



2008 Colorado Rural Dentist Workforce Survey

*Codebook and Variable Frequencies
Report – Research File*

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Informing Policy. Advancing Health.

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ACKNOWLEDGMENTS

The 2008 Colorado Rural Dentist Survey was a cooperative effort between CHI and the Colorado Department of Public Health and Environment's Oral Health Program and is part of a larger Colorado Rural Oral Health Workforce Project.

Funding was also provided by The Colorado Trust through its Health Professions Initiative.

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 is being developed to enable visitors to the CHI Web site to download health professions data and customize reports by profession and geographic location. The purpose of this survey is to better understand the factors that have the potential to expand access to oral health care for rural Coloradans.

2008 COLORADO RURAL DENTIST WORKFORCE SURVEY

Methods

The survey was administered in four waves by mail and Internet beginning on July 10, 2008. The first mailing was a postcard alerting the 365 rural dentists identified in the state's licensing database that a survey was coming. On July 17, 2008, a second mailing, which included a cover letter with *Frequently Asked Questions*, a questionnaire, a self-addressed stamped envelope and a \$2 token, went out to all actively licensed dentists living in a rural Colorado area according to the Rural/Urban Commuting Area (RUCA) codes¹. 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 July 24, 2008, 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 7, 2008, consisted of a cover letter, a second questionnaire and a self-addressed stamped envelope. See Appendix C (p. 87) for copies of cover letters and postcards.

Response rate

CHI received survey responses from 190 rural dentists as a result of the first mailing of questionnaires which ended on August 10, 2008. The second questionnaire mailing yielded an additional 61 completed surveys. In total, CHI received survey responses from 251 rural dentists or 70 percent of those who were mailed a survey form. The following table shows the final disposition of surveys by response category.

Final Disposition	Number
Surveys mailed to Colorado rural dentist population	365
Undeliverables	0
Non-response	5
Out of state	1
Non-rural	2
Eligible sample	357
Returned completed questionnaires (2 nd wave)	190
Returned completed questionnaires (4 th wave)	61
Total returned completed questionnaires	251
Response rate	70.3%

Data from the paper survey questionnaires returned to CHI were entered into an electronic database (N=243). In addition, eight survey forms were submitted to CHI via an online option on the Internet. With the paper

¹ 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>.

forms, CHI randomly selected 15 (6%) for data entry validation. Data entry was 99+ percent accurate across all 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].

Weighting for survey non-respondents

This survey was conducted to yield information about dentists holding an active license and practicing in rural Colorado as of August 2008. A survey form was mailed to all licensed Colorado dentists with a contact address in rural Colorado (N=365)². The data file includes variable counts for valid respondents only (N=251).

Gender,³ the date when a Colorado license was first obtained (before and after 1990) and educational background (DDS vs. DMD) were used to estimate the probability of responding to the survey. This probability of response and the non-response rate were combined to derive the final survey weight variable. The weight variable must be applied to all descriptive and inferential statistics calculated from the survey data in order to correctly apportion the sample population to overall rural dentist population in Colorado. [See Appendix B for weighting procedures].

RESEARCH DATA FILE

This codebook specifies the variables contained in the 2008 CHI Colorado Rural Dentist Workforce Survey research file. The file contains 251 records, one for each respondent, and includes a weight variable. The research file contains 136 variables. [See the list of variables on p.11-14].

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 whether it's the public use file or the workforce research file must include the following citation in any public release of the data or its subsequent analysis: "Source: The 2008 Rural 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.

Technical information

The PUF is released as SAS, comma-delimited, Excel and SPSS files. In addition, a 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 12 variables in the codebook were created from survey questions and re-coded to protect the confidentiality of survey respondents or to provide more specificity in geographic location of practice, e.g., primary city or county of practice.

² Based on the ZIP Codes of responding dentists' practice location, one dentist was out of state and two dentists were non-rural. This reduced the total number of actively licensed rural dentists by three leaving a total of 362 rural Colorado dentists.

³ For gender, two cases were missing from DORA, but fortunately these two people responded to the CHI survey and CHI was able to use those responses as values in the derivation of weights from the population.

For each variable, an unweighted and weighted frequency is provided. The unweighted sum for each variable totals 251, that is, the number of survey respondents. The weighted sum is 362, the number of actively licensed dentists living or practicing in rural Colorado [Because of rounding, totals in the weighted frequency tables do not always equal 362].

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2008 RURAL DENTIST SURVEY

Survey # _____

To complete form online... Open your Internet browser and type: <http://www.coloradohealthinstitute.org/dentist2008.html> → Complete the questionnaire online → Click "submit" button when you are finished so your name will be taken off the mailing list.

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 online or return this questionnaire in the envelope provided. Thank you for your assistance in this important survey about rural dentistry. If you have any questions please contact Michael Boyson, MHA at 303.831.4200 x207 or by e-mail at boysonm@coloradohealthinstitute.org.

ABOUT YOU

1. In what year were you born? 19 ____
2. What is your gender?
Male ☐
Female ☐
3. What is your race/ethnicity? [PLEASE MARK ONE BOX THAT MOST CLOSELY REPRESENTS YOUR ETHNIC/RACIAL BACKGROUND]
African American ☐
White Hispanic ☐
Non-White Hispanic ☐
White ☐
Native American ☐
Asian/Pacific Islander ☐
Alaskan Native ☐
Mixed Heritage ☐
4. Which of the following best describes the area in which you grew up? [MARK ONE BOX]
Rural ☐
Suburban ☐
Urban ☐
5. How long have you lived in Colorado? ____ Year(s) [ROUND UP TO THE NUMBER OF YEARS]
6. What degree(s) have you completed? [MARK YES OR NO FOR EACH DEGREE]
DDS ☐ Yes ☐ No
DMD ☐ Yes ☐ No
MD ☐ Yes ☐ No
PhD ☐ Yes ☐ No
Other: _____ ☐ Yes ☐ No

PRACTICE CHARACTERISTICS

7. Which of the following best describes your current professional status? [MARK ONE BOX ONLY]
☐ Fulltime dentist actively seeing patients (30 hours or more per week working in clinical dentistry)
☐ Part-time dentist actively seeing patients (fewer than 30 hours per week working in clinical dentistry)
☐ Active in dental health activities (e.g. teaching, public health, etc.) but not seeing patients [STOP HERE AND RETURN YOUR QUESTIONNAIRE]
☐ Retired not seeing patients [STOP HERE AND RETURN YOUR QUESTIONNAIRE]
☐ I am working outside of dentistry [STOP HERE AND RETURN YOUR QUESTIONNAIRE]
☐ Other (please specify) _____

Please turn form over →

8. Are you practicing as a specialist in an ADA-recognized specialty?

Dental Public Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Endodontics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Oral and Maxillofacial Pathology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Oral and Maxillofacial Radiology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Oral and Maxillofacial Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Orthodontics and Dentofacial Orthopedics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pediatric Dentistry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Periodontics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Prosthodontics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

9. What is the ZIP Code of your primary practice location? _____ ZIP Code

10. How many years have you practiced in your current primary location?

_____ Year(s) [ROUND UP TO THE NUMBER OF YEARS]

11. Approximately how many dental visits did you have in **2007 at your primary practice location? _____ Visits**

12. What factors led to your decision to practice in your present community?

Quality of life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Good place to raise children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Slower pace of life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Personal or family reasons	<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
Good schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Smaller practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Took over established practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Opportunity to be involved in the community	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Spouse's work opportunity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Grew up in a rural area	<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 reason: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

