



# 2009 Colorado Dentist Workforce Survey

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*Codebook and Variable Frequencies  
Report – Research File*

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## **ACKNOWLEDGMENTS**

Funding was provided by Colorado Department of Public Health and Environment's (CDPHE) Oral Health Program.

## INTRODUCTION

The Colorado Health Institute (CHI) serves as an independent, nonpartisan source of health information and policy analysis. With funding from The Colorado Trust, CHI is building a comprehensive health professions database for the purpose of informing health workforce policy in Colorado.

A series of profession-specific workforce databases is being constructed to complement existing health professions workforce data. From these data, CHI is developing a set of indicators that will document changes in health care workforce supply and demand as well as practice patterns that exist in Colorado communities over time. A database download function has been developed to enable visitors to the CHI Web site to download health professions data and customize reports by profession and geographic location.

### 2009 COLORADO DENTIST WORKFORCE SURVEY

#### Methods

The survey was administered in four waves by mail beginning on July 31, 2009. The first wave was a postcard alerting the 887 randomly selected dentists that a survey was coming. On August 10, 2009, the second mailing, which included a cover letter with Commonly Asked Questions, a questionnaire, a self-addressed stamped envelope and a \$2 token, went out to the randomly selected sample of actively licensed dentists living in a urban Colorado area according to the Rural/Urban Commuting Area (RUCA) codes<sup>1</sup>. The survey forms were mailed to the contact address in each licensee's file at the Colorado Department of Regulatory Agencies (DORA). This address may have been the dentist's home or practice location.

On August 17, 2009, a postcard was mailed either reminding the dentists to fill out the survey or thanking them if they already sent it back. The fourth mailing, sent on August 31, 2009, consisted of a cover letter, a second questionnaire and a self-addressed stamped envelope [See Appendix C for cover letters and postcards].

#### Response rate

CHI received survey responses from 282 dentists during the first mailing of questionnaires which ended on August 21, 2009. The second questionnaire mailing yielded an additional 188 completed surveys. In total, CHI received survey responses from 470 or 55 percent of those who were mailed a survey form. The following table shows the final survey disposition by response category.

<b>Final Disposition</b>	<b>Number</b>
Surveys mailed to Colorado dentist sample	887
Rural	5
Out of state	13
Unable to forward	6
Non-responses	10
Eligible sample	858
Returned completed questionnaires (2 <sup>nd</sup> wave)	282
Returned completed questionnaires (4 <sup>th</sup> wave)	188
Total returned completed questionnaires	470
Response rate	54.8%

Data from the paper survey questionnaires returned to CHI were entered into an electronic database (N=463). In addition, seven survey forms were submitted to CHI via an online option on the Internet. With the paper forms, CHI randomly selected 25 for data entry validation. Data entry was 99+ percent accurate across all

<sup>1</sup> Rural-urban commuting area (RUCA) codes are a sub-county measure of urban/rural status based on 2000 Census data and 2004 ZIP Codes; they are more specific than county-based definitions of rural and therefore more accurately classify intra-county rural and urban areas. For more information on RUCA codes, refer to <http://depts.washington.edu/uwruca/index.html>.

survey variables entered. Data verification and cleaning were conducted with a series of quality checks to ensure data completeness and adherence to formatting protocols [See Appendix A for Data Cleaning Business Rules].

### **Sampling methods**

The sample was drawn from the 2009 DORA database of dentists with an active Colorado license and a contact address in urban Colorado (n=2,995).

The sampling design followed a disproportionate stratified random sampling scheme and included 887 dentists randomly selected from six strata. The six sample strata were based on combinations of gender and age. [See Appendix B for sampling and response summary by stratum].

### **Weighting up to the population**

This survey was conducted to yield information about dentists holding an active license and practicing in urban Colorado as of July 2009. A survey form was mailed to a random sample of licensed Colorado dentists with a contact address in urban Colorado (N=887). The data file includes variable counts for valid respondents only (N=470).

Gender and age were used to calculate the survey weight variable, which adjusts for non-response bias. The weight variable must be applied to all descriptive and inferential statistics calculated from the dentist workforce survey data in order to correctly apportion the sample population to the overall urban dentist population in Colorado. [See Appendix B for weighting procedures].

### **RESEARCH DATA FILE**

This codebook specifies the variables contained in the 2009 CHI Colorado Dentist Workforce Survey research file. The file contains 470 records, one for each respondent, and includes a weight variable. The research file contains 143 variables. [See the list of variables on p. 11-14 for the variables contained in the research file].

The research file contains confidential and sensitive data and is available for researchers for analysis and aggregate statistical reporting. Because responder confidentiality was assured by CHI, data analysis should not be conducted with the purpose of identifying individual survey respondents, either directly or by inference. Users of the research file must sign a Workforce Research File Data Sharing Agreement, a non-discloser affidavit, and have a copy of approval or exemption from an Institutional Review Board (IRB). Students are required to provide evidence of faculty sponsorship. Submission of a brief letter from a faculty member stating that he/she is acting as the faculty sponsor/advisor for the project, and that he/she has reviewed and approved the data sharing agreement.

All users of the data must include the following citation in any public release of the data or its subsequent analysis: "Source: The 2009 Dentist Workforce Survey, Colorado Health Institute."

In addition, CHI requests that interested individuals and organizations using the database share their analysis and findings with CHI by contacting Christine Demont-Heinrich at 720.382.7093, or by e-mail at [demont-heinrichc@coloradohealthinstitute.org](mailto:demont-heinrichc@coloradohealthinstitute.org).

### **Technical information**

The research file is released as SAS, comma-delimited, Excel and SPSS files. In addition, a sampling and response summary by strata is provided in Appendix B.

### **Codebook structure**

The codebook lists variable labels in the order in which they appear on the questionnaire. Each variable includes a name, description and any appropriate technical notes. The last 9 variables in the codebook were created from survey questions and re-coded to protect the confidentiality of survey respondents.

For each variable, an unweighted and weighted frequency is provided. The unweighted sum for each variable totals 470, that is, the number of survey respondents. The weighted sum is 2,995, the number of actively licensed

dentists living or practicing in urban Colorado [Because of rounding, totals in the weighted frequency tables do not always equal 2,995].

Four different values are used to indicate the type of missing value. A -6 indicates an invalid answer such as marking more than one item when only one was supposed to be marked or a value that is not possible (e.g., working more than 168 hours per week). A value of -7 indicates that a respondent answered a question when they weren't supposed to (as part of a skip pattern). A value of -8 indicates a blank value that is supposed to be blank (respondent successfully followed instructions regarding a skip pattern). Finally, a value of -9 indicates a blank value when information should have been provided. A value of -6 is usually retained if it is within a skip pattern so that it takes precedence over a -7.

**For more information, contact:**

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# 2009 COLORADO DENTIST WORKFORCE SURVEY

Survey # \_\_\_\_\_

The Colorado Health Institute is conducting this survey on behalf of the Colorado Department of Public Health and Environment's Oral Health Program. This survey is voluntary. Your answers are confidential. Please complete the form and return this questionnaire in the self-addressed stamped envelope provided. Thank you for your assistance in this important survey about urban dentistry. If you have any questions please contact Michael Boyson, MHA at 303.831.4200 x207 or by e-mail at [boysonm@coloradohealthinstitute.org](mailto:boysonm@coloradohealthinstitute.org).

## ABOUT YOUR DENTAL PRACTICE

1. **Which of the following best describes your current professional status?** [MARK ONLY ONE BOX]
  - Fulltime dentist actively seeing patients [30 HOURS OR MORE PER WEEK]
  - Part-time dentist actively seeing patients [LESS THAN 30 HOURS PER WEEK]
  - Retired, but seeing patients on a volunteer basis
  - Retired, not seeing patients → **STOP HERE AND RETURN QUESTIONNAIRE**
  - Active in professional oral health-related activities (e.g. administration, faculty/teaching, research, public health) but not seeing patients → **STOP HERE AND RETURN QUESTIONNAIRE**
  - I am working outside the field of dentistry → **STOP HERE AND RETURN QUESTIONNAIRE**
  
2. **Are you currently practicing exclusively as an ADA-certified dentist specialist?**
  - Yes → **GO TO Q2A**
  - No, I practice general dentistry and may or may not offer specialty care → **SKIP TO Q3**
  
- 2a. **If YES TO Q2, in which of the following ADA-certified specialty areas do you practice?** [MARK YES OR NO FOR EACH SPECIALTY]
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Endodontics
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oral and maxillofacial pathology
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oral and maxillofacial radiology
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oral and maxillofacial surgery
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Orthodontics and dentofacial orthopedics
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pediatric dentistry
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Periodontics
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prosthodontics
  
3. **In your general dentistry practice, do you provide any of the following ADA-certified specialty services to your patients?** [MARK YES OR NO FOR EACH SPECIALTY]
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Endodontics
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oral and maxillofacial pathology
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oral and maxillofacial radiology
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oral and maxillofacial surgery
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Orthodontics and dentofacial orthopedics
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pediatric dentistry
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Periodontics
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prosthodontics
  
4. **Which of the following best describes the type of setting in which you currently practice at your primary practice location?** [MARK ONLY ONE BOX]
  - Solo, private practice
  - Dental group in private practice
  - Public health department/agency or school-based clinic
  - Community health center

5. **What is the ZIP Code of your primary practice location?** \_\_\_\_\_ [5-DIGIT ZIP CODE]
6. **How many years have you practiced at your current primary practice location?**  
 \_\_\_\_\_ [NUMBER OF YEARS ROUNDED UP]
7. **Approximately how many dental visits did YOU provide in 2008 at your primary practice location?** [YOUR BEST ESTIMATE, THE NUMBER SHOULD NOT INCLUDE DENTAL HYGIENE VISITS]  
 \_\_\_\_\_ [NUMBER OF VISITS]
8. **Which of the following factors, if any, led to your decision to practice in your current practice location?** [MARK YES, NO OR NOT APPLICABLE (N/A) FOR EACH FACTOR]
- |                              |                             |                              |   |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Quality of life   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Recreational/leisure activities                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Salary potential  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Opportunity to join a large practice                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Bought an established practice                            |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | National Health Services Corp scholarship/loan commitment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Other (specify) _____                                     |
9. **Please estimate the amount of time you spent in your dental practice per week in 2008**  
 (INCLUDE DIRECT PATIENT CARE, TEACHING, ADMINISTRATION, OTHER PROFESSIONAL ACTIVITIES, CDE)  
 Average TOTAL number of professional hours per week \_\_\_\_\_ [NUMBER OF HOURS]  
 Average number of hours spent in direct patient care per week \_\_\_\_\_ [NUMBER OF HOURS]
10. **How many other dentists practice in your primary office?** [ENTER "0" IF A SOLO PRACTICE]  
 \_\_\_\_\_ Number of full-time dentists [30+ HOURS PER WEEK]  
 \_\_\_\_\_ Number of part-time dentists [LESS THAN 30 HOURS PER WEEK]
11. **How many dental hygienists does your primary practice currently employ?** [ENTER "0" IF YOU DO NOT EMPLOY DENTAL HYGIENISTS]  
 \_\_\_\_\_ Number of full-time dental hygienists [30+ HOURS PER WEEK]  
 \_\_\_\_\_ Number of part-time dental hygienists [LESS THAN 30 HOURS PER WEEK]
12. **If you currently employ dental hygienists which of the following best describes your recruiting experience?** [MARK ONLY ONE BOX]
- It is easy to recruit dental hygienists in my practice
  - It is difficult to recruit dental hygienists in my practice
  - I am not currently recruiting a dental hygienists
13. **Which of the following best describes your experience at retaining dental hygienists in your practice?** [MARK ONLY ONE BOX]
- I am not currently employing or contracting with a dental hygienist
  - It is easy to retain dental hygienists in my practice
  - It is difficult to retain dental hygienists in my practice (explain) \_\_\_\_\_
-



