



Oral Health Forum  
Market Research Study

Executive Summary



# OKLAHOMA CHILDREN’S ORAL HEALTH COALITION

The Children’s Oral Health Coalition consists of agencies, organizations, and individuals who have come together around the issue of improving oral health among Oklahoma’s children. The mission of the coalition is to increase availability and quality of dental care and health for all children and youth (with and without a disability) in Oklahoma.

Coalition members include representatives of:

- |   |   |
|---|---|
| Canadian County Health Department                 | Oklahoma Dental Association                 |
| Cherokee Nation Early Childhood Unit              | Oklahoma Dental Foundation                  |
| D-Dent Inc.                                       | Oklahoma Dental Hygienists Association      |
| Delta Dental Plan of Oklahoma                     | Oklahoma Department of Human Services       |
| Gateway to Prevention                             | Oklahoma Developmental Disabilities Council |
| Muskogee County Health Department                 | Oklahoma Head Start Association             |
| Oklahoma Association of Community Action Agencies | Oklahoma Health Care Authority              |
| Oklahoma Board of Dentistry                       | Oklahoma Parent Network                     |
| Oklahoma City-County Health Department            | Oklahoma Primary Care Association           |
| Oklahoma City Area Inter-Dental Support Center    | Oklahoma State Department of Education      |
| Oklahoma Commission on Children and Youth         | Oklahoma State Health Department            |
| Oklahoma County Area Inter-Tribal Health Board    | Oklahoma State Senate                       |
|   | University of Oklahoma Dental School        |

## OKLAHOMA ASSOCIATION OF COMMUNITY ACTION AGENCIES

The Oklahoma Association of Community Action Agencies is a statewide association whose membership consists of 18 private, nonprofit Community Action Agencies and over 440 individual members. Community Action Agencies were established in 1964 to fight poverty as part of President Lyndon B. Johnson’s Economic Opportunity Act.

Community Action Agencies are locally managed with volunteer boards of directors that include low-income people, public officials, and representatives from the private sector. These agencies use a broad range of strategies to help address family and community needs.

June 27, 2005



To Whom It May Concern:

The data in this report were generated through an extensive market research study conducted by Insight Market Research and Consulting (Insight). Insight is a full service market research firm located in Oklahoma City, OK. Kay C. Floyd, Director Head Start State Collaboration Office, commissioned this study for the Oklahoma Association of Community Action Agencies (OKACAA) as the fiscal agent for the Oklahoma Children's Oral Health Coalition. The purpose of this study was to evaluate the effectiveness of the 2003 Children's Oral Health Forum in creating better oral health care opportunities for children in Oklahoma. Specifically, this study addressed the problems that lead to inadequate access to proper dental care among children in Oklahoma, and existing and potential solutions to overcome these problems.

Insight developed a structured mail questionnaire, which was approved by the Oklahoma Children's Oral Health Coalition. Insight is responsible for the design and execution of the study. Insight processed all data and performed all data analysis. I certify that the information in this report is, to the best of my knowledge, valid and accurate.

Respectfully,

James Bost  
President  
Insight Market Research and Consulting

### **Survey Methodology**

#### **Survey Methodology**

The data in this report were generated through an extensive market research study conducted by Insight Market Research and Consulting, a full service market research firm located in Oklahoma City.

#### **Sampling**

The sample that was utilized in this study was acquired through a listing of participants in the 2003 Children's Oral Health Forum, as well as current Coalition members. Oklahoma Association of Community Action Agencies provided the listing that was used.

#### **Interviewing**

A structured mail questionnaire survey method was utilized to acquire the desired data. The survey was initially sent to the sample on May 17, 2005. The survey was also re-sent to the entire sample on June 3, 2005. A total of 139 surveys were sent in each instance with a total of 61 returned from both mailings. This provides a response rate of forty-four percent.

#### **Data Processing**

Trained staff members encoded all data with all data proofread for encoding errors. The data were processed using SNAP Survey Design and Analysis software.

# Oral Health Forum Research Study

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# RESEARCH CONCLUSIONS

## **Access Issues**

- There are a number of issues that are still considered to be significant problems that lead to inadequate access to proper dental care among children in Oklahoma. A majority of respondents indicated that the following problems are still significant in leading to inadequate access:
  - *Inadequate funding by health care authorities.*
  - *Lack of providers.*
  - *Providers will not see low income children.*
  - *Inadequate funding by legislation.*
  - *Lack of parental education.*
  
- There were a number of potential solutions to inadequate access that were discussed at the Children's Oral Health Forum. A number of those solutions have been very effective in improving access, although a number of solutions have not been implemented by a significant number of respondents. The solutions that were indicated to be most effective were:
  - *Fund preventive programs.*
  - *Promote parent education.*
  - *Raise legislators' awareness of cost savings by children's oral health care funding.*
  - *Increase awareness for programs that already exist.*
  
- A number of significant barriers to access and the implementation of effective solutions were identified. The most significant barriers as identified by respondents were:
  - *The availability and willingness of dentists to work in rural areas and with low-income households with lesser probabilities of payments. It was also suggested that there exists a lack of cooperation with some dentists in addressing children's access problems. Programs to provide incentives to dentists, including increased reimbursement levels, were the suggested solutions to this problem.*
  - *A lack of parental education about the importance of oral health care. Education was suggested as the major solution to this barrier.*
  - *A lack of funding was often suggested as the major barrier to improving dental care access.*

## **Workforce/Provider Issues**

- The most significant problems as affecting the recruitment of dentists, cost reimbursement rates and the role of hygienists as indicated by respondents were the *geographic barriers to the closest facility and provider*.
- The solution that was suggested to be the most effective in addressing workforce/provider issues was *keeping Head Start under the US Department of Health and Human Services*.
- Again, many of the proposed solutions had not yet been implemented by respondents.
- The major barriers to effectively implementing solutions to the workforce/provider problems were:
  - *A lack of funding.*
  - *Inadequate reimbursement rates for dentists.*
  - *Excessive dentist control of hygienists capabilities outside of direct supervision.*
- The primary solutions to addressing these problems include:
  - *Directly recruiting dentists and hygienists.*
  - *Additional sources of funding.*

## **Community Resources Issues**

- A number of issues were identified that addressed public and private partnerships, and identified sources from the public and private sectors and public awareness that could lead to improved dental care. A number of problems regarding these issues were identified including the following:
  - *Vending machines in schools which sell foods and beverages consisting of “empty calories”.*
  - *Dentists not taking Medicaid patients because of low reimbursement rates.*
- A number of solutions were identified as being very effective in improving children’s access to proper dental care through community resources, although many solutions had not yet been implemented by a significant number of respondents. The solutions rated as most effective were:

- *Encourage schools to replace vending machine items with healthier alternative.*
- *Examine other successful models in Oklahoma and other states.*
- *“Piggyback” on other successful quality assurance systems already in place.*
- Barriers to implementing community resource solutions include a lack of education about dental health care and its importance, as well as a perceived lack of support from schools.
- A lack of interest from parents, school administrators and other parties has reduced the effectiveness of existing community resource solutions. It has also been difficult to generate additional effective solutions to improving community resource issues.

### ***Legislative/Education Issues***

- A number of issues were also identified that addressed state legislation, and identified the roles of state oral health programs and prevention through water fluoridation. Key problems affecting these areas include:
  - *A lack of education.*
  - *Barriers to participation.*
  - *State laws and regulations that restrict access to care by dental hygienists.*
- Solutions that respondents indicated have been very effective in improving children’s access to proper dental care through legislative and educational efforts include:
  - *Decrease barriers for participation in Sooner Care/Medicaid programs.*
  - *Enact legislation to provide oral education in Oklahoma’s public schools, K-12.*
  - *Increase the number of dental hygienists in “out of the office settings”.*
- Barriers to implementing legislative/education solutions include a perception that the ODA opposes legislation that would change laws that would improve access to dental care.

- A lack of interest and availability in rural areas has reduced the effectiveness of existing legislative/education solutions. It has also been difficult to generate additional effective solutions without additional funding.

### ***Characteristics of the Sample***

- Respondents in the sample are from the following professions in the indicated levels:
  - *50% are from a government agency.*
  - *47% are in the dental profession.*
  - *33% are in the health care profession.*
  - *24% are in other professions.*
- Seventy-three percent (73%) of respondents attended the 2003 Children's Oral Health Forum while twenty-six percent (26)% did not.

### **Detailed Findings**

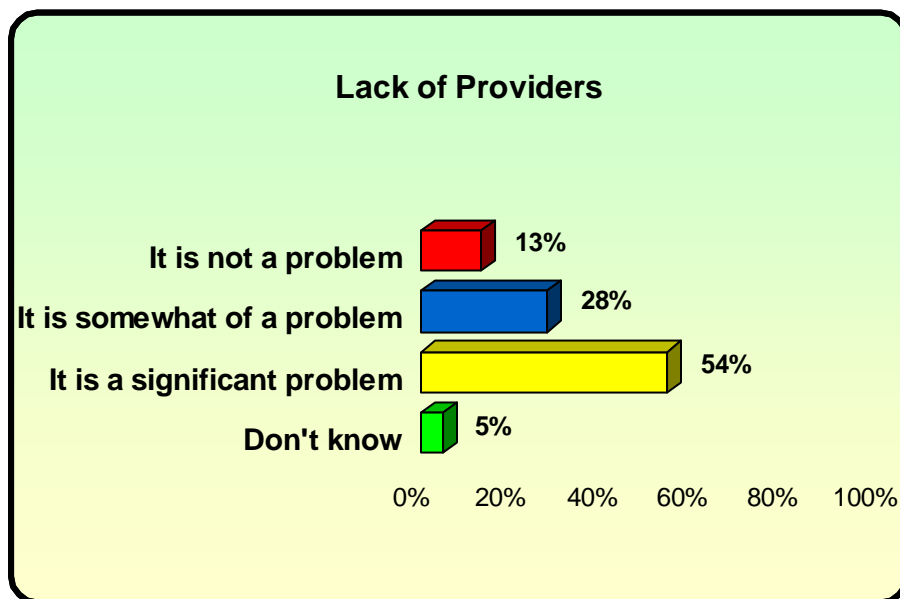
- Detailed responses from the sample on each research topic are included in the following sections.

# ACCESS ISSUES PROBLEMS

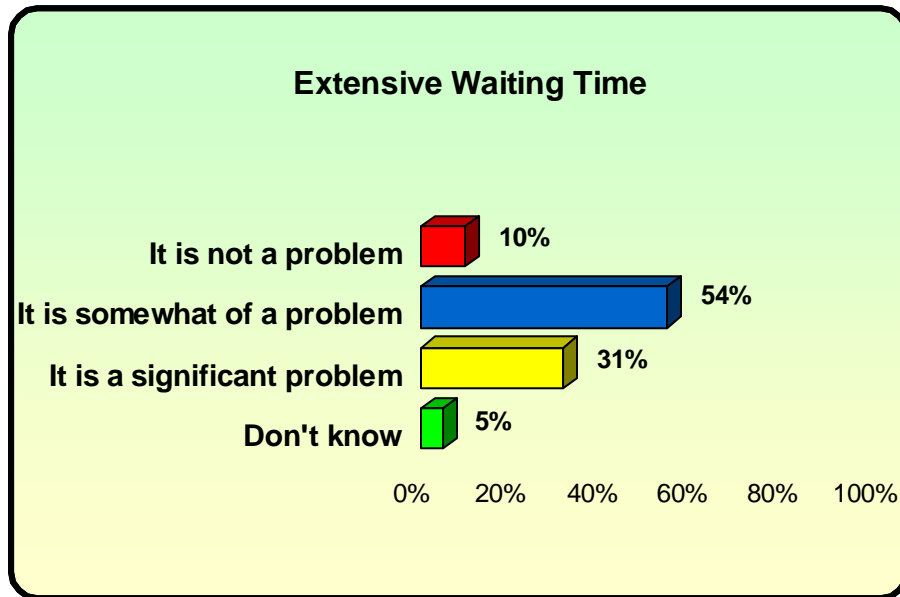
*QUESTION: At the Children's Oral Health Forum in February 2003, a number of issues were identified that lead to inadequate access to proper dental care among children in Oklahoma. Please indicate how great a problem the following issues currently are to children in Oklahoma receiving access to proper dental care.*

## Survey Responses

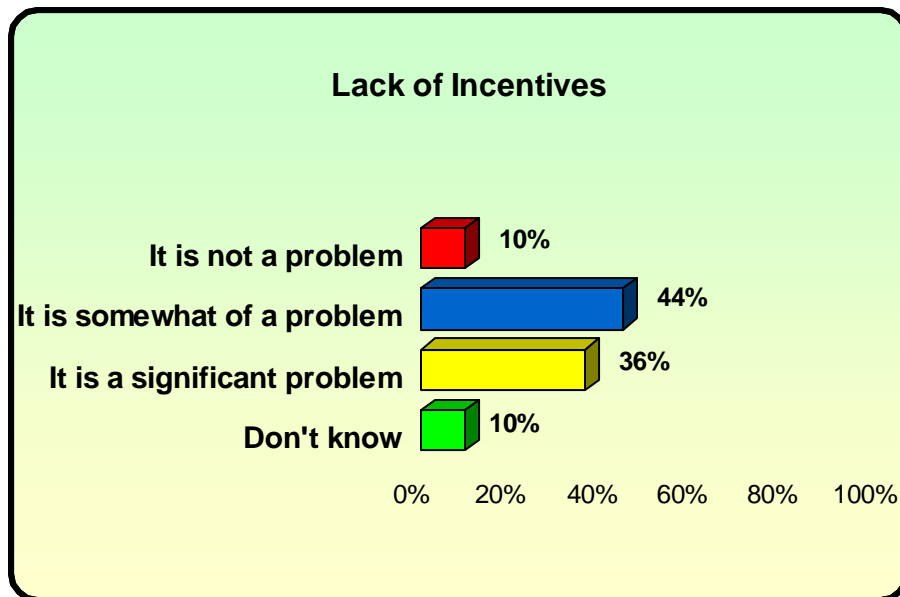
1. Survey respondents (82%) indicated that lack of providers is a problem to children in Oklahoma receiving access to proper dental care. Fifty-five percent of the respondents believed this problem to be rather significant.



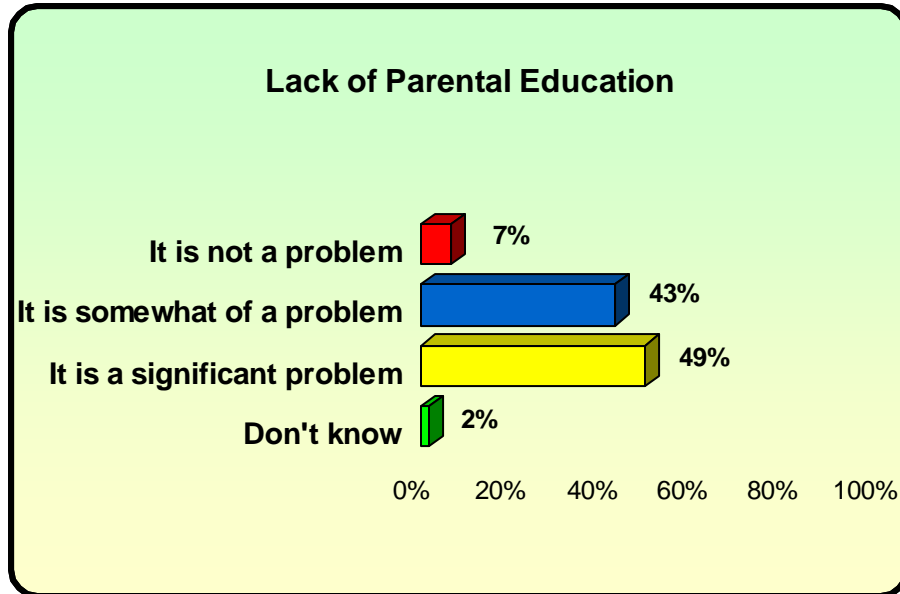
2. Survey respondents (85%) indicated that extensive waiting time is a problem to children in Oklahoma receiving access to proper dental care. Thirty-One percent of the respondents believed this problem to be rather significant.



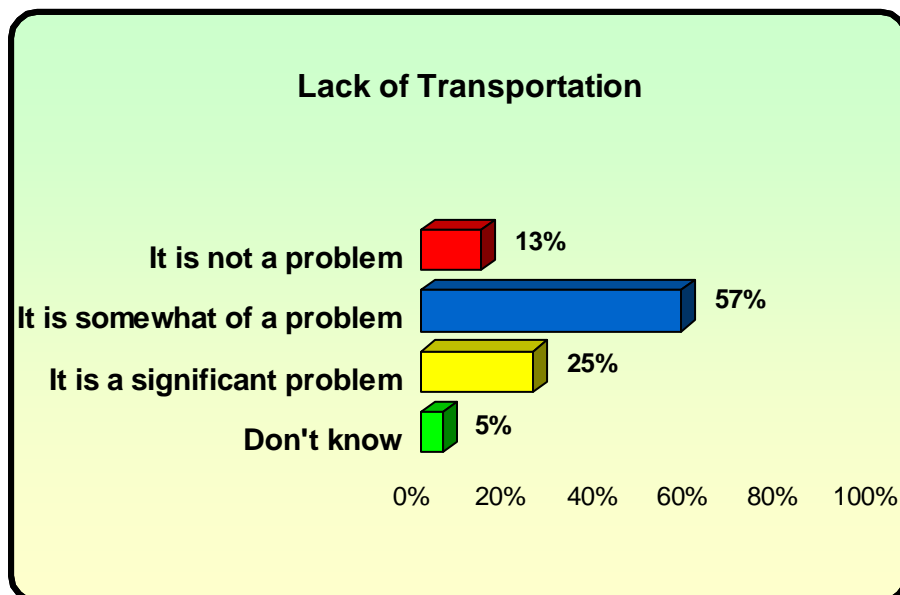
3. Survey respondents (80%) indicated that lack of incentives is a problem to children in Oklahoma receiving access to proper dental care. Thirty-six percent of the respondents believed this problem to be rather significant.