[WRITE BELOW IF YOU NEED MORE SPACE]

13. In what year did you first become licensed to practice as a dentist in **Colorado? [YYYY] _____**

14. How many years have you practiced dentistry in Colorado? _____ [ROUND UP TO THE NUMBER OF YEARS]

15. Please estimate the time you spent in clinical dental practice in the first six months of **2008 (Include direct patient care, teaching, other professional activities, CDE, meetings, etc.):**

(a) Average number of total professional hours per week _____ Hour(s) per week

(b) Average number of hours spent in direct patient care _____ Hour(s) per week

16. How many other dentists practice in your office? [PLEASE ENTER 0 IF YOU HAVE A SOLO PRACTICE]

(a) _____ Full time dentists (30+ hours per week)

(b) _____ Part-time dentists (Fewer than 30 hours per week)

17. How many dental hygienists does your practice currently employ? [PLEASE ENTER 0 IF YOU DO NOT EMPLOY ANY]

(a) _____ Full time dental hygienists (30+ hours per week)

(b) _____ Part-time dental hygienists (Fewer than 30 hours/week)

18. Are you currently recruiting for a dental hygienist?

☐ Yes → If YES, how many full time positions? _____ Dental hygienist(s) (30+ hours per week)

→ If YES, how many part time positions? _____ Dental hygienist(s) (Fewer than 30 hours/week)

☐ No

19. How many chair-side dental assistants do you currently employ? [PLEASE ENTER 0 IF YOU DO NOT EMPLOY ANY]

_____ Full time chair-side dental assistant(s) (30+ hours per week)

_____ Part-time chair-side dental assistant(s) (Fewer than 30 hours/week)

20. Please describe your current primary practice in terms of patient characteristics:

I am accepting new patients

☐ Yes

☐ No

☐ N/A

I offer a sliding fee payment schedule based on income

☐ Yes

☐ No

☐ N/A

I accept Medicaid payment

☐ Yes

☐ No

☐ N/A

I am accepting new Medicaid patients

☐ Yes

☐ No

☐ N/A

I accept CHP+ payment

☐ Yes

☐ No

☐ N/A

I am accepting new CHP+ patients

☐ Yes

☐ No

☐ N/A

21. If you do NOT accept Medicaid patients, listed below are factors that often contribute to a decision not to accept Medicaid patients into a dental practice. [ON A SCALE OF 1-5 WITH 1 REPRESENTING **VERY IMPORTANT** AND 5 REPRESENTING **NOT IMPORTANT** CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR.]

	Very Important			Not Important		
The reimbursement is too low	1	2	3	4	5	N/A
Paperwork is too difficult/time consuming	1	2	3	4	5	N/A
Too many "no-shows"	1	2	3	4	5	N/A
Other (please specify) _____	1	2	3	4	5	N/A

[WRITE BELOW IF YOU NEED MORE SPACE]

22. Please estimate the percentage of the time you spend in direct patient care with the following patients.

[PERCENT SHOULD ADD UP TO 100%]

Infants (ages 0- 3 yrs) _____%

Children (ages 4-12 yrs) _____%

Teenagers (ages 13-19 yrs) _____%

Adults (ages 20-64 yrs) _____%

Older adults (65 yrs+) _____%

DIRECT PATIENT CARE 100%

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

☐ Yes → If YES, please specify language: _____

☐ No

THIS SET OF QUESTIONS IS ABOUT YOUR DENTAL SCHOOL EXPERIENCE

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

____ State abbreviation

25. In what year did you graduate from dental school? [YYYY] ____

26. To prepare you for a rural practice, please rate the adequacy of CLASSROOM instruction you received during dental school in the following areas using a scale of 1-5 with 1 representing **Most Adequate** and 5 representing **Inadequate**.

	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 - 19 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, marketing, customer service	1	2	3	4	5	N/A
Working with other health professionals such as physicians and dental 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

27. To prepare you for a rural practice, please rate the adequacy of your CLINICAL experiences during dental school in the following areas using a scale of 1-5 with 1 representing **Most Adequate** and 5 representing **Inadequate**.

	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 - 19 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, marketing, customer service	1	2	3	4	5	N/A
Working with other health professionals such as physicians and dental 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

28. How prepared were you to practice clinical dentistry after graduating from dental school? [ON A SCALE OF 1-5, WITH 1 REPRESENTING **FULLY PREPARED** AND 5 REPRESENTING **NOT PREPARED**, CIRCLE APPROPRIATE NUMBER.]

Fully Prepared

Not Prepared

1

2

3

4

5

29. How prepared were you to manage a clinical practice after graduating from dental school? [ON A SCALE OF 1-5, WITH 1 REPRESENTING **FULLY PREPARED** AND 5 REPRESENTING **NOT PREPARED**, CIRCLE APPROPRIATE NUMBER.]

Fully
Prepared

Not Prepared

1

2

3

4

5

ABOUT THE FUTURE OF DENTAL CARE IN YOUR COMMUNITY

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

☐ Yes

☐ No → Go to Question 32

- 31.** 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 WITH 1 REPRESENTING **VERY IMPORTANT** AND 5 REPRESENTING **NOT IMPORTANT**, CIRCLE THE RELATIVE IMPORTANCE OF EACH FACTOR.]

	Very Important			Not Important		
I am planning to retire	1	2	3	4	5	N/A
I am planning to relocate to a different practice location	1	2	3	4	5	N/A
I do not have continuing education opportunities in my current location	1	2	3	4	5	N/A
I do not have a sufficient patient load to continue to run my office	1	2	3	4	5	N/A
There are not enough paying patients to make my practice sustainable	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
I do not feel the work is professionally challenging	1	2	3	4	5	N/A
I have too many Medicaid patients to make my practice sustainable	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 (Please specify) _____	1	2	3	4	5	N/A
[WRITE BELOW IF YOU NEED MORE SPACE]						

- 32.** Could your community benefit from additional dental care services?

☐ Yes → If YES, please describe: _____
☐ No [WRITE BELOW IF YOU NEED MORE SPACE]
☐ I don't have an opinion

- 33.** Do you collaborate with physicians and nurses in your community to provide preventive oral health care services?

☐ Yes → If YES, in what way do you collaborate? Please specify: _____
☐ No

[WRITE BELOW IF YOU NEED MORE SPACE]

- 34.** Do you support expanding the role of dental hygienists as independent practitioners?

☐ Yes
☐ No → If NO, please explain: _____

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 rural dentistry in our state.

THANK YOU!