**14. How many chair-side dental assistants do you currently employ?** [ENTER "0" IF YOU DO NOT EMPLOY ANY CHAIR-SIDE ASSISTANTS]  
 \_\_\_\_\_ Number of full-time chair-side dental assistants [30+ HOURS PER WEEK]  
 \_\_\_\_\_ Number of part-time chair-side dental assistants [LESS THAN 30 HOURS PER WEEK]

**15. Are you accepting new patients into your primary dental practice at this time?**  
 Yes  
 No

**16. Describe the insurance status/payment options available to patients in your primary practice.**  
 [MARK YES OR NO FOR EACH]

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I offer a sliding fee payment schedule based on patients' income
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I accept Medicaid payment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I currently accept new Medicaid patients
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I accept Child Health Plan Plus (CHP+) payment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I currently accept new CHP+ patients
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I accept Delta Dental payment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I currently accept new Delta Dental patients

**16a. If you DO NOT accept Medicaid payment, listed below are some factors that have been identified as contributing to the decision not to accept Medicaid patients.** [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR TO YOU, 1=VERY IMPORTANT, 5=NOT IMPORTANT]

	Very Important			Not Important		
Medicaid reimbursement is too low	1	2	3	4	5	N/A
Paperwork is too burdensome and/or time consuming	1	2	3	4	5	N/A
Too many "no-shows"	1	2	3	4	5	N/A
Lack of patient compliance with oral hygiene practices	1	2	3	4	5	N/A
Other (specify) _____	1	2	3	4	5	N/A

**17. Please estimate the percentage of direct patient care time you spend with the following patients.** [PERCENT SHOULD ADD UP TO 100% FOR DIRECT PATIENT CARE ONLY]

\_\_\_\_\_ % Infants (ages 0-3 yrs)  
 \_\_\_\_\_ % Children and adolescents (ages 4-17 yrs)  
 \_\_\_\_\_ % Working age adults (ages 18-64 yrs)  
 \_\_\_\_\_ % Older adults (ages 65 yrs+)  
 100% ALL PATIENTS

**18. Estimate the approximate dollar amount of charity care YOU (individually) provided in 2008.**  
 [CHARITY CARE INCLUDES FREE SERVICES PROVIDED IN YOUR PRIMARY PRACTICE OR AN ALTERNATIVE SETTING AND NON-MONETARY REIMBURSEMENT, DO NOT INCLUDE BAD DEBT] [MARK ONLY ONE BOX]

<input type="checkbox"/> None	<input type="checkbox"/> \$10,001 to \$25,000
<input type="checkbox"/> \$2,500 or less	<input type="checkbox"/> Over \$25,000
<input type="checkbox"/> \$2,501 to \$5,000	<input type="checkbox"/> Do not know
<input type="checkbox"/> \$5,001 to \$10,000	

19. Do you speak a language other than English to communicate with some or all of your patients?

Yes → If YES, specify language: \_\_\_\_\_

No

**ABOUT YOUR DENTAL SCHOOL EXPERIENCE**

20. In what state did you attend dental school? [ENTER TWO-LETTER STATE CODE, XX FOR FOREIGN COUNTRY]

\_\_\_\_

21. In what year did you graduate from dental school? [YYYY] \_\_\_\_

22. To prepare you for practice, please rate the adequacy of the **CLASSROOM** instruction you had in dental school in each of the following areas. [CIRCLE ONE RESPONSE FOR EACH INSTRUCTIONAL AREA]

	Most Adequate			Inadequate		
Dental care for pregnant women	1	2	3	4	5	N/A
Dental care for infants (ages 0 - 3 yrs)	1	2	3	4	5	N/A
Dental care for children/adolescents (ages 4 - 17 yrs)	1	2	3	4	5	N/A
Dental care for persons with disabilities	1	2	3	4	5	N/A
Dental care for persons with behavioral health problems	1	2	3	4	5	N/A
Treatment of caries	1	2	3	4	5	N/A
Preventive dental care such as fluoride varnishes and application of sealants	1	2	3	4	5	N/A
Setting up a dental practice	1	2	3	4	5	N/A
Management of a dental practice including marketing and customer service	1	2	3	4	5	N/A
Working with other health care professionals such as physicians and specialties	1	2	3	4	5	N/A
Training in endodontics	1	2	3	4	5	N/A
Training in oral surgery	1	2	3	4	5	N/A
Training in orthodontics	1	2	3	4	5	N/A
Training in periodontics	1	2	3	4	5	N/A

23. To prepare you for practice, please rate the adequacy of the **CLINICAL** experiences you had in dental school in each of the following areas. [CIRCLE ONE RESPONSE FOR EACH AREA]

	Most Adequate			Inadequate		
Dental care for pregnant women	1	2	3	4	5	N/A
Dental care for infants (ages 0 - 3 yrs)	1	2	3	4	5	N/A
Dental care for children/adolescents (ages 4 - 17 yrs)	1	2	3	4	5	N/A
Dental care for persons with disabilities	1	2	3	4	5	N/A
Dental care for persons with behavioral health problems	1	2	3	4	5	N/A
Treatment of caries	1	2	3	4	5	N/A
Preventive dental care such as fluoride varnishes and application of sealants	1	2	3	4	5	N/A
Working with other health care professionals such as physicians and specialties	1	2	3	4	5	N/A
Training in endodontics	1	2	3	4	5	N/A
Training in oral surgery	1	2	3	4	5	N/A
Training in orthodontics	1	2	3	4	5	N/A
Training in periodontics	1	2	3	4	5	N/A

24. In general, how prepared were you to **practice** general dentistry after graduating from dental school? [ON A SCALE OF 1-5, CIRCLE YOUR ASSESSMENT]

Fully Prepared					Not Prepared
1	2	3	4	5	

25. In general, how prepared were you to **manage** a general dentistry practice after graduating from dental school? [ON A SCALE OF 1-5, CIRCLE YOUR ASSESSMENT]

Fully Prepared					Not Prepared
1	2	3	4	5	

**ABOUT YOU**

26. In what year were you born? 19 \_\_\_\_

27. What is your gender?

- Male
- Female

28. What is your race/ethnicity? [PLEASE MARK THE ONE CHOICE THAT YOU FEEL MOST CLOSELY DESCRIBES YOU]

- Mixed Heritage
- African American
- White Hispanic
- Non-White Hispanic
- White
- Native American
- Asian/Pacific Islander
- Alaskan Native

29. Which of the following best describes the area in which you grew up? [MARK ONLY ONE BOX]

- Rural
- Suburban
- Urban

30. How many years have you practiced dentistry in Colorado?

\_\_\_\_ [NUMBER OF YEARS ROUNDED UP]

**ABOUT THE FUTURE OF DENTAL CARE IN YOUR COMMUNITY**

31. Are you planning to leave your current dental practice in the next twelve months?

- Yes → GO TO Q31A
- No → SKIP TO Q32

**31a. IF YES, there are many factors that influence a decision to leave a practice. Listed below are some of these factors.** [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR TO YOU, 1=VERY IMPORTANT, 5=NOT IMPORTANT]

	Very Important			Not Important		
I plan to retire	1	2	3	4	5	N/A
I plan to relocate to a different practice location	1	2	3	4	5	N/A
I do not have a sufficient patient load to profitably operate my practice	1	2	3	4	5	N/A
The administration and management of the practice has become too burdensome	1	2	3	4	5	N/A
The work is no longer professionally challenging	1	2	3	4	5	N/A
I have too many Medicaid patients to sustain my practice	1	2	3	4	5	N/A
I have family responsibilities that interfere with my ability to continue my practice	1	2	3	4	5	N/A
My health does not permit me to continue my practice	1	2	3	4	5	N/A
Other (specify) _____	1	2	3	4	5	N/A

**32. Do you collaborate with other dentists, physicians and nurses in your community to provide preventive oral health services?**

Yes → If YES, please describe in what ways: \_\_\_\_\_

No

**33. What, if any, is the greatest professional challenge you anticipate facing in the next 12 months?** [MARK ONLY ONE BOX]

- None
- Low patient volume
- Adequate patient volume but low collection rate
- Medicaid reimbursement rates
- Low reimbursement rates from dental insurers
- Lack of knowledge about community resources to assist my low-income patients
- Physical demands of the work
- Practice management challenges
- Other (please specify) \_\_\_\_\_

**34. How important do you think the following policies would be at improving access to oral health care in Colorado?** [ON A SCALE OF 1-5, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR TO YOU, 1=VERY IMPORTANT, 5=NOT IMPORTANT]

	Very Important			Not Important		
Increase Medicaid reimbursement rates	1	2	3	4	5	N/A
Expand access to Medicaid coverage for low-income Colorado adults	1	2	3	4	5	N/A
Ensure every Coloradan has access to dental insurance	1	2	3	4	5	N/A
Provide low cost liability insurance coverage for dentists that provide voluntary dental care to low-income children and adults	1	2	3	4	5	N/A
Ensure that loan forgiveness programs exist for all dentists willing to practice in a dental underserved area of Colorado for a specified period of time	1	2	3	4	5	N/A

Please return questionnaire in the enclosed self-addressed stamped envelope. The time you have taken to complete this survey is important and appreciated. Your responses will help to inform Colorado policymakers about the practice of dentistry in our state.

**THANK YOU!**

## LIST OF VARIABLES

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
1	EMPLOY_STATUS	Current professional status
2	ADA_CERT	Currently practicing as an ADA-certified dentist specialist
2a	ENDO	ADA-certified: Endodontics
2a	ORMAXPATH	ADA-certified: Oral and maxillofacial pathology
2a	ORMAXRAD	ADA-certified: Oral and maxillofacial radiology
2a	ORMAXSURG	ADA-certified: Oral and maxillofacial surgery
2a	ORTHODON	ADA-certified: Orthodontics and dentofacial orthopedics
2a	PEDIATRIC	ADA-certified: Pediatric dentistry
2a	PERIODONTICS	ADA-certified: Periodontics
2a	PROSTHODON	ADA-certified: Prosthodontics
3	PRV_ENDO	Provide ADA services: Endodontics
3	PRV_ORMAXPATH	Provide ADA services: Oral and maxillofacial pathology
3	PRV_ORMAXRAD	Provide ADA services: Oral and maxillofacial radiology
3	PRV_ORMAXSURG	Provide ADA services: Oral and maxillofacial surgery
3	PRV_ORTHODONTICS	Provide ADA services: Orthodontics and dentofacial orthopedics
3	PRV_PEDIATRICS	Provide ADA services: Pediatric dentistry
3	PRV_PERIODONTICS	Provide ADA services: Periodontics
3	PRV_PROSTHODONTICS	Provide ADA services: Prosthodontics
4	SETTING	Setting in which one currently practices
5	PRIMARY_ZIP	ZIP Code of primary practice location
6	LGTH_SVC_YR_PRIMARY	Number of years practicing at current location
7	VISITS_2008	Number of visits provided at practice for 2008 (individual, not office)
8	COMM_QUAL_LIFE	Factors for practicing in current location: Quality of life
8	COMM_RECREATION	Factors for practicing in current location: Recreational/leisure activities
8	COMM_SALARY	Factors for practicing in current location: Salary potential
8	COMM_JNLRGPRC	Factors for practicing in current location: Opportunity to join a large practice
8	COMM_BOUGHTTEST	Factors for practicing in current location: Bought an established practice
8	COMM_NTL_HLTHSVC	Factors for practicing in current location: National Health Svcs Corp scholarship
8	COMM_OTHER	Factors for practicing in current location: Other
8	COMM_OTHDESC	Factors for practicing in current location, other description
9	HRS08_TOTPROF	Total number of professional hours per week
9	HRS08_DIRCARE	Total direct patient care hours per week
10	FT_DENT_OFFICE	Number of other full-time dentists in office
10	PT_DENT_OFFICE	Number of other part-time dentists in office
11	FT_DENHYG	Number of full-time dental hygienists in office
11	PT_DENHYG	Number of part-time dental hygienists in office
12	RECRUITDH	Dental hygienist recruiting experience
13	RETAINDH	Dental hygienist retainment

