_\_\_

33. What suggestions do you have to improve children's access to preventive dental services and/or dental care?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OHIO POLL  
 INSTITUTE FOR POLICY RESEARCH  
 MAY 1993

1. **INTRODUCTION:** "Hello, this is \_\_\_\_\_ calling for the Ohio Poll at the University of Cincinnati. This month the University is conducting a confidential study of public opinion in Ohio, and we'd really appreciate your help and cooperation."
2. "First, let me check to make sure I've dialed the correct phone number -- that is

: \_ : \_ : \_ : : \_ : \_ : \_ : : \_ : \_ : \_ :  
 : \_ : \_ : \_ : - : \_ : \_ : \_ : - : \_ : \_ : \_ :

- A. IF NUMBER IS CORRECT, CONTINUE WITH QUESTION 3, BELOW.
- B. IF NUMBER IS NOT CORRECT, TERMINATE BY SAYING: "I'm sorry, I must have dialed the wrong number. Goodbye." (REDIAL NUMBER): IF STILL INCORRECT, CONTINUE INTERVIEW AND TREAT AS A "PATCHED" NUMBER. (BE SURE TO RECORD AN EXTRA PHONE LINE ON "NUMBER OF TELEPHONE NUMBERS" QUESTION.)
3. "And what county do you live in?

: \_ : \_ :  
 : \_ : \_ : RECORD COUNTY \_\_\_\_\_

4. "In order to determine who to interview, could you tell me, of the people who currently live in your household who are 18 or older -- including yourself -- who had the most recent birthday? I don't mean who is the youngest adult, but rather, who had the most recent birthday?"
  - A. INFORMANT \_\_\_\_\_ M -- SKIP TO QUESTIONNAIRE  
 \_\_\_\_\_ F
  - B. SOMEONE ELSE (SPECIFY): \_\_\_\_\_ --SKIP TO Q.6
  - C. DON'T KNOW ALL BIRTHDAYS, ONLY SOME -- CONTINUE WITH Q.5 BELOW
  - D. DON'T KNOW ANY BIRTHDAYS OTHER THAN OWN -- SKIP TO QUESTIONNAIRE
  - E. REFUSED -- FILL OUT NON-RESPONSE INFORMATION ON CALL RECORD
5. "Of the ones that you do know, who had the most recent birthday?"
  - A. INFORMANT \_\_\_\_\_ M -- SKIP TO QUESTIONNAIRE
  - B. SOMEONE ELSE (SPECIFY): \_\_\_\_\_
6. ASK TO SPEAK TO THAT PERSON

Questions seven through 10 are unrelated to oral health.

13. "Next, I'd like to ask you a few questions about dental care: Have you ever heard of dental sealants?"

- 1. YES
- 2. NO -- SKIP TO Q. 16
- 8. DK (DO NOT PROBE) -- SKIP TO Q. 16
- \* 9. NA

14. (IF YES): "Which of the following would you say best describes the purpose of dental sealants?" (READ CHOICES):

- 1. "to fix cavities or broken teeth,
- 2. to prevent cavities, or
- 3. to prevent gum disease?"
- 8. DK (DO NOT PROBE)
- \* 9. NA
- \* -1. INAP

15. "Where did you first hear or read about dental sealants?"  
"Anywhere else?"

	<u>First Response</u>	<u>Second Response</u>
01. NEWSPAPER	01	01
02. MAGAZINES	02	02
03. RADIO	03	03
04. TV	04	04
05. BILLBOARD	05	05
06. DENTIST	06	06
07. CHILD'S SCHOOL PROGRAM	07	07
08. FRIEND	08	08
09. RELATIVE	09	09
10. CO-WORKER	10	10
98. DK/NO SECOND RESPONSE (PROBE: REREAD QUESTION)	98	98
* 99. NA	99	99
* -1. INAP	-1	-1

16. "How many children aged 8 through 14 are currently living in your household?"

RECORD NUMBER \_\_\_\_\_ IF NONE SKIP TO Q. 18

- \* 99. NA

17. "As you may know, dental sealants are special plastic coatings that are painted on the tops of the back teeth, to prevent tooth decay. They are put on by a dentist or a dental hygienist. They are different from fillings, caps, crowns, and fluoride treatments."