LIST OF VARIABLES

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	BIRTH_YR	Birth year
2	GENDER	Gender
3	RACE	Race
4	GREWUP_LOCATION	Area in which one grew up
5	CO_LIVEYRS	# years lived in Colorado
6	DEGR_DDS	Degree completed: DDS
6	DEGR_DMD	Degree completed: DMD
6	DEGR_MD	Degree completed: MD
6	DEGR_PHD	Degree completed: PHD
6	DEGR_OTH	Degree completed: Other
6	DEGR_OTH_DESC	Degree completed: Other degree description
7	EMPLOY_STATUS	Description of current professional status
7	EMPLOY_STATUS_OTHDESC	Other description of current professional status
8	DEN_PUB_HLTH	Practice ADA-specialty: Dental Public Health
8	ENDO	Practice ADA-specialty: Endodontics
8	ORMAXPATH	Practice ADA-specialty: Oral and Maxillofacial Pathology
8	ORMAXRAD	Practice ADA-specialty: Oral and Maxillofacial Radiology
8	ORMAXSURG	Practice ADA-specialty: Oral and Maxillofacial Surgery
8	ORTHODON	Practice ADA-specialty: Orthodontics and Dentofacial Orthopedics
8	PEDIATRIC	Practice ADA-specialty: Pediatric Dentistry
8	PERIODONTICS	Practice ADA-specialty: Periodontics
8	PROSTHODON	Practice ADA-specialty: Prosthodontics
9	PRIMARY_ZIP	ZIP Code of primary practice location
10	LGTH_SVC_YR_PRIMARY	Years practiced in current primary practice location
11	VISITS_2007	Number of visits in 2007 at primary practice location
12	COMM_QUAL_LIFE	Factors to practice in community: Quality of life
12	COMM_RAISE_CHILDREN	Factors to practice in community: Good place to raise children
12	COMM_SLOWPACE	Factors to practice in community: Slower pace of life
12	COMM_PER_FAM_REASONS	Factors to practice in community: Personal or family reasons
12	COMM_RECREATION	Factors to practice in community: Recreational/Leisure activities
12	COMM_GOODSCHOOL	Factors to practice in community: Good schools
12	COMM_SMALLPRC	Factors to practice in community: Smaller practice
12	COMM_TOOKOVER	Factors to practice in community: Took over established practice
12	COMM_OPP	Factors to practice in community: Opportunity to be involved in the community
12	COMM_SPOUSE_OPP	Factors to practice in community: Spouse's work opportunity
12	COMM_GREWUP_RURAL	Factors to practice in community: Grew up in a rural area
12	COMM_NTL_HLTHSVC	Factors to practice in community: Nat'l Health Svcs Corp scholarship
12	COMM_OTHER	Factors to practice in community: Other reason

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
12	COMM_OTHDESC	Factors to practice in community: Other description
13	LICYR_CO	License year to practice as Dentist in Colorado
14	PRACYR_CO	Number of years practicing dentistry in Colorado
15a	HRS08_TOTPROF	Average number of total professional hours per week
15b	HRS08_DIRCARE	Average number of direct patient care hours per week
16a	FT_DENT_OFFICE	Number of other full time dentists in office
16b	PT_DENT_OFFICE	Number of other part-time dentists in office
17a	FT_DENHYG	Number of full time dental hygienists in office
17a	PT_DENHYG	Number of part-time dental hygienists in office
18	RECRUIT_DH	Currently recruiting for a dental hygienist
18	RECRUIT_DH_FT	Full time dental hygienist positions
18	RECRUIT_DH_PT	Part-time dental hygienist positions
19	FT_DENCHR_ASST	Full time chair-side dental assistant(s)
19	PT_DENCHR_ASST	Part-time chair-side dental assistant(s)
20	ACCEPT_NEW_PTS_PRIMARY	Primary practice characteristics: Accepting new patients
20	SERVE_SFS_INC	Primary practice characteristics: Offer sliding fee payment schedule
20	ACCEPT_MDCAID	Primary practice characteristics: Accept Medicaid payment
20	ACCEPT_NEW_MDCAID	Primary practice characteristics: Accept new Medicaid patients
20	ACCEPT_CHPP_PAY	Primary practice characteristics: Accept CHP+ payment
20	ACCEPT_NEW_CHPP_PAY	Primary practice characteristics: Accepting new CHP+ patients
21	REJECTMDCD_REIMBLOW	Reason for not accepting Medicaid: Reimbursement is too low
21	REJECTMDCD_TIMECONS	Reason for not accepting Medicaid: Paperwork difficulty/time
21	REJECTMDCD_NOSHOW	Reason for not accepting Medicaid: Too many "now-shows"
21	REJECTMDCD_OTH	Reason for not accepting Medicaid: Other
21	REJECTMDCD_OTHDESC	Reason for not accepting Medicaid: Other description
22	PCTCARE_INFANT	Direct patient care time percentage: Infants (0-3 yrs)
22	PCTCARE_CHILDREN	Direct patient care time percentage: Children (4-12 yrs)
22	PCTCARE_TEEN	Direct patient care time percentage: Teenagers (13-19 yrs)
22	PCTCARE_ADULT	Direct patient care time percentage: Adults (20-64 yrs)
22	PCTCARE_OLDADULT	Direct patient care time percentage: Older Adults (65+ yrs)
23	LANG_OTHENG	Speak another language to communicate with patients?
23	LANG_DESCR	Other language spoken to communicate with patients
24	GRAD_STATE	State in which dental school attended
25	GRAD_YEAR	Year graduated from dental school
26	EDCARE_PREGNANT	Classroom preparation: Dental care for pregnant women
26	EDCARE_INFANT	Classroom preparation: Dental care for infants (0-3 yrs)
26	EDCARE_CHILDREN	Classroom preparation: Dental care for children/adolescents (4-19 yrs)
26	EDCARE_DISAB	Classroom preparation: Dental care for persons with disabilities
26	EDCARE_BEHAVE	Classroom preparation: Dental care for persons with behavioral health problems

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
26	EDCARE_CARIES	Classroom preparation: Treatment of caries
26	EDCARE_PREVENTIVE	Classroom preparation: Preventive dental care
26	EDCARE_SETUP_PR	Classroom preparation: Setting up a dental practice
26	EDCARE_MGMT	Classroom preparation: Management, marketing, customer service
26	EDCARE_WORKWITH	Classroom preparation: Working with other health professionals
26	EDCARE_ENDO	Classroom preparation: Training in endodontics
26	EDCARE_ORSURG	Classroom preparation: Training in oral surgery
26	EDCARE_ORTHO	Classroom preparation: Training in orthodontics
26	EDCARE_PERIO	Classroom preparation: Training in periodontics
27	CLIN_PREGNANT	Clinical experience: Dental care for pregnant women
27	CLIN_INFANT	Clinical experience: Dental care for infants (0-3 yrs)
27	CLIN_CHILDREN	Clinical experience: Dental care for children/adolescents (4-19 yrs)
27	CLIN_DISAB	Clinical experience: Dental care for persons with disabilities
27	CLIN_BEHAVE	Clinical experience: Dental care for persons with behavioral health problems
27	CLIN_CARIES	Clinical experience: Treatment of caries
27	CLIN_PREVENTIVE	Clinical experience: Preventive dental care
27	CLIN_SETUP_PR	Clinical experience: Setting up a dental practice
27	CLIN_MGMT	Clinical experience: Management, marketing, customer service
27	CLIN_WORKWITH	Clinical experience: Working with other health professionals
27	CLIN_ENDO	Clinical experience: Training in endodontics
27	CLIN_ORSURG	Clinical experience: Training in oral surgery
27	CLIN_ORTHO	Clinical experience: Training in orthodontics
27	CLIN_PERIO	Clinical experience: Training in periodontics
28	PREPARE_CLIN_DENT	Preparation to practice clinical dentistry upon graduation
29	PREPARE_MGMT_DENT	Preparation to manage clinical practice upon graduation
30	LEAVE_NEXT12MO	Planning to leave current practice within 12 months
31	RSNLV_PLANRETIRE	Reasons for leaving: Planning to retire
31	RSNLV_RELOCATE	Reasons for leaving: Planning to relocate
31	RSNLV_NOCONTED	Reasons for leaving: No continuing education opportunities
31	RSNLV_PTLOAD	Reasons for leaving: Not enough patient load to continue
31	RSNLV_PAYNUMB	Reasons for leaving: Not enough paying patients to sustain practice
31	RSNLV_MGMT	Reasons for leaving: Admin and Mgmt too burdensome
31	RSNLV_LOWCHLG	Reasons for leaving: Work not professionally challenging
31	RSNLV_MDCHIGH	Reasons for leaving: Too many Medicaid patients, not sustainable
31	RSNLV_FAMRESP	Reasons for leaving: Family responsibilities
31	RSNLV_HLTH	Reasons for leaving: Health does not permit me to continue practice
31	RSNLV_OTH	Reasons for leaving: Other
31	RSNLV_OTHDESC	Reasons for leaving: Other description
32	COMM_BENEFIT	Community could benefit from extra dental care services?