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
13	RETAINDH_DIFF_DESC	Dental hygienist retainment description
14	FT_DENCHR_ASST	Number of full-time chair-side dental assistants
14	PT_DENCHR_ASST	Number of part-time chair-side dental assistants
15	ACCEPT_NEW_PTS_PRIMARY	Accepting new patients into your primary dental office
16	SERVE_SFS_INC	Payment options available: Sliding fee payment schedule based on pt. income
16	ACCEPT_MDCAID	Payment options available: Medicaid
16	ACCEPT_NEW_MDCAID	Payment options available: New Medicaid patients
16	ACCEPT_CHPP_PAY	Payment options available: CHP+
16	ACCEPT_NEW_CHPP_PAY	Payment options available: new CHP+ patients
16	ACCEPT_DELTA	Payment options available: Delta Dental
16	ACCEPT_NEW_DELTA	Payment options available: new Delta Dental patients
16a	REJECTMDCD_REIMBLOW	Rsn for not acctpt Medicaid payment: Reimbursement too low
16a	REJECTMDCD_TIMECONS	Rsn for not acctpt Medicaid payment: Paperwork too burdensome
16a	REJECTMDCD_NOSHOW	Rsn for not acctpt Medicaid payment: Too many no-shows
16a	REJECTMDCD_PTCOMPL	Rsn for not acctpt Medicaid payment: Lack of pt. compliance
16a	REJECTMDCD_OTH	Rsn for not acctpt Medicaid payment: Other
16a	REJECTMDCD_OTH_DESC	Rsn for not acctpt Medicaid payment: Other description
17	PCTCARE_INFANT	Direct patient care time for infants (0-3)
17	PCTCARE_CHILDREN	Direct patient care time for children (4-17)
17	PCTCARE_ADULT	Direct patient care time for adults (18-64)
17	PCTCARE_OLDADULT	Direct patient care time for older adults (65+)
18	CHARITY	Approximate dollar amount of charity care provided for 2008
19	LANG_OTHENG	Speak another language to communicate with pts
19	LANG_DESCR	If so, what language
20	GRAD_STATE	Dental school state
21	GRAD_YEAR	Graduation year from dental school
22	EDCARE_PREGNANT	Classroom Adequacy: Dental care for pregnant women
22	EDCARE_INFANT	Classroom Adequacy: Dental care for infants (ages 0-3)
22	EDCARE_CHILDREN	Classroom Adequacy: Dental care for children/adolescents (4-17)
22	EDCARE_DISAB	Classroom Adequacy: Dental care for persons with disabilities
22	EDCARE_BEHAVE	Classroom Adequacy: Dental care for persons with behavioral health problems
22	EDCARE_CARIES	Classroom Adequacy: Treatment of caries
22	EDCARE_PREVENTIVE	Classroom Adequacy: Preventive dental care
22	EDCARE_SETUP_PR	Classroom Adequacy: Setting up a dental practice
22	EDCARE_MGMT	Classroom Adequacy: Management of a dental practice
22	EDCARE_WORKWITH	Classroom Adequacy: Working with other health care professionals
22	EDCARE_ENDO	Classroom Adequacy: Training in endodontics
22	EDCARE_ORSURG	Classroom Adequacy: Training in oral surgery
22	EDCARE_ORTHO	Classroom Adequacy: Training in orthodontics

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
22	EDCARE_PERIO	Classroom Adequacy: Training in periodontics
23	CLIN_PREGNANT	Clinical Adequacy: Dental care for pregnant women
23	CLIN_INFANT	Clinical Adequacy: Dental care for infants (ages 0-3)
23	CLIN_CHILDREN	Clinical Adequacy: Dental care for children/adolescents (4-17)
23	CLIN_DISAB	Clinical Adequacy: Dental care for persons with disabilities
23	CLIN_BEHAVE	Clinical Adequacy: Dental care for persons with behavioral health problems
23	CLIN_CARIES	Clinical Adequacy: Treatment of caries
23	CLIN_PREVENTIVE	Clinical Adequacy: Preventive dental care
23	CLIN_WORKWITH	Clinical Adequacy: Working with other health care professionals
23	CLIN_ENDO	Clinical Adequacy: Training in endodontics
23	CLIN_ORSURG	Clinical Adequacy: Training in oral surgery
23	CLIN_ORTHO	Clinical Adequacy: Training in orthodontics
23	CLIN_PERIO	Clinical Adequacy: Training in periodontics
24	PREPARE_CLIN_DENT	Preparation for practicing general dentistry after graduation from dental school
25	PREPARE_MGMT_DENT	Preparation for managing practice after graduation from dental school
26	BIRTH_YR	Year of birth
27	GENDER	Gender
28	RACE	Race/ethnicity
29	GREWUP_LOCATION	Location respondent grew up in
30	PRACYR_CO	Number of years practicing dentistry in Colorado
31	LEAVE_NEXT12MO	Leaving current dental practice in next 12 months?
31a	RSNLV_PLANRETIRE	Reason for leaving: I plan to retire
31a	RSNLV_RELOCATE	Reason for leaving: I plan to relocate to a different practice location
31a	RSNLV_PTLOAD	Reason for leaving: I do not have sufficient patient load to profitably operate
31a	RSNLV_MGMT	Reason for leaving: Admin and Mgmt too burdensome
31a	RSNLV_LOWCHLG	Reason for leaving: Work is no longer professionally challenging
31a	RSNLV_MDCHHIGH	Reason for leaving: Too many Medicaid patients to sustain my practice
31a	RSNLV_FAMRESP	Reason for leaving: Family responsibilities
31a	RSNLV_HLTH	Reason for leaving: Health
31a	RSNLV_OTH	Reason for leaving: Other
31a	RSNLV_OTHDESC	Reason for leaving: Other description
32	COLLAB_OTHERS	Collaboration with other dentists, physicians, and nurses
32	COLLAB_OTHERS_DESC	If collaboration, what ways
33	CHALLENGE_NONE	Challenge in next 12 months: None
33	CHALLENGE_LOWVOL	Challenge in next 12 months: Low patient volume
33	CHALLENGE_LOWCOLLECT	Challenge in next 12 months: Adequate patient volume, but low collection rate
33	CHALLENGE_MDCHREIMB	Challenge in next 12 months: Medicaid reimbursement rates
33	CHALLENGE_INSREIMB	Challenge in next 12 months: Low reimbursement rates from dental insurers
33	CHALLENGE_LACKRSC	Challenge in next 12 months: Lack of knowledge about community resources (assist low-income pts)

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
33	CHALLENGE_PHYDEM	Challenge in next 12 months: Physical demands of the work
33	CHALLENGE_MGMT	Challenge in next 12 months: Practice management challenges
33	CHALLENGE_OTHER	Challenge in next 12 months: Other
33	CHALLENGE_OTHER_DESC	Challenge in next 12 months: Other description
34	INCRMDCD_REIMB	Improving access to health care: Increase Medicaid reimbursement rates
34	EXPNDMDCD_LWINCADLT	Improving access to health care: Expand Medicaid coverage for low-income adults
34	ENSURE_ACC_DINS	Improving access to health care: Ensure every Coloradan has access to dental insurance
34	LWLIAB_VOLCARE	Improving access to health care: Low cost liability ins. for volunteer work to low-income pts
34	LOANFGV_UNDESV	Improving access to health care: Loan forgiveness for those willing to stay in underserved area
N/A	INTERNAL_NOTES	Notes applicable to data items
N/A	PAPER	Paper form vs. electronic submission
CREATED VARIABLE	AGE	Age of respondent
CREATED VARIABLE	GRAD_NUMYRS	Number of years since graduation
CREATED VARIABLE	GRAD_AGE	Age upon graduation
CREATED VARIABLE	PRIMARY_CITY_FROM_ZIP	City of primary practice location
CREATED VARIABLE	PRIMARY_STATE_FROM_ZIP	State of primary practice location
CREATED VARIABLE	PRIMARY_COUNTY_FROM_ZIP	County of primary practice location
CREATED VARIABLE	PRIMARY_FIPS_FROM_ZIP	FIPS county code for primary practice location
CREATED VARIABLE	PRIMARY_RUCA2_FROM_ZIP	RUCA code for primary practice location
CREATED VARIABLE	PRIMARY_URBAN_FROM_ZIP	Urban vs. Rural location for primary practice location



## CODEBOOK AND FREQUENCIES

**QUESTION NUMBER**      **VARIABLE NAME**      **DESCRIPTION**  
 1                      EMPLOY\_STATUS              Current professional status

**TYPE**                      **LENGTH**                      **FORMAT**  
 Numeric                      8                      Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	37
-6	Invalid Answer/Out of Range	1	2
1	Fulltime dentist actively seeing patients	354	2291
2	Part-time dentist actively seeing patients	74	344
3	Retired, seeing patients on a volunteer basis	2	36
4	Retired, not seeing patients on a volunteer basis	14	156
5	Active in professional oral health-related activities but not seeing patients	14	98
6	I am working outside the field of dentistry	5	13
7	Out of state (comment on form)	1	18
TOTAL		470	2995

**QUESTION NUMBER**      **VARIABLE NAME**      **DESCRIPTION**  
 2                      ADA\_CERT                      Currently practicing as an ADA-certified dentist specialist

**TYPE**                      **LENGTH**                      **FORMAT**  
 Numeric                      8                      Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	7	48
-8	Not Applicable	34	286
0	No	343	2107
1	Yes	86	555
TOTAL		470	2996

**QUESTION NUMBER**  
2a

**VARIABLE NAME**  
ENDO

**DESCRIPTION**  
ADA-certified: Endodontics

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	48	332
-8	Not Applicable	368	2322
-7	Skip Pattern Violation	9	70
0	No	32	191
1	Yes	13	80
TOTAL		470	2995

**QUESTION NUMBER**  
2a

**VARIABLE NAME**  
ORMAXPATH

**DESCRIPTION**  
ADA-certified: Oral and maxillofacial pathology

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	51	363
-8	Not Applicable	369	2325
-7	Skip Pattern Violation	8	67
0	No	40	227
1	Yes	2	12
TOTAL		470	2994

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**QUESTION  
NUMBER**  
2a

**VARIABLE NAME**  
ORMAXRAD

**DESCRIPTION**  
ADA-certified: Oral and maxillofacial radiology

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	52	365
-8	Not Applicable	369	2325
-7	Skip Pattern Violation	8	67
0	No	39	226
1	Yes	2	11
TOTAL		470	2994

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**QUESTION  
NUMBER**  
2a

**VARIABLE NAME**  
ORMAXSURG

**DESCRIPTION**  
ADA-certified: Oral and maxillofacial surgery

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	50	335
-8	Not Applicable	368	2322
-7	Skip Pattern Violation	9	70
0	No	34	197
1	Yes	9	70
TOTAL		470	2994

**QUESTION  
NUMBER**  
2a

**VARIABLE NAME**  
ORTHODON

**DESCRIPTION**  
ADA-certified: Orthodontics and dentofacial orthopedics

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	36	226
-8	Not Applicable	369	2325
-7	Skip Pattern Violation	8	67
0	No	28	153
1	Yes	29	224
TOTAL		470	2994

**QUESTION  
NUMBER**  
2a

**VARIABLE NAME**  
PEDIATRIC

**DESCRIPTION**  
ADA-certified: Pediatric dentistry

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	40	318
-8	Not Applicable	369	2325
-7	Skip Pattern Violation	8	67
0	No	28	178
1	Yes	25	106
TOTAL		470	2994

**QUESTION  
NUMBER**  
2a

**VARIABLE NAME**  
PERIODONTICS

**DESCRIPTION**  
ADA-certified: Periodontics

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	45	335
-8	Not Applicable	368	2322
-7	Skip Pattern Violation	9	70
0	No	32	183
1	Yes	16	84
TOTAL		470	2994

**QUESTION  
NUMBER**  
2a

**VARIABLE NAME**  
PROSTHODON

**DESCRIPTION**  
ADA-certified: Prosthodontics

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	51	347
-8	Not Applicable	368	2322
-7	Skip Pattern Violation	9	70
0	No	38	207
1	Yes	4	48
TOTAL		470	2994

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
3	PRV_ENDO	Provide ADA services: Endodontics