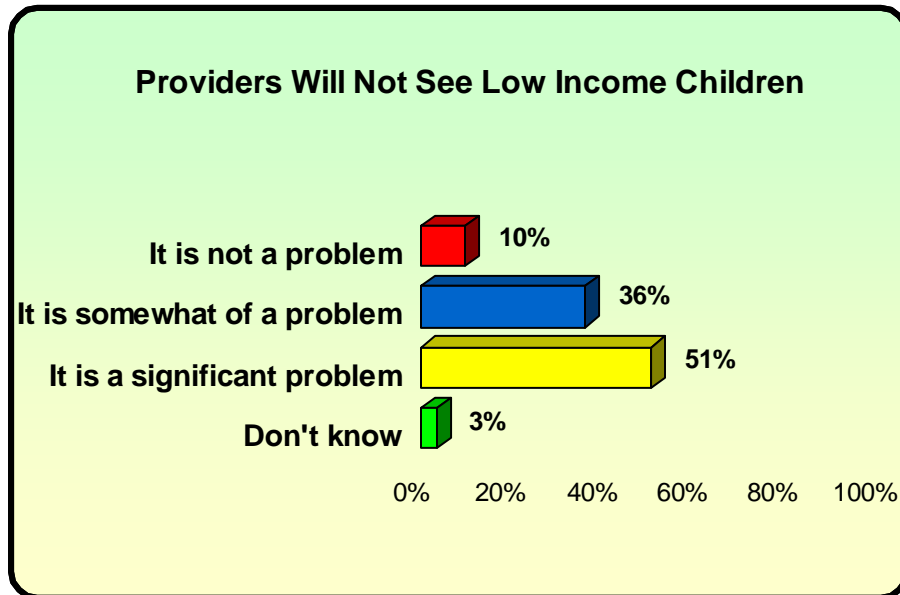
4. Survey respondents (92%) indicated that lack of parental education is a problem to children in Oklahoma receiving access to proper dental care. Forty-nine percent of the respondents believed this problem to be rather significant.



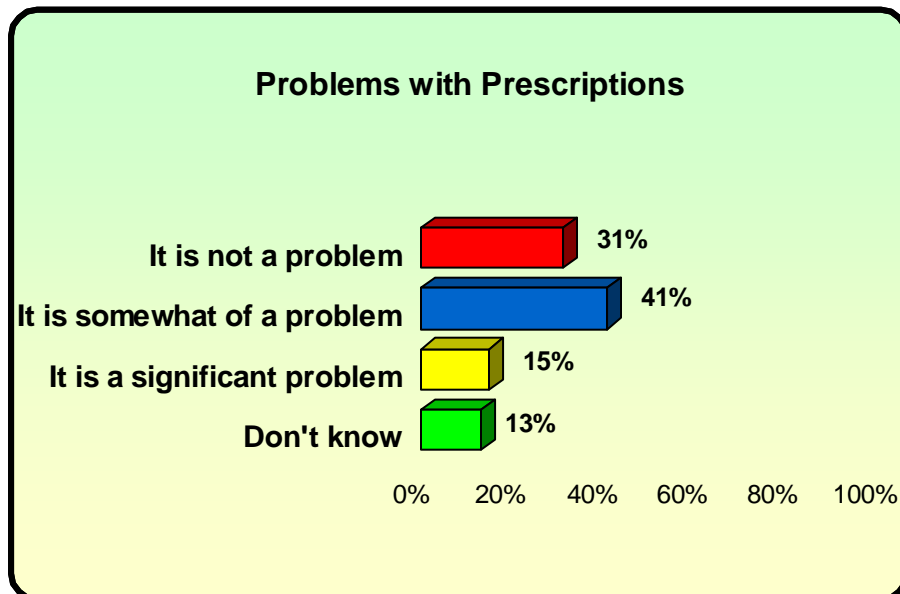
5. Survey respondents (82%) indicated that lack of transportation is a problem to children in Oklahoma receiving access to proper dental care. Twenty-five percent of the respondents believed this problem to be rather significant.



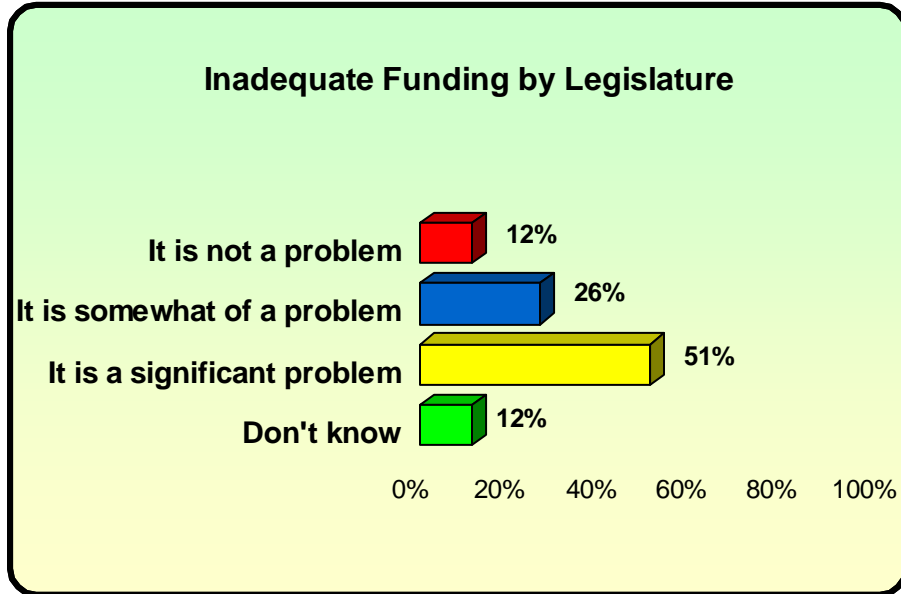
6. Survey respondents (87%) indicated that providers not seeing low income children is a problem to children in Oklahoma receiving access to proper dental care. Fifty-one percent of the respondents believed this problem to be rather significant.



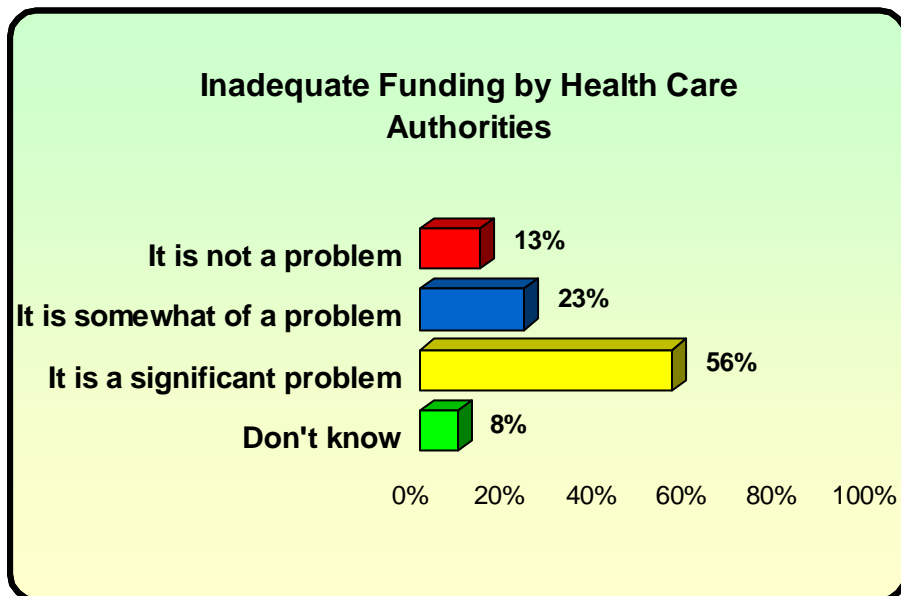
7. Survey respondents (56%) indicated that prescription problems are a problem to children in Oklahoma receiving access to proper dental care. Fifteen percent of the respondents believed this problem to be rather significant.



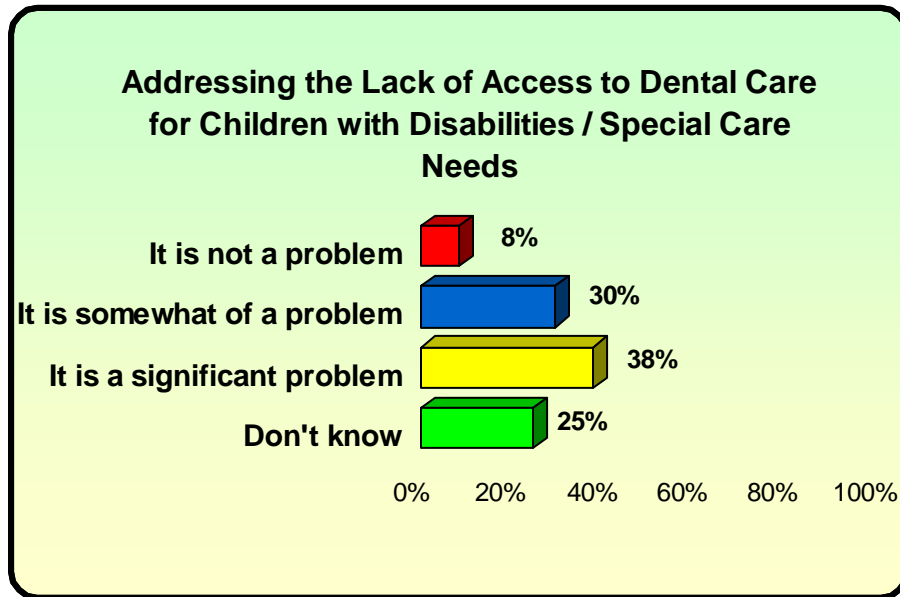
8. Survey respondents (77%) indicated that inadequate funding by legislature is a problem to children in Oklahoma receiving access to proper dental care. Fifty-one percent of the respondents believed this problem to be rather significant.



9. Survey respondents (79%) indicated that inadequate funding by health care authorities is a problem to children in Oklahoma receiving access to proper dental care. Fifty-six percent of the respondents believed this problem to be rather significant.



10. Survey respondents (68%) indicated that the lack of access to dental care for children with disabilities and special care needs is a problem to children in Oklahoma receiving access to proper dental care. Thirty-eight percent of the respondents believed this problem to be rather significant.

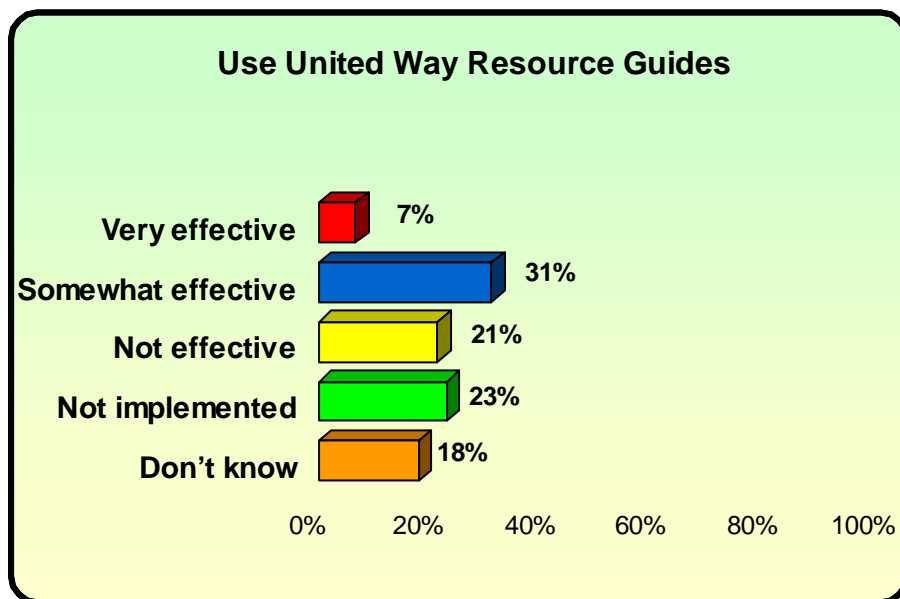


## ACCESS SOLUTION EFFECTIVENESS

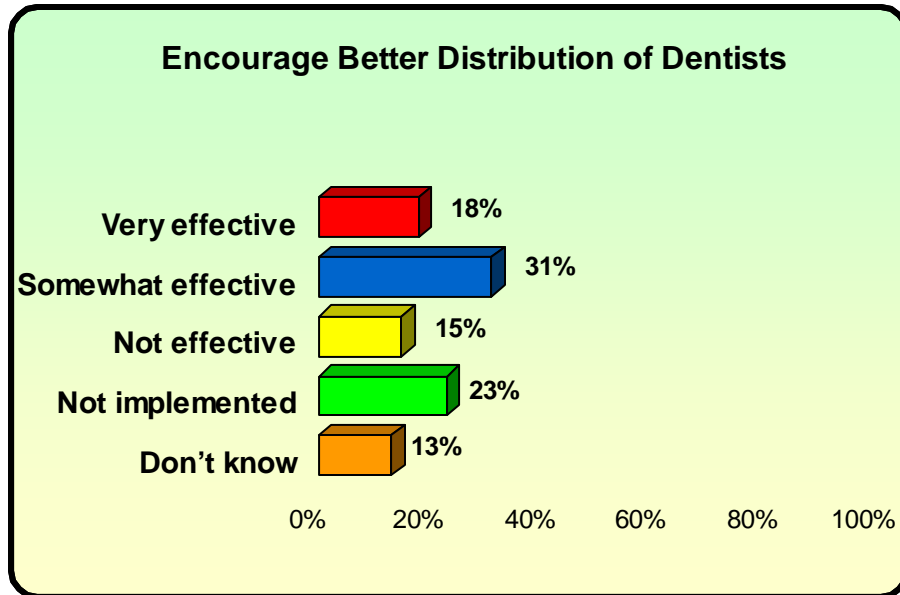
*QUESTION: At the Children's Oral Health Forum in February 2003, a number of solutions were discussed that would improve children's access to proper dental care. Please indicate the effectiveness of the following solutions on improving access to dental care.*

### Survey Responses

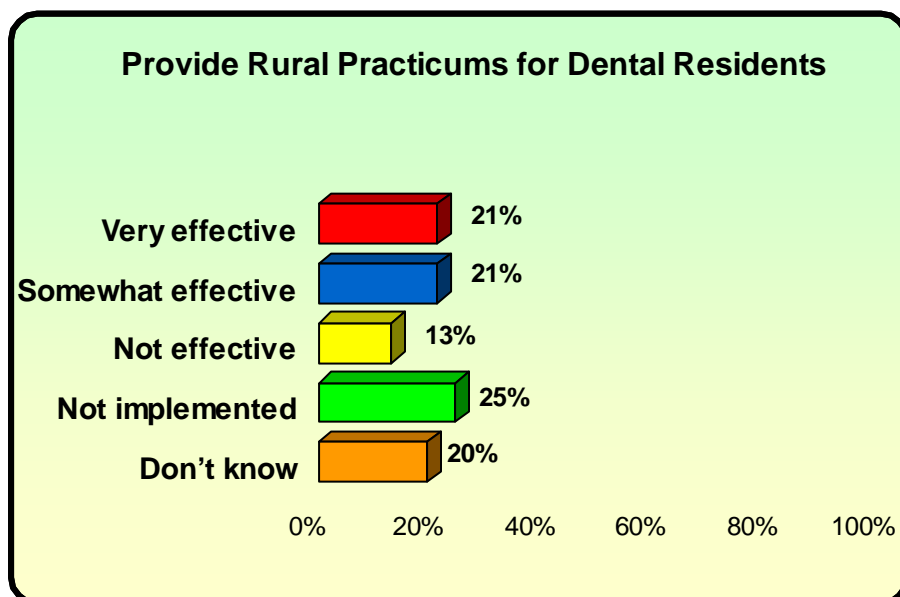
1. Survey respondents (38%) indicated that the use of United Way resource guides would be at least a somewhat effective method to improve children's access to proper dental care. Seven percent (7%) of respondents believed this method to be very effective in securing proper access to dental care for children.



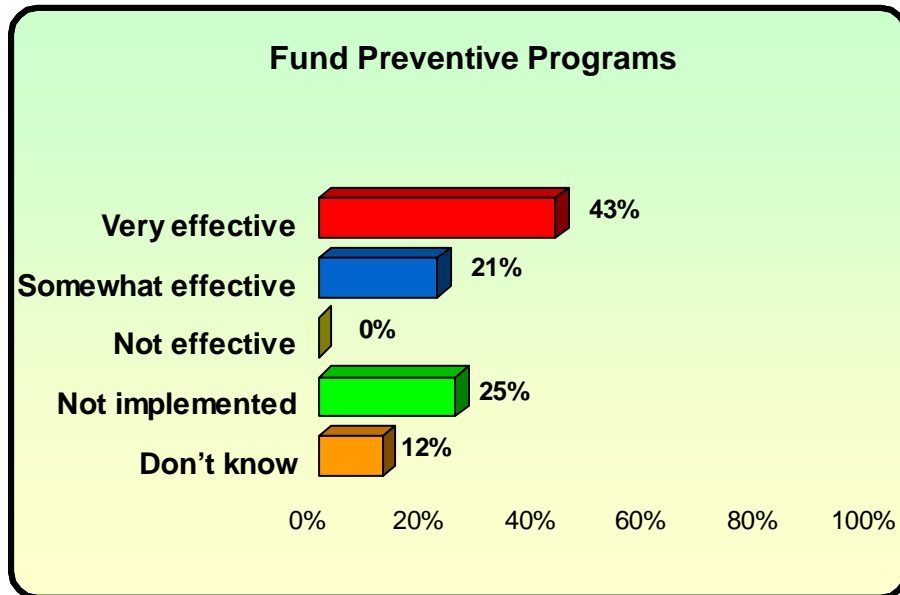
- Survey respondents (49%) indicated that encouraging better distribution of dentists would be at least a somewhat effective method to improve children's access to proper dental care. Eighteen (18%) of respondents believed this method to be very effective in securing proper access to dental care for children.