"Please tell me how many of the children aged 8 through 14, currently living in your household, have had dental sealants placed on their teeth?"

RECORD NUMBER \_\_\_\_\_

98. DK (DO NOT PROBE)  
\* 99. NA  
\* -1. INAP
18. "Next, when was the last time you visited the dentist?"  
  
(IF NO TEETH/DENTURES) "When was the last time you visited the dentist?"
1. DURING THE LAST 12 MONTHS  
2. 1-2 YEARS AGO  
3. 3-5 YEARS AGO  
4. MORE THAN 5 YEARS AGO  
5. NEVER--SKIP TO Q. 20
8. DK ("Approximately . . . ")  
\* 9. NA
19. "About how often do you usually visit the dentist for routine dental care. . . (READ 1 TO 5)
1. every 6 months,  
2. once a year,  
3. every two years,  
4. less often than every two years, or  
5. only when you have a problem?"
7. NO TEETH-DENTURES -- (VOLUNTEERED)  
8. DK ("Generally speaking . . .")  
\* 9. NA  
\* -1. INAP
20. "Do you or your family always get the dental care you need?"  
IF NO: "Is there anything that keeps you or your family from getting the dental care you need?" "What is that?"
01. CAN'T AFFORD  
02. DOES NOT HAVE INSURANCE  
03. NO DENTIST NEARBY  
04. NO TRANSPORTATION  
05. DENTIST DOES NOT ACCEPT MEDICAID  
06. FEAR  
07. DENTIST HOURS ARE INCONVENIENT
90. NO, JUST DON'T GO, DON'T NEED  
95. GET NEEDED CARE
98. DK (PROBE: "Anything at all . . .")  
\* 99. NA

21. "Do you or your family usually receive your dental care at .  
. . . (READ 1 TO 4)

1. a private dentist's office,
2. a dental school,
3. a public dental clinic, or
4. a hospital?"

\* 8. DK (PROBE: REREAD QUESTION)  
9. NA

22. "Do you or your family pay for your dental care yourself,  
through dental insurance, through dental insurance and some  
self-pay, through Medicaid, or some other way?"

1. SELF-PAY
2. DENTAL INSURANCE
3. INSURANCE & SELF-PAY
4. MEDICAID/ADC (HEALTH CARD)
5. OTHER: \_\_\_\_\_  
(Write-In)

\* 8. DK (PROBE: REREAD QUESTION)  
9. NA

## COMMUNITY SURVEY OF LOW-INCOME CONSUMERS

### Ohio Department of Health, Bureau of Dental Health

Good morning/afternoon. I am a dental consultant with the Ohio Department of Health. We are conducting this interview today to learn your opinions about dental health. This information will help us plan dental programs. Your participation is voluntary. You will not be identified in any way during this interview. All information collected will be analyzed together.

First, I'd like to ask you a few questions about your household.

- Q-1 Do you have children living in your household?
1. YES
  2. NO (SKIP TO Q-15)
- Q-2 What is the age of your child who is going to have a birthday next WITH CHILD BEING AT LEAST 12 MONTHS OLD. AGE \_\_\_\_ . The next few questions will be about this child...When was the last time your child visited the dentist?
1. DURING THE LAST 12 MONTHS
  2. 1-2 YEARS AGO
  3. 3-5 YEARS AGO
  4. MORE THAN 5 YEARS AGO
  5. NEVER (SKIP TO Q-6)
  8. DK ("Approximately . . .")
- Q-3 About how often does this child usually visit the dentist for routine dental care . . . (READ 1 TO 5)
1. Every 6 months,
  2. Once a year,
  3. Every two years,
  4. Less often than every two years, or
  5. Only when your child has a problem?
  8. DK
- Q-4 What was the purpose of your child's last visit? (CIRCLE ALL THAT APPLY)
1. ROUTINE, SCHEDULED VISIT FOR CHECKUP/CLEANING
  2. TO FIX CAVITIES
  3. AN EMERGENCY VISIT FOR PAIN
  4. ORTHODONTICS (BRACES)
  5. EXTRACTION
  6. OTHER, SPECIFY \_\_\_\_\_
  8. DK

I have been asking questions about a particular child. In the next few questions, I'll be asking you to answer questions about dental care for your immediate family.

