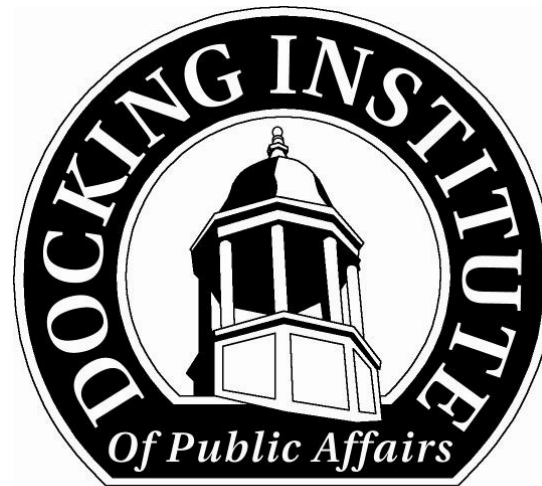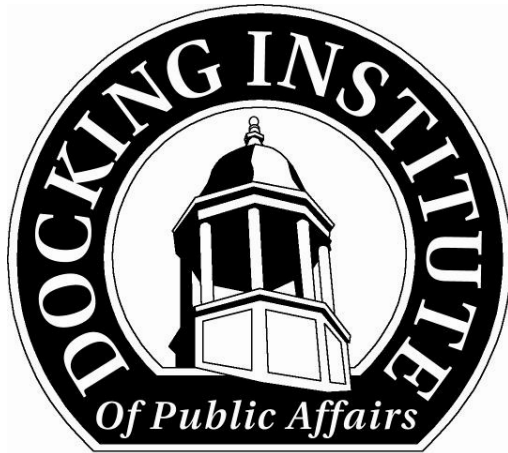# Oral Health Awareness, Attitudes and Behaviors Among Kansans 2008

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The staff of the Docking Institute of Public Affairs and its
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serving the people of Kansas and surrounding states.

Please do not hesitate to contact our staff with questions, comments or for assistance.

Oral Health Awareness, Attitudes and Behaviors Among Kansans 2008

Report by

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Prepared for

Oral Health Kansas

September 15, 2008

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Executive Summary

The Docking Institute of Public Affairs at Fort Hays State University conducted a telephone survey of adult residents of the state of Kansas. The general objectives of this study were to establish the level of care, access, awareness, attitudes, opinions, behaviors and message resonance regarding oral health practices and information among residents of the state of Kansas.

Findings

Oral health care, access, use and status

- Q5 Do you have dentures, natural teeth or both – The vast majority of 86% reported having natural teeth. About 5% wear dentures, and another 9% have both dentures and natural teeth. Only 0.4% reported having no teeth or dentures.

- Q13 How satisfied are you with your current dental health - Nearly 90% of respondents were very satisfied or satisfied with their dental health. Multivariate analysis revealed that the higher the level of education and the higher the income level the more likely the respondents were to respond positively to this item.

- Q1 Does your family have a regular dentist- Just over 85% reported having a regular dentist. In the multivariate analysis, the higher the income and the higher the education, the more likely it was that the family had a regular dentist. Female respondents were more likely to report in the affirmative. Income was the strongest correlate.

- Q1b Have you had difficulties getting check up or cleaning appointments with a regular dentist - Parents with children living in the home were statistically more likely to respond affirmatively to this item than those with no children living in the home. Almost 8% of those with children living in the home had experienced difficulty; only 2.4% of those without children living in the home had experienced difficulty in making appointments. Among all respondents, 4.9% report experiencing difficulty.

- Q2 Do you have dental insurance - Among adult Kansans, 65.9% reported having dental insurance. Multivariate analysis reveals that the lower the age, the higher the level of education and the higher the family income the more likely it was that the respondent reported having dental insurance. Total family income was the strongest correlate.

Medicare does not cover dental procedures, and this probably explains the inverse relationship of dental insurance and age.

- Q3 Has anyone gone without dental care because of inability to pay - Among adult Kansans, 22.1% report that someone has gone without dental care because of inability to pay.

- Q4 Why did you last see the dentist – Among adult Kansans, 70% reported having last seen the dentist for cleaning or checkup, while 22% reported having last seen the dentist for a filling, crown or tooth extraction or other procedure. A substantial variation was observed between metro and non-metro county residents regarding reasons for seeing a dentist, with metro residents more likely to have responded "cleaning or checkup" and non-metro residents more like to have responded "filling, crown, tooth pulled or other procedure." This same pattern differentiated females from males, respectively.

Awareness of dental issues

- Q9a Tooth decay is a type of infection - Among adult Kansans, only 67% strongly agreed or agreed with this statement. Fully 12% responded "Don't know." There is a statistically significant difference between those with children in the home and those with no children in the home; those with no children in the home are better informed about this issue.

- Awareness of the associations between dental problems and other health and wellness conditions among adults and children - Substantial proportions of respondents (up to nearly 50% in some items) reported "Don't know" when asked whether particular health and wellness conditions are associated with dental problems among children or adults. Female gender was the most common correlate of affirmative response in these nine items. That is, females are more aware of the association between poor dental health and other ill health or wellness conditions. Awareness that dental problems in children are associated with permanent teeth problems in their adult lives is relatively high.   Awareness that dental problems in the mother is associated with low birth weight in pregnancy is relatively low.

Attitudes toward oral health interventions and preventative behaviors

- Effectiveness of specific behaviors in preventing dental problems - Up to 32% of respondents answered "Don't know" when asked to rate a behavior for effectiveness in preventing dental problems. Going to routine dental visits had the highest mean response for effectiveness; drinking fluoridated water had the lowest.

- In this sample, 63% supported the fluoridation of drinking water; 18% opposed it; 19% responded "Don't know."

Current oral health behaviors

- Kansans, on average, brush their teeth twice daily, eat sweets four times per week and drink soda or sports drinks four times per week. Fully 56% do not floss. Nearly 19% smoke or chew tobacco. Multivariate analysis showed that tobacco use is most strongly associated with a lower level of education.

- While 17% rarely or never go to the dentist for checkups and cleanings, 7% go more than twice per year. Multivariate analysis showed that those with children living in the home, metro residence, higher educational level and higher income level were all correlated with higher frequency of this preventative behavior.

Media access and awareness

- Of 11 sources of oral health information, by far the most trusted by Kansans was the local dentist. On a scale of 0 – no trust to 10 – extremely high trust, the dentist mean level of trust was 9.29 and median was 10. Dental hygienists received the next highest score of trust followed by the Kansas Dental Association. Nearly 48% responded "Don't know" when queried about trust of Oral Health Kansas. Just over 46% responded "Don't know" when queried about trust of Kansas Action for Children.

- Only 7.4% of respondents had heard of the Your Mouth Matters Campaign. Parents of children living in the home were more likely to remember or be aware of the campaign.

Methods

In collaboration with representatives of Bothner & Bradley, Inc., and Oral Health Kansas, Docking Institute researchers designed a telephone survey instrument to measure oral health awareness, attitudes and behaviors. In addition, some oral health practices/information message resonance assessment was included in the study. The full survey instrument is included in this report as Appendix I.

The Docking Institute of Public Affairs at Fort Hays State University conducted a statewide telephone survey of adult Kansans from August 11, 2008 through August 29, 2008. A total of 1,270 randomly selected adult Kansans were contacted with 410 interviews completed. To better approach the age distribution of the US Census population estimate for 2007 (1), younger adults were more heavily targeted, and an additional 321 were screened out later in the survey field period because of age. The overall cooperation rate was 58%. Within randomly selected households, adults with the most recent birthday were selected to ensure random selection of respondents within each household. At a 95% confidence level, the margin of error for this sample of 410 is 4.84%.

Weighting Rationale and Procedure

Statistically significant differences between sample data and US census population estimates for 2007 (1) were found in gender and age distribution. The Docking Institute corrected for these differences in the analyses of the frequencies of awareness, attitudinal and behavioral survey items by weighting frequencies to a gender ratio of 50:50; age distributions were weighted to approximate the Kansas age distribution of the 2007 US Census Bureau annual population estimate (1).

For all analysis except the sample demographics, data were weighted according to the formula:
$(1 - p)/ P$ = weighting factor, where: p = sample proportion of attribute, and P = estimated statewide proportion of attribute. The overall weighting factor is achieved with the product of the individual weighting factors, i.e., gender weight * % in age cohort = overall weighting factor for the sample. See Table 1 for a comparison of the sample age distribution the US Census 2007 estimation of the age distribution among adult Kansans.

Socio-demographics

The unweighted socio-demographic characteristics of the survey sample are reported in Table 1 alongside statewide estimates of the characteristics, where the latter are available.

Table 1.

Table 1. Socio-Demographics Characteristics: Sample and Statewide Estimate			
		Unweighted Survey Sample (%)	Statewide Estimate (%)[1,2]
Age	less than 18 & 19	1.00	
	20 thru 24	2.98	7.3
	25 thru 34	9.43	12.8
	35 thru 44	21.59	13.5
	45 thru 54	22.08	14.6
	55 thru 59	12.41	6.0
	60 thru 64	8.68	4.7
	65 thru 74	11.67	6.3
	75 thru 84	9.18	4.6
	over 85	1.00	2.1
Hispanic Origin	Yes	3.40	8.75
Racial Background	White	92.12	85.55
	Black or African American	2.71	5.74
	Biracial	0.74	2.62
	American Indian	1.72	0.85
	Asian	0.49	2.16
	Other	2.22	3.05
Employment Status	Working	62.93	
	Homemaker	7.07	
	Retired	20.73	
	Disabled	6.10	
	Unemployed or Laid off	2.68	
	Refused answer	0.49	

Table 1 (continued).