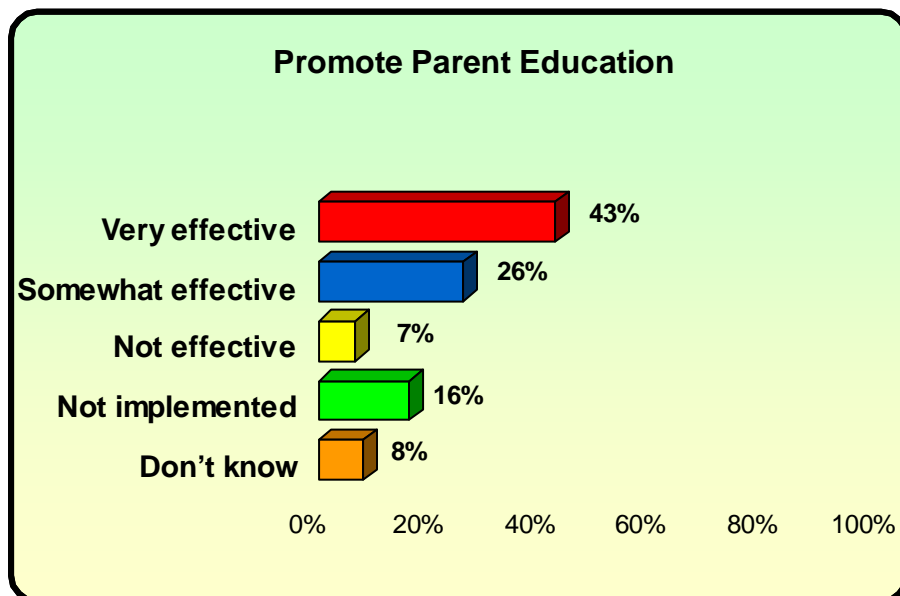
- Survey respondents (42%) indicated that providing rural practicums for dental residents would be at least a somewhat effective method to improve children's access to proper dental care. Twenty-one percent (21%) of respondents believed this method to be very effective in securing proper access to dental care for children.



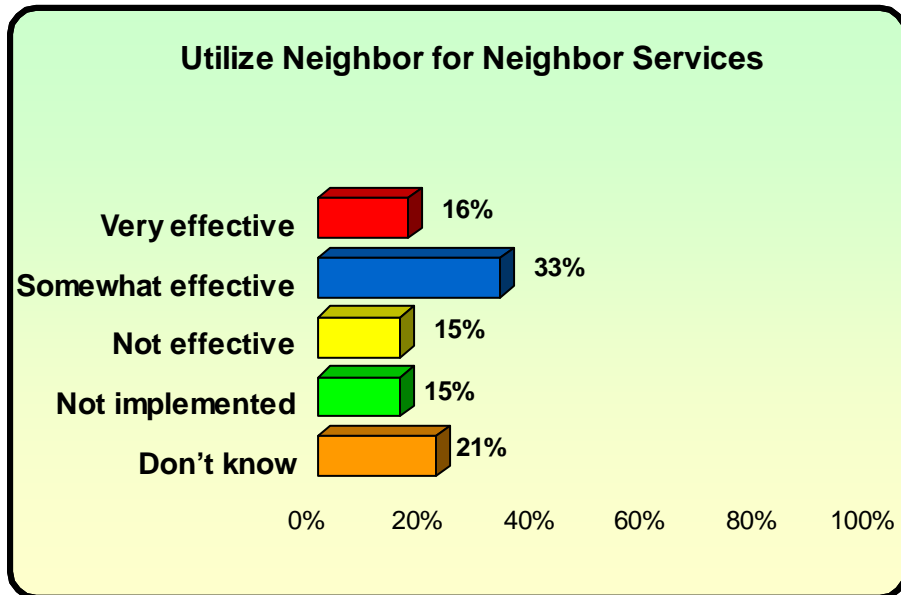
4. Survey respondents (64%) indicated that funding preventive programs would be at least a somewhat effective method to improve children’s access to proper dental care. Furthermore, forty-three percent (43%) of respondents believed this method to be very effective in securing proper access to dental care for children. No respondent believed this program to be ineffective.



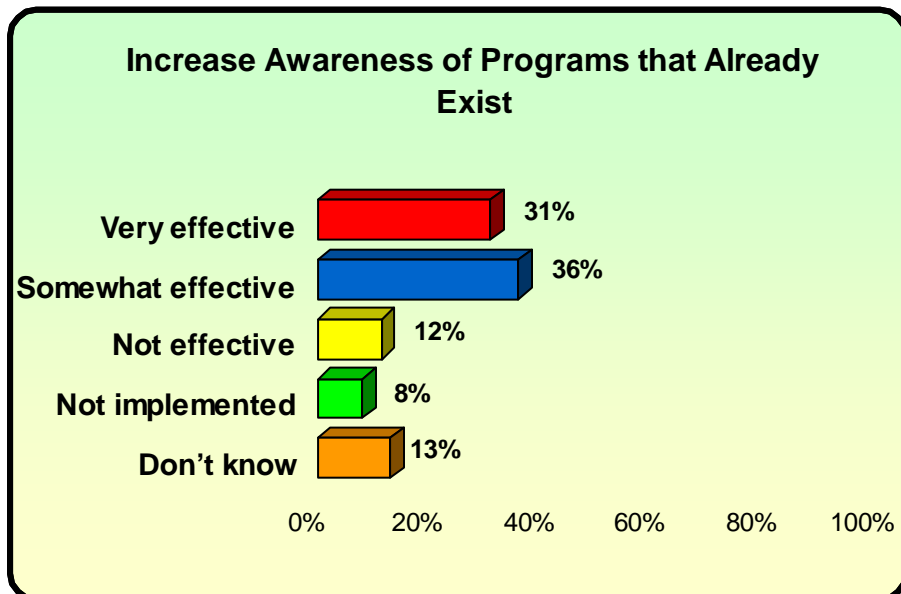
5. Survey respondents (69%) indicated that promoting parent education would be at least a somewhat effective method to improve children’s access to proper dental care. Furthermore, forty-three percent (43%) of respondents believed this method to be very effective in securing proper access to dental care for children.



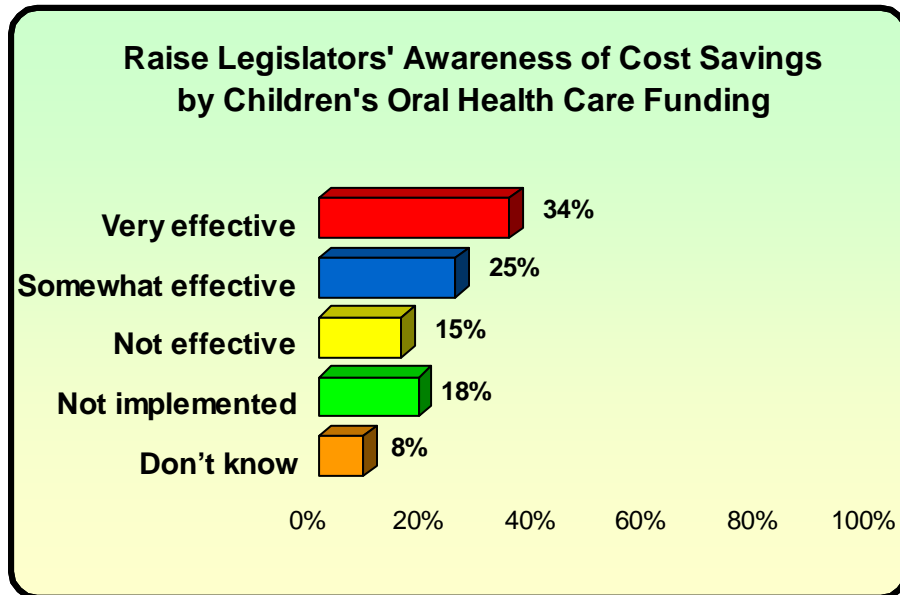
6. Survey respondents (49%) indicated that utilizing neighbor to neighbor services would be at least a somewhat effective method to improve children’s access to proper dental care. Sixteen (16%) of respondents believed this method to be very effective in securing proper access to dental care for children.



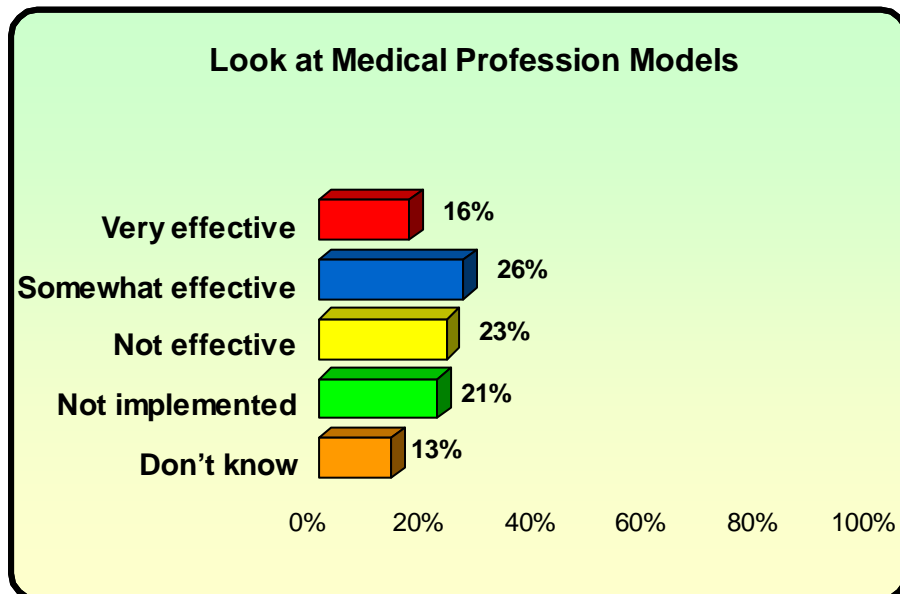
7. Survey respondents (67%) indicated that increasing awareness of already existing programs would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, thirty-one percent (31%) of respondents believed this method to be very effective in securing proper access to dental care for children.



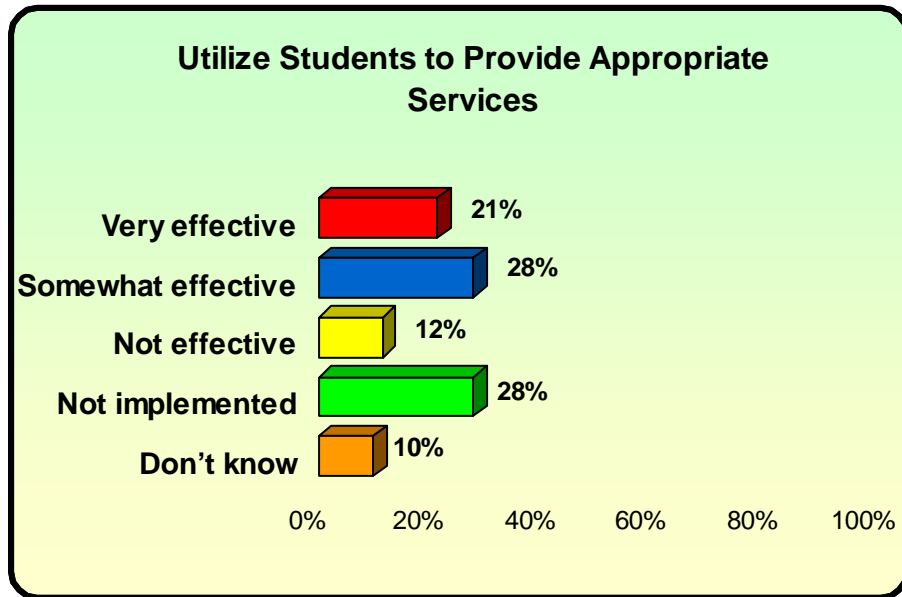
8. Survey respondents (59%) indicated that raising the legislators' awareness of cost savings associated with children's oral health care funding would be at least a somewhat effective method to improve children's access to proper dental care. In fact, thirty-four percent (34%) of respondents believed this method to be very effective in securing proper access to dental care for children.



9. Survey respondents (42%) indicated that looking at medical profession models would be at least a somewhat effective method to improve children's access to proper dental care. Sixteen (16%) of respondents believed this method to be very effective in securing proper access to dental care for children.



10. Survey respondents (49%) indicated that utilizing students to provide appropriate services would be at least a somewhat effective method to improve children's access to proper dental care. Twenty-one percent (21%) of respondents believed this method to be very effective in securing proper access to dental care for children.



# BARRIERS TO IMPLEMENTING ACCESS SOLUTIONS

*QUESTION: Have you encountered any significant barriers to implementing any of the previously mentioned solutions?  
I think there is a general unawareness of this problem.*

## Survey Responses

- Lack of parental education.
- Adequate reimbursement rates; willingness of dentists to provide more autonomy to hygienists.
- Time and money.
- Some parents don't bring in their children. Busing program into clinic for sealant program may be cut.
- I haven't been able to attend hardly any of the children's oral health coalition meetings due to scheduling.
- No one will see children with a severe disability. No incentive to remove to rural areas.
- Mainly a lack of funding.
- Parents in my area do not show up for meetings. Access to care seems to be a problem.
- Some medicaid providers do not want to see children under age 5. Head Start children are 3-5.
- Legislation may be used to get it in the schools, similar to Arkansas.
- Legislature has not supported funding of programs to place dentists in rural Oklahoma similar to PMTC.
- I have no clue which solutions have been implemented, but they are good ideas.
- Just not enough providers.
- Money and information.
- Funding...I could use more clinical days, but due to funding, we can only provide 1 day a week.
- Money has to be appropriated by legislation.
- Money
- Cost/funding.

# BARRIERS THAT REDUCE ACCESS SOLUTION EFFECTIVENESS

*QUESTION: Have you encountered any significant barriers that reduce the effectiveness of any of the previously mentioned solutions?*

## Survey Responses

- Yes, I see an enormous lack of providers for Medicaid or Indigent care.
- Social workers that deal with the low-income children and the lack of dental education.
- Parents need to take oral health seriously.
- We have few new dentists coming to this area to discuss any possible changes to the situation.
- No one person seems to be in charge to make changes happen.
- The lack of parent support. They feel they are just baby teeth and older children often receive no care.
- Fee schedules for payment of services still too low.
- Any type of use of dental students will not work.
- Number of rural providers, lack of reliable transportation, lack of parental education.
- Dental care costs (covered by private pay and/or insurance) are barriers.
- Very little cooperation from dentistry.
- Lack of participation by rural communities.
- Money
- To provide care at the current reimbursement level is to assume on oneself another TAX.
- Difficult recruitment of dentists. Parent education to encourage them to participate.
- No dentists in rural areas; lack of awareness for what does exist.
- Lack of communication among oral health service providers and related services
- Funding is always a problem.
- Money.

# ADDITIONAL SOLUTIONS TO IMPROVING ACCESS

*QUESTION: Have you discovered additional solutions to improving access to proper dental care than those previously listed?*

## Survey Responses

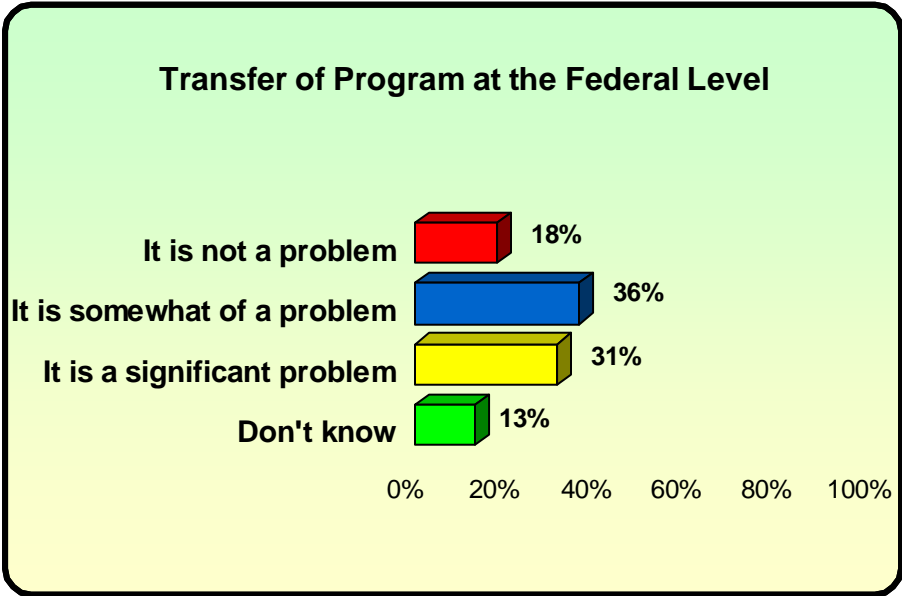
- How about more information to the public. Is this addressed for dental students?
- Would suggest a workforce meeting and then develop a strategic plan with time frames led by a professional.
- Maybe the use of existing dental clinics.
- Newly opened Medicaid-only clinics.
- Money
- Raise reimbursement levels.
- Dental screenings and dental education to young children in child care settings.
- Mobile vans.
- A dental hygienist visiting classrooms to screen children under dentist approval.
- We are considering an early childhood fluoride application program in connection with our WIC program.
- Expensive FQHC models. Establishment of for-profit dental clinics for Medicaid children in OKC and Tulsa.
- We have implemented a preventive dental program at our child development program.
- I think parental education is paramount.
- Suggest finding a non-profit which would take this on as a 5-year project.
- When the schools actively participate in a preventive program, we get a better response from the children.
- Educate dentists regarding need.
- Internet with a list of providers taking Sooner Care.