Q-5 Do you or your family always get the dental care you need?

1. YES -- GET NEEDED CARE (SKIP TO Q-7)
2. NO

Q-6 Is there anything that keeps you or your family from getting the dental care you need? What is that?

0. NO -- JUST DON'T GO
1. CAN'T AFFORD
2. DOES NOT HAVE INSURANCE
3. NO DENTIST NEARBY
4. NO TRANSPORTATION
5. DENTIST DOES NOT ACCEPT MEDICAID
6. FEAR
7. DENTIST HOURS ARE INCONVENIENT
8. DK (PROBE: REREAD QUESTION)
9. OTHER \_\_\_\_\_

Q-7 Do you pay for your family's dental care yourself, through dental insurance, through dental insurance and some self-pay, through Medicaid, or some other way? (CIRCLE ALL THAT APPLY)

1. SELF-PAY (SKIP TO Q-9)
2. DENTAL INSURANCE (SKIP TO Q-9)
3. SELF PAY & INSURANCE (SKIP TO Q-9)
4. DENTIST SEES FOR FREE (SKIP TO Q-9)
5. MEDICAID/ADC (MEDICAL/HEALTH CARD)
6. OTHER \_\_\_\_\_ (SKIP TO Q-9)
8. DK (PROBE: REREAD QUESTION)

Q-8 IF DENTAL CARE IS PAID WITH MEDICAID. . . Would you AGREE or DISAGREE with the following statements about your experience with the last dental office you visited. (READ A-F)

- |    |   |   |   |    |
|----|---|---|---|----|
| A. | It doesn't take long to get an appointment for a checkup and cleaning | A | D | DK |
| B. | The dental staff is friendly  | A | D | DK |
| C. | The dentist puts limits on how many appointments can be missed        | A | D | DK |
| D. | The dentist will only see children over 3 years of age                | A | D | DK |
| E. | The dentist will only see adults for an emergency                     | A | D | DK |
| F. | The dentist will only see children for an emergency                   | A | D | DK |



**COMMUNITY SURVEY OF LOW-INCOME CONSUMERS  
PAGE 3**

**Q-9** Does your family usually receive their dental care at? (READ 1 TO 5)

1. A private dentist's office (SKIP TO Q-13)
2. A dental school (SKIP TO Q-13)
3. A hospital (SKIP TO Q-13)
4. A public dental clinic --- Where? \_\_\_\_\_
8. DK (PROBE: REREAD QUESTION)

**Q-10** If you visit a public dental clinic, do they offer "free" transportation to their clinic?

1. YES
2. NO (SKIP TO Q-13)

**Q-11** What type of transportation is provided?

1. BUS OR VAN PROVIDED BY CLINIC
2. LOCAL TRANSPORTATION (e.g. bus, taxi)
3. COUPONS OR VOUCHERS PROVIDED BY CLINIC
4. OTHER, SPECIFY \_\_\_\_\_

**Q-12** Do you take advantage of the "free" transportation offered?

1. YES
2. NO

**Q-13** About how many miles do you travel one way to visit your dentist?

\_\_\_\_\_ MILES

**Next, I'd like to ask you about some dental topics you may or may not have heard about.**

**Q-14** Have you heard of dental sealants?

1. YES
2. NO (SKIP TO Q-17)
8. DK (DO NOT PROBE: SKIP TO 17)

**COMMUNITY SURVEY OF LOW-INCOME CONSUMERS  
PAGE 4**

Q-15 Which of the following would you say best describes the purpose of dental sealants?  
(READ 1 TO 3):

- 1. To fix cavities or broken teeth
- 2. To prevent cavities, or
- 3. To prevent gum disease
- 8. DK (DO NOT PROBE)

Q-16 Where did you first hear or read about dental sealants? (CHOOSE ONE)