Socio-Demographics Characteristics: Sample and Statewide Estimate		Unweighted Survey Sample (%)	Statewide Estimate (%)[1,2]
Number of adults in household	1	17.16	
	2	68.38	
	3	11.27	
	4	2.45	
	5	0.49	
	more than 5	0.25	
Have School Age Children	Yes	37.16	34.7
	No	62.84	65.3
Total Family Income Level	Less than $10,000	3.20	3.6
	Between $10,000 and 20,000	6.98	
	Between $20,000 and 30,000	9.01	
	Between $30,000 and 40,000	10.76	
	Between $40,000 and 50,000	16.28	
	Between $50,000 and 60,000	10.47	
	Between $60,000 and 70,000	11.05	
	Between $70,000 and 80,000	4.94	
	More than $80,000	27.33	
Education Achieved	Eighth grade or less	1.72	
	Some high school	3.44	
	High school graduate	24.32	
	Vocational technical associates degree	5.65	
	Some college	24.32	
	College graduate	27.52	
	Post college graduate	13.02	
Gender	Female	61.22	51.1
	Male	38.78	49.9

Research Objectives

This report is structured to determine attitudes, opinions, and behaviors regarding oral health for the population of the state of Kansas, and to establish current level of knowledge about the "Your Health Matters" campaign. The primary research objectives were:

1. To determine current oral healthcare access and use,
2. To determine the current level of awareness of oral health issues,
3. To determine the current attitudes and opinions toward oral health interventions and preventative behaviors,
4. To determine the current oral health behaviors of respondents,
5. To determine level of current awareness of "Your Health Matters" campaign and related media.

Findings

All findings pertaining to the entire sample of adult Kansans are described in tabular or graph form, organized according to the research objectives. The data were further examined for statistically significant differences by specific demographic groups, including parents with children living at home, metro/non-metro residence, educational level, gender, age and income. Where more than one socio-demographic characteristic was associated with behavioral or attitudinal items, a multivariate analysis was conducted. The items that have an independent and statistically significant contribution (p≤0.05) in the multivariate analysis are reported.

Oral health status and satisfaction

Graph 1.

Q5 Do you have dentures, natural teeth, or both

- .4%
- 9%
- 5%
- 86%

■ Natural teeth

■ Dentures

■ Both

■ None
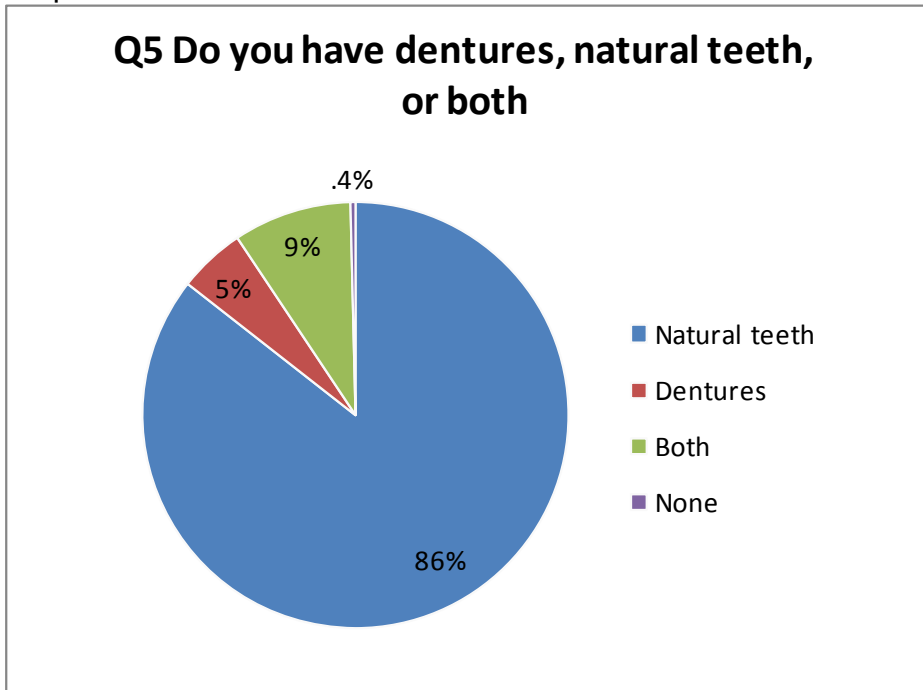
Graph 2.

Q13 How satisfied are you with your current dental health
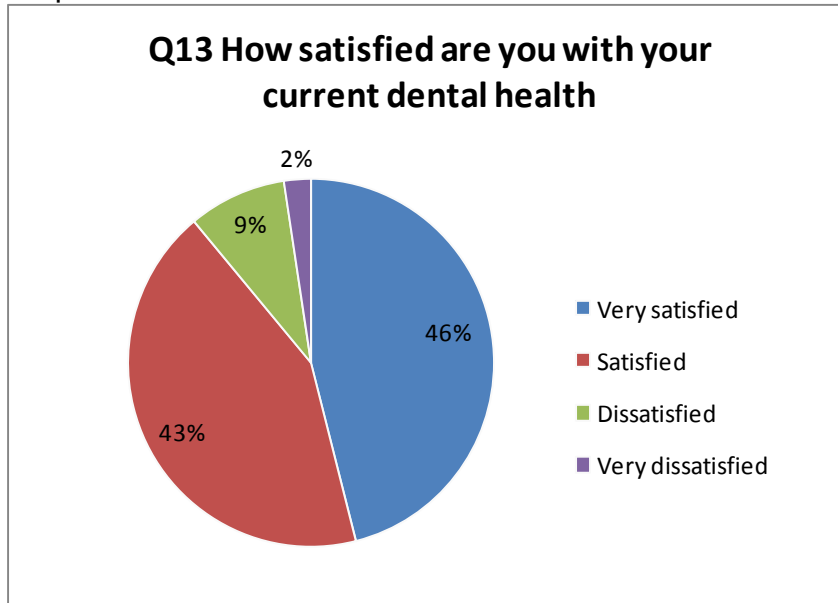
- Q13 How satisfied are you with your current dental health

  Educational level and income level were included in the multivariate equation. Multivariate analysis revealed that the higher the level of education and the higher the income level the more likely the respondents were to respond positively to this item.

Access to dental care

Table 2a.

Access to Dental Care		
	Percent	
	Yes	No
Q1 Does your family have a regular dentist	85.34	14.66
Q1b Have you had difficulties getting check up or cleaning appointments with a regular dentist	4.90	95.10
Q2 Do you have dental insurance	65.90	34.10
Q2b Have you had difficulties finding dentist that takes your insurance	56.21	43.79
Q3 Has anyone gone without dental care because of inability to pay	22.13	77.87

Table 2b.

Access to Dental Care			
Travel time	Mean	Median	Std. Deviation
Q1a How many minutes to travel to the dentist?	18.11	10	43.03

Access to dental care – statistically significant associations

- Q1 Does your family have a regular dentist

  Gender, educational level, income level and age were included in the multivariate equation for this item. In the multivariate analysis, the higher the income and the higher the education, the more likely it was that the family had a regular dentist. Female respondents were more likely to report in the affirmative. Income was the strongest correlate.

Graph 3.
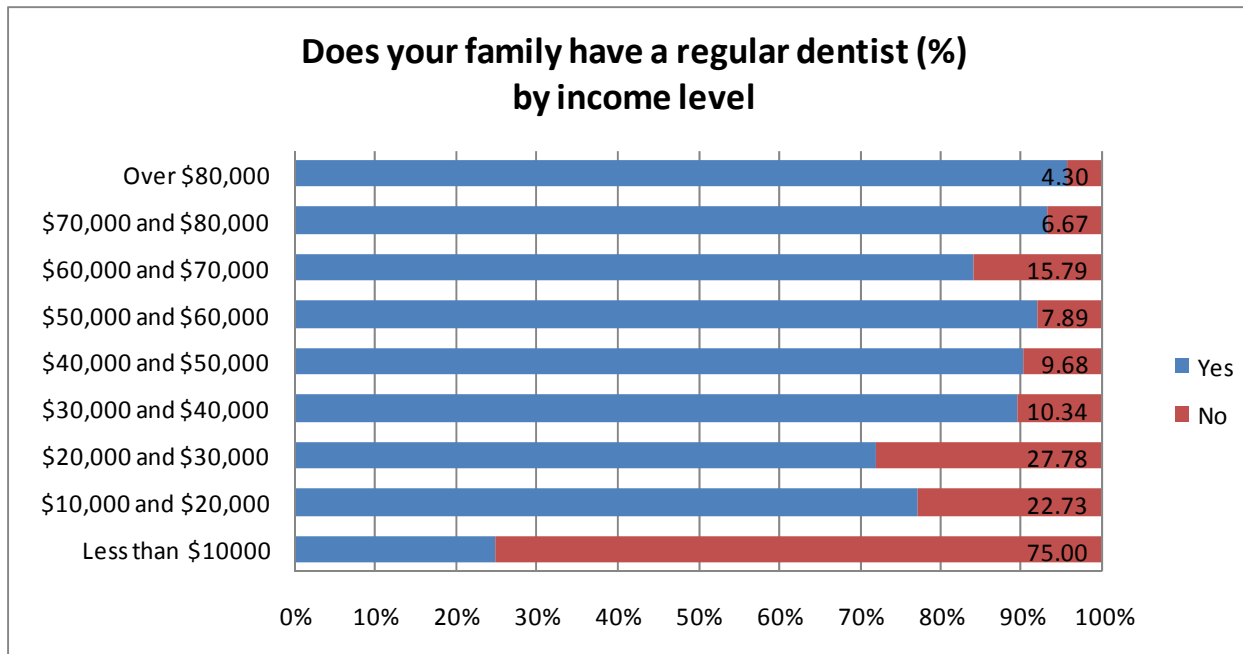
Does your family have a regular dentist (%) by income level

Income level	No (%)
Over $80,000	4.30
$70,000 and $80,000	6.67
$60,000 and $70,000	15.79
$50,000 and $60,000	7.89
$40,000 and $50,000	9.68
$30,000 and $40,000	10.34
$20,000 and $30,000	27.78
$10,000 and $20,000	22.73
Less than $10000	75.00

- Q1b Have you had difficulties getting check up or cleaning appointments with a regular dentist

  Parents with children living in the home were statistically more likely to respond affirmatively to this item than those with no children living in the home. Almost 8% of those with children living in the home had had difficulty; only 2.4% of those without children living in the home had had difficulty in making appointments.