# WORKFORCE / PROVIDERS ISSUES PROBLEMS

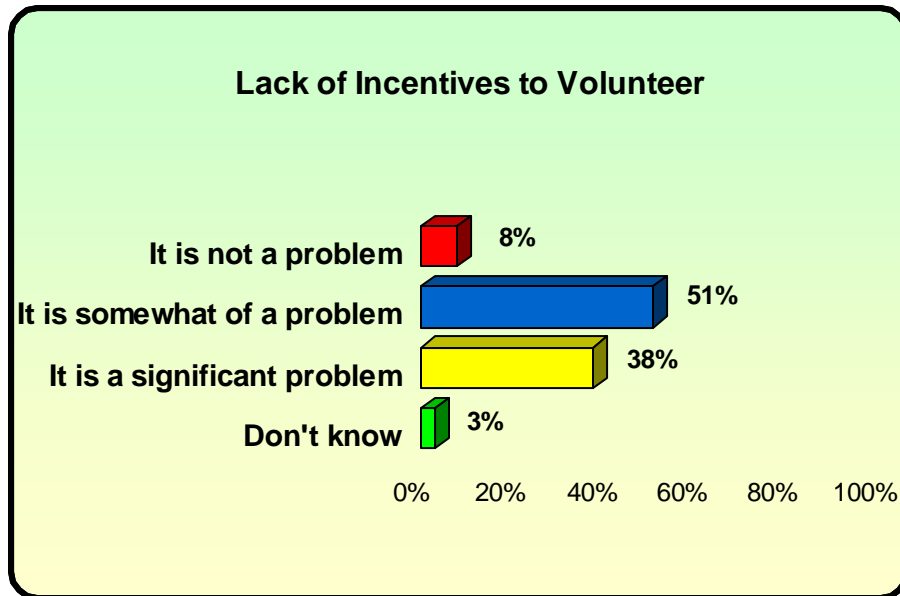
*QUESTION: At the Children's Oral Health Forum in February 2003, a number of issues were identified that address the recruitment of dentists, cost reimbursement rates, and the role of hygienists. Please indicate how great a problem the following issues currently are to children in Oklahoma in receiving proper dental care.*

## Survey Responses

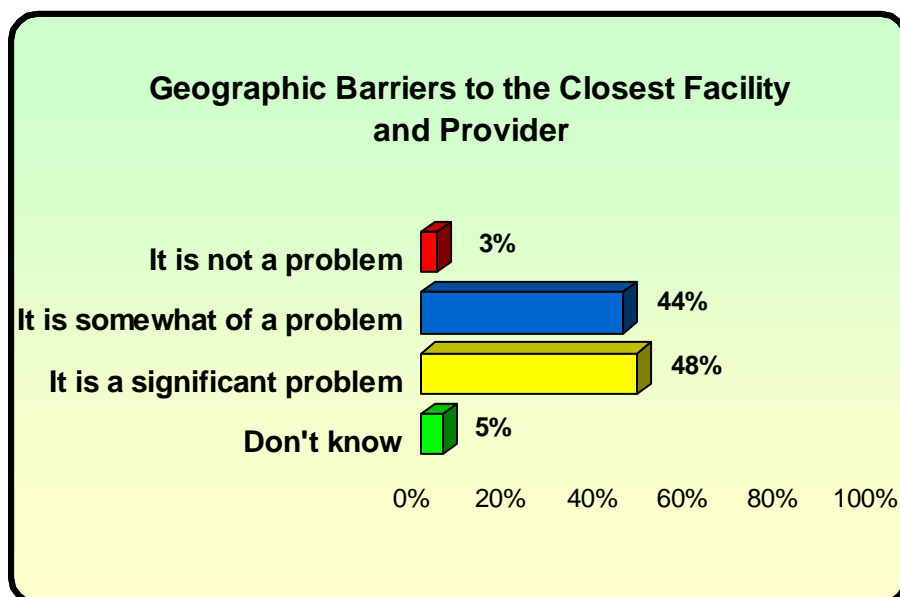
- 1. Survey respondents (67%) indicated that transfer of program at the federal level program is a problem to children in Oklahoma receiving access to proper dental care. Thirty-one percent of the respondents believed this problem to be rather significant.



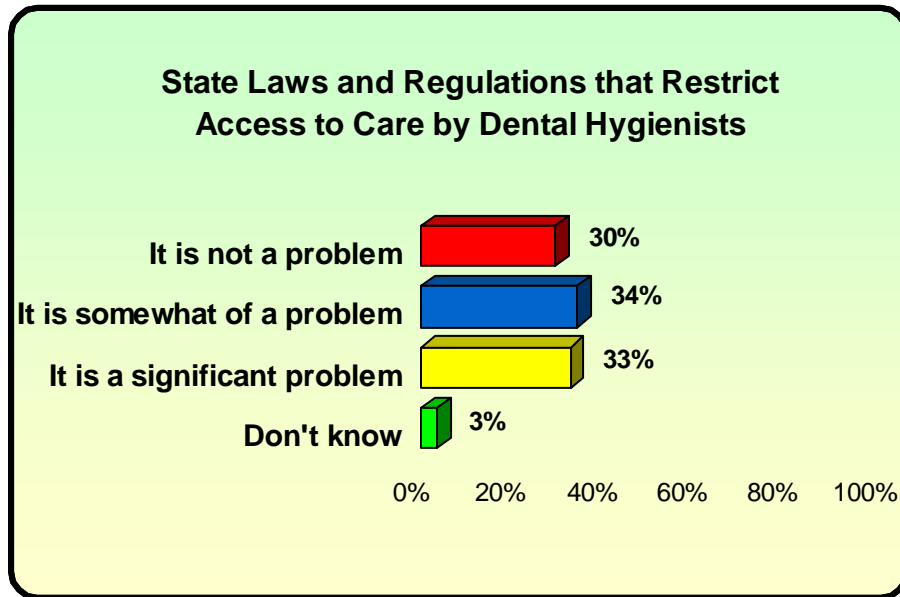
2. Survey respondents (89%) indicated that lack of incentives to volunteers is a problem to children in Oklahoma receiving access to proper dental care. Thirty-eight percent of the respondents believed this problem to be rather significant.



3. Survey respondents (67%) indicated that geographic barriers to the closest facility and provider are a problem to children in Oklahoma receiving access to proper dental care. Forty-eight percent of the respondents believed this problem to be rather significant.



4. Survey respondents (67%) indicated state laws and regulations that restrict access to care by dental hygienists are a problem to children in Oklahoma receiving access to proper dental care. Thirty-three percent of the respondents believed this problem to be rather significant.

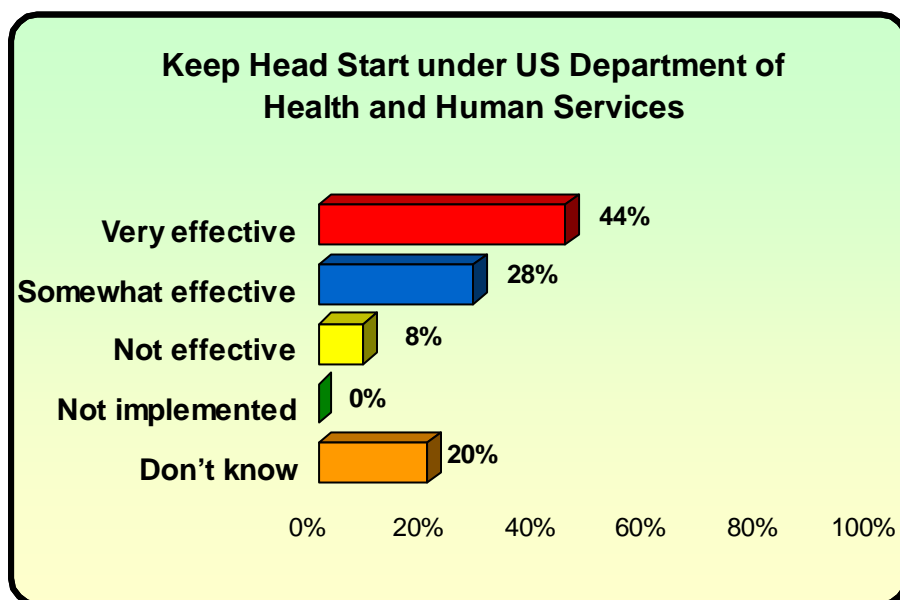


# WORKFORCE / PROVIDERS ISSUES SOLUTIONS

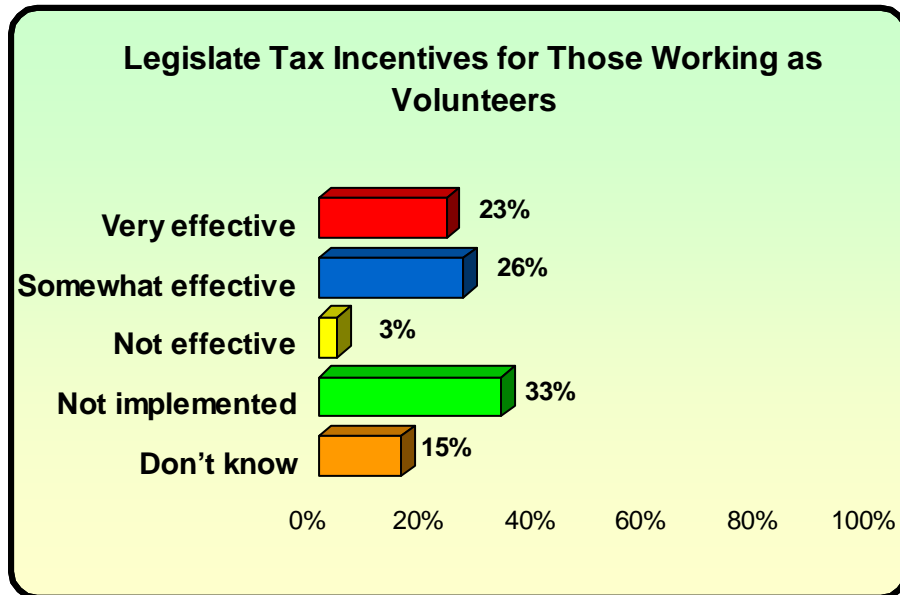
*QUESTION: At the Children's Oral Health Forum in February 2003, a number of solutions were discussed that would improve children's access to proper dental care through the workforce and providers. Please indicate the effectiveness of the following solutions.*

## Survey Responses

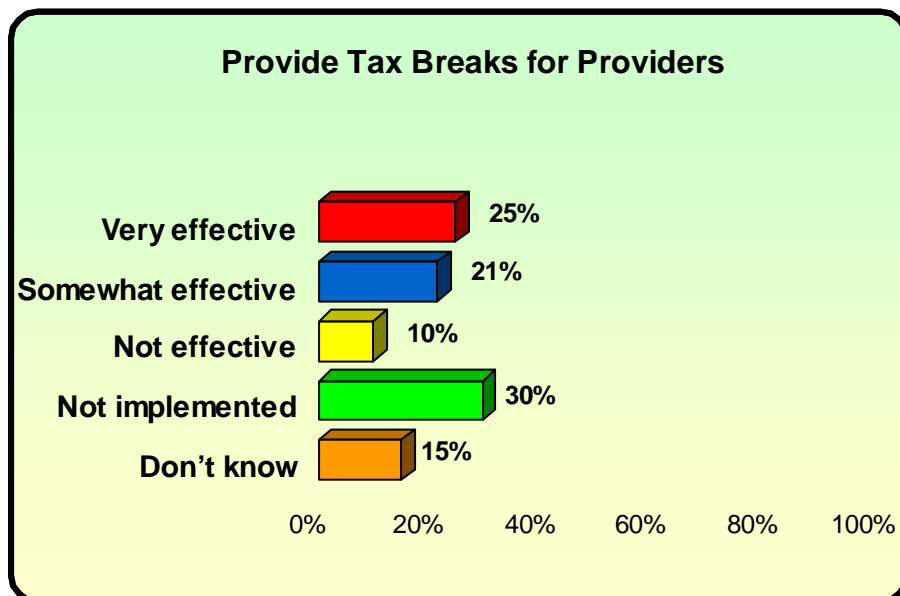
1. Survey respondents (72%) indicated that Keeping Head Start under the US Department of Health and Human Service would be at least a somewhat effective method to improve children's access to proper dental care. In fact, forty-four percent (44%) of respondents believed this method to be very effective in securing proper access to dental care for children.



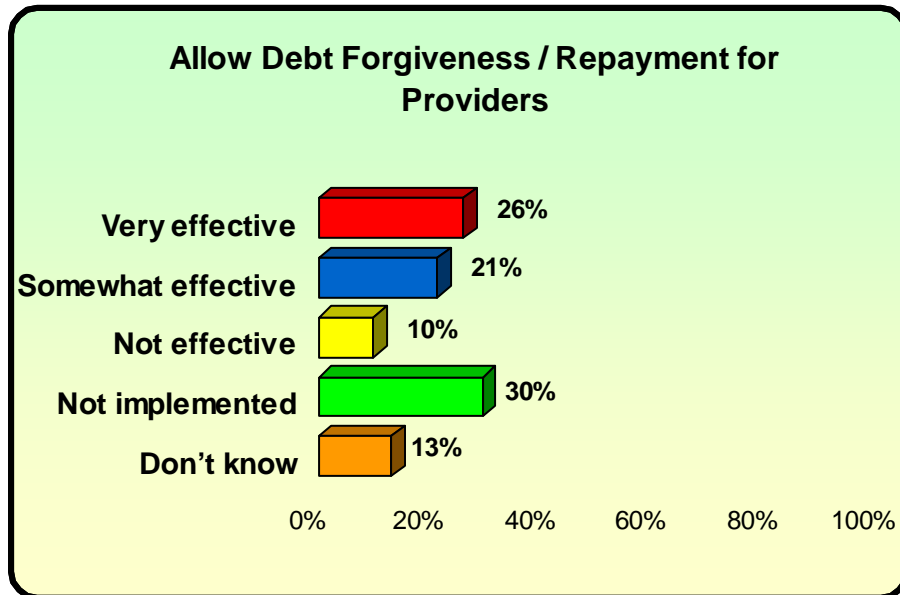
- Survey respondents (49%) indicated that legislating tax incentives for those working as volunteers would be at least a somewhat effective method to improve children’s access to proper dental care. Twenty-three percent (23%) of respondents believed this method to be very effective in securing proper access to dental care for children.



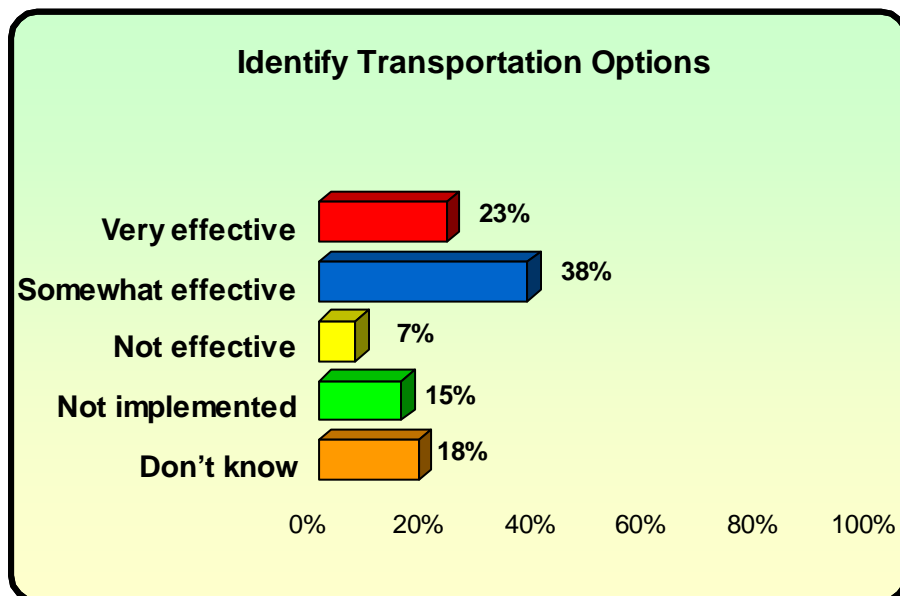
- Survey respondents (46%) indicated that providing tax breaks for providers would be at least somewhat effective method to improve children’s access to proper dental care. In fact, twenty-five (25%) of respondents believed this method to be very effective in securing proper access to dental care for children.



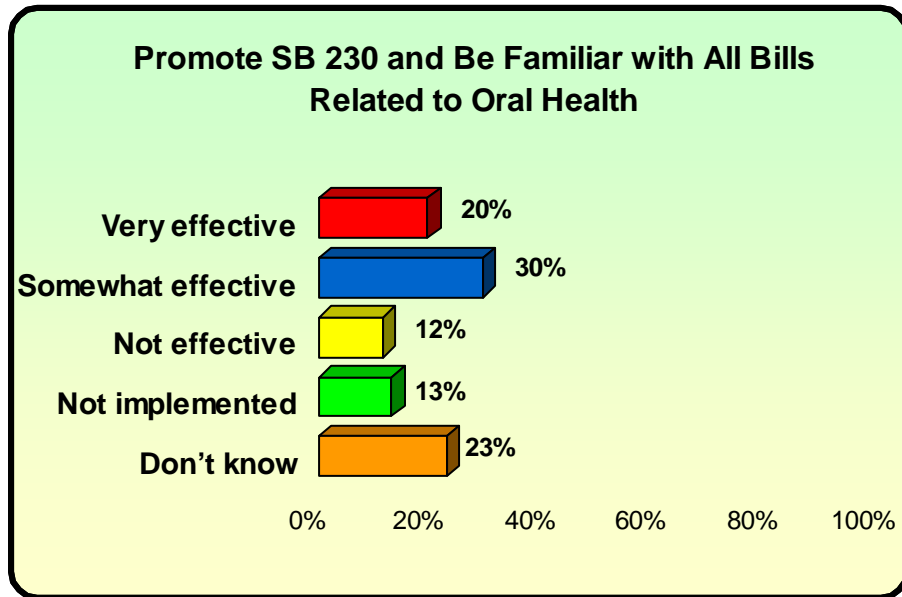
4. Survey respondents (47%) indicated that allowing debt forgiveness or repayment for providers would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, twenty-six (26%) of respondents believed this method to be very effective in securing proper access to dental care for children.