<u>QUESTION NUMBER</u>	<u>VARIABLE NAME</u>	<u>DESCRIPTION</u>
32	COMM_BEN_DESCR	Description of beneficial services to community
33	COLLAB_OTHERS	Collaboration with physicians and nurses in community?
33	COLLAB_OTHERS_DESC	Description of collaboration with others
34	SUPPORT_ROLEDH	Support expanding role of dental hygienists as independent practitioners?
34	SUPPORT_ROLEDH_DESC	Reason for not supporting dental hygienists as independent practitioners
CREATED VARIABLE	COMMENTS	General comments
CREATED VARIABLE	PAPERFORM	Paper form (1) vs. Electronic (0)
CREATED VARIABLE	AGE	Age of respondent derived from Q1
CREATED VARIABLE	GRAD_NUMYRS	Number of years from graduation (derived from Q25)
CREATED VARIABLE	GRAD_AGE	Age upon graduation from dental school (derived from Q1 and Q25)
CREATED VARIABLE	PRIMARY_CITY_FROM_ZIP	City derived from primary practice ZIP Code (Q9)
CREATED VARIABLE	PRIMARY_STATE_FROM_ZIP	State derived from primary practice ZIP Code (Q9)
CREATED VARIABLE	PRIMARY_COUNTY_FROM_ZIP	County derived from primary practice ZIP Code (Q9)
CREATED VARIABLE	PRIMARY_FIPS_FROM_ZIP	FIPS county code derived from primary practice ZIP Code (Q9)
CREATED VARIABLE	PRIMARY_RUCA2_FROM_ZIP	RUCA code derived from primary practice ZIP Code (Q9)
CREATED VARIABLE	PRIMARY_URBAN_FROM_ZIP	Urban/Rural indicator derived from primary practice ZIP Code (Q9)
CREATED VARIABLE	RUCA_CLASS_FROM_ZIP	RUCA classification derived from primary practice ZIP Code (Q9)

CODEBOOK AND FREQUENCIES

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	BIRTH_YR	Birth year
	TYPE Numeric	LENGTH 8
		FORMAT Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	1	1
>0	>0	250	361
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
2	GENDER	Gender
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	1	1
1	Male	219	316
2	Female	31	45
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
3	RACE	Race		
	TYPE	LENGTH	FORMAT	
	Numeric	8	Nominal	

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	2	3
2	White Hispanic	11	15
3	Non-White Hispanic	4	6
4	White	225	326
6	Asian/Pacific Islander	4	6
8	Mixed Heritage	5	7
TOTAL		251	363

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
4	GREWUP_LOCATION	Area in which one grew up		
	TYPE	LENGTH	FORMAT	
	Numeric	8	Nominal	

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	1	1
-8	Not Applicable	3	4
1	Rural	133	190
2	Suburban	82	120
3	Urban	32	46
TOTAL		251	361

QUESTION NUMBER 5	VARIABLE NAME CO_LIVEYRS	DESCRIPTION # years lived in Colorado	
	TYPE Numeric	LENGTH 8	FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	7
>0	>0	246	355
TOTAL		251	362

QUESTION NUMBER 6	VARIABLE NAME DEGR_DDS	DESCRIPTION Degree completed: DDS	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	1	1
-8	Not Applicable	16	26
0	No	19	29
1	Yes	215	306
TOTAL		251	362

QUESTION NUMBER 6	VARIABLE NAME DEGR_DMD	DESCRIPTION Degree completed: DMD	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	1	1
-8	Not Applicable	111	158
0	No	106	151
1	Yes	33	52
TOTAL		251	362

QUESTION NUMBER 6	VARIABLE NAME DEGR_MD	DESCRIPTION Degree completed: MD	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	1	1
-8	Not Applicable	124	180
0	No	126	181
TOTAL		251	362

QUESTION NUMBER 6	VARIABLE NAME DEGR_PHD	DESCRIPTION Degree completed: PHD	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	1	1
-8	Not Applicable	124	180
0	No	126	181
TOTAL		251	362

QUESTION NUMBER 6	VARIABLE NAME DEGR_OTH	DESCRIPTION Degree completed: Other	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	1	1
-8	Not Applicable	118	169
0	No	86	124
1	Yes	46	68
TOTAL		251	362

QUESTION NUMBER 6	VARIABLE NAME DEGR_OTH_DESC	DESCRIPTION Degree completed: Other degree description
	TYPE Character	LENGTH 1000
		FORMAT Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	206	295
	non-missing	45	67
TOTAL		251	362

QUESTION NUMBER 7	VARIABLE NAME EMPLOY_STATUS	DESCRIPTION Description of current professional status
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
1	Fulltime dentist actively seeing patients	190	273
2	Part-time dentist actively seeing patients	30	43
3	Active in dental health activities but not seeing patients	1	2
4	Retired not seeing patients	18	28
5	I am working outside of dentistry	1	1
6	Other	11	16
TOTAL		251	363

QUESTION NUMBER 7	VARIABLE NAME EMPLOY_STATUS_OTHDESC	DESCRIPTION Other description of current professional status	
	TYPE Character	LENGTH 1000	FORMAT Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	240	346
	non-missing	11	16
TOTAL		251	362

QUESTION NUMBER 8	VARIABLE NAME DEN_PUB_HLTH	DESCRIPTION Practice ADA-specialty: Dental Public Health	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	38	57
0	No	171	245
1	Yes	4	6
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 8	VARIABLE NAME ENDO	DESCRIPTION Practice ADA-specialty: Endodontics	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	38	57
0	No	172	247
1	Yes	3	4
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 8	VARIABLE NAME ORMAXPATH	DESCRIPTION Practice ADA-specialty: Oral and Maxillofacial Pathology	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	39	58
0	No	174	250
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 8	VARIABLE NAME ORMAXRAD	DESCRIPTION Practice ADA-specialty: Oral and Maxillofacial Radiology	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	39	58
0	No	174	250
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 8	VARIABLE NAME ORMAXSURG	DESCRIPTION Practice ADA-specialty: Oral and Maxillofacial Surgery	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	35	52
0	No	173	248
1	Yes	5	7
2	N/A - Response	12	17
TOTAL		251	361