- Q2 Do you have dental insurance

  Having children under the age of 18 in the home or not, gender, educational level, income level and age were included in the multivariate equation. Multivariate analysis reveals that the lower the age, the higher the level of education and the higher the family income the more likely it was that the respondent reported having dental insurance. Total family income was the strongest correlate. Medicare does not cover dental procedures, and this probably explains the inverse relationship of dental insurance and age.

Graph 4.

Do you have dental insurance (%) by income level

Income level	No (%)
Over $80,000	13.04
$70,000 and $80,000	20.00
$60,000 and $70,000	10.53
$50,000 and $60,000	47.37
$40,000 and $50,000	30.65
$30,000 and $40,000	51.61
$20,000 and $30,000	41.67
$10,000 and $20,000	63.64
Less than $10000	45.45

Legend: ■ Yes ■ No
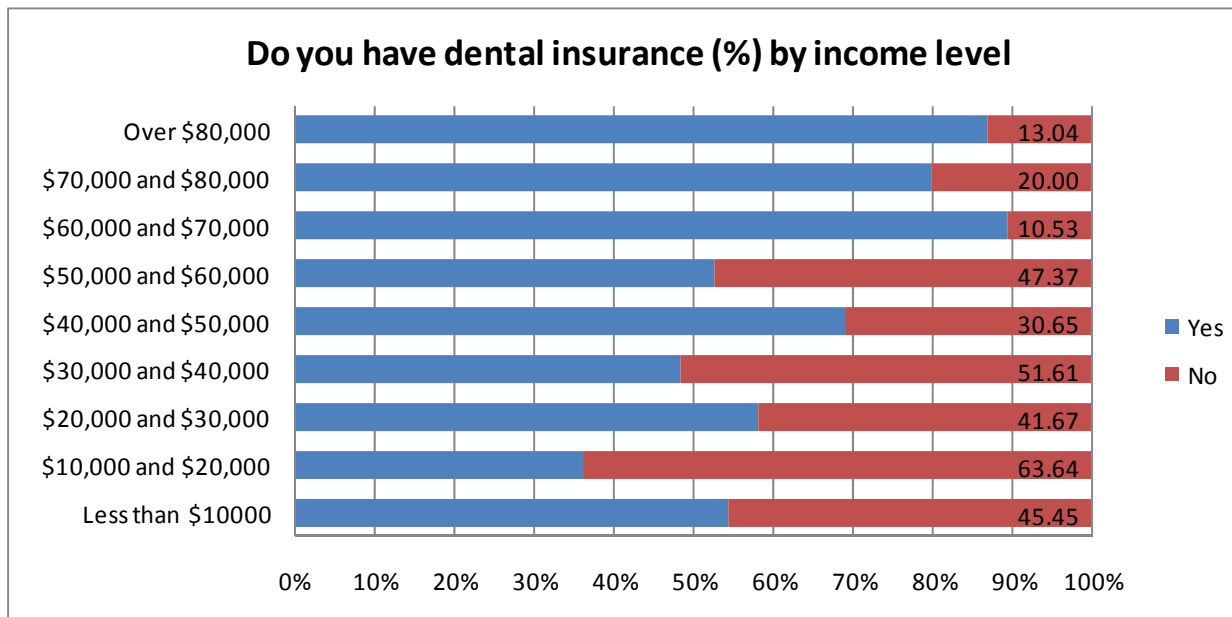
- Q3 Has anyone gone without dental care because of inability to pay

Metro or non-metro residence, level of income and level of education were included in the multivariate equation for this item. The multivariate analysis reveals that only level of income explains variation in this item in a statistically significant way.

Graph 5.

Has anyone in the household ever gone without dental care because of inability to pay (%) by income level

Income Level	Yes	No
Over $80,000		95.65
$70,000 and $80,000		66.67
$60,000 and $70,000		73.68
$50,000 and $60,000		92.11
$40,000 and $50,000		83.87
$30,000 and $40,000		70.00
$20,000 and $30,000		50.00
$10,000 and $20,000		38.10
Less than $10000		58.33
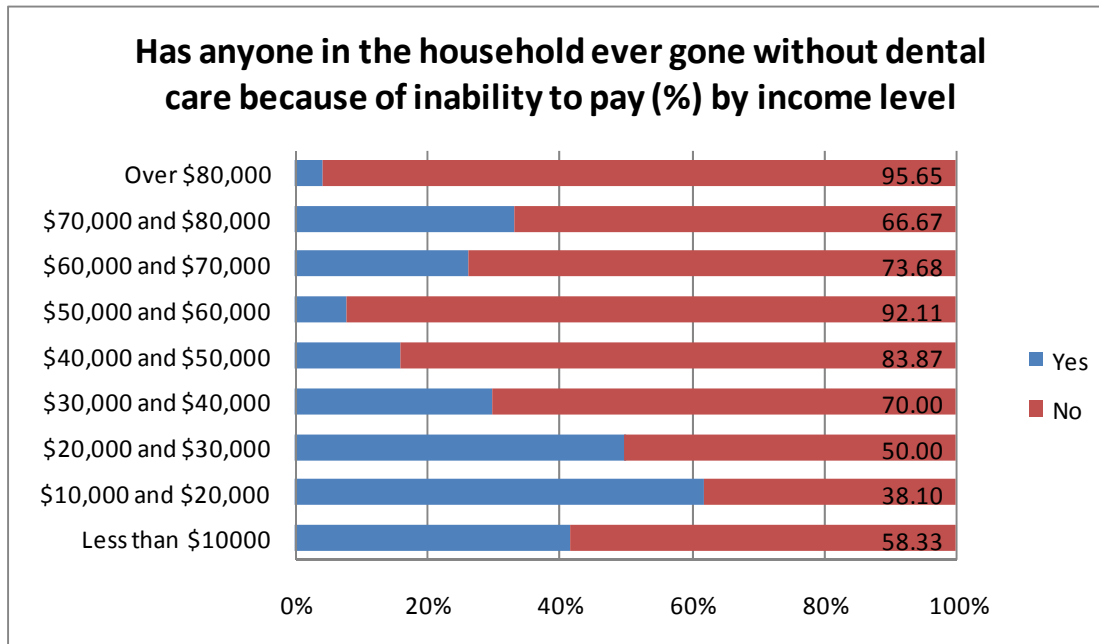
Graph 6.

Q4 Why did you last see the dentist

- Cleaning or checkup
- Toothache or pain
- Injury or accident
- Filling, crown, or tooth pulled, or other dental procedure
- Other

70%
5%
22%
1%
2%

- Q4 Why did you last see the dentist – substantial variation in sub-populations

A substantial variation was observed between metro and non-metro county residents regarding reasons for seeing a dentist, with metro residents more likely to have responded "cleaning or checkup" and non-metro residents more like to have respondended "filling, crown, tooth pulled or other procedure." See Graph 7. There is also substantial variation between males and females in this item.

Graph7.

Q4 Why did you last see the dentist by metro or non-metro residence

Graph 8.