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	107	721
-8	Not Applicable	34	286
0	No	74	421
1	Yes	255	1567
TOTAL		470	2995

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
3	PRV_ORMAXPATH	Provide ADA services: Oral and maxillofacial pathology

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	161	1019
-8	Not Applicable	34	286
0	No	176	1015
1	Yes	99	675
TOTAL		470	2995

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**QUESTION  
NUMBER**  
3

**VARIABLE NAME**  
PRV\_ORMAXRAD

**DESCRIPTION**  
Provide ADA services: Oral and maxillofacial radiology

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	161	978
-8	Not Applicable	34	286
0	No	167	1020
1	Yes	108	712
TOTAL		470	2996

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**QUESTION  
NUMBER**  
3

**VARIABLE NAME**  
PRV\_ORMAXSURG

**DESCRIPTION**  
Provide ADA services: Oral and maxillofacial surgery

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	111	691
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
0	No	69	447
1	Yes	255	1569
TOTAL		470	2996

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**QUESTION  
NUMBER**  
3

**VARIABLE NAME**  
PRV\_ORTHODONTICS

**DESCRIPTION**  
Provide ADA services: Orthodontics and dentofacial orthopedics

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	163	1015
-8	Not Applicable	34	286
0	No	198	1295
1	Yes	75	399
TOTAL		470	2995

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**QUESTION  
NUMBER**  
3

**VARIABLE NAME**  
PRV\_PEDIATRICS

**DESCRIPTION**  
Provide ADA services: Pediatric dentistry

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	96	675
-8	Not Applicable	34	286
0	No	35	291
1	Yes	305	1743
TOTAL		470	2995



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**QUESTION NUMBER**  
3

**VARIABLE NAME**  
PRV\_PERIODONTICS

**DESCRIPTION**  
Provide ADA services: Periodontics

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	112	715
-8	Not Applicable	34	286
0	No	66	444
1	Yes	258	1551
TOTAL		470	2996

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**QUESTION NUMBER**  
3

**VARIABLE NAME**  
PRV\_PROSTHODONTICS

**DESCRIPTION**  
Provide ADA services: Prosthodontics

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	101	654
-8	Not Applicable	34	286
0	No	37	175
1	Yes	298	1881
TOTAL		470	2996

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
4	SETTING	Setting in which one currently practices

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	6	32
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	3	22
1	Solo, private practice	236	1584
2	Dental group in private practice	165	931
3	Public health department/agency or school-based clinic	15	66
4	Community health center	11	74
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
5	PRIMARY_ZIP	ZIP Code of primary practice location

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Character	10	Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	10	71
-8	Not Applicable	34	286
	non-missing	426	2638
TOTAL		470	2995

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
6	LGTH_SVC_YR_PRIMARY	Number of years practicing at current location

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Continuous

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	43
-8	Not Applicable	34	286
0	0	1	2
>0	>0	430	2664
TOTAL		470	2995

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
7	VISITS_2008	Number of visits provided at practice for 2008 (individual, not office)

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Continuous

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	75	399
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	13
0	0	9	39
>0	>0	350	2258
TOTAL		470	2995

**QUESTION  
NUMBER**  
8

**VARIABLE NAME**  
COMM\_QUAL\_LIFE

**DESCRIPTION**  
Factors for practicing in current location: Quality of life

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	37	175
-8	Not Applicable	34	286
0	No	28	183
1	Yes	357	2229
2	N/A	14	122
TOTAL		470	2995

**QUESTION  
NUMBER**  
8

**VARIABLE NAME**  
COMM\_RECREATION

**DESCRIPTION**  
Factors for practicing in current location: Recreational/leisure activities

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	53	280
-8	Not Applicable	34	286
0	No	61	378
1	Yes	296	1879
2	N/A	26	173
TOTAL		470	2996

**QUESTION  
NUMBER**  
8

**VARIABLE NAME**  
COMM\_SALARY

**DESCRIPTION**  
Factors for practicing in current location: Salary potential

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	55	297
-8	Not Applicable	34	286
0	No	102	681
1	Yes	260	1568
2	N/A	19	164
TOTAL		470	2996

**QUESTION  
NUMBER**  
8

**VARIABLE NAME**  
COMM\_JNLRGPRC

**DESCRIPTION**  
Factors for practicing in current location: Opportunity to join a large  
practice

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	83	500
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	2
0	No	221	1468
1	Yes	80	379
2	N/A	51	360
TOTAL		470	2995

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**QUESTION  
NUMBER**  
8

**VARIABLE NAME**  
COMM\_BOUGHTTEST

**DESCRIPTION**  
Factors for practicing in current location: Bought an established practice

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	62	364
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
0	No	144	916
1	Yes	172	1075
2	N/A	57	350
TOTAL		470	2994

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**QUESTION  
NUMBER**  
8

**VARIABLE NAME**  
COMM\_NTL\_HLTHSVC

**DESCRIPTION**  
Factors for practicing in current location: National Health Svcs Corp  
scholarship

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	89	515
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	21
0	No	242	1561
1	Yes	12	71
2	N/A	91	542
TOTAL		470	2996

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
8	COMM_OTHER	Factors for practicing in current location: Other

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	246	1443
-8	Not Applicable	34	286
0	No	43	274
1	Yes	75	524
2	N/A	72	468
TOTAL		470	2995

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
8	COMM_OTHDESC	Factors for practicing in current location, other description

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Character	200	Text

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	250	1478
-8	Not Applicable	149	1028
	non-missing	71	490
TOTAL		470	2996

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	HRS08_TOTPROF	Total number of professional hours per week

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	109
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	8	38
0	0	7	33
>0	>0	405	2530
TOTAL		470	2996

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	HRS08_DIRCARE	Total direct patient care hours per week

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	24	157
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	10	59
0	0	6	15
>0	>0	396	2479
TOTAL		470	2996



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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
10	FT_DENT_OFFICE	Number of other full-time dentists in office

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Count

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	32	161
-8	Not Applicable	34	286
0	0	204	1365
>0	>0	200	1183
TOTAL		470	2995

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
10	PT_DENT_OFFICE	Number of other part-time dentists in office

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Count

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	86	593
-8	Not Applicable	34	286
0	0	248	1589
>0	>0	102	527
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
11	FT_DENHYG	Number of full-time dental hygienists in office

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Count

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	49	364
-8	Not Applicable	34	286
0	0	166	1044
>0	>0	221	1301
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
11	PT_DENHYG	Number of part-time dental hygienists in office

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Count

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	74	452
-8	Not Applicable	34	286
0	0	187	1185
>0	>0	175	1072
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
12	RECRUITDH	Dental hygienist recruiting experience

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	67	494
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	5	27
1	It is easy to recruit dental hygienists in my practice	129	840
2	It is difficult to recruit dental hygienists in my practice	31	193
3	I am not currently recruiting a dental hygienist	204	1155
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
13	RETAINDH	Dental hygienist retainment

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	57	390
-8	Not Applicable	34	286
1	I am not currently employing or contracting with a dental hygienist	87	580
2	It is easy to retain dental hygienists in my practice	267	1595
3	It is difficult to retain dental hygienists in my practice	25	145
TOTAL		470	2996

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
13	RETAINDH_DIFF_DESC	Dental hygienist retainment description

TYPE	LENGTH	FORMAT
Character	200	Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	65	439
-8	Not Applicable	388	2461
	non-missing	17	95
TOTAL		470	2995

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
14	FT_DENCHR_ASST	Number of full-time chair-side dental assistants

TYPE	LENGTH	FORMAT
Numeric	8	Count

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	27	168
-8	Not Applicable	34	286
0	0	34	209
>0	>0	375	2332
TOTAL		470	2995

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
14	PT_DENCHR_ASST	Number of part-time chair-side dental assistants

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Count

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	980
-8	Not Applicable	34	286
0	0	152	1024
>0	>0	128	706
TOTAL		470	2996

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
15	ACCEPT_NEW_PTS_PRIMARY	Accepting new patients into your primary dental office

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	24
-8	Not Applicable	34	286
0	No	3	13
1	Yes	424	2673
TOTAL		470	2996

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<b>QUESTION NUMBER</b> 16	<b>VARIABLE NAME</b> SERVE_SFS_INC	<b>DESCRIPTION</b> Payment options available: Sliding fee payment schedule based on pt. income
	<b>TYPE</b> Numeric	<b>LENGTH</b> 8
		<b>FORMAT</b> Nominal

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<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	46	242
-8	Not Applicable	34	286
0	No	347	2153
1	Yes	43	315
TOTAL		470	2996

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<b>QUESTION NUMBER</b> 16	<b>VARIABLE NAME</b> ACCEPT_MDCAID	<b>DESCRIPTION</b> Payment options available: Medicaid
	<b>TYPE</b> Numeric	<b>LENGTH</b> 8
		<b>FORMAT</b> Nominal

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<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	43	245
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
0	No	292	1938
1	Yes	100	524
TOTAL		470	2996

**QUESTION  
NUMBER**  
16

**VARIABLE NAME**  
ACCEPT\_NEW\_MDCAID

**DESCRIPTION**  
Payment options available: New Medicaid patients

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	46	266
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
0	No	300	2002
1	Yes	89	437
TOTAL		470	2994

**QUESTION  
NUMBER**  
16

**VARIABLE NAME**  
ACCEPT\_CHPP\_PAY

**DESCRIPTION**  
Payment options available: CHP+

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	45	265
-8	Not Applicable	34	286
0	No	243	1678
1	Yes	148	766
TOTAL		470	2995

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**QUESTION NUMBER**      **VARIABLE NAME**      **DESCRIPTION**  
16                      ACCEPT\_NEW\_CHPP\_PAY      Payment options available: new CHP+ patients

**TYPE**                                      **LENGTH**                                      **FORMAT**  
Numeric                                      8                                      Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	47	303
-8	Not Applicable	34	286
0	No	242	1659
1	Yes	147	748
TOTAL		470	2996

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**QUESTION NUMBER**      **VARIABLE NAME**      **DESCRIPTION**  
16                      ACCEPT\_DELTA      Payment options available: Delta Dental

**TYPE**                                      **LENGTH**                                      **FORMAT**  
Numeric                                      8                                      Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	10	54
-8	Not Applicable	34	286
0	No	38	294
1	Yes	388	2361
TOTAL		470	2995



**QUESTION  
NUMBER**  
16

**VARIABLE NAME**  
ACCEPT\_NEW\_DELTA

**DESCRIPTION**  
Payment options available: new Delta Dental patients

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	11	56
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
0	No	33	247
1	Yes	391	2404
TOTAL		470	2996

**QUESTION  
NUMBER**  
16a

**VARIABLE NAME**  
REJECTMDCD\_REIMBLOW

**DESCRIPTION**  
Rsn for not acct Medicaid payment: Reimbursement too low

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	113	614
-8	Not Applicable	34	286
1	Very Important, level 1	235	1581
2	Important, level 2	36	217
3	Indifferent, level 3	18	99
4	Not Important, level 4	4	11
5	Not Important, level 5	8	82
6	N/A	22	106
TOTAL		470	2996

<b>QUESTION NUMBER</b> 16a	<b>VARIABLE NAME</b> REJECTMDCD_TIMECONS	<b>DESCRIPTION</b> Rsn for not acct Medicaid payment: Paperwork too burdensome
<b>TYPE</b> Numeric	<b>LENGTH</b> 8	<b>FORMAT</b> Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	119	660
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	18
1	Very Important, level 1	197	1335
2	Important, level 2	47	308
3	Indifferent, level 3	28	161
4	Not Important, level 4	6	17
5	Not Important, level 5	9	52
6	N/A	29	157
TOTAL		470	2994

<b>QUESTION NUMBER</b> 16a	<b>VARIABLE NAME</b> REJECTMDCD_NOSHOW	<b>DESCRIPTION</b> Rsn for not acct Medicaid payment: Too many no-shows
<b>TYPE</b> Numeric	<b>LENGTH</b> 8	<b>FORMAT</b> Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	123	699
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	20
1	Very Important, level 1	170	1034
2	Important, level 2	60	440
3	Indifferent, level 3	26	151
4	Not Important, level 4	2	5
5	Not Important, level 5	4	42
6	N/A	49	319
TOTAL		470	2996