QUESTION NUMBER 8	VARIABLE NAME ORTHODON	DESCRIPTION Practice ADA-specialty: Orthodontics and Dentofacial Orthopedics	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	32	48
0	No	172	247
1	Yes	9	13
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 8	VARIABLE NAME PEDIATRIC	DESCRIPTION Practice ADA-specialty: Pediatric Dentistry	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	38	57
0	No	173	248
1	Yes	2	3
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 8	VARIABLE NAME PERIODONTICS	DESCRIPTION Practice ADA-specialty: Periodontics	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	39	58
0	No	172	247
1	Yes	2	3
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 8	VARIABLE NAME PROSTHODON	DESCRIPTION Practice ADA-specialty: Prosthodontics	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	37
-8	Not Applicable	39	58
0	No	173	248
1	Yes	1	2
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	PRIMARY_ZIP	ZIP Code of primary practice location
	TYPE Character	LENGTH 5
		FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	7
-8	Not Applicable	25	37
	non-missing	221	317
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
10	LGTH_SVC_YR_PRIMARY	Years practiced in current primary practice location
	TYPE Numeric	LENGTH 8
		FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	7
-8	Not Applicable	22	33
>0	>0	224	321
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
11	VISITS_2007	Number of visits in 2007 at primary practice location
	TYPE Numeric	LENGTH 8
		FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	71	102
-8	Not Applicable	24	37
>0	>0	156	223
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
12	COMM_QUAL_LIFE	Factors to practice in community: Quality of life
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	30	45
0	No	10	14
1	Yes	203	291
2	N/A - Response	2	3
TOTAL		251	362

QUESTION NUMBER 12	VARIABLE NAME COMM_RAISE_CHILDREN	DESCRIPTION Factors to practice in community: Good place to raise children	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	37	55
0	No	19	28
1	Yes	166	237
2	N/A - Response	23	34
TOTAL		251	363

QUESTION NUMBER 12	VARIABLE NAME COMM_SLOWPACE	DESCRIPTION Factors to practice in community: Slower pace of life	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	29	44
0	No	30	43
1	Yes	179	257
2	N/A - Response	7	10
TOTAL		251	363

QUESTION NUMBER 12	VARIABLE NAME COMM_PER_FAM_REASONS	DESCRIPTION Factors to practice in community: Personal or family reasons	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	52	77
0	No	75	107
1	Yes	101	146
2	N/A - Response	17	24
TOTAL		251	363

QUESTION NUMBER 12	VARIABLE NAME COMM_RECREATION	DESCRIPTION Factors to practice in community: Recreational/Leisure activities	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	36	54
0	No	26	36
1	Yes	178	256
2	N/A - Response	5	7
TOTAL		251	362

QUESTION NUMBER 12	VARIABLE NAME COMM_GOODSCHOOL	DESCRIPTION Factors to practice in community: Good schools	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	52	77
0	No	79	114
1	Yes	85	121
2	N/A - Response	29	42
TOTAL		251	363

QUESTION NUMBER 12	VARIABLE NAME COMM_SMALLPRC	DESCRIPTION Factors to practice in community: Smaller practice	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	52	77
0	No	90	130
1	Yes	87	124
2	N/A - Response	16	23
TOTAL		251	363

QUESTION NUMBER 12	VARIABLE NAME COMM_TOOKOVER	DESCRIPTION Factors to practice in community: Took over established practice	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	50	74
0	No	104	148
1	Yes	76	110
2	N/A - Response	15	21
TOTAL		251	362

QUESTION NUMBER 12	VARIABLE NAME COMM_OPP	DESCRIPTION Factors to practice in community: Opportunity to be involved in the community	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	54	79
0	No	77	110
1	Yes	102	147
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 12	VARIABLE NAME COMM_SPOUSE_OPP	DESCRIPTION Factors to practice in community: Spouse's work opportunity	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	56	82
0	No	142	204
1	Yes	19	27
2	N/A - Response	28	41
TOTAL		251	363

QUESTION NUMBER 12	VARIABLE NAME COMM_GREWUP_RURAL	DESCRIPTION Factors to practice in community: Grew up in a rural area	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	53	78
0	No	105	150
1	Yes	75	108
2	N/A - Response	12	17
TOTAL		251	362

QUESTION NUMBER 12	VARIABLE NAME COMM_NTL_HLTHSVC	DESCRIPTION Factors to practice in community: Nat'l Health Svcs Corp scholarship	
	TYPE Numeric	LENGTH 8	FORMAT Nominal
VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	63	93
0	No	151	216
1	Yes	7	10
2	N/A - Response	24	35
TOTAL		251	363

QUESTION NUMBER 12	VARIABLE NAME COMM_OTHER	DESCRIPTION Factors to practice in community: Other reason	
	TYPE Numeric	LENGTH 8	FORMAT Nominal
VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	155	223
0	No	40	58
1	Yes	21	29
2	N/A - Response	29	42
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
12	COMM_OTHDESC	Factors to practice in community: Other description
	TYPE	LENGTH
	Character	1000
		FORMAT
		Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	75	110
-8	Not Applicable	155	223
	non-missing	21	29
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
13	LICYR_CO	License year to practice as dentist in Colorado
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	7
-8	Not Applicable	24	36
>0	>0	222	318
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
14	PRACYR_CO	Number of years practicing dentistry in Colorado
	TYPE Numeric	LENGTH 8
		FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	7
-8	Not Applicable	22	33
>0	>0	224	321
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
15a	HRS08_TOTPROF	Average number of total professional hours per week
	TYPE Numeric	LENGTH 8
		FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	23	35
>0	>0	222	319
TOTAL		251	363

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
15b	HRS08_DIRCARE	Average number of direct patient care hours per week
	TYPE Numeric	LENGTH 8
		FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	14
-8	Not Applicable	23	35
>0	>0	218	313
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16a	FT_DENT_OFFICE	Number of other full time dentists in office
	TYPE Numeric	LENGTH 8
		FORMAT Count

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	22
-8	Not Applicable	22	33
0	0	155	221
1	1	43	62
2	2	9	13
3	3	5	8
4	4	2	3
TOTAL		251	362

QUESTION NUMBER 16b	VARIABLE NAME PT_DENT_OFFICE	DESCRIPTION Number of other part-time dentists in office
	TYPE Numeric	LENGTH 8
		FORMAT Count

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	42	61
-8	Not Applicable	22	33
0	0	155	222
1	1	26	37
2	2	4	6
4	4	2	3
TOTAL		251	362

QUESTION NUMBER 17a	VARIABLE NAME FT_DENHYG	DESCRIPTION Number of full time dental hygienists in office
	TYPE Numeric	LENGTH 8
		FORMAT Count

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	27	39
-8	Not Applicable	22	33
0	0	87	124
1	1	76	108
2	2	29	42
3	3	7	10
4	4	3	5
TOTAL		251	361

QUESTION NUMBER 17a	VARIABLE NAME PT_DENHYG	DESCRIPTION Number of part-time dental hygienists in office
	TYPE Numeric	LENGTH 8
		FORMAT Count

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	37	54
-8	Not Applicable	22	33
0	0	100	143
1	1	63	90
2	2	21	30
3	3	5	7
4	4	2	3
5	5	1	2
TOTAL		251	362

QUESTION NUMBER 18	VARIABLE NAME RECRUIT_DH	DESCRIPTION Currently recruiting for a dental hygienist
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	22	33
0	No	199	286
1	Yes	24	34
TOTAL		251	362

QUESTION NUMBER 18	VARIABLE NAME RECRUIT_DH_FT	DESCRIPTION Full time dental hygienist positions
	TYPE Numeric	LENGTH 8
		FORMAT Count

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	221	319
0	0	18	26
1	1	6	8
TOTAL		251	362

QUESTION NUMBER 18	VARIABLE NAME RECRUIT_DH_PT	DESCRIPTION Part-time dental hygienist positions
	TYPE Numeric	LENGTH 8
		FORMAT Count

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	221	319
0	0	5	7
1	1	19	27
TOTAL		251	362

QUESTION NUMBER 19	VARIABLE NAME FT_DENCHR_ASST	DESCRIPTION Full time chair-side dental assistant(s)
	TYPE Numeric	LENGTH 8
		FORMAT Count