Q4 Why did you last see the dentist by gender
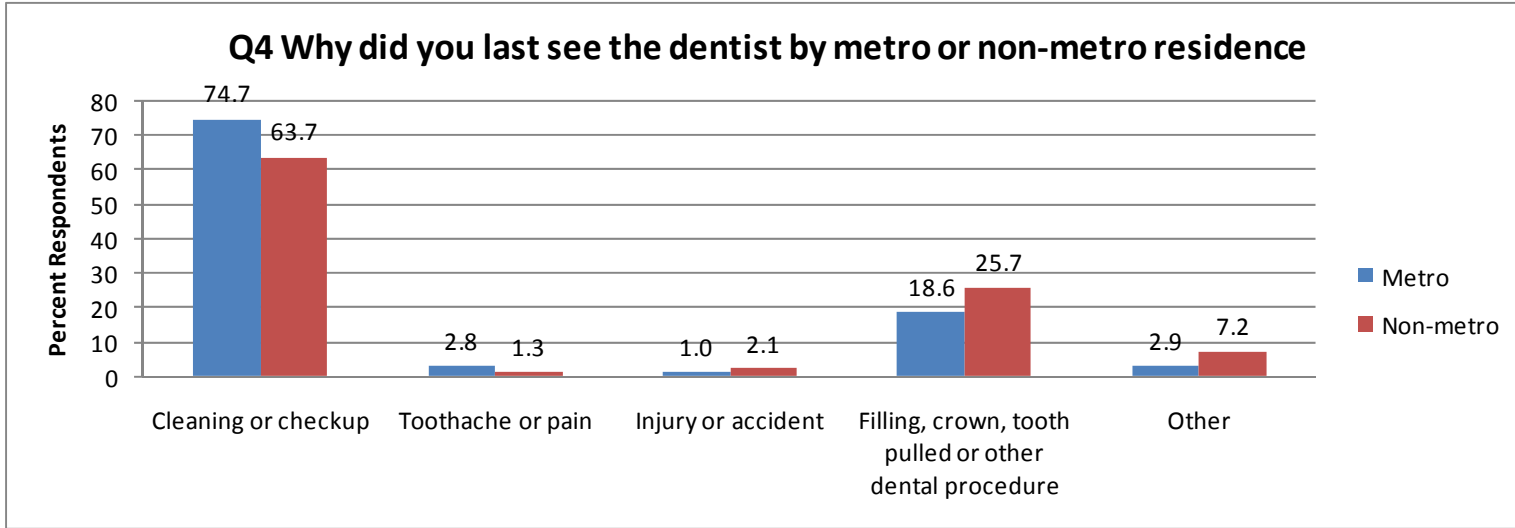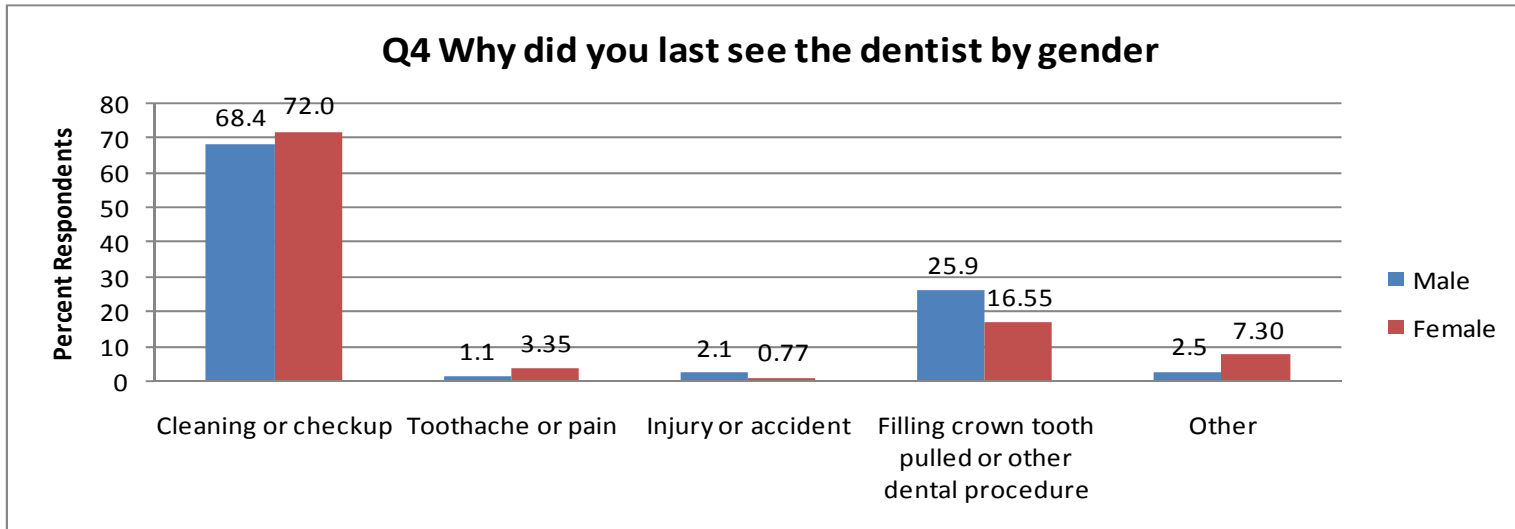
Awareness of oral health issues

Graph 9
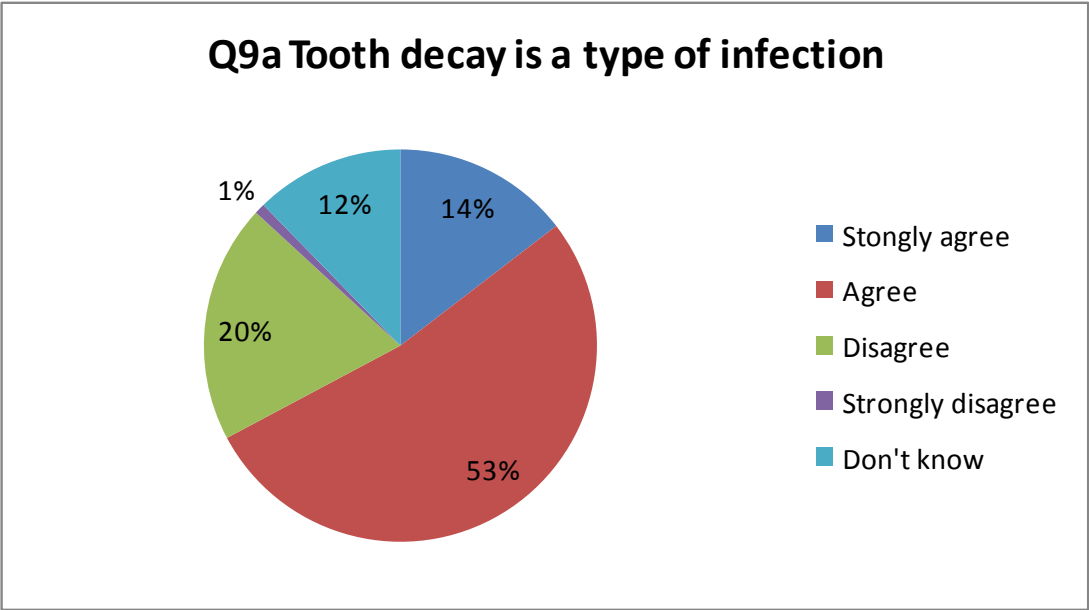
Q9a Tooth decay is a type of infection

- Stongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

1% 12% 14%

20%

53%

Awareness of associations with dental problems – statistically significant associations

- Q9a Tooth decay is a type of infection

There is a statistically significant variation between those with children in the home and those with no children on awareness that tooth decay is a type of infection, with those having no children in the home somewhat better informed about this issue. No other demographic indicator showed any statistically significant association with this item.

Graph 10.

Q9a Tooth decay is a type of infection by child in home or not

Graph 11.

Q17e What is the relationship between dental and overall health

2.37%
0.14%
1.12%
13.56%
42.68%
40.13%

- Very Strong
- Strong
- Moderate
- Weak
- Very Weak
- Don't know
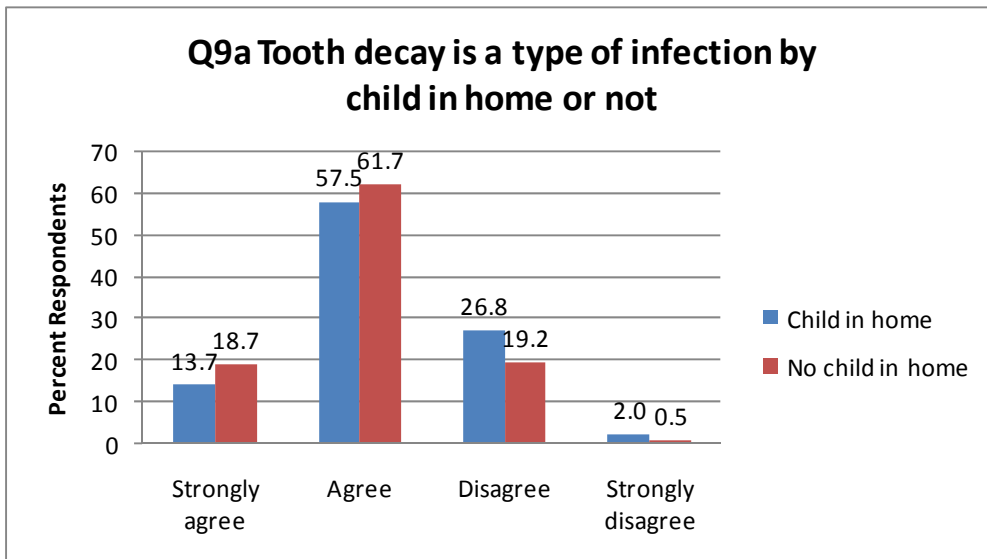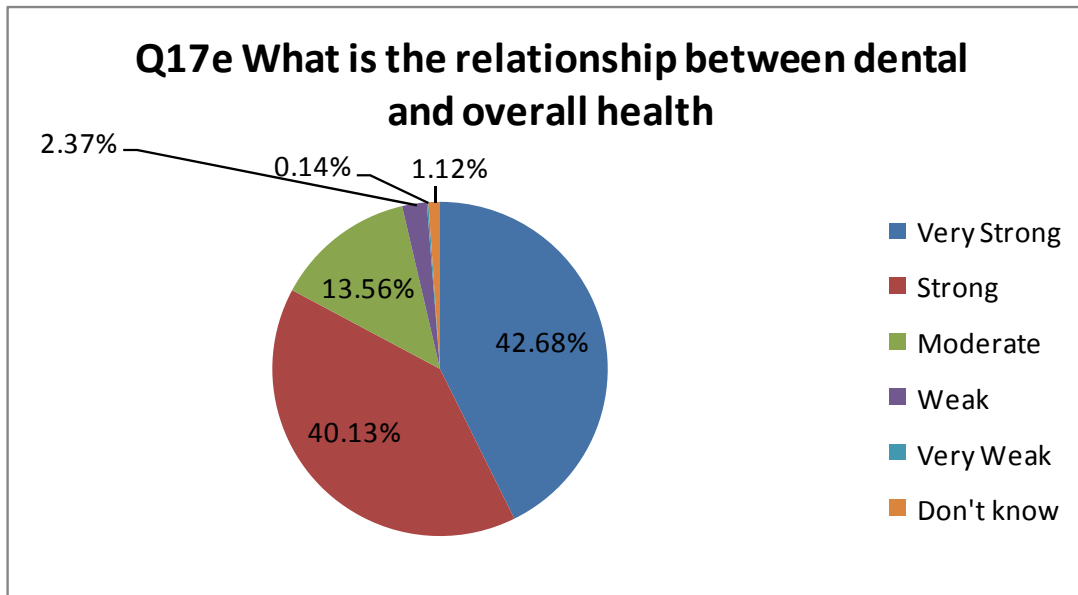
Those 1.12% who responded "Don't know" are not included in further calculations on this item.