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
16a	REJECTMDCD_PTCOMPL	Rsn for not acct Medicaid payment: Lack of pt. compliance	
	TYPE	LENGTH	FORMAT
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	129	704
-8	Not Applicable	34	286
1	Very Important, level 1	107	630
2	Important, level 2	47	287
3	Indifferent, level 3	62	429
4	Not Important, level 4	21	147
5	Not Important, level 5	18	125
6	N/A	52	388
TOTAL		470	2996

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
16a	REJECTMDCD_OTH	Rsn for not acct Medicaid payment: Other	
	TYPE	LENGTH	FORMAT
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	362	2229
-8	Not Applicable	34	286
1	Very Important, level 1	23	194
2	Important, level 2	5	28
5	Not Important, level 5	2	13
6	N/A	44	245
TOTAL		470	2995

**QUESTION  
NUMBER**  
16a

**VARIABLE NAME**  
REJECTMDCD\_OTH\_DESC

**DESCRIPTION**  
Rsn for not acct Medicaid payment: Other description

**TYPE**  
Character

**LENGTH**  
200

**FORMAT**  
Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-7	Skip Pattern Violation	2	13
-8	Not Applicable	76	517
-9	Missing	342	2164
	non-missing	50	300
TOTAL		470	2994

**QUESTION  
NUMBER**  
17

**VARIABLE NAME**  
PCTCARE\_INFANT

**DESCRIPTION**  
Direct patient care time for infants (0-3)

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	79
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	13	85
0	0	177	1309
>0	>0	237	1236
TOTAL		470	2995

**QUESTION  
NUMBER**  
17

**VARIABLE NAME**  
PCTCARE\_CHILDREN

**DESCRIPTION**  
Direct patient care time for children (4-17)

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	79
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	13	85
0	0	8	74
>0	>0	406	2471
TOTAL		470	2995

**QUESTION  
NUMBER**  
17

**VARIABLE NAME**  
PCTCARE\_ADULT

**DESCRIPTION**  
Direct patient care time for adults (18-64)

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	79
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	13	85
0	0	20	115
>0	>0	394	2431
TOTAL		470	2996

**QUESTION  
NUMBER**  
17

**VARIABLE NAME**  
PCTCARE\_OLDADULT

**DESCRIPTION**  
Direct patient care time for older adults (65+)

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	79
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	13	85
0	0	51	252
>0	>0	363	2293
TOTAL		470	2995

**QUESTION  
NUMBER**  
18

**VARIABLE NAME**  
CHARITY

**DESCRIPTION**  
Approximate dollar amount of charity care provided for 2008

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	4	26
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	4	27
1	None	24	142
2	\$2,500 or less	84	429
3	\$2,501 to \$5,000	101	620
4	\$5,001 to \$10,000	99	693
5	\$10,001 to \$25,000	52	329
6	\$25,001 or more	41	302
7	Do not know	27	141
TOTAL		470	2995

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
19	LANG_OTHENG	Speak another language to communicate with pts

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Nominal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	10	71
-8	Not Applicable	34	286
0	No	306	2001
1	Yes	120	637
TOTAL		470	2995

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
19	LANG_DESCR	If so, what language

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Character	100	Text

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	99
-8	Not Applicable	339	2283
	non-missing	119	613
TOTAL		470	2995

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
20	GRAD_STATE	Dental school state

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Character	3	Text

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	13	104
-8	Not Applicable	34	286
	Non-Colorado	318	2104
CO	Colorado	105	502
TOTAL		470	2996

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<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
21	GRAD_YEAR	Graduation year from dental school

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Continuous

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	116
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	3	25
>0	>0	421	2569
TOTAL		470	2996



<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
22	EDCARE_PREGNANT	Classroom Adequacy: Dental care for pregnant women

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	16	125
-8	Not Applicable	34	286
1	Most adequate, level 1	77	454
2	Adequate, level 2	133	743
3	Indifferent, level 3	142	877
4	Inadequate, level 4	41	286
5	Inadequate, level 5	23	193
6	N/A	4	31
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
22	EDCARE_INFANT	Classroom Adequacy: Dental care for infants (ages 0-3)

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Numeric	8	Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	17	125
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
1	Most adequate, level 1	50	279
2	Adequate, level 2	97	561
3	Indifferent, level 3	135	824
4	Inadequate, level 4	78	500
5	Inadequate, level 5	52	392
6	N/A	6	26
TOTAL		470	2996

**QUESTION NUMBER** 22      **VARIABLE NAME** EDCARE\_CHILDREN      **DESCRIPTION** Classroom Adequacy: Dental care for children/adolescents (4-17)

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	15	122
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
1	Most adequate, level 1	125	800
2	Adequate, level 2	162	925
3	Indifferent, level 3	98	604
4	Inadequate, level 4	27	183
5	Inadequate, level 5	6	62
6	N/A	2	11
TOTAL		470	2996

**QUESTION NUMBER** 22      **VARIABLE NAME** EDCARE\_DISAB      **DESCRIPTION** Classroom Adequacy: Dental care for persons with disabilities

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	21	149
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	3
1	Most adequate, level 1	65	319
2	Adequate, level 2	124	744
3	Indifferent, level 3	134	892
4	Inadequate, level 4	72	499
5	Inadequate, level 5	16	92
6	N/A	2	11
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>	<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
22	EDCARE_BEHAVE	Classroom Adequacy: Dental care for persons with behavioral health problems	Numeric	8	Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	20	164
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
1	Most adequate, level 1	43	205
2	Adequate, level 2	98	485
3	Indifferent, level 3	144	923
4	Inadequate, level 4	92	632
5	Inadequate, level 5	35	281
6	N/A	3	15
TOTAL		470	2994

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>	<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
22	EDCARE_CARIES	Classroom Adequacy: Treatment of caries	Numeric	8	Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	20	165
-8	Not Applicable	34	286
1	Most adequate, level 1	309	1850
2	Adequate, level 2	76	381
3	Indifferent, level 3	25	252
4	Inadequate, level 4	2	28
5	Inadequate, level 5	3	25
6	N/A	1	10
TOTAL		470	2997

**QUESTION NUMBER** 22      **VARIABLE NAME** EDCARE\_PREVENTIVE      **DESCRIPTION** Classroom Adequacy: Preventive dental care

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	18	153
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	18
1	Most adequate, level 1	231	1218
2	Adequate, level 2	111	697
3	Indifferent, level 3	48	352
4	Inadequate, level 4	9	86
5	Inadequate, level 5	11	101
6	N/A	7	85
TOTAL		470	2996

**QUESTION NUMBER** 22      **VARIABLE NAME** EDCARE\_SETUP\_PR      **DESCRIPTION** Classroom Adequacy: Setting up a dental practice

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	15	122
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	12
1	Most adequate, level 1	26	115
2	Adequate, level 2	44	260
3	Indifferent, level 3	127	782
4	Inadequate, level 4	107	710
5	Inadequate, level 5	113	696
6	N/A	2	13
TOTAL		470	2996

**QUESTION  
NUMBER**  
22

**VARIABLE NAME**  
EDCARE\_MGMT

**DESCRIPTION**  
Classroom Adequacy: Management of a dental practice

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	14	120
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	17	92
2	Adequate, level 2	44	205
3	Indifferent, level 3	93	522
4	Inadequate, level 4	135	959
5	Inadequate, level 5	130	797
6	N/A	2	13
TOTAL		470	2996

**QUESTION  
NUMBER**  
22

**VARIABLE NAME**  
EDCARE\_WORKWITH

**DESCRIPTION**  
Classroom Adequacy: Working with other health care professionals

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	14	120
-8	Not Applicable	34	286
1	Most adequate, level 1	51	270
2	Adequate, level 2	98	576
3	Indifferent, level 3	136	838
4	Inadequate, level 4	96	660
5	Inadequate, level 5	39	233
6	N/A	2	11
TOTAL		470	2994

**QUESTION NUMBER** 22      **VARIABLE NAME** EDCARE\_ENDO      **DESCRIPTION** Classroom Adequacy: Training in endodontics

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	15	124
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	13
1	Most adequate, level 1	150	790
2	Adequate, level 2	155	948
3	Indifferent, level 3	88	679
4	Inadequate, level 4	18	108
5	Inadequate, level 5	7	37
6	N/A	1	10
TOTAL		470	2995

**QUESTION NUMBER** 22      **VARIABLE NAME** EDCARE\_ORSURG      **DESCRIPTION** Classroom Adequacy: Training in oral surgery

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	125
-8	Not Applicable	34	286
1	Most adequate, level 1	166	920
2	Adequate, level 2	140	902
3	Indifferent, level 3	81	509
4	Inadequate, level 4	23	189
5	Inadequate, level 5	9	54
6	N/A	1	10
TOTAL		470	2995

<b>QUESTION NUMBER</b> 22	<b>VARIABLE NAME</b> EDCARE_ORTHO	<b>DESCRIPTION</b> Classroom Adequacy: Training in orthodontics
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<b>TYPE</b> Numeric	<b>LENGTH</b> 8	<b>FORMAT</b> Ordinal
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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	141
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	57	316
2	Adequate, level 2	76	474
3	Indifferent, level 3	96	606
4	Inadequate, level 4	109	665
5	Inadequate, level 5	77	475
6	N/A	3	31
TOTAL		470	2996

<b>QUESTION NUMBER</b> 22	<b>VARIABLE NAME</b> EDCARE_PERIO	<b>DESCRIPTION</b> Classroom Adequacy: Training in periodontics
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<b>TYPE</b> Numeric	<b>LENGTH</b> 8	<b>FORMAT</b> Ordinal
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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	123
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	10
1	Most adequate, level 1	136	695
2	Adequate, level 2	161	925
3	Indifferent, level 3	94	752
4	Inadequate, level 4	17	126
5	Inadequate, level 5	10	68
6	N/A	1	10
TOTAL		470	2995

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**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_PREGNANT      **DESCRIPTION** Clinical Adequacy: Dental care for pregnant women

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	128
-8	Not Applicable	34	286
1	Most adequate, level 1	66	364
2	Adequate, level 2	103	612
3	Indifferent, level 3	126	808
4	Inadequate, level 4	67	396
5	Inadequate, level 5	44	341
6	N/A	13	61
TOTAL		470	2996

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**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_INFANT      **DESCRIPTION** Clinical Adequacy: Dental care for infants (ages 0-3)

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

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<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	129
-8	Not Applicable	34	286
1	Most adequate, level 1	37	151
2	Adequate, level 2	85	516
3	Indifferent, level 3	100	643
4	Inadequate, level 4	101	604
5	Inadequate, level 5	71	549
6	N/A	25	119
TOTAL		470	2997



**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_CHILDREN      **DESCRIPTION** Clinical Adequacy: Dental care for children/adolescents (4-17)

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	127
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	115	650
2	Adequate, level 2	156	962
3	Indifferent, level 3	98	634
4	Inadequate, level 4	40	259
5	Inadequate, level 5	8	66
6	N/A	1	10
TOTAL		470	2996

**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_DISAB      **DESCRIPTION** Clinical Adequacy: Dental care for persons with disabilities

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	125
-8	Not Applicable	34	286
1	Most adequate, level 1	65	309
2	Adequate, level 2	111	652
3	Indifferent, level 3	121	806
4	Inadequate, level 4	80	512
5	Inadequate, level 5	35	263
6	N/A	8	42
TOTAL		470	2995

<b>QUESTION NUMBER</b> 23	<b>VARIABLE NAME</b> CLIN_BEHAVE	<b>DESCRIPTION</b> Clinical Adequacy: Dental care for persons with behavioral health problems
	<b>TYPE</b> Numeric	<b>LENGTH</b> 8
		<b>FORMAT</b> Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	18	147
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	10
1	Most adequate, level 1	51	216
2	Adequate, level 2	89	488
3	Indifferent, level 3	119	789
4	Inadequate, level 4	107	691
5	Inadequate, level 5	41	306
6	N/A	10	63
TOTAL		470	2996