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	21	30
-8	Not Applicable	22	33
0	0	21	30
1	1	81	116
2	2	56	80
3	3	24	35
4	4	14	20
5	5	5	7
6	6	2	3
8	8	2	3
10	10	1	2
13	13	1	2
14	14	1	1
TOTAL		251	362

QUESTION NUMBER 19	VARIABLE NAME PT_DENCHR_ASST	DESCRIPTION Part-time chair-side dental assistant(s)
	TYPE Numeric	LENGTH 8
		FORMAT Count

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	72	103
-8	Not Applicable	22	33
0	0	78	113
1	1	58	82
2	2	14	20
3	3	1	1
4	4	2	3
5	5	3	4
30	30	1	1
TOTAL		251	360

QUESTION NUMBER 20	VARIABLE NAME ACCEPT_NEW_PTS_PRIMARY	DESCRIPTION Primary practice characteristics: Accepting new patients	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	23	35
0	No	5	7
1	Yes	211	303
2	N/A - Response	6	8
TOTAL		251	362

QUESTION NUMBER 20	VARIABLE NAME SERVE_SFS_INC	DESCRIPTION Primary practice characteristics: Offer sliding fee payment schedule	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	30	44
0	No	180	259
1	Yes	28	40
2	N/A - Response	7	10
TOTAL		251	362

QUESTION NUMBER 20	VARIABLE NAME ACCEPT_MDCAID	DESCRIPTION Primary practice characteristics: Accept Medicaid payment	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	31	46
0	No	164	236
1	Yes	44	63
2	N/A - Response	6	8
TOTAL		251	362

QUESTION NUMBER 20	VARIABLE NAME ACCEPT_NEW_MDCAID	DESCRIPTION Primary practice characteristics: Accept new Medicaid patients	
	TYPE Numeric	LENGTH 8	FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	30	44
0	No	174	250
1	Yes	33	47
2	N/A - Response	8	11
TOTAL		251	361

QUESTION NUMBER 20	VARIABLE NAME ACCEPT_CHPP_PAY	DESCRIPTION Primary practice characteristics: Accept CHP+ payment
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	34	50
0	No	115	165
1	Yes	85	122
2	N/A - Response	11	16
TOTAL		251	362

QUESTION NUMBER 20	VARIABLE NAME ACCEPT_NEW_CHPP_PAY	DESCRIPTION Primary practice characteristics: Accepting new CHP+ patients
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	36	53
0	No	118	169
1	Yes	80	116
2	N/A - Response	11	16
TOTAL		251	363

QUESTION NUMBER 21	VARIABLE NAME REJECTMDCD_REIMBLOW	DESCRIPTION Reason for not accepting Medicaid: Reimbursement is too low
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	67	98
1	Very Important	119	171
2	2	24	35
3	3	14	19
4	4	5	7
5	Not Important	4	6
6	N/A - Response	7	10
TOTAL		251	362

QUESTION NUMBER 21	VARIABLE NAME REJECTMDCD_TIMECONS	DESCRIPTION Reason for not accepting Medicaid: Paperwork difficulty/time
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	71	103
1	Very Important	106	151
2	2	30	44
3	3	15	22
4	4	4	6
5	Not Important	3	4
6	N/A - Response	11	16
TOTAL		251	362

QUESTION NUMBER 21	VARIABLE NAME REJECTMDCD_NOSHOW	DESCRIPTION Reason for not accepting Medicaid: Too many "no-shows"
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	76	110
1	Very Important	98	140
2	2	31	44
3	3	10	15
4	4	5	7
5	Not Important	4	6
6	N/A - Response	16	24
TOTAL		251	362

QUESTION NUMBER 21	VARIABLE NAME REJECTMDCD_OTH	DESCRIPTION Reason for not accepting Medicaid: Other
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	195	281
1	Very Important	16	22
2	2	3	4
3	3	2	3
5	Not Important	1	1
6	N/A - Response	23	34
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
21	REJECTMDCD_OTHDESC	Reason for not accepting Medicaid: Other description
	TYPE Character	LENGTH 1000
		FORMAT Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	46
-8	Not Applicable	169	244
	non-missing	51	73
TOTAL		251	363

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
22	PCTCARE_INFANT	Direct patient care time percentage: Infants (0-3 yrs)
	TYPE Numeric	LENGTH 8
		FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	15
-8	Not Applicable	52	76
0	0	94	134
>0	>0	95	137
TOTAL		251	362

QUESTION NUMBER 22	VARIABLE NAME PCTCARE_CHILDREN	DESCRIPTION Direct patient care time percentage: Children (4-12 yrs)	
	TYPE Numeric	LENGTH 8	FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	15
-8	Not Applicable	52	76
0	0	16	23
>0	>0	173	249
TOTAL		251	363

QUESTION NUMBER 22	VARIABLE NAME PCTCARE_TEEN	DESCRIPTION Direct patient care time percentage: Teenagers (13-19 yrs)	
	TYPE Numeric	LENGTH 8	FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	15
-8	Not Applicable	52	76
0	0	7	10
>0	>0	182	262
TOTAL		251	363

QUESTION NUMBER 22	VARIABLE NAME PCTCARE_ADULT	DESCRIPTION Direct patient care time percentage: Adults (20-64 yrs)	
	TYPE Numeric	LENGTH 8	FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	15
-8	Not Applicable	52	76
0	0	2	3
>0	>0	187	269
TOTAL		251	363

QUESTION NUMBER 22	VARIABLE NAME PCTCARE_OLDADULT	DESCRIPTION Direct patient care time percentage: Older Adults (65+ yrs)	
	TYPE Numeric	LENGTH 8	FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	15
-8	Not Applicable	52	76
0	0	14	20
>0	>0	175	251
TOTAL		251	362

QUESTION NUMBER 23	VARIABLE NAME LANG_OTHENG	DESCRIPTION Speak another language to communicate with patients?
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	8	12
-8	Not Applicable	24	36
0	No	158	227
1	Yes	61	87
TOTAL		251	362

QUESTION NUMBER 23	VARIABLE NAME LANG_DESCR	DESCRIPTION Other language spoken to communicate with patients
	TYPE Character	LENGTH 1000
		FORMAT Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	8	12
-8	Not Applicable	182	263
	non-missing	61	87
TOTAL		251	362

QUESTION NUMBER 24	VARIABLE NAME GRAD_STATE	DESCRIPTION State in which dental school attended	
	TYPE Character	LENGTH 2	FORMAT Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	7
-8	Not Applicable	22	33
	non-Colorado	179	257
Colorado	Colorado	45	65
TOTAL		251	362

QUESTION NUMBER 25	VARIABLE NAME GRAD_YEAR	DESCRIPTION Year graduated from dental school	
	TYPE Numeric	LENGTH 8	FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	9
-8	Not Applicable	24	36
>0	>0	221	317
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_PREGNANT	DESCRIPTION Classroom preparation: Dental care for pregnant women	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	23	35
1	Most Adequate	46	66
2	2	67	96
3	3	62	88
4	4	27	39
5	Inadequate	12	17
6	N/A - Response	3	4
TOTAL		251	361