- Q17e What is the relationship between dental and overall health – statistically significant associations

  Metro vs. non-metro residence and age were included in the multivariate equation. Multivariate analysis revealed that the higher the age the more likely the respondents were to respond positively to this item.

Graph 12.

Awareness of associations with dental problems in children (%)

Q9b Dental problems can lead to difficulties concentrating in children

Q9c Dental problems can lead to school absences in children

Q9dDental problems can cause speech development problems in children

Q9e Dental problems can lead to problems with permanent teeth later in children

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Stongly agree   ■ Agree   ■ Disagree   ■ Strongly disagree   ■ Don't know

Graph 13.

Awareness of associations with dental problems in adults (%)

Q10a Among adults dental problems can make it harder to get keep job

Q10b Dental problems are related to heart disease in adults

Q10c Dental problems are related to diabetes in adults

Q10d Dental problems are related to strokes

Q10e Dental problems are related to low birth weight in mothers' babies

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Strongly agree   ■ Agree   ■ Disagree   ■ Strongly disagree   ■ Don't know

Importantly, as reported in Graph 12 and Graph 13, there are substantial proportions of respondents (up to 48.9% in Q10d) who reported "Don't know" to the associations with dental problems. While the proportion who responded "Don't know" are not included in the calculations, this data may be of interest to oral health educators.

Awareness of associations with dental problems – statistically significant associations

- Q9b Dental problems can lead to difficulties concentrating in children

  Gender and educational level were included in the multivariate equation. Multivariate analysis showed that the higher the level of education the more likely the respondent answered affirmatively to this item. Females are also more likely to respond affirmatively.

- Q9c Dental problems can lead to school absences

  There is a statistically significant difference by gender in the response to this item, as depicted in Graph 14, with females more likley to strongly agree.

Graph 14.
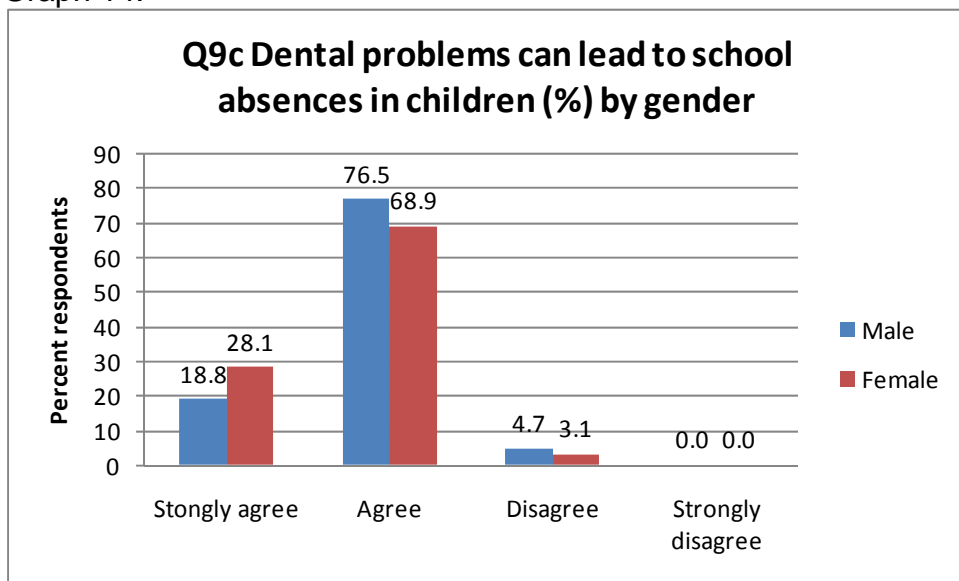
- Q9d Dental problems can cause speech development problems in children

  Gender and educational level were included in the multivariate equation. Multivariate analysis showed that the higher the level of education the more likely was the respondent to answer in the affirmative to this item.

- Q9e Dental problems can lead to problems with permanent teeth later in children

  There was a statistically significant difference by gender of respondent in the responses to this item, with females more likley to strongly agree. See Graph 15.

Graph 15.

Q9e Dental problems can lead to problems with permanent teeth later in children (%) by gender
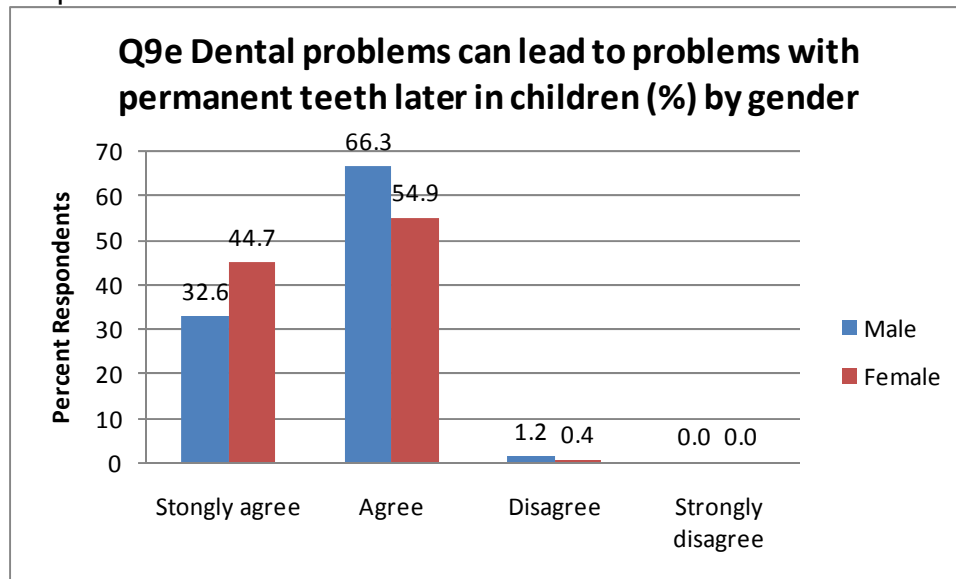
- Q10b Dental problems are related to heart disease in adults

  Gender and educational level were included in the multivariate equation. Multivariate analysis showed that affirmative response correlated with higher educational level. Female gender also correlated with an affirmative response, and gender explained more variation in the response than did the higher the level of education.

- Q10c Dental problems are related to diabetes in adults.

  Gender was the only demographic item which showed any statistically significant variation in this item, with females answering more affirmatively than males. Graph 16 shows the distribution of responses to this item by gender.

Graph 16.

Q10c Dental problems are related to diabetes in adults (%) by gender
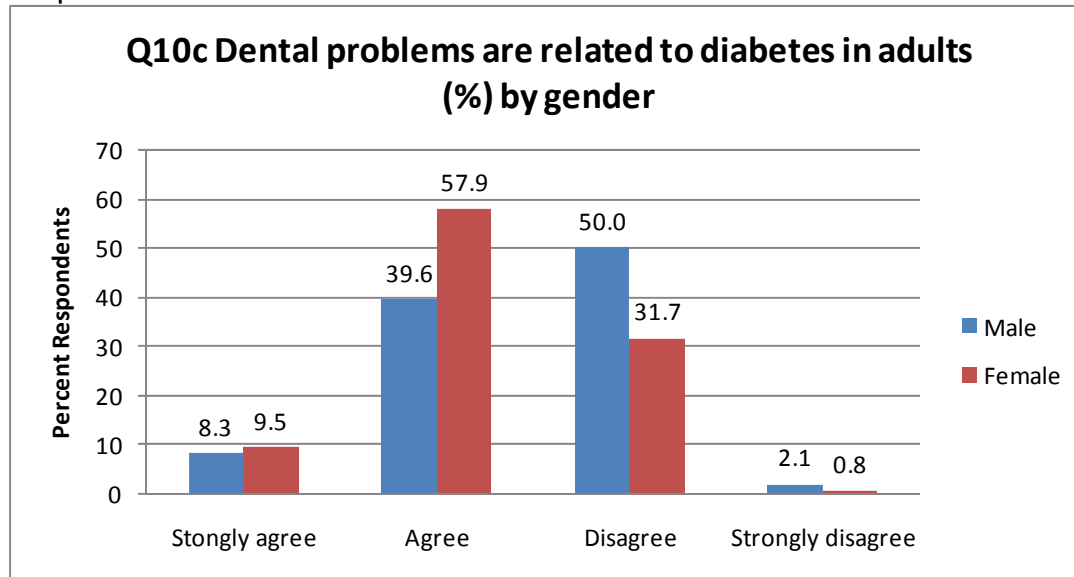
- Q10d Dental problems are related to strokes

Gender was the only demographic item which showed any statistically significant variation in this item, with females answering more affirmatively than males. Graph 17 shows the distribution of responses to this item by gender.

Graph 17.