<b>QUESTION NUMBER</b> 23	<b>VARIABLE NAME</b> CLIN_CARIES	<b>DESCRIPTION</b> Clinical Adequacy: Treatment of caries
	<b>TYPE</b> Numeric	<b>LENGTH</b> 8
		<b>FORMAT</b> Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	18	161
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
1	Most adequate, level 1	309	1811
2	Adequate, level 2	79	455
3	Indifferent, level 3	23	222
4	Inadequate, level 4	2	22
5	Inadequate, level 5	3	25
6	N/A	1	10
TOTAL		470	2995

**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_PREVENTIVE      **DESCRIPTION** Clinical Adequacy: Preventive dental care

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	135
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	18
1	Most adequate, level 1	222	1142
2	Adequate, level 2	109	691
3	Indifferent, level 3	48	376
4	Inadequate, level 4	18	154
5	Inadequate, level 5	12	89
6	N/A	9	105
TOTAL		470	2996

**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_WORKWITH      **DESCRIPTION** Clinical Adequacy: Working with other health care professionals

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	128
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	18
1	Most adequate, level 1	67	324
2	Adequate, level 2	99	550
3	Indifferent, level 3	125	898
4	Inadequate, level 4	78	493
5	Inadequate, level 5	46	283
6	N/A	3	15
TOTAL		470	2995

**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_ENDO      **DESCRIPTION** Clinical Adequacy: Training in endodontics

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	127
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	6	55
1	Most adequate, level 1	164	881
2	Adequate, level 2	141	868
3	Indifferent, level 3	82	620
4	Inadequate, level 4	16	76
5	Inadequate, level 5	10	73
6	N/A	1	10
TOTAL		470	2996

**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_ORSURG      **DESCRIPTION** Clinical Adequacy: Training in oral surgery

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	129
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	2
1	Most adequate, level 1	178	976
2	Adequate, level 2	129	866
3	Indifferent, level 3	76	495
4	Inadequate, level 4	25	171
5	Inadequate, level 5	9	62
6	N/A	1	10
TOTAL		470	2997

**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_ORTHO      **DESCRIPTION** Clinical Adequacy: Training in orthodontics

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	19	165
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	3	25
1	Most adequate, level 1	61	305
2	Adequate, level 2	72	497
3	Indifferent, level 3	89	559
4	Inadequate, level 4	113	664
5	Inadequate, level 5	74	445
6	N/A	5	50
TOTAL		470	2996

**QUESTION NUMBER** 23      **VARIABLE NAME** CLIN\_PERIO      **DESCRIPTION** Clinical Adequacy: Training in periodontics

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	125
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
1	Most adequate, level 1	153	777
2	Adequate, level 2	145	903
3	Indifferent, level 3	90	648
4	Inadequate, level 4	19	166
5	Inadequate, level 5	11	77
6	N/A	1	10
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>	<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
24	PREPARE_CLIN_DENT	Preparation for practicing general dentistry after graduation from dental school	Numeric	8	Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	10	49
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	4	19
1	Fully prepared, level 1	99	534
2	Prepared, level 2	196	1171
3	Indifferent, level 3	104	774
4	Not prepared, level 4	21	151
5	Not prepared, level 5	2	11
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>	<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
25	PREPARE_MGMT_DENT	Preparation for managing practice after graduation from dental school	Numeric	8	Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	8	44
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	2
1	Fully prepared, level 1	13	59
2	Prepared, level 2	62	357
3	Indifferent, level 3	132	877
4	Not prepared, level 4	129	876
5	Not prepared, level 5	91	495
TOTAL		470	2996

**QUESTION NUMBER**  
26

**VARIABLE NAME**  
BIRTH\_YR

**DESCRIPTION**  
Year of birth

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	7	48
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
>0	>0	428	2658
TOTAL		470	2995

**QUESTION NUMBER**  
27

**VARIABLE NAME**  
GENDER

**DESCRIPTION**  
Gender

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	6	46
-8	Not Applicable	34	286
0	Female	220	560
1	Male	210	2103
TOTAL		470	2995

**QUESTION NUMBER**  
28

**VARIABLE NAME**  
RACE

**DESCRIPTION**  
Race/ethnicity

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	11	81
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	13
1	Mixed Heritage	9	55
2	African American	4	49
3	White Hispanic	17	87
4	Non-White Hispanic	6	25
5	White	352	2221
6	Native American	3	23
7	Asian/Pacific Islander	32	155
TOTAL		470	2995

**QUESTION NUMBER**  
29

**VARIABLE NAME**  
GREWUP\_LOCATION

**DESCRIPTION**  
Location respondent grew up in

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	62
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	3	23
1	Rural	107	608
2	Suburban	241	1527
3	Urban	76	489
TOTAL		470	2995



**QUESTION NUMBER** 30      **VARIABLE NAME** PRACYR\_CO      **DESCRIPTION** Number of years practicing dentistry in Colorado

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	6	29
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	21
0	0	1	2
>0	>0	427	2656
TOTAL		470	2994

**QUESTION NUMBER** 31      **VARIABLE NAME** LEAVE\_NEXT12MO      **DESCRIPTION** Leaving current dental practice in next 12 months?

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	35
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	2	6
0	No	397	2474
1	Yes	32	193
TOTAL		470	2994

**QUESTION NUMBER** 31a  
**VARIABLE NAME** RSNLV\_PLANRETIRE  
**DESCRIPTION** Reason for leaving: I plan to retire

**TYPE** Numeric  
**LENGTH** 8  
**FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	8	45
-8	Not Applicable	412	2629
-7	Skip Pattern Violation	19	131
-6	Invalid Answer/Out of Range	1	3
1	Very Important, level 1	5	66
2	Important, level 2	1	2
4	Not Important, level 4	1	18
5	Not Important, level 5	8	45
6	N/A	15	56
TOTAL		470	2995

**QUESTION NUMBER** 31a  
**VARIABLE NAME** RSNLV\_RELOCATE  
**DESCRIPTION** Reason for leaving: I plan to relocate to a different practice location

**TYPE** Numeric  
**LENGTH** 8  
**FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	6	24
-8	Not Applicable	413	2632
-7	Skip Pattern Violation	18	128
1	Very Important, level 1	15	88
2	Important, level 2	2	5
3	Indifferent, level 3	1	3
4	Not Important, level 4	1	18
5	Not Important, level 5	9	77
6	N/A	5	20
TOTAL		470	2995

<b>QUESTION NUMBER</b> 31a	<b>VARIABLE NAME</b> RSNLV_PTLOAD	<b>DESCRIPTION</b> Reason for leaving: I do not have sufficient patient load to profitably operate
	<b>TYPE</b> Numeric	<b>LENGTH</b> 8
		<b>FORMAT</b> Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	8	60
-8	Not Applicable	413	2617
-7	Skip Pattern Violation	18	143
1	Very Important, level 1	4	28
2	Important, level 2	2	5
3	Indifferent, level 3	4	17
4	Not Important, level 4	1	2
5	Not Important, level 5	13	95
6	N/A	7	28
TOTAL		470	2995

<b>QUESTION NUMBER</b> 31a	<b>VARIABLE NAME</b> RSNLV_MGMT	<b>DESCRIPTION</b> Reason for leaving: Admin and Mgmt too burdensome
	<b>TYPE</b> Numeric	<b>LENGTH</b> 8
		<b>FORMAT</b> Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	7	42
-8	Not Applicable	413	2617
-7	Skip Pattern Violation	18	143
1	Very Important, level 1	4	26
2	Important, level 2	4	25
3	Indifferent, level 3	5	36
4	Not Important, level 4	3	25
5	Not Important, level 5	9	61
6	N/A	7	21
TOTAL		470	2996

**QUESTION NUMBER** 31a      **VARIABLE NAME** RSNLV\_LOWCHLG      **DESCRIPTION** Reason for leaving: Work is no longer professionally challenging

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	7	42
-8	Not Applicable	413	2617
-7	Skip Pattern Violation	18	143
1	Very Important, level 1	1	3
2	Important, level 2	2	13
3	Indifferent, level 3	3	29
4	Not Important, level 4	6	33
5	Not Important, level 5	11	88
6	N/A	9	26
TOTAL		470	2994

**QUESTION NUMBER** 31a      **VARIABLE NAME** RSNLV\_MDCDHIGH      **DESCRIPTION** Reason for leaving: Too many Medicaid patients to sustain my practice

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	8	52
-8	Not Applicable	413	2617
-7	Skip Pattern Violation	18	143
1	Very Important, level 1	1	3
3	Indifferent, level 3	2	6
5	Not Important, level 5	11	67
6	N/A	17	107
TOTAL		470	2995

**QUESTION NUMBER** 31a      **VARIABLE NAME** RSNLV\_FAMRESP      **DESCRIPTION** Reason for leaving: Family responsibilities

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	7	42
-8	Not Applicable	413	2617
-7	Skip Pattern Violation	18	143
1	Very Important, level 1	1	3
2	Important, level 2	4	12
3	Indifferent, level 3	2	4
4	Not Important, level 4	2	7
5	Not Important, level 5	15	123
6	N/A	8	44
TOTAL		470	2995

**QUESTION NUMBER** 31a      **VARIABLE NAME** RSNLV\_HLTH      **DESCRIPTION** Reason for leaving: Health

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	8	52
-8	Not Applicable	413	2617
-7	Skip Pattern Violation	18	143
2	Important, level 2	3	17
4	Not Important, level 4	1	18
5	Not Important, level 5	13	73
6	N/A	14	75
TOTAL		470	2995

**QUESTION NUMBER**  
31a

**VARIABLE NAME**  
RSNLV\_OTH

**DESCRIPTION**  
Reason for leaving: Other

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	25	162
-8	Not Applicable	424	2698
-7	Skip Pattern Violation	7	62
1	Very Important, level 1	4	18
5	Not Important, level 5	3	15
6	N/A	7	41
TOTAL		470	2996

**QUESTION NUMBER**  
31a

**VARIABLE NAME**  
RSNLV\_OTHDESC

**DESCRIPTION**  
Reason for leaving: Other description

**TYPE**  
Character

**LENGTH**  
30

**FORMAT**  
Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	24	165
-8	Not Applicable	437	2783
-7	Skip Pattern Violation	1	18
	non-missing	8	29
TOTAL		470	2995

---

---

**QUESTION  
NUMBER**  
32

**VARIABLE NAME**  
COLLAB\_OTHERS

**DESCRIPTION**  
Collaboration with other dentists, physicians, and nurses

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

---

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	142
-8	Not Applicable	34	286
0	No	245	1691
1	Yes	174	877
TOTAL		470	2996

---

---

**QUESTION  
NUMBER**  
32

**VARIABLE NAME**  
COLLAB\_OTHERS\_DESC

**DESCRIPTION**  
If collaboration, what ways

**TYPE**  
Character

**LENGTH**  
200

**FORMAT**  
Text

---

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	46	280
-8	Not Applicable	279	1977
	non-missing	145	739
TOTAL		470	2996

---

**QUESTION NUMBER** 33      **VARIABLE NAME** CHALLENGE\_NONE      **DESCRIPTION** Challenge in next 12 months: None

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Nominal

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	370	2235
1	Yes	57	435
TOTAL		470	2995

---

**QUESTION NUMBER** 33      **VARIABLE NAME** CHALLENGE\_LOWVOL      **DESCRIPTION** Challenge in next 12 months: Low patient volume

**TYPE** Numeric      **LENGTH** 8      **FORMAT** Nominal

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	300	1810
1	Yes	127	860
TOTAL		470	2995



**QUESTION  
NUMBER**  
33

**VARIABLE NAME**  
CHALLENGE\_LOWCOLLECT

**DESCRIPTION**  
Challenge in next 12 months: Adequate patient volume, but low  
collection rate

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	400	2496
1	Yes	27	174
TOTAL		470	2995

**QUESTION  
NUMBER**  
33

**VARIABLE NAME**  
CHALLENGE\_MDCDREIMB

**DESCRIPTION**  
Challenge in next 12 months: Medicaid reimbursement rates

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	409	2565
1	Yes	18	105
TOTAL		470	2995