QUESTION NUMBER 26	VARIABLE NAME EDCARE_INFANT	DESCRIPTION Classroom preparation: Dental care for infants (0-3 yrs)	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	29	44
1	Most Adequate	20	29
2	2	38	54
3	3	59	85
4	4	52	74
5	Inadequate	39	56
6	N/A - Response	3	4
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_CHILDREN	DESCRIPTION Classroom preparation: Dental care for children/adolescents (4-19 yrs)
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	27	41
1	Most Adequate	60	85
2	2	97	138
3	3	45	66
4	4	5	7
5	Inadequate	6	9
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_DISAB	DESCRIPTION Classroom preparation: Dental care for persons with disabilities
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	25	38
1	Most Adequate	30	44
2	2	59	84
3	3	79	113
4	4	33	47
5	Inadequate	14	20
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_BEHAVE	DESCRIPTION Classroom preparation: Dental care for persons with behavioral health problems
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	23	35
1	Most Adequate	19	27
2	2	39	57
3	3	73	104
4	4	56	80
5	Inadequate	28	40
6	N/A - Response	2	3
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_CARIES	DESCRIPTION Classroom preparation: Treatment of caries
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	36	53
1	Most Adequate	157	225
2	2	39	56
3	3	6	9
4	4	1	2
6	N/A - Response	1	1
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_PREVENTIVE	DESCRIPTION Classroom preparation: 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	11	16
-8	Not Applicable	25	38
1	Most Adequate	104	150
2	2	66	94
3	3	33	48
4	4	4	5
5	Inadequate	1	1
6	N/A - Response	7	10
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_SETUP_PR	DESCRIPTION Classroom preparation: 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	11	16
-8	Not Applicable	25	38
1	Most Adequate	13	19
1.5	1.5	1	1
2	2	28	40
3	3	61	87
4	4	60	86
5	Inadequate	51	74
6	N/A - Response	1	1
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_MGMT	DESCRIPTION Classroom preparation: Management, marketing, customer service	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	24	36
1	Most Adequate	12	17
2	2	22	32
3	3	49	71
3.5	3.5	1	1
4	4	65	93
5	Inadequate	66	95
6	N/A - Response	1	1
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_WORKWITH	DESCRIPTION Classroom preparation: Working with other health professionals	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	25	37
1	Most Adequate	29	42
2	2	48	69
3	3	86	122
4	4	34	49
5	Inadequate	17	25
6	N/A - Response	1	1
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
26	EDCARE_ENDO	Classroom preparation: Training in endodontics
TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	24	36
1	Most Adequate	68	98
2	2	102	147
3	3	33	46
3.5	3.5	1	1
4	4	9	13
5	Inadequate	2	3
6	N/A - Response	1	1
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
26	EDCARE_ORSURG	Classroom preparation: Training in oral surgery
TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	24	36
1	Most Adequate	80	116
2	2	88	125
3	3	31	44
4	4	13	19
5	Inadequate	4	6
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_ORTHO	DESCRIPTION Classroom preparation: Training in orthodontics
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	23	35
1	Most Adequate	15	21
2	2	38	53
3	3	60	86
4	4	45	66
5	Inadequate	55	79
6	N/A - Response	4	6
TOTAL		251	362

QUESTION NUMBER 26	VARIABLE NAME EDCARE_PERIO	DESCRIPTION Classroom preparation: Training in periodontics
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	16
-8	Not Applicable	23	35
1	Most Adequate	47	68
2	2	94	135
3	3	53	76
4	4	17	24
5	Inadequate	5	7
6	N/A - Response	1	1
TOTAL		251	362

QUESTION NUMBER 27	VARIABLE NAME CLIN_PREGNANT	DESCRIPTION Clinical experience: Dental care for pregnant women	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	24	36
1	Most Adequate	38	55
2	2	58	83
3	3	65	94
4	4	30	43
5	Inadequate	24	35
6	N/A - Response	5	7
TOTAL		251	364

QUESTION NUMBER 27	VARIABLE NAME CLIN_INFANT	DESCRIPTION Clinical experience: Dental care for infants (0-3 yrs)	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	24	36
1	Most Adequate	19	27
2	2	34	48
3	3	48	70
4	4	55	78
5	Inadequate	59	85
6	N/A - Response	5	7
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
27	CLIN_CHILDREN	Clinical experience: Dental care for children/adolescents (4-19 yrs)
TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	24	36
1	Most Adequate	54	76
2	2	91	130
3	3	57	83
4	4	12	17
4.5	4.5	1	2
5	Inadequate	4	6
6	N/A - Response	1	1
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
27	CLIN_DISAB	Clinical experience: Dental care for persons with disabilities
TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	26	39
1	Most Adequate	30	44
2	2	56	80
3	3	67	95
4	4	39	55
5	Inadequate	24	35
6	N/A - Response	2	3
TOTAL		251	362

QUESTION NUMBER 27	VARIABLE NAME CLIN_BEHAVE	DESCRIPTION Clinical experience: Dental care for persons with behavioral health problems
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	25	38
1	Most Adequate	21	30
2	2	42	62
3	3	66	94
4	4	55	78
5	Inadequate	33	47
6	N/A - Response	2	3
TOTAL		251	363

QUESTION NUMBER 27	VARIABLE NAME CLIN_CARIES	DESCRIPTION Clinical experience: Treatment of caries
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	33	49
1	Most Adequate	155	222
2	2	45	65
3	3	8	12
4	4	1	1
5	Inadequate	2	3
TOTAL		251	363

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
27	CLIN_PREVENTIVE	Clinical experience: Preventive dental care
TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	25	37
1	Most Adequate	109	156
2	2	65	94
3	3	30	43
4	4	8	11
5	Inadequate	1	2
6	N/A - Response	6	8
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
27	CLIN_SETUP_PR	Clinical experience: Setting up a dental practice
TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	26	39
1	Most Adequate	14	20
2	2	25	36
3	3	56	80
4	4	50	71
5	Inadequate	67	97
6	N/A - Response	6	9
TOTAL		251	363

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
27	CLIN_MGMT	Clinical experience: Management, marketing, customer service
TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	26	39
1	Most Adequate	14	20
2	2	21	30
3	3	48	68
4	4	55	78
5	Inadequate	74	107
6	N/A - Response	6	9
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
27	CLIN_WORKWITH	Clinical experience: Working with other health professionals	
	TYPE	LENGTH	FORMAT
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	28	42
1	Most Adequate	26	37
2	2	55	79
3	3	70	100
4	4	43	61
5	Inadequate	21	31
6	N/A - Response	1	2
TOTAL		251	363

QUESTION NUMBER 27	VARIABLE NAME CLIN_ENDO	DESCRIPTION Clinical experience: Training in endodontics	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	25	38
1	Most Adequate	77	110
2	2	91	131
3	3	39	56
4	4	9	12
5	Inadequate	3	5
TOTAL		251	363

QUESTION NUMBER 27	VARIABLE NAME CLIN_ORSURG	DESCRIPTION Clinical experience: Training in oral surgery	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	25	38
1	Most Adequate	87	125
2	2	81	116
3	3	37	53
4	4	11	15
5	Inadequate	3	4
TOTAL		251	362

QUESTION NUMBER 27	VARIABLE NAME CLIN_ORTHO	DESCRIPTION Clinical experience: Training in orthodontics	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	26	39
1	Most Adequate	17	24
2	2	36	51
3	3	56	81
4	4	39	56
5	Inadequate	65	94
6	N/A - Response	5	7
TOTAL		251	363

QUESTION NUMBER 27	VARIABLE NAME CLIN_PERIO	DESCRIPTION Clinical experience: Training in periodontics	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	11
-8	Not Applicable	24	36
1	Most Adequate	53	76
2	2	89	128
3	3	54	78
4	4	21	29
5	Inadequate	3	4
TOTAL		251	362