5. Survey respondents (61%) indicated that identifying transportation options would be at least a somewhat effective method to improve children’s access to proper dental care. Twenty-three (23%) of respondents believed this method to be very effective in securing proper access to dental care for children.



6. Survey respondents (50%) indicated that promoting SB 230 and being familiar with all bills related to oral health would be at least a somewhat effective methods to improve children’s access to proper dental care. In fact, twenty percent (20%) of respondents believed these methods to be very effective in securing proper access to dental care for children.



# BARRIERS TO IMPLEMENTING WORKFORCE/PROVIDER SOLUTIONS

*QUESTION: Have you encountered any significant barriers to implementing any of the previously mentioned solutions?*

## Survey Responses

- Lack of transportation.
- Funding is always a barrier.
- Not enough dentists willing to see children without insurance.
- Some dentists receive debt forgiveness for work in areas of greatest need, but many choose not to.
- Awareness by the provider system.
- Restriction by law to see a patient, once treated, until a dentist provides an exam before further treatment
- Tax breaks and tax incentives need to happen.
- SB 230 passed and hygienists are not taking advantage of it.
- Money.
- No money for them.
- Adequate reimbursement rates and more autonomy for dental hygienists.
- I wish children's oral health were a more prominent part of OICA legislative updates.
- Dentists lack of interest in utilizing hygienists outside the office. Still a problem.
- Hygienists should be able to go to Head Start Programs without direct dental supervision.
- Head Start is a good program that seems to be working.
- Not aware of progress on tax incentives, not aware of debt forgiveness programs or tax breaks.
- RDHs just are not volunteering. Apathy?
- See no beginning.
- Need more funds.

# BARRIERS THAT REDUCE WORKFORCE/PROVIDER SOLUTION EFFECTIVENESS

*QUESTION: Have you encountered any significant barriers that reduce the effectiveness of any of the previously mentioned solutions?*

## Survey Responses

- There needs to be more active recruitment of providers by the State, to increase awareness and funding.
- Most lay people have not been convinced that most tooth decay and gum disease can be prevented.
- It seems we all met, discussed stuff and went home. Who followed up on getting ANYTHING implemented?
- No. I do have a dentist that does some free services for my parents.
- Money.
- Lack of money is a barrier.
- Inability to pass legislation for tax breaks, debt forgiveness, tax incentives.
- Time and money.
- Money and information.
- Funding
- More funding.
- Parent participation could always increase.

# ADDITIONAL SOLUTIONS TO IMPROVING WORKFORCE/PROVIDER ISSUES

*QUESTION: Have you discovered additional solutions to improving workforce and provider issues than those that were previously identified?*

## Survey Responses

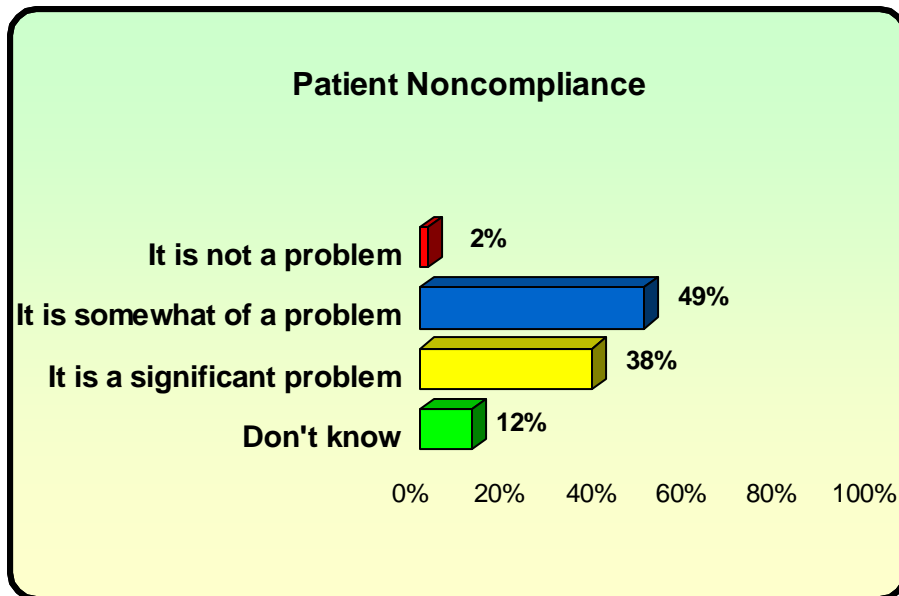
- I sometimes ask people in the community to help in health fairs.
- Control by dentists prevents any of the proposed options from working.
- Money.
- Ask foreign countries to help take care of these children.
- Hygienists should be able to provide fluoride applications to all Head Start students.
- Keep at it!

# COMMUNITY RESOURCES ISSUES

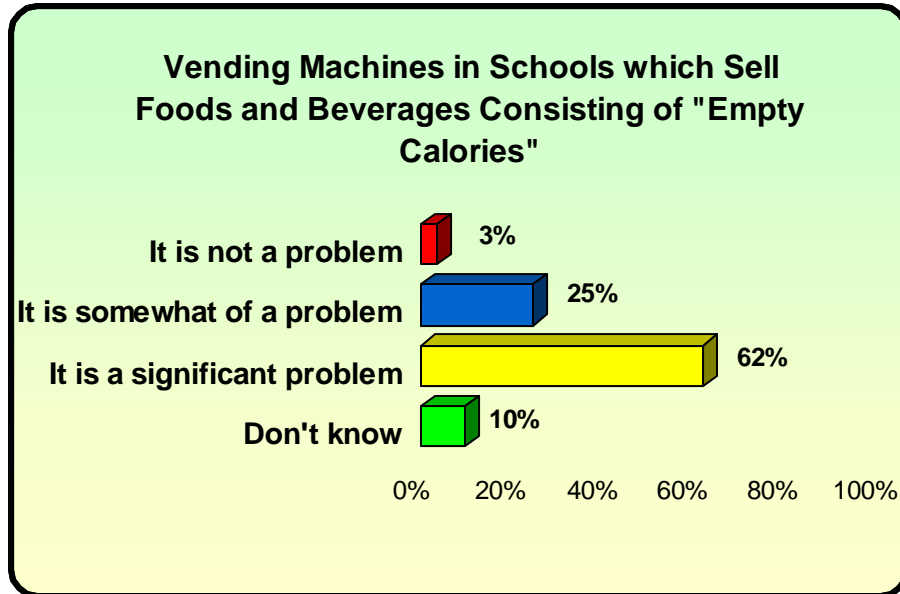
*QUESTION: At the Children's Oral Health Forum in February 2003, a number of issues were identified that addressed public and private partnerships, and identified resources from the public and private sectors and public awareness that may contribute to improved dental care. Please indicate how great a problem the following issues currently are to children in Oklahoma receiving proper dental care.*

## Survey Responses

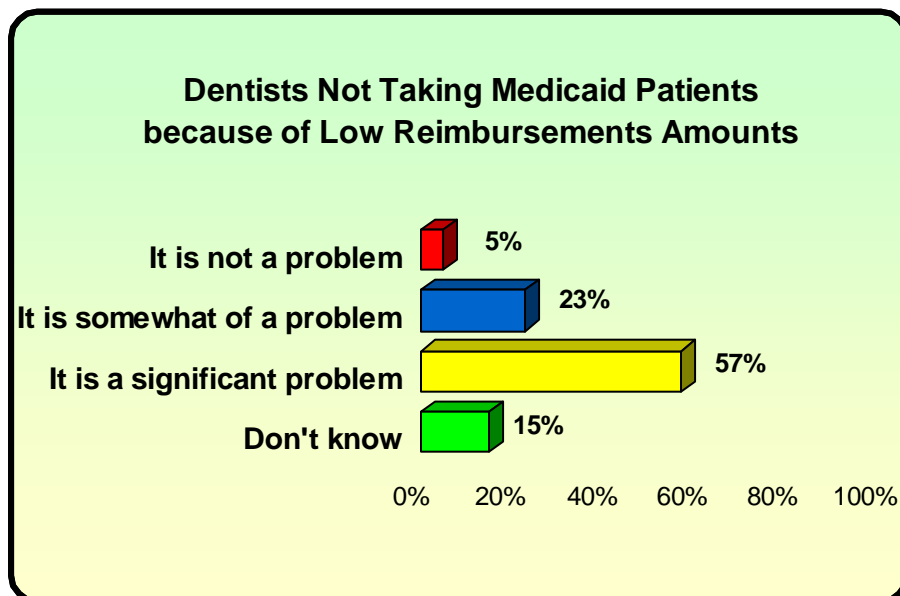
1. Survey respondents (87%) indicated that patient noncompliance is a problem to children in Oklahoma receiving access to proper dental care. Thirty-eight percent of the respondents believed this problem to be rather significant.



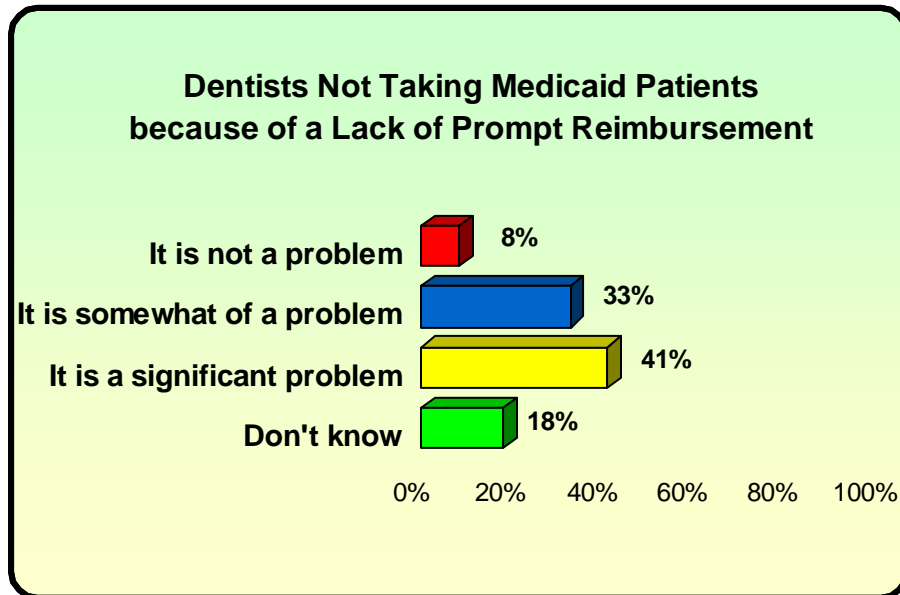
2. Survey respondents (87%) indicated that vending machines in schools, which sell foods and beverages consisting of “empty calories” represent a problem to children in Oklahoma receiving access to proper dental care. Sixty-two percent of the respondents believed this problem to be rather significant.



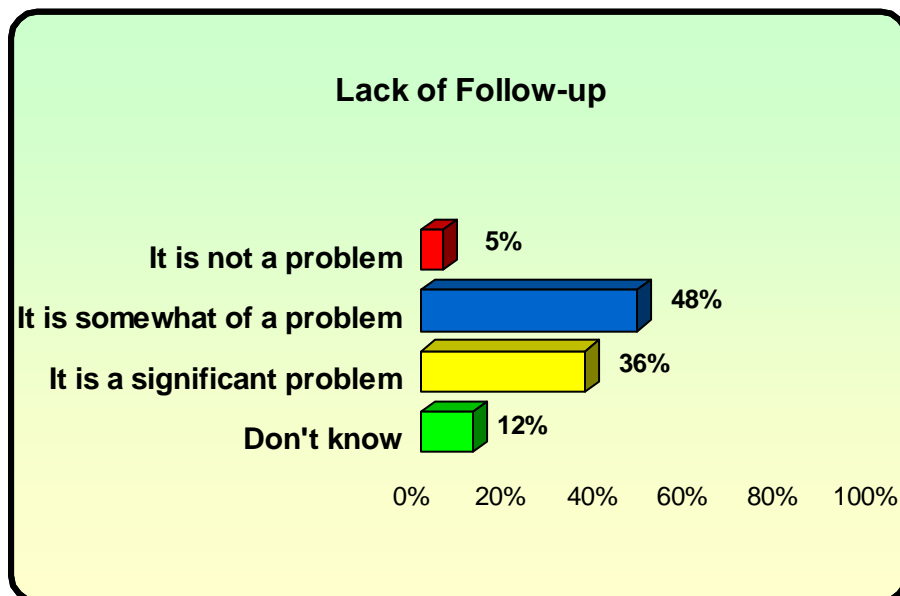
3. Survey respondents (80%) indicated that dentists not taking Medicaid patients because of low reimbursement amounts is a problem to children in Oklahoma receiving access to proper dental care. Fifty-seven percent of the respondents believed this problem to be rather significant.



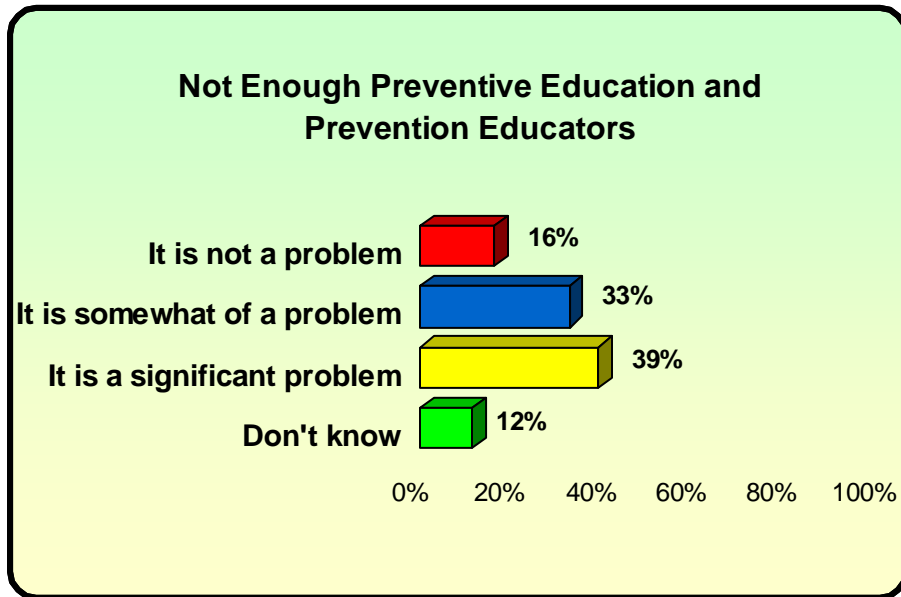
4. Survey respondents (74%) indicated that dentists not taking Medicaid patients because of lack of prompt reimbursement is a problem to children in Oklahoma receiving access to proper dental care. Forty-one percent of the respondents believed this problem to be rather significant.



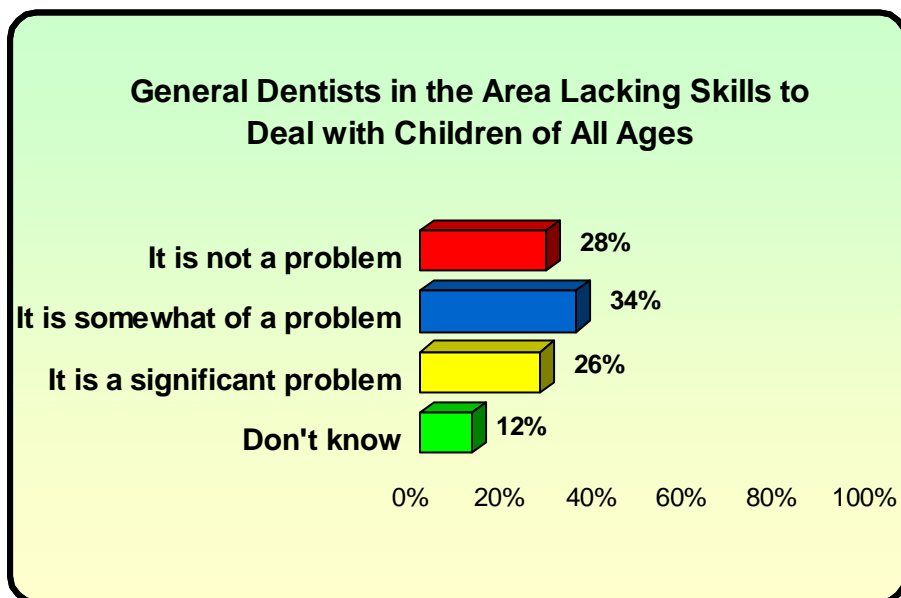
5. Survey respondents (84%) indicated that lack of follow-up is a problem to children in Oklahoma receiving access to proper dental care. Thirty-six percent of the respondents believed this problem to be rather significant.



6. Survey respondents (72%) indicated that not having enough preventive education and prevention educators is a problem to children in Oklahoma receiving access to proper dental care. Thirty-nine percent of the respondents believed this problem to be rather significant.



7. Survey respondents (60%) indicated that general dentists in the area lacking skills to deal with children of all ages is a problem to children in Oklahoma receiving access to proper dental care. Twenty-six percent of the respondents believed this problem to be rather significant.