Q10d Dental problems are related to strokes (%)
by gender
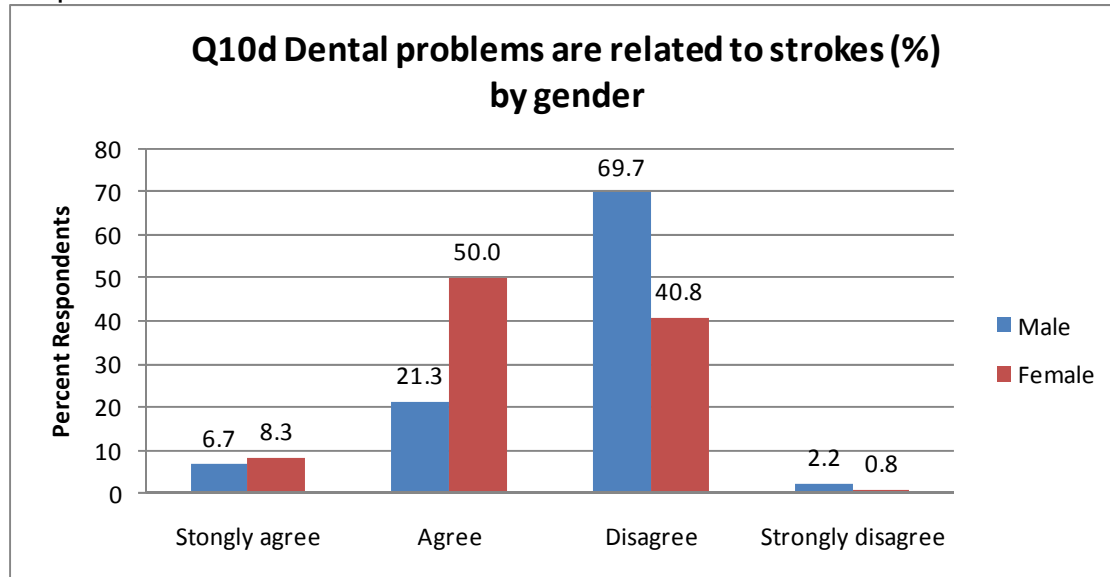
- Q10e Dental problems are related to low birth weight in mothers' babies

Metro vs. non-metro residence, gender and age were included in the multivariate equation. Multivariate analysis showed that female gender correlated with a positive response as did greater age. Gender and age each explained about the same amount of variation in the responses.

Attitudes and opinions about dental health behaviors and products

Table 3.

Effectiveness of specific behaviors in preventing dental problems				
	Mean	Median	Standard Deviation	"Don't Know" (%)
Q11a Fluoride toothpastes	7.57	8	2.16	4.7
Q11b Fluoride mouth rinses	6.70	7	2.38	10.9
Q11c Drinking fluoridated water	6.04	6	2.78	18.7
Q11d Flossing regularly	8.28	9	2.07	2.6
Q11e Getting fluoride treatments at dentist office	6.92	7	2.55	16.7
Q11f Getting tooth sealants	7.24	8	2.44	32.1
Q11g Limiting sugary snacks	7.87	8	2.23	2.4
Q11h Limiting soda pop and sports drinks	7.88	8	2.24	2.9
Q11i Going to routine dental visits	8.96	10	1.72	2.4
Scale of response: 0 not at all effective - 10 extremely effective				

Importantly, large proportions (up to 32.1%) of respondents answered "Don't know" regarding the effectiveness of these specific behaviors in preventing dental problems, which may represent an opportunity for oral health educators. The proportion who responded "Don't know" are excluded from calculations in the following analyses of these items.

Effectiveness of specific behaviors in preventing dental problems – statistically significant associations

- Q11a Effectiveness of fluoride toothpastes in preventing dental problems

  There is a statistically significant difference in the mean response to this item by metro vs. non-metro residence. Using a response metric of '0' not at all effective to '10' extremely effective, the mean response was 7.76 (standard deviation 1.95) in metro counties, in non-metro counties the mean response was 7.31(standard deviation 2.41).

- Q11b Effectiveness of using fluoride mouth rinses

  There is a statistically significant difference in the mean response to this item by gender. With a scale of response: 0 not at all effective - 10 extremely effective, the mean response was 6.40 (standard deviation 2.37) for males and the mean response was 7.09 (standard deviation 2.34) for females.

- Q11c Effectiveness of drinking fluoridated water in preventing dental problems

  Metro or non-metro residence, gender and age were included in the multivariate equation. Multivariate analysis showed that those of metro residents and females tend to rate this higher in effectiveness, with metro residence a slightly stronger correlate than female gender.

- Q11d Effectiveness of getting fluoride treatments at the dentist office in preventing dental problems

  Gender, educational level and age each have statistically significant contributions in the multivariate analysis. Females, those higher in education, and those older exhibit higher effectiveness ratings. Gender was the strongest correlate, explaining more variation in this item than age or educational level.

- Q11f Effectiveness of getting tooth sealants

  There is a statistically significant difference in the mean response to this item by gender. With a scale of response: 0 not at all effective - 10 extremely effective, the mean response was 6.89 (standard deviation 2.36) for males and the mean response was 7.62 (standard deviation 2.48) for females.

- Q11g Effectiveness of limiting sugary snacks in preventing dental problems

  Presence of a child under 18 in the home, metro or non-metro residence, educational level and age were included in the multivariate equation. In the multivariate analysis, only metro residence status showed a statistically significant correlation with effectiveness rating, with non-metro residents rating effectiveness higher than metro residents.

- Q11h Effectiveness of limiting soda pop and sports drinks in preventing dental problems

    Income, gender and age were included in the multivariate equation. In the multivariate analysis, only level of family income showed a statistically significant contribution, and the lower the income, the higher the effectiveness rating.

- Q11g Effectiveness of going to routine dental visits in preventing dental problems

    There is a statistically significant difference in the mean response to this item by gender. With a scale of response: 0 not at all effective - 10 extremely effective, the mean response was 8.61 (standard deviation 1.99) for males and the mean response was 9.38 (standard deviation 1.22) for females.

Graph 18.

Q12 Support or oppose the fluoridation of drinking water

■ Support fluoridation   ■ Oppose fluoridation   ■ Don't know

19%

18%

63%
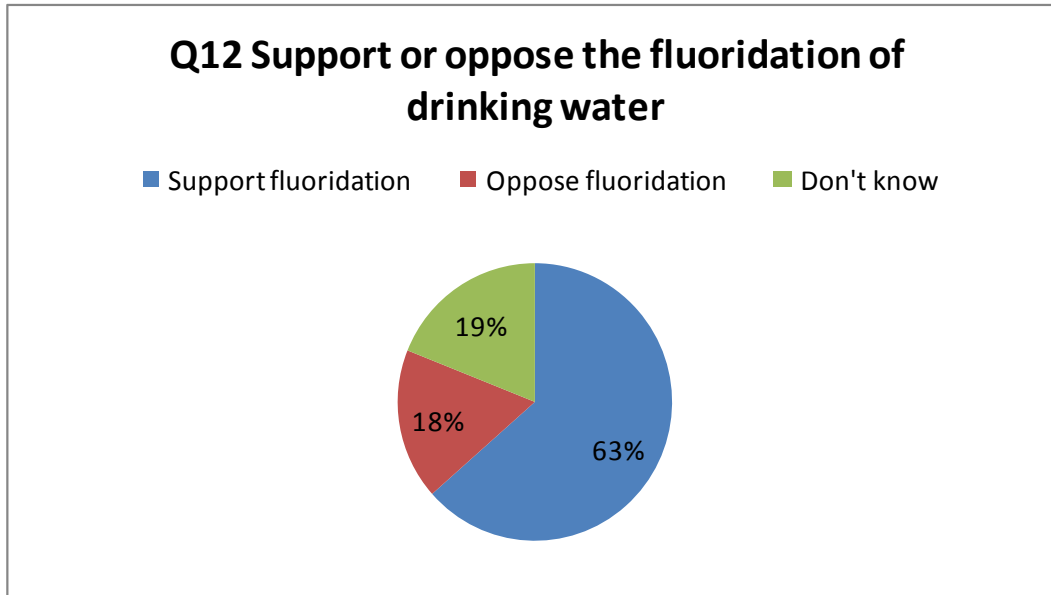
Importantly, fully 19% responded "Don't know" to this item.

- Q12 Support or oppose the fluoridation of drinking water

Metro or non-metro residence and gender were included in the multivariate equation. Multivariate analysis showed that both of these items are correlated with variation in this outcome. Females and metro residents are more likely to support fluoridation.

Oral Health Behaviors

Table 4a.

Oral Health Behaviors			
Summary statistics	Mean	Median	Std. Deviation
Q6a Times a day you brush	1.90	2	0.71
Q6c Times per week do you eat sweets	4.45	4	3.02
Q6d Times per week do you drink soda pop sports drink	4.48	4	4.43

Table 4b.

Oral Health Behaviors		
	Percent	
	Yes	No
Q6b Do you floss at least once per day	43.18	56.82
Q7 Do you smoke or chew tobacco	18.76	81.24

Oral health behaviors – statistically significant associations

- Q6b Do you floss at least once per day

  Gender and age were included in the multivariate equation. The multivariate analysis revealed that females are more likely to report in the affirmative on this item.