- |              |                                |
|--------------|--------------------------------|
| 1. NEWSPAPER | 7. CHILD'S SCHOOL PROGRAM      |
| 2. MAGAZINES | 8. FRIEND                      |
| 3. RADIO     | 9. RELATIVE                    |
| 4. TV        | 10. CO-WORKER                  |
| 5. BILLBOARD | 11. OTHER _____                |
| 6. DENTIST   | 12. DK (PROBE:REPEAT QUESTION) |

Q-17 IF THERE ARE NO CHILDREN BETWEEN 8-14 (SEE Q-2) THEN SKIP TO Q-18. Dental sealants are special plastic coatings that are painted on the tops of the back teeth, to prevent tooth decay. They are put on by a dentist or a dental hygienist. They are different from fillings, caps, crown, and fluoride treatments.

Please tell me how many of the children 8 through 14, currently living in your household, have had dental sealants placed on their teeth?

- 1. RECORD NUMBER \_\_\_\_\_
- 8. DK

Q-18 Does your primary source of drinking water at home come from a well, community water supply or bottled water? (CIRCLE PRIMARY SOURCE)

- 1. WELL
- 2. COMMUNITY WATER SUPPLY (GO TO Q-20)
- 3. BOTTLED WATER (SKIP TO Q-21)
- 4. DK (SKIP TO Q-21)

Q-19 Has your water at home ever been tested for fluoride?

- 1. YES (SKIP TO Q-21)
- 2. NO (SKIP TO Q-21)
- 8. DK (SKIP TO Q-21)

Q-20 Does the community water supply have fluoride in it?

- 1. YES
- 2. NO
- 8. DK

**COMMUNITY SURVEY OF LOW-INCOME CONSUMERS**  
**PAGE 5**

Q-21 Do any of your children take prescription fluoride tablets or drops or vitamins with fluoride?

1. YES
2. NO
8. DK

Q-22 If YES, how many of your children take fluoride tablets or drops or vitamins with fluoride? What are their ages?

NUMBER: \_\_\_\_\_ AGES: \_\_\_\_\_

Q-23 Does your toothpaste have fluoride in it?

1. YES
2. NO
3. DK

We have been talking about your family's dental care. Now I'd like to ask you a few questions about your dental care.

Q-24 When was the last time you visited the dentist?

1. DURING THE LAST 12 MONTHS
2. 1-2 YEARS AGO
3. 3-5 YEARS AGO
4. MORE THAN 5 YEARS AGO
5. NEVER (SKIP TO Q-27)
8. DK ("Approximately . . .")

Q-25 About how often do you usually visit the dentist for routine dental care?  
(READ 1 TO 5)

1. Every 6 months,
2. Once a year,
3. Every two years,
4. Less often than every two years,
5. Only when you have a problem, or
6. You don't visit the dentist because you have no teeth/dentures
8. DK

**COMMUNITY SURVEY OF LOW-INCOME CONSUMERS  
PAGE 6**

Q-26 What was the purpose of your last visit?

1. ROUTINE, SCHEDULED VISIT FOR CHECKUP/CLEANING
2. TO FIX CAVITIES
3. EMERGENCY - FOR PAIN
4. GUM TREATMENT
5. DENTURE
6. EXTRACTION
7. OTHER, SPECIFY \_\_\_\_\_
8. DK

Because your name will not be used in any way when we report this information, I have a few background questions to ask you.

Q-27 Is your age? (READ 1 TO 6)

- |                 |          |
|-----------------|----------|
| 1. Less than 18 | 4. 35-44 |
| 2. 18-24        | 5. 45-64 |
| 3. 25-34        | 6. 65+   |

Q-28 [IF IN DOUBT]. . .Would you tell me about your race or ethnic group? Are you?

- |                     |                          |
|---------------------|--------------------------|
| 1. African-American | 4. Am Indian/Native Amer |
| 2. Hispanic         | 5. Southeast Asian       |
| 3. White            | 6. Other _____           |

Q-29 What is your zipcode \_\_\_\_\_

**THANK YOU FOR YOUR TIME!**

[DO NOT ASK] Gender of interviewee is. .

1. MALE
2. FEMALE

Interview Site: Agency \_\_\_\_\_