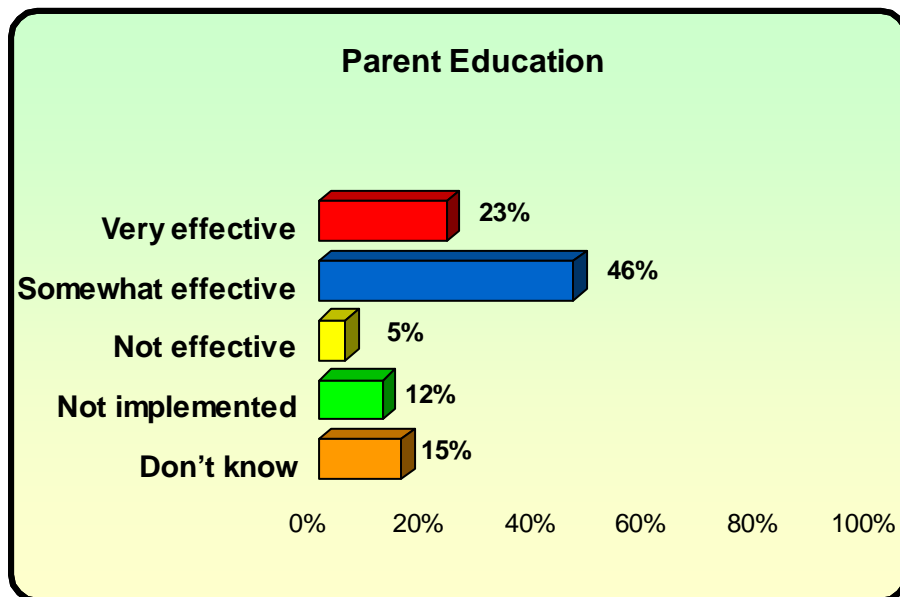


# COMMUNITY RESOURCES SOLUTION EFFECTIVENESS

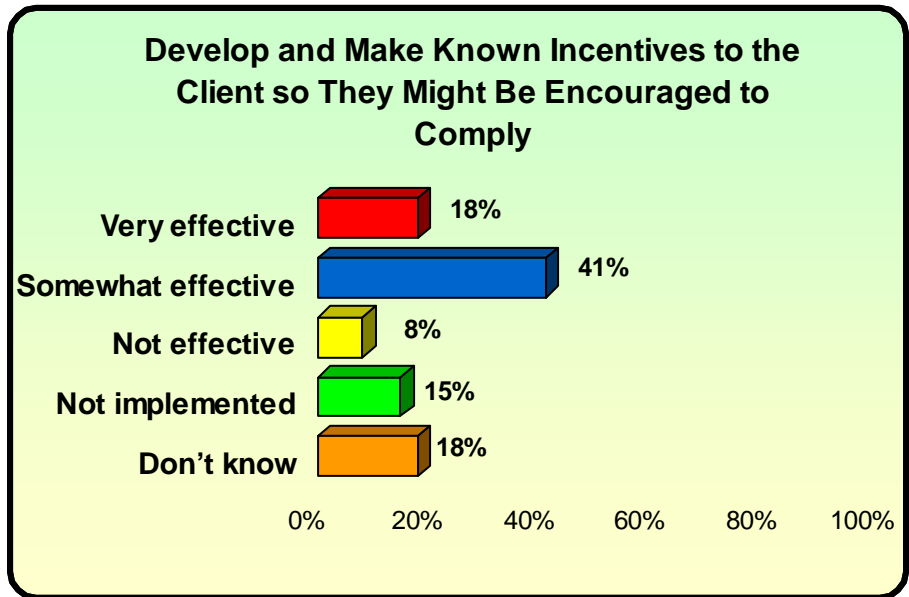
*QUESTION: At the Children's Oral Health Forum in February 2003, a number of solutions were discussed that would improve children's access to proper dental care through community resources. Please indicate the effectiveness of the following solutions.*

## Survey Responses

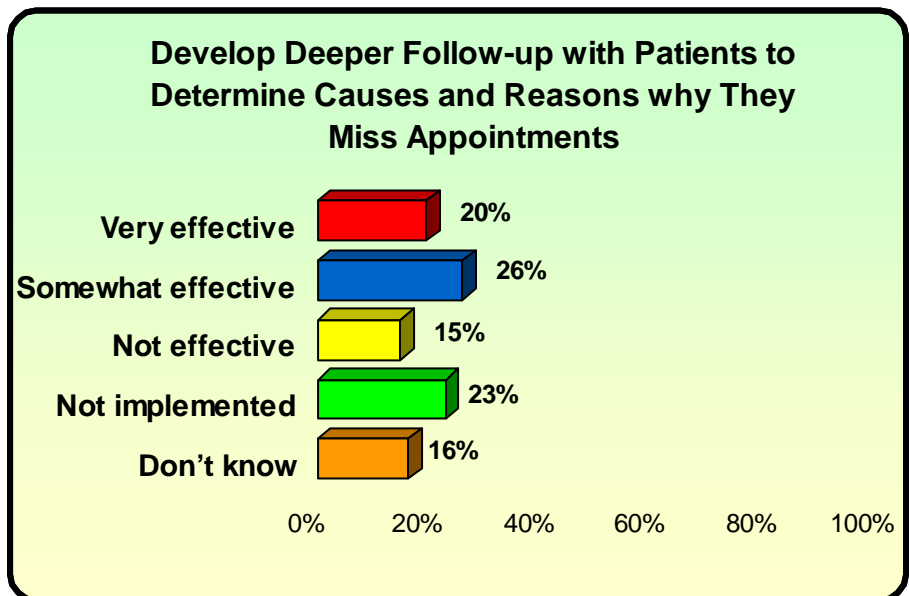
1. Survey respondents (69%) indicated that parent education would be at least a somewhat effective method to improve children's access to proper dental care. In fact, twenty-three percent (23%) of respondents believed this method to be very effective in securing proper access to dental care for children.



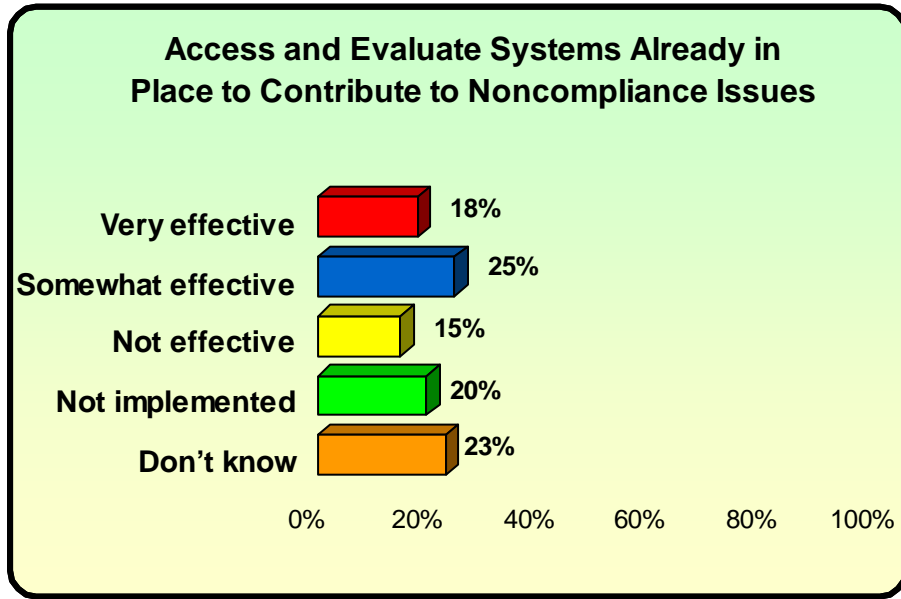
2. Survey respondents (59%) indicated that developing incentives and making them known to clients might make clients more compliant, which would be at least somewhat effective method to improve children’s access to proper dental care. Eighteen percent (18%) of respondents believed this method to be very effective in securing proper access to dental care for children.



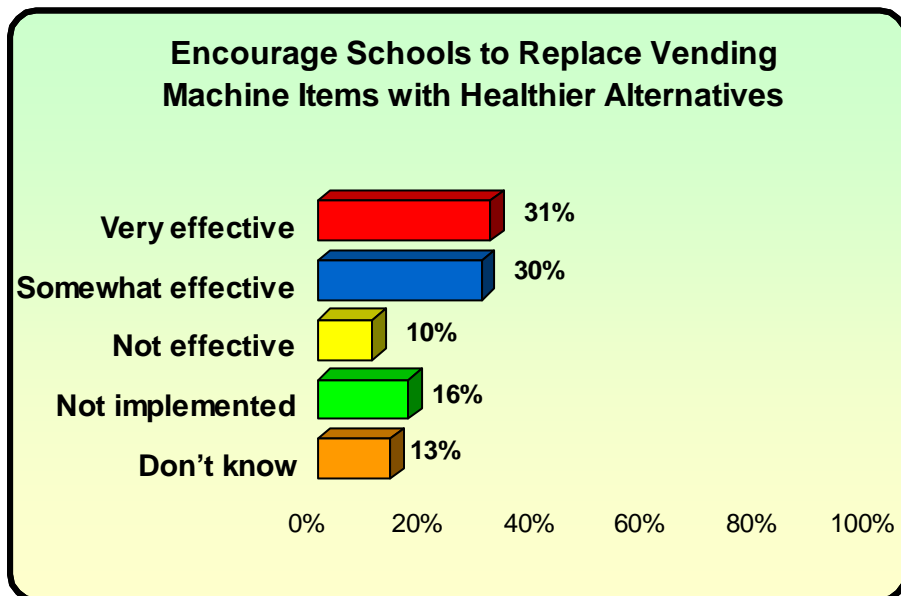
3. Survey respondents (46%) indicated that developing deeper follow-up with parents to determine causes and reasons why they miss appointments would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, twenty percent (20%) of respondents believed this method to be very effective in securing proper access to dental care for children.



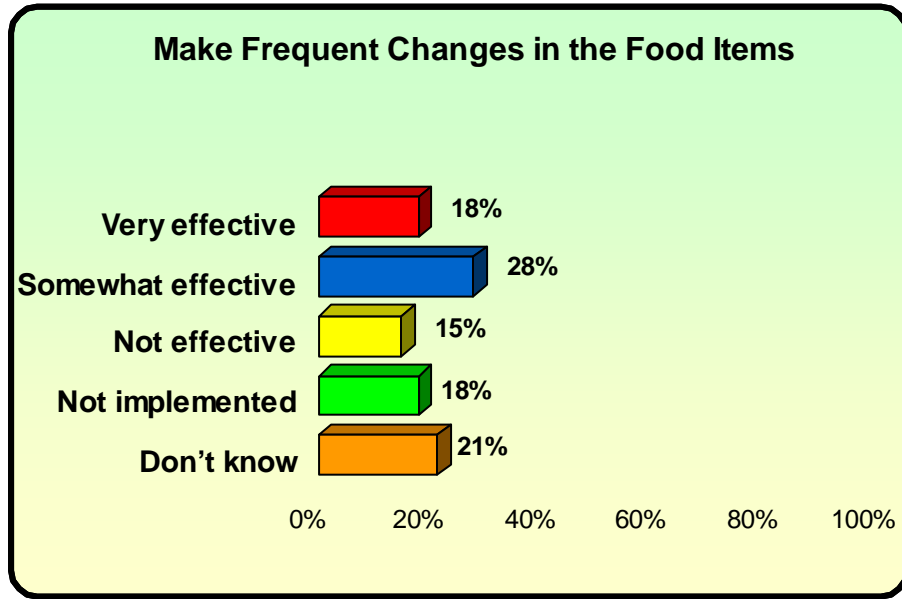
4. Survey respondents (43%) indicated that accessing and evaluating systems already in place to contribute to noncompliance issues would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, eighteen percent (18%) of respondents believed this method to be very effective in securing proper access to dental care for children.



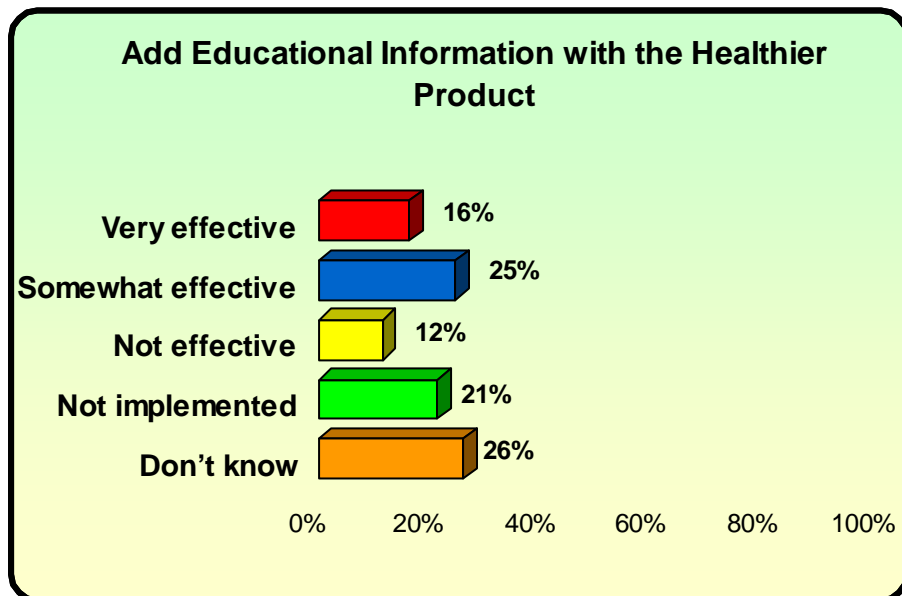
5. Survey respondents (61%) indicated that encouraging schools to replace vending machine items with healthier alternatives would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, thirty-one percent (31%) of respondents believed this method to be very effective in securing proper access to dental care for children.



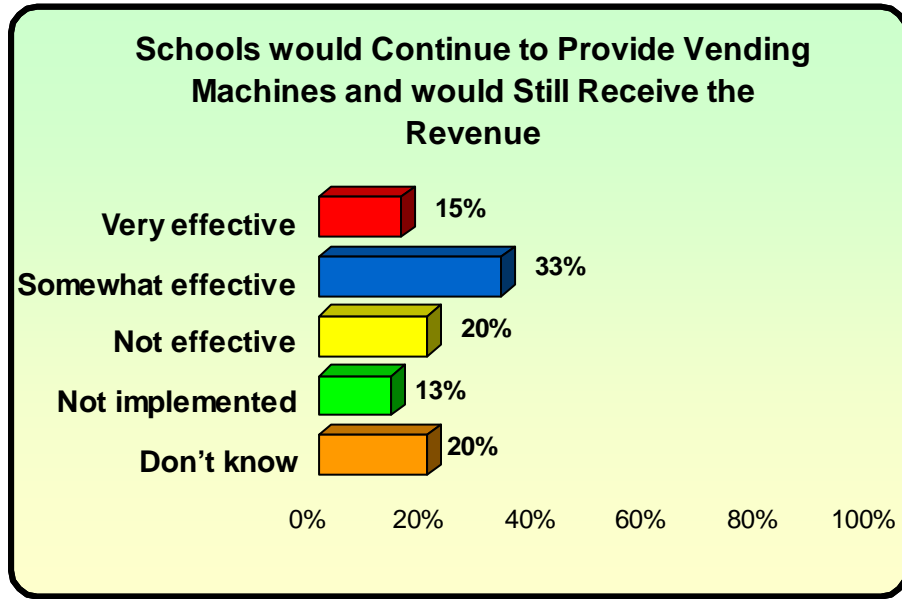
6. Survey respondents (46%) indicated that making frequent changes in the food items would be at least a somewhat effective method to improve children’s access to proper dental care. Eighteen percent (18%) of respondents believed this method to be very effective in securing proper access to dental care for children.



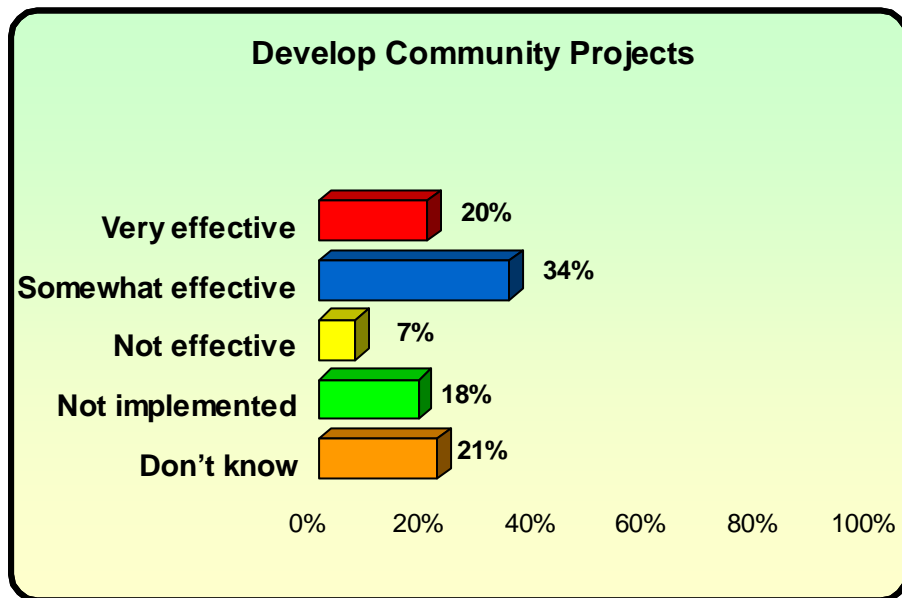
7. Survey respondents (41%) indicated that adding education information with the healthier product would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, sixteen percent (16%) of respondents believed this method to be very effective in securing proper access to dental care for children.



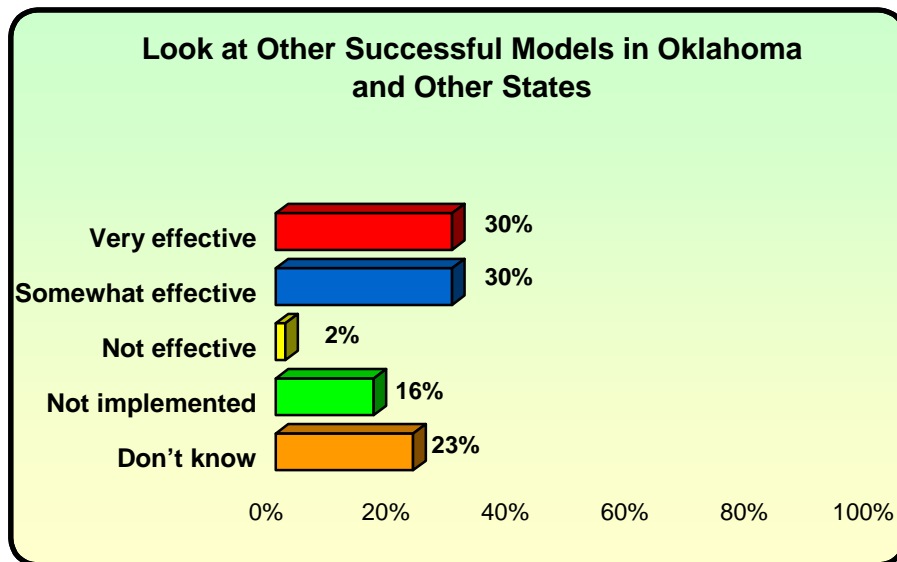
8. Survey respondents (43%) indicated that schools would continue to provide vending machines and should still receive the revenue, which would be at least a somewhat effective method to improve children’s access to proper dental care. Fifteen percent (15)% of respondents believed this method to be very effective in securing proper access to dental care for children.