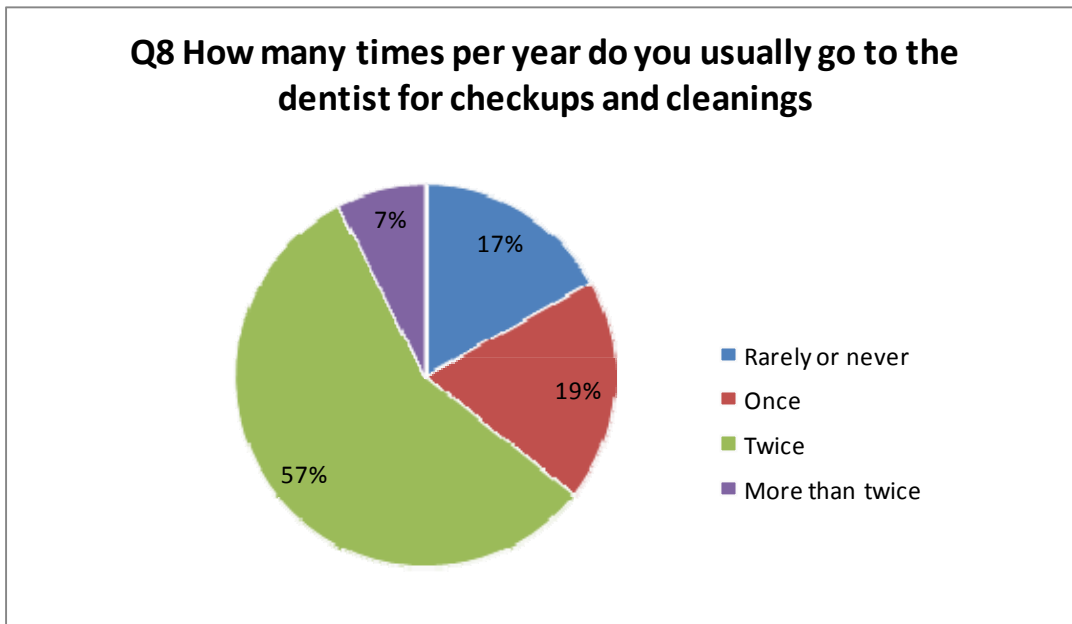- Q6d Times per week you drink soda pop or sports drinks

  Presence of a child under 18 in the home or not, gender and age were included in the multivariate analysis. The multivariate analysis showed that the lower the age the more likely the respondent reported affirmatively to this item. Male gender also predicted a positive response. Gender and age explain about the same amount of variation in this item.

- Q7 Do you smoke or chew tobacco

Metro or non-metro residence, gender, educational level, income level and age were included in the multivariate equation. The multivariate analysis demonstrated that when holding the other variables constant, only educational level remained a statistically significant correlate for this item. The higher the educational level, the less likely was the respondent to answer in the affirmative to this item.

Graph 19.

Q8 How many times per year do you usually go to the dentist for checkups and cleanings

- Rarely or never
- Once
- Twice
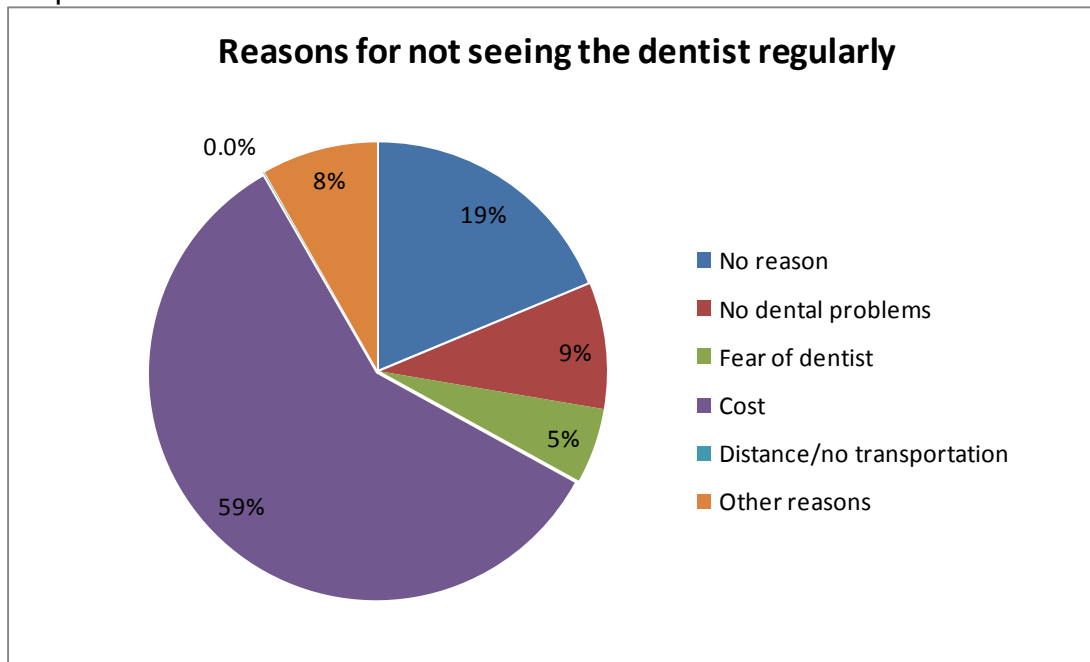- More than twice

7%
17%
19%
57%

- Q8 Times per year go to dentist for checkups, cleanings – statistically significant associations

  Presence of a child under 18 in the home or not, metro or non-metro residence, educational level, age and income level were included in the multivariate equation. With the multivariate analysis, all of these variables except age proved to explain variation in the response to the item in a statistically significant manner. Presence of a child under 18 in the home, metro residence, higher educational level and the higher income level were all correlated with higher frequencies of going to the dentist for checkups and cleanings. Income level had the strongest correlation of all of the variables.

For item "Q8a Reasons for not seeing the dentist regularly," each respondent was allowed to voice as many responses as desired, and the responses were coded into the following categories. Graph 20 shows the overall distribution of responses.

Graph 20.

Reasons for not seeing the dentist regularly

- No reason
- No dental problems
- Fear of dentist
- Cost
- Distance/no transportation
- Other reasons

0.0%
8%
19%
9%
5%
59%

Trust of dental information by source

Table 5.

Level of trust of dental information by source				
	Mean	Median	Std. Deviation	Don't know (%)
Q16a Local health department	6.99	7	2.29	9
Q16b Family physician	7.57	8	2.12	0.8
Q16c Pediatrician	7.34	8	2.40	5.6
Q16d Nurse	6.92	7	2.17	1.8
Q16e Teacher	5.58	6	2.28	5.1
Q16f Another parent	5.52	5	2.14	4.8
Q16g Dentist	9.29	10	1.36	0.6
Q16h Dental hygienist	8.81	9	1.51	1.2
Q16i Oral Health Kansas	7.79	8	2.38	47.6
Q16j Kansas Action for Children	6.61	7	2.46	46.1
Q16k Kansas Dental Association	8.36	9	2.12	12.3
Scale of response: 0 no trust - 10 extremely high level of trust				

Very high proportions of respondents (47.6% for Q16i) answered "Don't know" to some of these items. Again, this points out an opportunity for oral health educators.

Awareness of Your Mouth Matters Campaign

Table 6.

Q17 Heard of a campaign called Your Mouth Matters	
	Percent
Yes	7.39
No	92.61

- Q17 Heard of a campaign called Your Mouth Matters – statistically significant variation among sub-populations

    11.6% of parents with children living in the home responded that they had heard of the Your Mouth Matters Campaign, whereas only 4.5% of those without children in the home had heard of the campaign.

Q17b If yes what do you remember about it
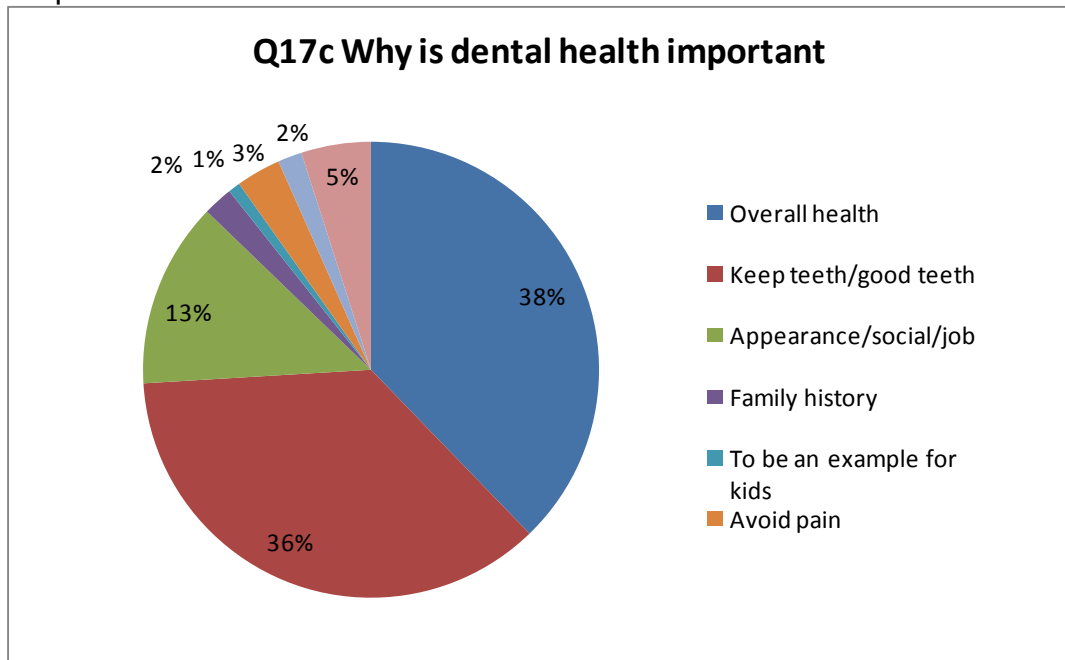
31/410 (7.39%) respondents claimed to have heard of Your Mouth Matters. When queried about what they remembered, the vast majority remembered only the slogan.

Table 7.

Q17b What do you remember about Your Mouth Matters	
	Number of respondents
Just the slogan	26
Educational program	3
Limiting sugar	1
Your child's ability to concentrate	1

For item "Q17c Why is dental health important to you," each respondent was allowed to voice as many responses as desired, and the responses were coded into the following thematic categories. The pie chart shows the overall distribution of responses. This item was posed only to those who had no recollection of the Your Mouth Matters Campaign.

Graph 21.