**QUESTION  
NUMBER**  
33

**VARIABLE NAME**  
CHALLENGE\_INSREIMB

**DESCRIPTION**  
Challenge in next 12 months: Low reimbursement rates from dental insurers

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	342	2180
1	Yes	85	490
TOTAL		470	2995

**QUESTION  
NUMBER**  
33

**VARIABLE NAME**  
CHALLENGE\_LACKRSC

**DESCRIPTION**  
Challenge in next 12 months: Lack of knowledge about community resources (assist low-income pts)

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	413	2580
1	Yes	14	90
TOTAL		470	2995

---

---

**QUESTION  
NUMBER**  
33

**VARIABLE NAME**  
CHALLENGE\_PHYDEM

**DESCRIPTION**  
Challenge in next 12 months: Physical demands of the work

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	381	2422
1	Yes	46	248
TOTAL		470	2995

---

---

**QUESTION  
NUMBER**  
33

**VARIABLE NAME**  
CHALLENGE\_MGMT

**DESCRIPTION**  
Challenge in next 12 months: Practice management challenges

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	327	2127
1	Yes	100	543
TOTAL		470	2995

---

**QUESTION NUMBER**      **VARIABLE NAME**      **DESCRIPTION**  
33                              CHALLENGE\_OTHER      Challenge in next 12 months: Other

**TYPE**    **LENGTH**    **FORMAT**  
Character    40    Text

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	39
-8	Not Applicable	34	286
0	No	387	2457
1	Yes	40	213
TOTAL		470	2995

---

**QUESTION NUMBER**      **VARIABLE NAME**      **DESCRIPTION**  
33                              CHALLENGE\_OTHER\_DESC      Challenge in next 12 months: Other description

**TYPE**    **LENGTH**    **FORMAT**  
Numeric    8    Ordinal

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	39
-8	Not Applicable	421	2743
	non-missing	40	213
TOTAL		470	2995

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>	
34	INCRMDCD_REIMB	Improving access to health care: Increase Medicaid reimbursement rates	
	<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
	Numeric	8	Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	16	126
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	10
1	Very Important, level 1	214	1188
2	Important, level 2	96	650
3	Indifferent, level 3	52	334
4	Not Important, level 4	14	106
5	Not Important, level 5	25	194
6	N/A	18	103
TOTAL		470	2997

<b>QUESTION NUMBER</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>	
34	EXPNDMDCD_LWINCADLT	Improving access to health care: Expand Medicaid coverage for low-income adults	
	<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
	Numeric	8	Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	18	147
-8	Not Applicable	34	286
1	Very Important, level 1	118	649
2	Important, level 2	92	597
3	Indifferent, level 3	108	696
4	Not Important, level 4	40	229
5	Not Important, level 5	39	274
6	N/A	21	118
TOTAL		470	2996

**QUESTION  
NUMBER**  
34

**VARIABLE NAME**  
ENSURE\_ACC\_DINS

**DESCRIPTION**  
Improving access to health care: Ensure every Coloradan has access to dental insurance

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	13	127
-8	Not Applicable	34	286
1	Very Important, level 1	114	663
2	Important, level 2	84	467
3	Indifferent, level 3	104	699
4	Not Important, level 4	45	224
5	Not Important, level 5	64	446
6	N/A	12	84
TOTAL		470	2996

**QUESTION  
NUMBER**  
34

**VARIABLE NAME**  
LWLIAB\_VOLCARE

**DESCRIPTION**  
Improving access to health care: Low cost liability ins. for volunteer work to low-income pts

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Ordinal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	16	119
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
1	Very Important, level 1	108	691
2	Important, level 2	92	460
3	Indifferent, level 3	114	775
4	Not Important, level 4	44	271
5	Not Important, level 5	45	287
6	N/A	16	102
TOTAL		470	2994

**QUESTION  
NUMBER**  
34

**VARIABLE NAME**  
LOANFGV\_UNDESV

**DESCRIPTION**  
Improving access to health care: Loan forgiveness for those willing to stay in underserved area

**TYPE**  
Character

**LENGTH**  
1000

**FORMAT**  
Text

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	15	146
-8	Not Applicable	34	286
-6	Invalid Answer/Out of Range	1	3
1	Very Important, level 1	175	889
2	Important, level 2	105	592
3	Indifferent, level 3	69	475
4	Not Important, level 4	25	187
5	Not Important, level 5	29	263
6	N/A	17	154
TOTAL		470	2995

**QUESTION  
NUMBER**  
N/A

**VARIABLE NAME**  
INTERNAL\_NOTES

**DESCRIPTION**  
Notes applicable to data items

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	377	2476
	non-missing	93	519
TOTAL		470	2995

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**QUESTION  
NUMBER**  
N/A

**VARIABLE NAME**  
PAPER

**DESCRIPTION**  
Paper form vs. electronic submission

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Continuous

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<b><u>VALUE</u></b>	<b><u>VALUE LABEL</u></b>	<b><u>UNWEIGHTED FREQUENCY</u></b>	<b><u>WEIGHTED FREQUENCY</u></b>
0	Electronic	7	35
1	Paper	463	2960
TOTAL		470	2995



## Created variables

**QUESTION  
NUMBER  
CREATED  
VARIABLE**

**VARIABLE NAME**  
AGE

**DESCRIPTION**  
Age of respondent

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Continuous

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	42	337
27	27	2	5
28	28	6	16
29	29	8	22
30	30	17	54
31	31	23	67
32	32	21	59
33	33	32	93
34	34	31	94
35	35	10	55
36	36	13	88
37	37	9	62
38	38	7	36
39	39	12	71
40	40	13	95
41	41	13	69
42	42	9	43
43	43	7	49
44	44	9	62
45	45	9	43
46	46	10	72
47	47	9	75
48	48	8	52
49	49	12	91
50	50	9	31
51	51	12	85
52	52	14	105
53	53	11	83
54	54	10	82
55	55	4	56
56	56	6	59

57	57	17	159
58	58	6	59
59	59	9	64
60	60	6	42
61	61	7	61
62	62	3	38
63	63	4	39
64	64	3	54
65	65	5	91
66	66	2	36
67	67	3	54
68	68	1	2
69	69	1	10
71	71	1	18
72	72	1	18
74	74	1	2
75	75	1	18
80	80	1	18
TOTAL		470	2994

**QUESTION  
NUMBER  
CREATED  
VARIABLE**

**VARIABLE NAME**  
GRAD\_NUMYRS

**DESCRIPTION**  
Number of years since graduation

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Continuous

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	49	426
1	1	17	58
2	2	21	61
3	3	28	89
4	4	22	68
5	5	25	97
6	6	18	52
7	7	24	93
8	8	15	79
9	9	7	35
10	10	11	75
11	11	6	46
12	12	11	69
13	13	9	52
14	14	6	27
15	15	12	58
16	16	11	67
17	17	10	47
18	18	11	57
19	19	10	70
20	20	9	36
21	21	6	67
22	22	8	51
23	23	9	65
24	24	11	34
25	25	11	100
26	26	16	124
27	27	13	88
28	28	6	42
29	29	7	44
30	30	8	95
31	31	5	74

32	32	7	77
33	33	4	39
34	34	4	39
35	35	3	38
36	36	2	36
37	37	1	18
38	38	4	72
39	39	3	54
40	40	3	54
41	41	1	18
42	42	1	18
45	45	3	46
47	47	1	18
54	54	1	18
TOTAL		470	2991

<b>QUESTION NUMBER CREATED VARIABLE</b>	<b>VARIABLE NAME</b>	<b>DESCRIPTION</b>
	GRAD_AGE	Age upon graduation

<b>TYPE</b>	<b>LENGTH</b>	<b>FORMAT</b>
Character	28	Text

<b>VALUE</b>	<b>VALUE LABEL</b>	<b>UNWEIGHTED FREQUENCY</b>	<b>WEIGHTED FREQUENCY</b>
-9	Missing	53	436
21	21	1	3
22	22	1	3
23	23	3	23
24	24	7	87
25	25	33	267
26	26	93	545
27	27	75	490
28	28	63	483
29	29	36	180
30	30	25	118
31	31	16	79
32	32	11	50
33	33	19	113
34	34	7	15
35	35	5	20
36	36	3	7
37	37	4	16
38	38	5	13
39	39	2	5
40	40	2	7
41	41	1	2
42	42	1	3
44	44	1	2
45	45	1	10
46	46	1	18
47	47	1	2
<b>TOTAL</b>		<b>470</b>	<b>2997</b>

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**QUESTION  
NUMBER**  
CREATED  
VARIABLE

**VARIABLE NAME**  
PRIMARY\_CITY\_FROM\_ZIP

**DESCRIPTION**  
City of primary practice location

**TYPE**  
Character

**LENGTH**  
2

**FORMAT**  
Text

---

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	48	398
	non-missing	422	2597
TOTAL		470	2995

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---

**QUESTION  
NUMBER**  
CREATED  
VARIABLE

**VARIABLE NAME**  
PRIMARY\_STATE\_FROM\_ZIP

**DESCRIPTION**  
State of primary practice location

**TYPE**  
Character

**LENGTH**  
43

**FORMAT**  
Text

---

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	48	398
CO	Colorado	422	2597
TOTAL		470	2995

**QUESTION  
NUMBER  
CREATED  
VARIABLE**

**VARIABLE NAME**  
PRIMARY\_COUNTY\_FROM\_ZIP

**DESCRIPTION**  
County of primary practice location

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	48	398
	non-missing	422	2597
TOTAL		470	2995

**QUESTION  
NUMBER  
CREATED  
VARIABLE**

**VARIABLE NAME**  
PRIMARY\_FIPS\_FROM\_ZIP

**DESCRIPTION**  
FIPS county code for primary practice location

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	48	398
8001	8001	32	186
8005	8005	78	489
8013	8013	34	191
8014	8014	5	27
8019	8019	2	7
8031	8031	54	339
8035	8035	28	158
8039	8039	1	18
8041	8041	60	424
8059	8059	57	313
8069	8069	24	175
8077	8077	12	59
8093	8093	1	10
8101	8101	15	87
8123	8123	19	114
TOTAL		470	2995

---

---

**QUESTION  
NUMBER**  
CREATED  
VARIABLE

**VARIABLE NAME**  
PRIMARY\_RUCA2\_FROM\_ZIP

**DESCRIPTION**  
RUCA code for primary practice location

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

---

---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	48	398
1	1	389	2406
2	2	21	117
2.1	2.1	11	56
3	3	1	18
TOTAL		470	2995

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---

**QUESTION  
NUMBER**  
CREATED  
VARIABLE

**VARIABLE NAME**  
PRIMARY\_URBAN\_FROM\_ZIP

**DESCRIPTION**  
Urban vs. Rural location for primary practice location

**TYPE**  
Numeric

**LENGTH**  
8

**FORMAT**  
Nominal

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---

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	48	398
1	Urban	422	2597
TOTAL		470	2995



## APPENDIX A BUSINESS RULES FOR DATA CLEANING

The Colorado Health Institute (CHI) used the following business rules to edit data obtained from the 2009 Colorado Dentist Workforce Survey.

For more information, contact Glenn Goodrich at 720.382.7095 or [goodrichg@ColoradoHealthInstitute.org](mailto:goodrichg@ColoradoHealthInstitute.org).