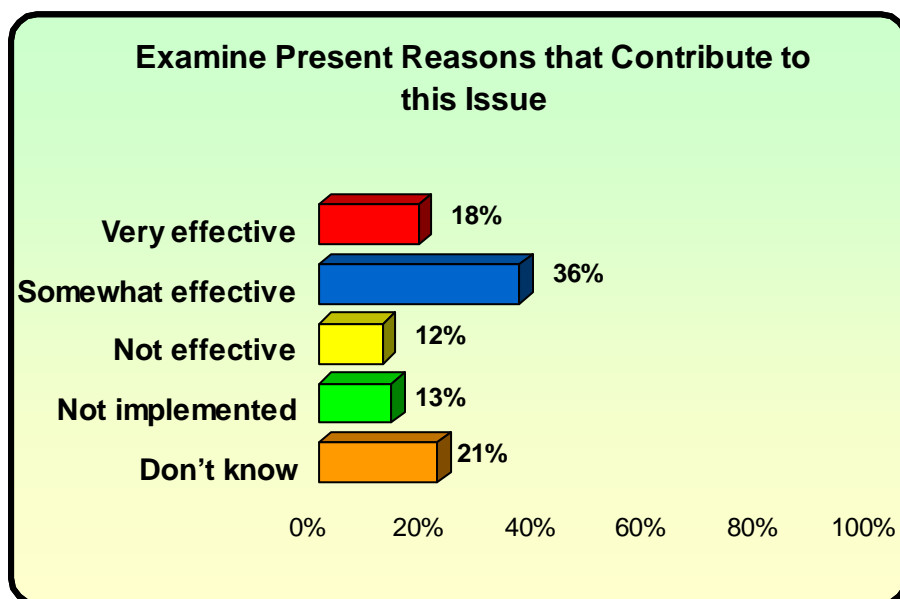
9. Survey respondents (54%) indicated that developing community projects would be at least a somewhat effective method to improve children’s access to proper dental care. Twenty percent (20%) of respondents believed this method to be very effective in securing proper access to dental care for children.



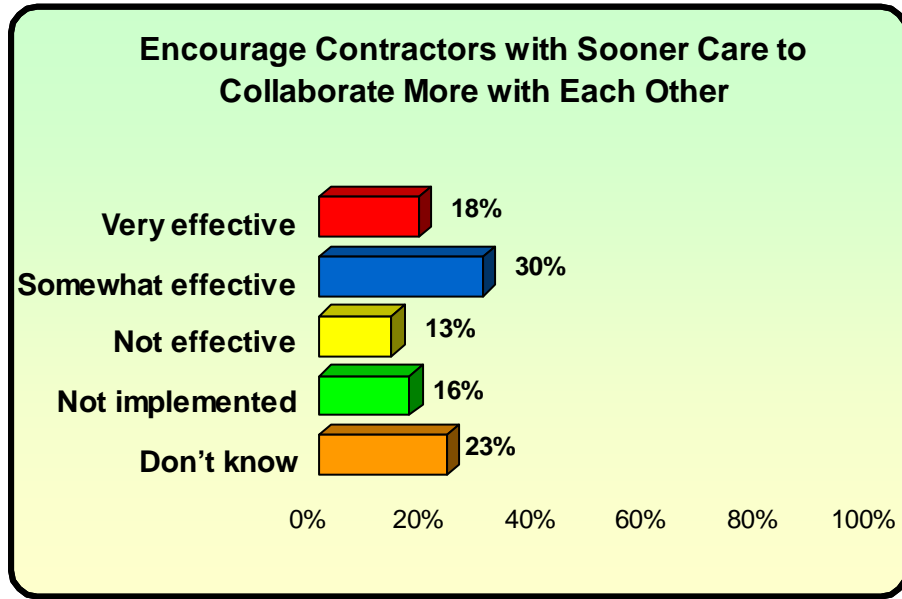
10. Survey respondents (60%) indicated that looking at other successful models in Oklahoma and other states would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, thirty percent (30%) of respondents believed this method to be very effective in securing proper access to dental care for children.



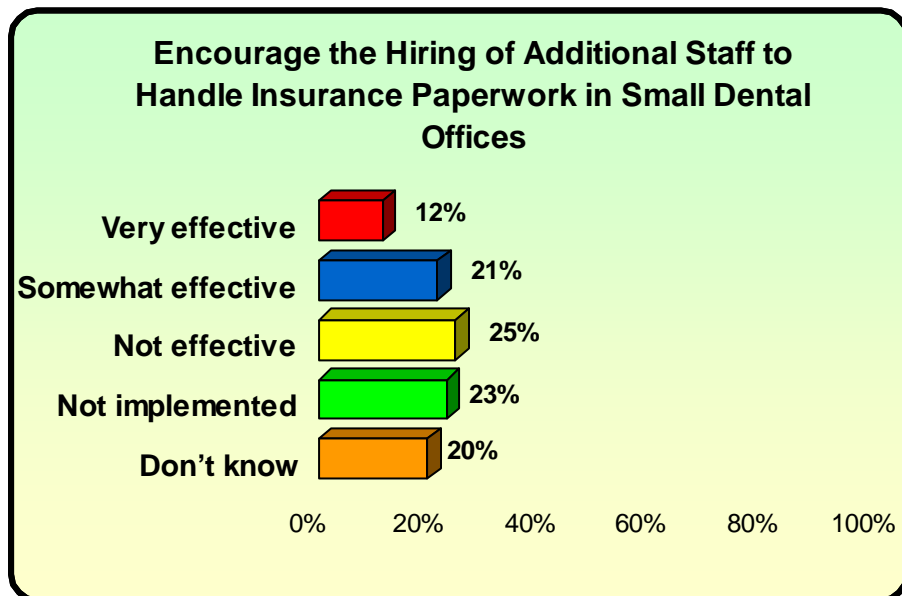
11. Survey respondents (54%) indicated that examining present reasons that contribute to this issue would be at least a somewhat effective method to improve children’s access to proper dental care. Eighteen percent (18%) of respondents believed this method to be very effective in securing proper access to dental care for children.



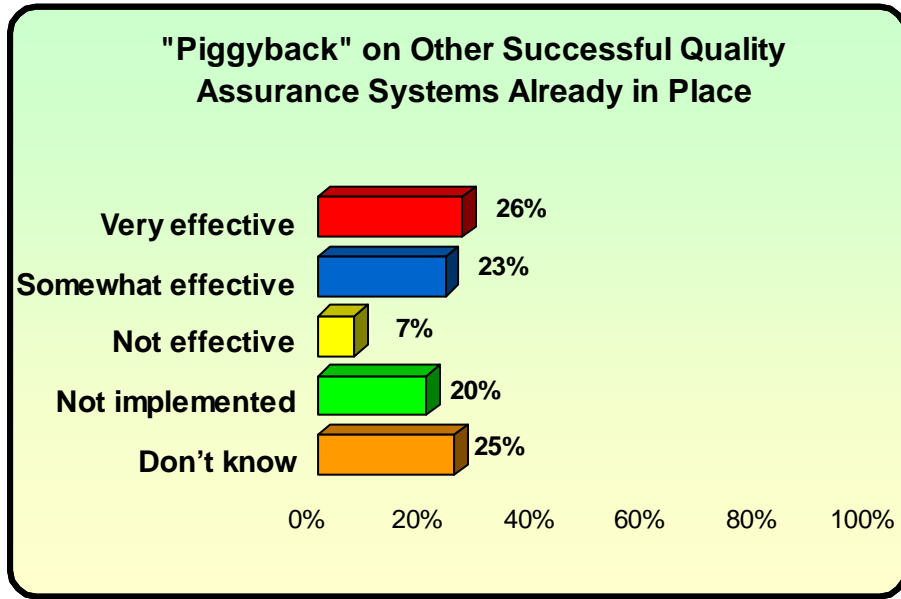
12. Survey respondents (48%) indicated that encouraging contractors with Sooner Care to collaborate more with each other would be at least a somewhat effective method to improve children’s access to proper dental care. Eighteen percent (18%) of respondents believed this method to be very effective in securing proper access to dental care for children.



13. Survey respondents (33%) indicated that encouraging the hiring of additional staff to handle insurance paperwork in small dental offices would be at least a somewhat effective method to improve children’s access to proper dental care. Twelve percent (12%) of respondents believed this method to be very effective in securing proper access to dental care for children.



14. Survey respondents (49%) indicated that piggybacking on other successful quality assurance systems already in place would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, twenty-six percent (26%) of respondents believed this method to be very effective in securing proper access to dental care for children.



# BARRIERS TO IMPLEMENTING COMMUNITY RESOURCES SOLUTIONS

*QUESTION: Have you encountered any significant barriers to implementing any of the previously mentioned solutions?*

## ***Survey Responses***

- There is a significant lack of education of the public concerning dental matters.
- Doesn't appear anything has been done since this forum.
- To make it neighborhood projects not just to clean teach and educate, but to improve the overall healthcare
- Most are focused on the menu of available options, lack innovation and an understanding of the child/family.
- Lack of interest.
- School leaders do not care about children's oral health care, only if they lose money.
- Oral health is so often overlooked by both adults and children due to other medical crises.
- Schools still resist changing to more healthy choices in vending machines and in food service items.
- "Not done" is the reaction I get here, a feeling that it has always been done one way and cannot be changed.
- Yes, parent involvement.

# **BARRIERS THAT REDUCE COMMUNITY RESOURCES SOLUTION EFFECTIVENESS**

*QUESTION: Have you encountered any significant barriers that reduce the effectiveness of any of the previously mentioned solutions?*

## **Survey Responses**

- Parents and a lack of providers who really care.
- The total number.
- General apathy to effective education related to oral health.
- No leader, little follow-up or follow-through
- Lack of interest.
- Low fees.
- Barriers to most outside our dental clinic walls.
- Vending machines!
- Still low reimbursement, but improved. Paper work.
- School administrators and parents that don't care about their children.
- Costs/funds.

# **ADDITIONAL SOLUTIONS TO IMPROVING COMMUNITY RESOURCES ISSUES**

*QUESTION: Have you discovered additional solutions to improving community resource issues than those that were previously identified?*

## **Survey Responses**

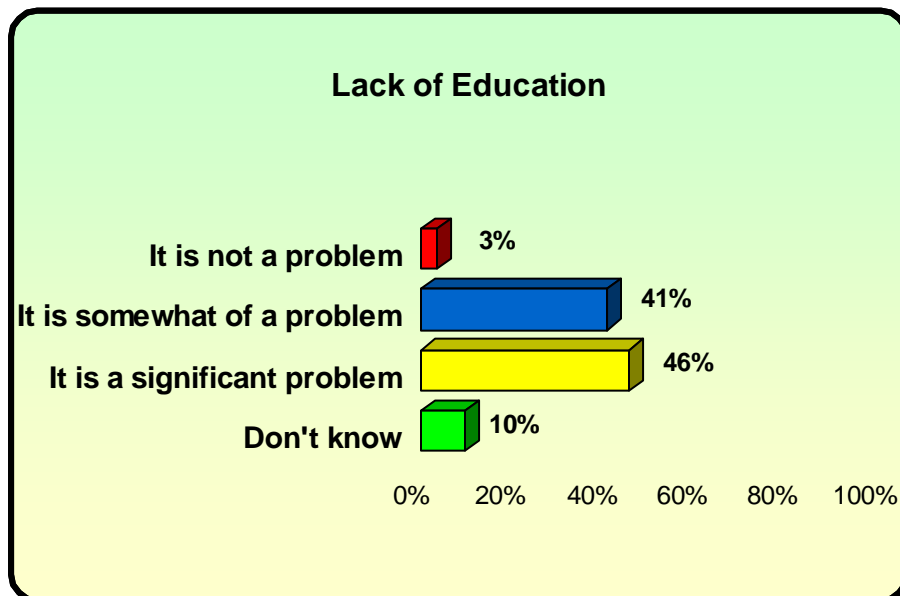
- Community child/adolescent health surveys by county health departments.
- Need to have resources listed with names and phone numbers.
- Money.
- Ask other adults to take care of other people's children, or grandparents.
- Raise reimbursement to dentists.

# LEGISLATION / EDUCATION ISSUES

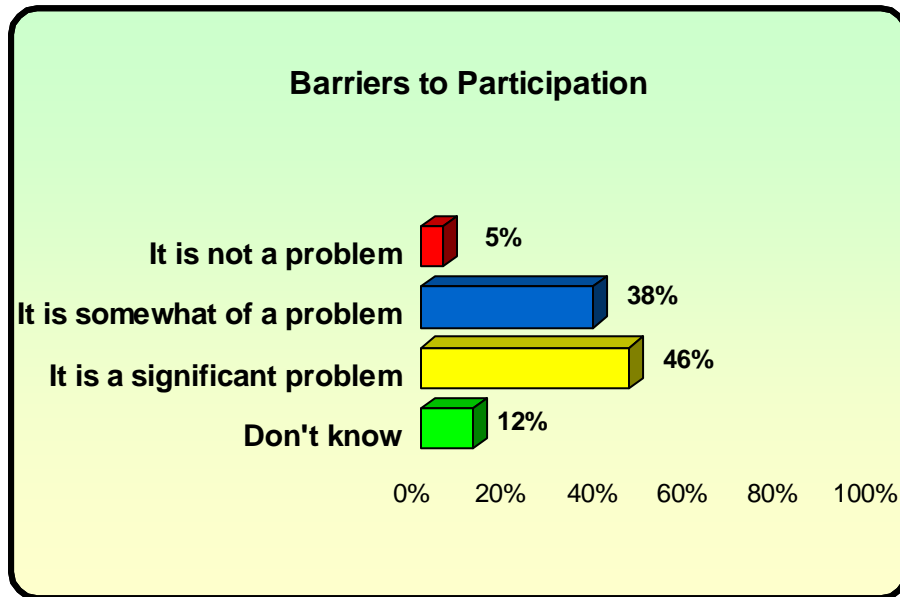
*QUESTION: At the Children's Oral Health Forum in February 2003, a number of issues were identified that addressed state legislation, and identified the roles of state oral health programs and prevention through water fluoridation. Please indicate how great a problem the following issues currently are to children in Oklahoma receiving proper dental care.*

## Survey Responses

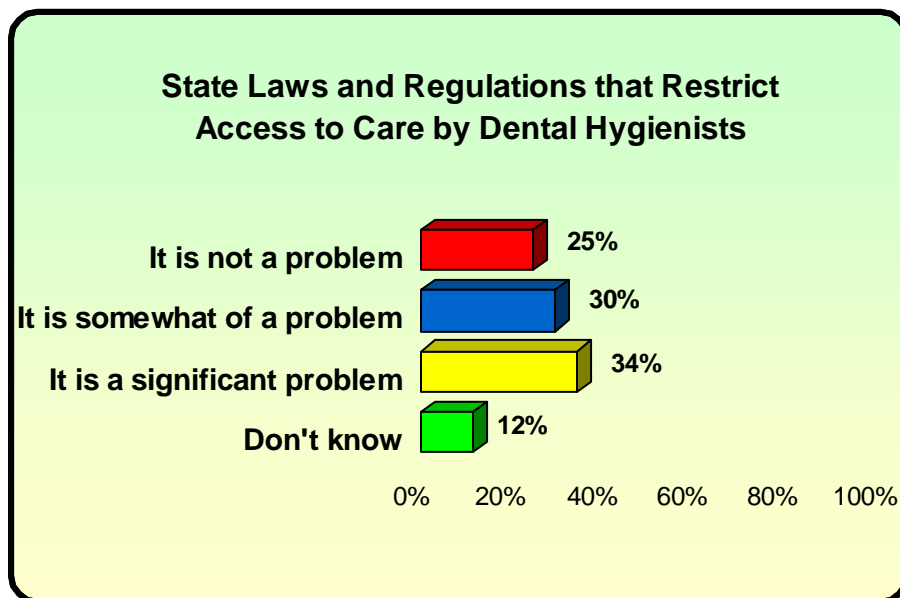
1. Survey respondents (87%) indicated that lack of education is a problem to children in Oklahoma receiving access to proper dental care. Forty-six percent of the respondents believed this problem to be rather significant.



2. Survey respondents (84%) indicated that barriers to participation are a problem to children in Oklahoma receiving access to proper dental care. Forty-six percent of the respondents believed this problem to be rather significant.



3. Survey respondents (64%) indicated that state laws and regulations that restrict access to care by dental hygienists are a problem to children in Oklahoma receiving access to proper dental care. Thirty-four percent of the respondents believed this problem to be rather significant.