Q17c Why is dental health important

- Overall health — 38%
- Keep teeth/good teeth — 36%
- Appearance/social/job — 13%
- Family history
- To be an example for kids
- Avoid pain

(2% 1% 3% 2% 5%)

Q17d What more would you like to learn about dental health? This item was posed only to those who had no recollection of the Your Mouth Matters Campaign. The open-ended responses to this item included: preventative measures; how to access affordable dental care; why is dental care so expensive; how to distinguish the truth – what works and what doesn't; how dental problems affect strokes, low birth weight and kids; more about gum disease; what kinds of bleaching is best; what causes dry mouth; how to make sure that my children have and keep good teeth; more information to teach my kids; just a way to keep my natural teeth; to know the pros and cons on fluoride; how to have Medicare give dental insurance without costing a lot; current methods used for replacing teeth; more about orthodontics; new procedures; new studies, treatments and hygiene methods.

Media

The single most commonly reported source for news is local television news channels (33%), and this is followed distantly by newspaper and Internet, which are close to one another at about 20% each. Importantly, though a response of "Internet" does not technically exclude "newspaper," as interviewers offered response options, "newspaper" was offered prior to "Internet." Thus, it is very likely that if a respondent receives most of his/her news from an online newspaper, such a respondent would choose "newspaper" as his/her most applicable answer option rather than "Internet." Another substantial percentage (17.5%) report receiving most of their news from cable television new channels. Less than 5% receive most of their news from radio.

Table 8

Q18 Where do you get most of your news	
	Percent
Local television news channels	33.69
Cable television news channels	17.49
Radio	4.58
Newspaper	20.62
Internet	19.27
All of the above	0.54
None of the above	0.16
Friends, family, co-workers	2.27
Magazines	0.67
Mailings	0.20
Medical journals	0.17
Research	0.17
Work	0.17

Q18 Where do you get most of your news

- Parents with children at home vs. those with no children at home.

There is substantial variation between those with children at home and those with no children at home at the responses to "Q18 where do you get most of your news." As Table 9 demonstrates, those with children in the home are more likely to use the Internet than those with no children in the home; those with no children in the home are more likely to use newspaper than the Internet.

Table 9

Q18 Where do you get most of your news by child living in home or not		
	Child in home	No child in home
Local television news channels	35.86	32.16
Cable television news channels	17.44	17.53
Radio	3.80	5.12
Newspaper	**15.59**	**24.15**
Internet	**24.35**	**15.69**
Other	2.96	5.34

References

1 US Census Bureau, Population Estimates Program. Kansas. ACS Demographic and Housing Estimates: 2007 downloaded at: http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=04000US20&-qr_name=ACS_2007_1YR_G00_DP5&-ds_name=ACS_2007_1YR_G00_&-_lang=en&-redoLog=false on October 8, 2008

2 US Census Bureau, Population Estimates Program. Kansas. Selected Social Characteristics in the United States: 2007. Downloaded at: http://factfinder.census.gov/servlet/ADPTable?_bm=y&-qr_name=ACS_2007_1YR_G00_DP2&-geo_id=04000US20&-ds_name=&-_lang=en&-redoLog=false on October 8, 2008

ORAL HEALTH KANSAS SURVEY

STANDARD INTRO. WITH APPROPRIATE PROJECT-SPECIFIC INFORMATION
(Example)
Hi. I'm calling from Fort Hays State University. We are calling Kansas residents to ask about dental health and dental health issues in the state. I need to speak with the adult in the household 18 years or older with the most recent birthday. Is that you?

Dental health coverage and access
Q1 Does your family have a regular dentist?
Q1a (f yes) how many minutes do you have to travel to get to the dentist?
Q1b (if yes) In the past year, have you (or any family members) had difficulties getting check up and cleaning appointments with your regular dentist?

Q2 Do you have dental insurance or dental coverage of any kind?
Q2a (If yes) What kind is it? Medicaid? Healthwave? Private?
Q2b (If Medicaid or Healthwave) Have you had difficulties finding a dentist that will take your insurance?

Q3 Has anyone in the household ever gone without dental care because of inability to pay?

Q4 Why did you last see the dentist? (DO NOT READ)
    Cleaning or checkup
    Toothache (or tooth pain)
    Injury or accident
    Filling, crown, having a tooth pulled, or some other dental procedure
    Some other reason

Behaviors – *It may be important to leave a few behavior questions so we can see if people with "good" health behaviors answer differently than those who don't.*

Q5 Do you have dentures, natural teeth, or both? (If dentures, skip to smoke/chew tobacco)

Q6a Typically, how many times a day do you brush?
Q6b Do you floss at least once per day?
Q6c About how many times per week do you eat sweets?
Q6d About how many times per week do you drink soda pop or sports drinks?

Q7 Do you smoke or chew tobacco?

(If dentures, skip to Awareness and Perceptions)
Q8 How many times per year do you usually go to the dentist for checkups and cleanings?
1 Once
2 Twice
3 More than twice
7 RARELY OR NEVER

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8 DON'T KNOW
9 REFUSED
Q8a (If rarely or never) Are there any reasons why you're not seeing the dentist more often?
(Precoded but silent - No dental problems? Fear? Cost? Distance? Other?)
If Other Q8b Other?____

Awareness & Perceptions

Q9a Please tell me whether you strongly agree, agree, disagree or strongly disagree with these statements ("Don't Know" is recorded silently). Tooth decay is a type of infection.

Q9b. Dental problems in children can lead to difficulties concentrating in school
Q9c. Dental problems in children can lead to school absences
Q9d. Can cause speech development problems in children
Q9e. Can lead to problems later with permanent teeth in children
Q10a. Among adults dental problems can make it harder to get and to keep a job
Q10b. Dental problems are related to heart disease in adults
Q10c. Dental problems are related to diabetes in adults
Q10d. To strokes
Q10e. To low birth weight in a mother's baby

Q11a Now I am going to ask you questions about the prevention of dental problems.
In your opinion, how effective is the use of fluoride toothpaste in preventing dental problems? Please rate effectiveness using a scale of 0 to 10, with 0 meaning NOT AT ALL effective and 10 meaning EXTREMELY effective.

Q11b. In your opinion, how effective is the use of fluoride mouth rinses in preventing dental problems?
Q11c. How effective is drinking fluoridated water to prevent dental problems?
Q11d. How effective is flossing regularly?
Q11e. Getting fluoride treatments given at the dentist office?
Q11f. Getting tooth sealants? (plastic coatings applied by dentist to molars – teeth primarily used for chewing and grinding)
Q11g. How effective is limiting sugary snacks to prevent dental problems?
Q11h. How about limiting soda pop and sports drinks?
Q11i. How about going to routine dental visits?

Q12 Some communities fluoridate their drinking water and others don't. Do you support or oppose the fluoridation of drinking water?

Improvement Behavior Questions:

Q13 How satisfied are you with your current dental health? Are you very satisfied, satisfied, dissatisfied, or very dissatisfied?

Q14
(If dissatisfied or very dissatisfied) What could help you improve your dental health?

Marketing questions:

Q15 Where do you get most of your information about dental health? _____
If Other Q15a Other_____

(Taken directly from the fluoride study wording)
Q16 I am going to mention a number of possible information sources on dental health. On a scale of 0 to 10 with 0 meaning you have no trust in the source and 10 meaning you have an extremely high level of trust in the source, please tell me how much trust you would place in the source for dental information.

(Change order each time)

        a. The local health department
        b. A Family physician
        c. A Pediatrician
        d. A Nurse
        e. A Teacher
        f. Another Parent
        g. A Dentist
        h. A Dental hygienist
        i. Oral Health Kansas
        j. Kansas Action for Children
        k. The Kansas Dental Association

Q17 Have you heard of a campaign called "Your Mouth Matters"?

    Q17b (If yes) "What do you remember about it?"

    Q17c (if no) "Please tell me in your own words why dental health is important to you?

    Q17d (if no) "What more would you like to learn about dental health?"

Q17e   How strong a relationship is there between dental health and overall health? Is there a very strong relationship, a strong relationship, a moderate relationship, a weak relationship or a very weak relationship?

Q18 Where do you get most of your news?

    Local TV channels (like ABC, CBS, NBC)
    Cable TV channels (like CNN, FOXNEWS, MSNBC)
    Radio
    Newspaper
    Internet
    Other
  If other, Q18a Other_____

Standard Demographics:

Q19 And now we have a few questions to help us analyze the results of the survey. Are you currently working, a homemaker, retired, disabled, or unemployed or laid off?

Q20a How many adults live in your household?
Q20b How many children under the age of 18 live in your household?

Q21 What is the highest level of education you have completed?
1 Eighth grade or less
2 Some high school
3 High school graduate
4 Vocational/technical/associate's degree
5 Some college
6 College graduate (Bachelors)
7 Post college graduate (Anything more than bachelors)

Q22 Was your total family income for the last year above or below $40,000?

[IF BELOW $40,000, READ THE FOLLOWING RESPONSES]
1 Was it less than $10,000,
2 Between $10,000 and $20,000,
3 Between $20,000 and $30,000?
4 Or was it between $30,000 and $40,000?

[IF ABOVE $40,000, READ THE FOLLOWING RESPONSES]
5 Was it between $40,000 and $50,000,
6 Between $50,000 and $60,000,
7 Between $60,000 and $70,000,
8 Between $70,000 and $80,000
9 Or was it over $80,000

Q23 Are you of Mexican or some other Hispanic origin?

Q24 Do you consider yourself:
1 White
2 Black or African American
3 Biracial
4 American Indian or Alaskan Native
5 Asian
6 Native Hawaiian or Other Pacific Islander
7 Some other race

Q25 What year were you born? _____
Q26 Okay, that's all the questions I have. Thank you very much for your participation. [AFTER HANGING UP, SILENTLY RECORD GENDER] WAS THE RESPONDENT A...
1 Male
2 Female

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