### General Rules:

1. Terminology- Unless otherwise stated, “-6” refers to an Invalid Answer/Out of Range; “-7” refers to the respondent answering a question that should have been skipped; “-8” means the question is missing due to a skip pattern; and “-9” means the respondent did not answer the question.
2. Case exclusions- If the primary practice location ZIP Code (Q5) was out of state (non-Colorado), the case was excluded. If the medical practice location ZIP Code was located in a rural area according to the RUCA codes (created from Q5), the case was also excluded.
3. Calculated variables- When the value was missing, regardless of the reason, all created variables were set to -9 (includes missing due to blank responses as well as invalid or inconsistent responses). This rule applied to such variables as age, graduation age and number of years since graduation.
4. Contradictory answers within an item- If more than one item was marked for items with strictly one option, the variable was coded as -6; if nothing was marked, the resulting variable was coded as -9. This rule applied to Q1, Q4, Q8, Q12, Q13, Q16a, Q18, Q22, Q23, Q24, Q25, Q27, Q28, Q29, Q31a, and Q34.
5. For items with a series of yes/no questions- if respondent marked both “yes” and “no” on any sub-portion, the particular portion where this occurred was recoded as -6. This rule applied to Q2, Q2a, Q3, Q15, Q16, Q19, Q31, and Q32.

### Question-Specific Rules:

1. Due to the large number of multiple responses to Q33, individual dummy variables were created for each response to preserve this information.
2. If the respondent indicated any of the 4<sup>th</sup> through 6<sup>th</sup> options on Q1, then any subsequent questions answered were coded to -7. Subsequent questions not answered were coded to -8 as well.
3. If the respondent indicated yes on Q2 and also responded to Q2a, then item(s) on Q2a were coded to -7. Items left blank on Q2a under the same scenario were coded to -8.
4. If the respondent indicated no on Q31 and also responded to Q31a, then item(s) on Q32a were coded to -7. Items left blank on Q32a under the same scenario were coded to -8.
5. If a description is provided for the other portion of Q8 and yes is not checked, we force this indicator to be yes. If no description is present and either no or N/A is indicated then the description field is set to -8.
6. If the first two options are not indicated on Q13 but a description for the difficulty portion of the question exists, then we force the third option (difficult to retain dental hygienists) to be indicated as opposed to the first two. If the description for difficulty is blank and one of the first two options is marked, then the description is coded to -8.
7. For Q16a other, if the respondent indicates N/A but a description is present then the description field is coded as -7. Under the same scenario as above if the description is blank then the description is coded as -8.
8. For Q19, if a language is specified in the description, but yes is not indicated, we force the indicator to yes. If the respondent indicates no for item 19 and there is no description then the description field is coded as -8. Finally if the respondent indicates yes but that they are only familiar with the language in question, then the indicator is set to no (only happens for one case).
9. For Q31a regarding the other reason for leaving, if the respondent indicates N/A then the description portion of this particular item within Q31a is set to -8.
10. If a description for Q32 exists, but yes is not indicated, then we force the indication portion of the question to yes. If the indication portion of the question is no and there is no description, then description field is coded as -8.

11. If the other box is not checked on Q33 and there is no description, the description portion is coded as -8.
12. If the number of office visits for Q7 is more than 20,000, then the item is coded to -7.
13. For Q9, if the total professional hours are 168 hours or more then the item is coded as -6. Similarly for direct care if the number of hours is 168 or more then the item is coded as -6. If the number of hours for direct care is more than the total professional hours, then both components of Q16 are coded as -6.
14. If the graduation year (Q21) is before 1920 the item is coded as -6.
15. If the birth year (Q26) is before 1880 then the item is coded as -6.
16. For item 17, if at least one percentage is present and an individual component percentage is missing we code that missing percentage as 0. For the case where percentages are provided, if they do not sum to 100, then each component is set to -6.

**APPENDIX B  
SAMPLING AND RESPONSE SUMMARY BY STRATA**

Strata	Population	Eligible sample <sup>2</sup>	Respondents	Response rate
Male: <35	240	141	74	52.5%
Male: 35-49	699	147	72	49.0%
Male: 50 +	1449	147	80	54.4%
Female: <35	174	145	70	48.3%
Female: 35-49	299	146	88	60.3%
Female: 50 +	134	132	86	65.2%
Total/Overall	2995	858	470	54.8%

<sup>2</sup> Eligible sample includes the number of active licensed dentists in the sample with a contact address in urban Colorado minus rural, out of state, unable to forward and non-responses.

## APPENDIX C POSTCARDS AND COVER LETTERS



Colorado Health Institute  
1576 Sherman Street, Ste. 300  
Denver, CO 80203-1728

Dear Colleague,

Within a week you will receive in the mail a request to fill out a dentist workforce questionnaire for an important study being conducted by the Colorado Health Institute on behalf of the Colorado Department of Public Health and Environment's (CDPHE) Oral Health Program.

The purpose of the questionnaire is to inform state policymakers, the University of Colorado Denver School of Dental Medicine and the Colorado Area Health Education Centers about dental practice issues from dentists who practice in Colorado's urban communities.

I am writing you in advance because we have found many people like to know ahead of time that they will be contacted. Thank you in advance for your time and consideration in helping make our survey effort successful.

Sincerely,

A handwritten signature in blue ink that reads 'Pamela P. Hanes'. The signature is fluid and cursive, with a long horizontal line extending to the right.

Pamela P. Hanes, PhD  
President and CEO

August 10, 2009

Survey # XXXX

XXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXX, CO XXXXX

Dear Dr. XXXXXXXX:

We need your help to learn more about the practice of dentistry in Colorado's urban communities. Many Coloradans living in the state's urban areas have difficulty getting access to the oral health care they need. Colorado's policymakers at both the state and local level would benefit from a better understanding of the training, practice and reimbursement issues related to recruiting and retaining dentists throughout Colorado's urban communities.

The Colorado Health Institute (CHI) was asked by the Colorado Department of Public Health and Environment's Oral Health Program to survey Colorado's urban dentists to provide a more comprehensive picture of the state's dental workforce. Your participation in this survey effort is extremely important.

The responses you provide will be confidential, survey findings will only be reported in the aggregate and your name will be removed from our database once survey administration has been completed.

CHI values your participation in this effort. The survey should take approximately 15 minutes to complete. A high response rate will ensure the reliability of the findings and provide the most accurate and generalizable picture of dentistry in Colorado's urban communities.

*Commonly Asked Questions* about the survey are included on the back of this letter. If you have any additional questions about the survey or about the Colorado Health Institute, please contact Michael Boyson at 303.831.4200 x 207.

Enclosed is a \$2 bill, a small token of our appreciation for filling out the survey. Thank you for your participation.

Warm regards,



Pamela P. Hanes, PhD  
President and CEO

You can also complete the survey form online at: <http://www.ColoradoHealthInstitute.org/Dentist2009.html>. Type the number shown at the top of your survey form (XXXX) → Complete the questionnaire and click the "submit" button when you finish.

## COMMONLY ASKED QUESTIONS

### **Who are the Colorado policymakers who will see the summary results?**

CHI will share a report of the urban dentist workforce survey findings with interested individuals and groups including:

- Legislators
- State agencies, such as the Colorado Department of Public Health and Environment's Oral Health Program and the Department of Health Care Policy and Financing (the state's Medicaid agency)
- Colorado's health foundations including The Colorado Trust, Caring for Colorado Foundation and The Colorado Health Foundation
- University of Colorado (CU) Denver School of Dental Medicine
- Colorado Dental Association

### **Why is this survey important?**

The Colorado Department of Public Health and Environment's (CDPHE) Oral Health Program will use the information to identify opportunities for improving access to oral health care in Colorado's urban communities. The CU Denver School of Dental Medicine will use the information to improve its classroom instruction and clinical experience for dental students. The Colorado Area Health Education Centers will identify opportunities to increase high school students' interests in health careers. The Colorado Health Institute will match respondents' results with the 2008 rural dentist survey and inform legislators about training and practice issues related to dentistry to assist their workforce deliberations. For more information about the 2008 rural dentist survey, see

[http://www.coloradohealthinstitute.org/resourceHotissues/workforce\\_RuralDentist.htm](http://www.coloradohealthinstitute.org/resourceHotissues/workforce_RuralDentist.htm).

### **How was I selected to be in the sample?**

Using the home or work address contained in the Colorado Department of Regulatory Agency's dentist licensure file matched to the Colorado Dental Association mailing list, CHI matched ZIP Codes with the definition of urban developed by the U.S. Department of Agriculture (Rural Urban Commuting Areas or RUCAs). RUCA codes are a sub-county measure of rural-urban status based on 2000 U.S. Census data and 2006 ZIP Codes. For more information on RUCA codes, refer to <http://depts.washington.edu/uwruca/index.html>.

### **If I am retired or not practicing dentistry, do I need to fill out the questionnaire?**

Yes, but only the first question. Please answer the first question and return the enclosed questionnaire in the self-addressed stamped envelope. Your name will then be taken off the CHI mailing list for any further contact.

### **Who sees my answers?**

CHI staff members working on the survey have signed an agreement to protect the confidentiality of the data collected. Before the public sees the summary results or a public use data file, CHI staff will ensure that survey responses that could identify an individual are re-coded to protect the confidentiality of all survey respondents.

### **How much time does the questionnaire take?**

There are 34 questions. Based on a pre-test of the survey instrument, we estimate the questionnaire will take approximately 15 minutes to complete.

### **What happens if I do not respond?**

This is a voluntary survey. However, if you do not respond, the survey will be less representative of the population of dentists practicing in urban areas of the state.

### **Can I see a report from the survey?**

If you would like a copy of the final report based on this survey, please contact Rebecca Crepin, CHI research assistant, at 303.831.4200 x 216 or [crepinr@coloradohealthinstitute.org](mailto:crepinr@coloradohealthinstitute.org).



Colorado Health Institute  
1576 Sherman Street, Ste. 300  
Denver, CO 80203-1728

Dear Colleague,

Last week you received a letter inviting you to participate in an Urban Dentist Workforce Survey. Your name was randomly selected from a list of current licensed dentists living or working in an urban Colorado community to participate in a workforce survey.

If you have already completed the survey online or returned the form to us, please accept our sincere thanks. If not, we ask that you please do so as soon as possible. It is only through practicing dentists like you completing the questionnaire that Colorado policymakers will fully understand the workforce issues that you and your colleagues face in providing dental care in Colorado's urban communities.

If you did not receive a questionnaire, or if it was misplaced, please call Rebecca Crepin at 303.831.4200 x 216 and we will get another one in the mail to you today.

Warm regards,

A handwritten signature in blue ink that reads 'Pamela P. Hanes'.

Pamela P. Hanes, PhD  
President and CEO

August 31, 2009

Survey # XXXX

XXXXXXXXXX  
XXXXXXXXXXXX  
XXXXX, CO XXXXX

Dear Dr. XXXXXXXX:

About three weeks ago the Colorado Health Institute mailed you a questionnaire about your practice experiences as a Colorado dentist. To date, we have not received your completed questionnaire.

Preliminary findings from returned surveys indicate that many practicing dentists in Colorado are being impacted by current economic conditions. We are writing to you because your participation is important to the reliability and validity of the final survey results. As we stated in the initial invitational letter, your responses will be confidential and only reported in the aggregate.

A few people have called to say that they are retired or not seeing patients. If that is the case with you, we ask you to simply complete the first question and then return the survey to CHI.

I have enclosed another copy of the questionnaire and a self-addressed envelope in the event the first survey was misplaced. I hope that you will take the 15 minutes to fill it out and return it today. If you have any questions, please contact Michael Boyson at 303.831.4200 x 207. Thank you very much for your participation in this important survey effort.

Sincerely,



Pamela P. Hanes, PhD  
President and CEO

You may also complete the survey form online at: <http://www.ColoradoHealthInstitute.org/Dentist2009.html>. Type the number shown at the top of your survey form (XXXXX) → Complete the questionnaire and click the "submit" button when you finish.



## FREQUENTLY ASKED QUESTIONS

### **How many people have responded?**

So far, we have received 296 surveys: 293 paper forms and 3 filled out online representing a 34 percent response rate. We are aiming for a much higher response rate.

### **Who are the Colorado policymakers who will see the summary results?**

CHI will share a report of the urban dentist workforce survey findings with interested individuals and groups including:

- Legislators
- State agencies, such as the Colorado Department of Public Health and Environment's Oral Health Program and the Department of Health Care Policy and Financing (the state's Medicaid agency)
- Colorado's health foundations including The Colorado Trust, Caring for Colorado Foundation and The Colorado Health Foundation
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### **How was I selected to be in the sample?**

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