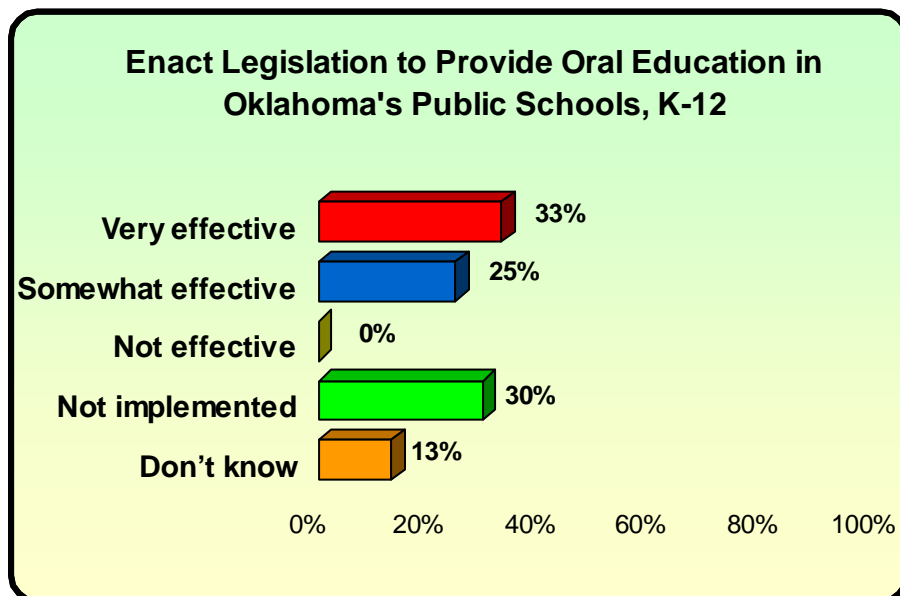


# LEGISLATION/EDUCATION SOLUTION EFFECTIVENESS

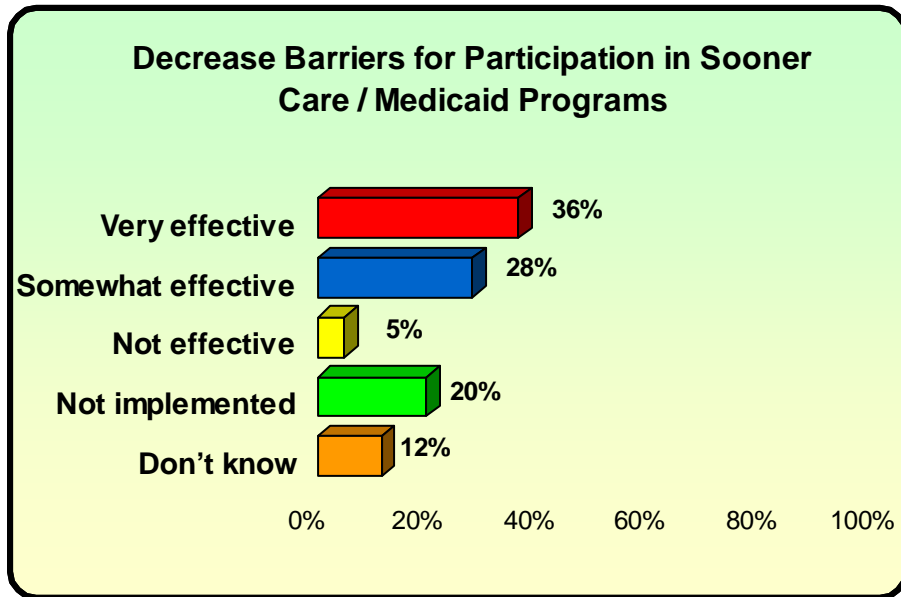
*QUESTION: At the Children's Oral Health Forum in February 2003, a number of solutions were discussed that would improve children's access to proper dental care through legislative and educational efforts. Please indicate the effectiveness of the following solutions.*

## Survey Responses

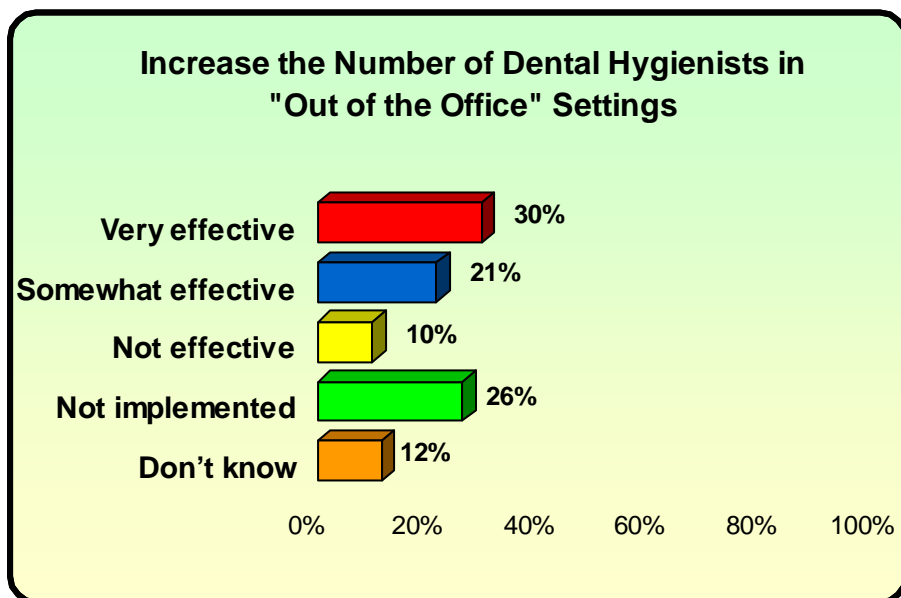
1. Survey respondents (58%) indicated that enacting legislation to provide oral education in Oklahoma's public schools, K-12, would be at least a somewhat effective method to improve children's access to proper dental care. In fact, thirty-three percent (33%) of respondents believed this method to be very effective in securing proper access to dental care for children. No one considered this method to be ineffective.



2. Survey respondents (64%) indicated that decreasing the barriers for participation in Sooner Care/Medicaid programs would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, thirty-six percent (36%) of respondents believed this method to be very effective in securing proper access to dental care for children.



3. Survey respondents (51%) indicated that increasing the number of dental hygienists in “out of the office” settings would be at least a somewhat effective method to improve children’s access to proper dental care. In fact, thirty percent (30%) of respondents believed this method to be very effective in securing proper access to dental care for children.



# BARRIERS TO IMPLEMENTING LEGISLATION/EDUCATION SOLUTIONS

*QUESTION: Have you encountered any significant barriers to implementing any of the previously mentioned solutions?*

## Survey Responses

- Parents that do not provide regular dental care for children would not do so at dental or hygienists office.
- Inadequate opportunities to provide more hygienists.
- The ODA opposes any effort by legislation to change laws to provide access to care.
- Territory.
- Lack of information regarding these issues for average health care provider/public health professionals.
- Funding for provider reimbursement continues to be a barrier; Public awareness of importance of oral health
- Water supply fluoridization proved no longer important, FL2 application is much more important.
- No money.
- Oral health literacy legislation would help and be an overall solution--similar to Arkansas.
- No implementation of programs.
- Since the law change allowing hygienists to provide care in alternative settings, it has not been effective.
- It should start at the pre-K level.

# **BARRIERS THAT REDUCE LEGISLATION/EDUCATION SOLUTION EFFECTIVENESS**

*QUESTION: Have you encountered any significant barriers that reduce the effectiveness of any of the previously mentioned solutions?*

## **Survey Responses**

- Our area has very few barriers for children to qualify for Sooner Care.
- Rural communities continue to be provider poor. Access to dental care for poor/uninsured clients is poor.
- Territory.
- Even with funding there are not enough providers for young children, especially with disabilities.
- Very low priority for most dentists.
- Money.
- Legislators and school administrators.

# **ADDITIONAL SOLUTIONS TO IMPROVING LEGISLATION/EDUCATION ISSUES**

*QUESTION: Have you discovered additional solutions to improving legislation/education issues than those that were previously identified?*

## **Survey Responses**

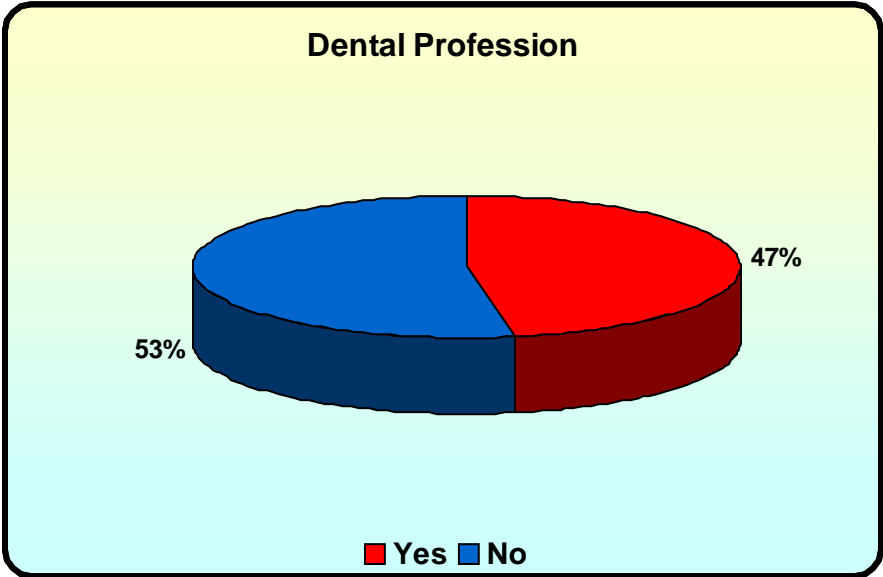
- Provide dental health education along with required immunizations.
- Money.
- Money.
- Money.

# DEMOGRAPHICS

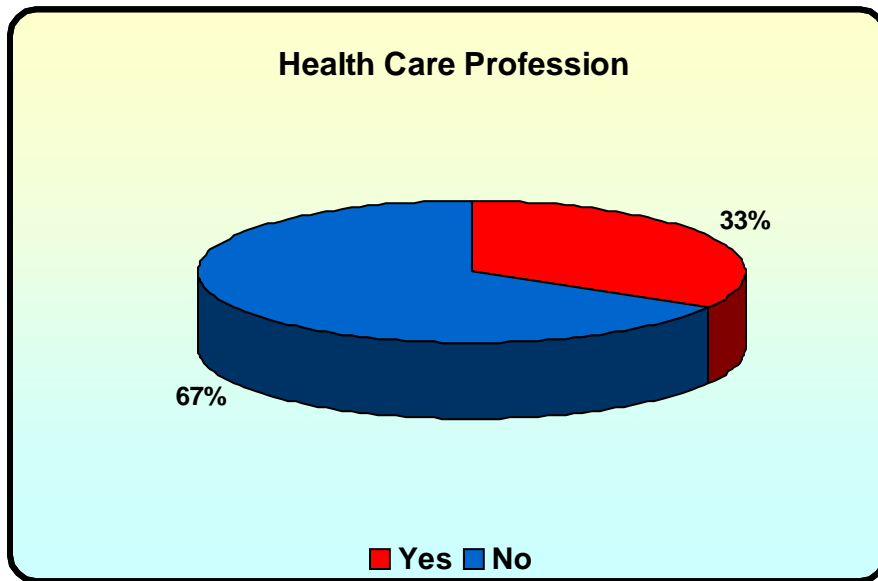
## Survey Responses

**QUESTION: Do you work in the:  
PROFESSION - VALID RESPONSES ONLY**

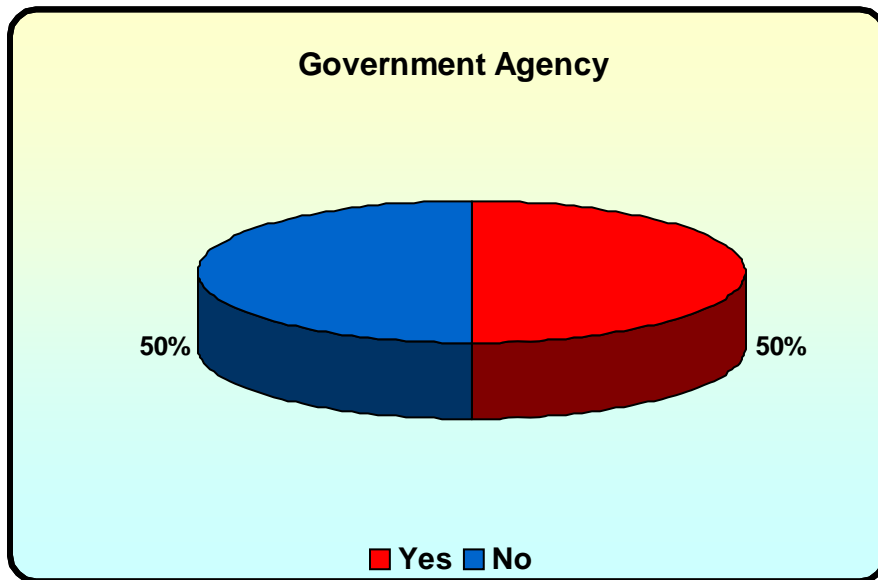
- 1. Forty-seven percent (47%) of those who provided a response to this question indicated working in the dental profession.



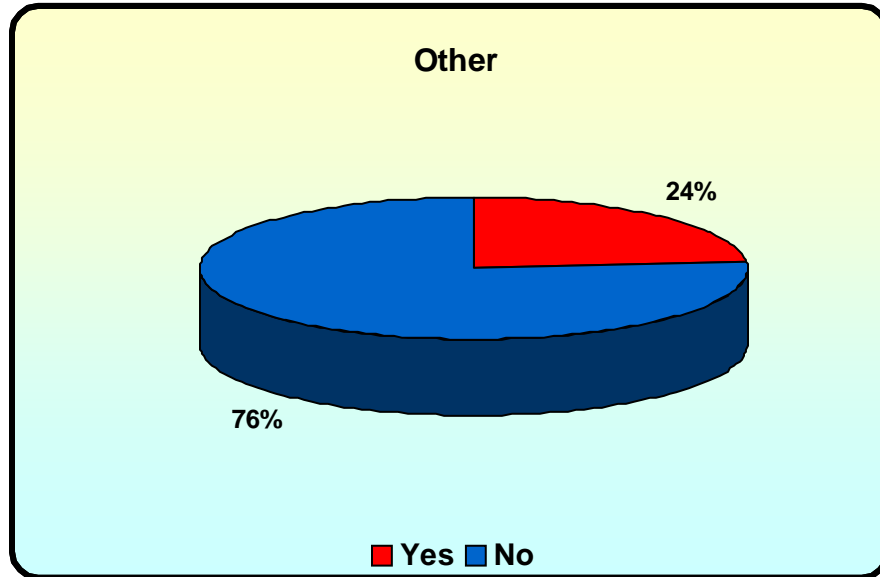
2. Thirty-three percent (33%) of those who provided a response to this question indicated working in the health care profession.



3. Fifty percent (50%) of those who provided a response to this question indicated working in government agency.

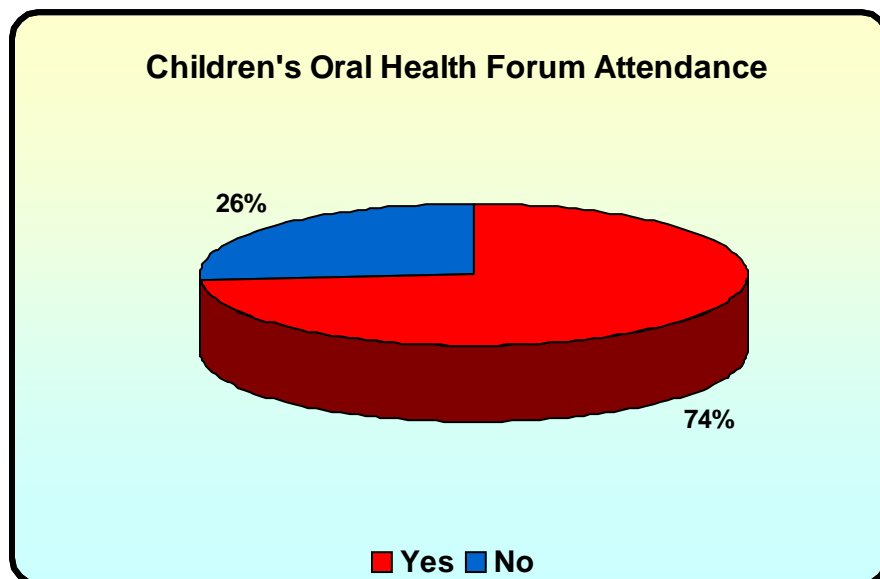


4. Twenty-four percent (24%) of those who provided a response to this question indicated working in professions other than dental, health care, or government agency.



**QUESTION: Did you attend the Children's Oral Health Forum?**  
CHILDREN'S ORAL HEALTH FORUM - VALID RESPONSES ONLY

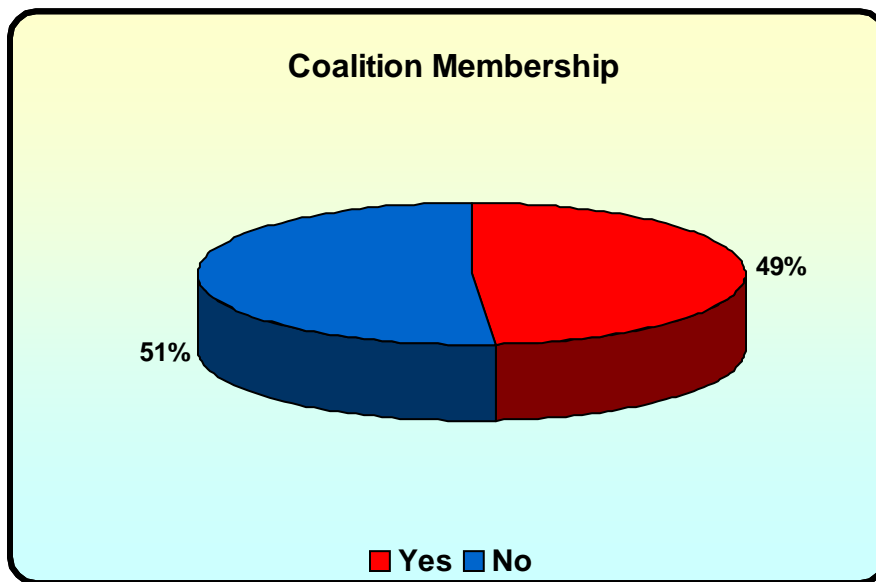
5. Seventy-four percent (74%) of those who provided a response to this question indicated attending the Children's Oral Health Forum.



**QUESTION: Are you a coalition member?**

**COALITION MEMBERSHIP - VALID RESPONSES ONLY**

- 6. Forty-nine percent (49%) of those who provided a response to this question indicated being a coalition member.



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