QUESTION NUMBER 28	VARIABLE NAME PREPARE_CLIN_DENT	DESCRIPTION Preparation to practice clinical dentistry upon graduation
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	4	6
-8	Not Applicable	22	33
1	Fully Prepared	40	58
2	2	99	141
3	3	77	111
3.5	3.5	1	2
4	4	6	9
5	Not Prepared	2	3
TOTAL		251	363

QUESTION NUMBER 29	VARIABLE NAME PREPARE_MGMT_DENT	DESCRIPTION Preparation to manage clinical practice upon graduation
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	3	4
-8	Not Applicable	22	33
1	Fully Prepared	12	17
2	2	27	38
3	3	80	116
3.5	3.5	1	1
4	4	61	88
4.5	4.5	1	2
5	Not Prepared	44	63
TOTAL		251	362

QUESTION NUMBER 30	VARIABLE NAME LEAVE_NEXT12MO	DESCRIPTION Planning to leave current practice within 12 months
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	3
-8	Not Applicable	23	35
0	No	208	298
1	Yes	18	26
TOTAL		251	362

QUESTION NUMBER 31	VARIABLE NAME RSNLV_PLANRETIRE	DESCRIPTION Reasons for leaving: Planning to retire
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	3
-8	Not Applicable	230	332
1	Very Important	8	11
2	2	4	6
4	4	1	1
5	Not Important	2	3
6	N/A - Response	4	6
TOTAL		251	362

QUESTION NUMBER 31	VARIABLE NAME RSNLV_RELOCATE	DESCRIPTION Reasons for leaving: Planning to relocate
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	2	3
-8	Not Applicable	234	338
1	Very Important	5	8
2	2	2	3
5	Not Important	3	4
6	N/A - Response	5	7
TOTAL		251	363

QUESTION NUMBER 31	VARIABLE NAME RSNLV_NOCONTEd	DESCRIPTION Reasons for leaving: No continuing education opportunities
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	2	3
-8	Not Applicable	232	335
1	Very Important	2	3
2	2	1	1
3	3	1	2
4	4	3	4
5	Not Important	5	7
6	N/A - Response	5	7
TOTAL		251	362

QUESTION NUMBER 31	VARIABLE NAME RSNLV_PTLOAD	DESCRIPTION Reasons for leaving: Not enough patient load to continue	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	3
-8	Not Applicable	232	334
1	Very Important	4	6
3	3	1	2
4	4	2	3
5	Not Important	5	7
6	N/A - Response	5	7
TOTAL		251	362

QUESTION NUMBER 31	VARIABLE NAME RSNLV_PAYNUMB	DESCRIPTION Reasons for leaving: Not enough paying patients to sustain practice	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	3
-8	Not Applicable	232	335
1	Very Important	3	4
4	4	4	6
5	Not Important	4	6
6	N/A - Response	6	9
TOTAL		251	363

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
31	RSNLV_MGMT	Reasons for leaving: Admin and mgmt to burdensome
TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	2	3
-8	Not Applicable	232	335
1	Very Important	3	4
2	2	1	1
3	3	2	3
4	4	2	3
5	Not Important	4	6
6	N/A - Response	5	7
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
31	RSNLV_LOWCHLG	Reasons for leaving: Work not professionally challenging	
	TYPE	LENGTH	FORMAT
	Numeric	8	Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	2	3
-8	Not Applicable	232	335
1	Very Important	2	3
2	2	1	2
4	4	2	3
5	Not Important	6	9
6	N/A - Response	6	9
TOTAL		251	364

QUESTION NUMBER 31	VARIABLE NAME RSNLV_MDCDHIGH	DESCRIPTION Reasons for leaving: Too many Medicaid patients, not sustainable	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	3
-8	Not Applicable	232	335
1	Very Important	1	1
2	2	1	1
3	3	1	2
5	Not Important	7	10
6	N/A - Response	7	10
TOTAL		251	362

QUESTION NUMBER 31	VARIABLE NAME RSNLV_FAMRESP	DESCRIPTION Reasons for leaving: Family responsibilities	
	TYPE Numeric	LENGTH 8	FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	3
-8	Not Applicable	232	335
1	Very Important	4	6
4	4	1	1
5	Not Important	3	4
6	N/A - Response	9	13
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
31	RSNLV_HLTH	Reasons for leaving: Health does not permit me to continue practice
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	3
-8	Not Applicable	232	335
1	Very Important	1	1
3	3	1	1
4	4	1	1
5	Not Important	5	7
6	N/A - Response	9	13
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
31	RSNLV_OTH	Reasons for leaving: Other
	TYPE Numeric	LENGTH 8
		FORMAT Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	2	3
-8	Not Applicable	243	351
1	Very Important	2	3
5	Not Important	2	3
6	N/A - Response	2	3
TOTAL		251	363

QUESTION NUMBER 31	VARIABLE NAME RSNLV_OTHDESC	DESCRIPTION Reasons for leaving: Other description
	TYPE Character	LENGTH 1000
		FORMAT Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	6	9
-8	Not Applicable	241	348
	non-missing	4	5
TOTAL		251	362

QUESTION NUMBER 32	VARIABLE NAME COMM_BENEFIT	DESCRIPTION Community could benefit from extra dental care services?
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	7
-8	Not Applicable	22	33
0	No	104	150
1	Yes	77	111
2	No opinion	43	61
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
32	COMM_BEN_DESCR	Description of beneficial services to community
	TYPE	LENGTH
	Character	1000
		FORMAT
		Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	151	217
-8	Not Applicable	27	40
	non-missing	73	105
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
33	COLLAB_OTHERS	Collaboration with physicians and nurses in community?
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	7
-8	Not Applicable	22	33
0	No	111	159
1	Yes	113	163
TOTAL		251	362

QUESTION NUMBER 33	VARIABLE NAME COLLAB_OTHERS_DESC	DESCRIPTION Description of collaboration with others
	TYPE Character	LENGTH 1000
		FORMAT Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	133	191
-8	Not Applicable	22	33
	non-missing	96	138
TOTAL		251	362

QUESTION NUMBER 34	VARIABLE NAME SUPPORT_ROLEDH	DESCRIPTION Support expanding role of dental hygienists as independent practitioners?
	TYPE Numeric	LENGTH 8
		FORMAT Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	10	14
-8	Not Applicable	24	36
0	No	162	233
1	Yes	55	78
TOTAL		251	361

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
34	SUPPORT_ROLEDH_DESC	Reason for not supporting dental hygienists as independent practitioners	
	TYPE	LENGTH	FORMAT
	Character	1000	Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	98	140
-8	Not Applicable	26	39
	non-missing	127	183
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
N/A	COMMENTS	General comments	
	TYPE	LENGTH	FORMAT
	Character	1000	Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	194	280
	non-missing	57	82
TOTAL		251	362

Created variables

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PAPERFORM	Paper form (1) vs. Electronic (0)
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
0	Key Form	8	11
1	Paper Form	243	351
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	AGE	Age of respondent derived from Q1
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	1	1
>0	>0	250	361
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	GRAD_NUMYRS	Number of years from graduation (derived from Q25)
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	30	45
>0	>0	221	317
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	GRAD_AGE	Age upon graduation from dental school (derived from Q1 and Q25)
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	47
>0	>0	220	315
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRIMARY_CITY_FROM_ZIP	City derived from primary practice ZIP Code (Q9)
	TYPE	LENGTH
	Character	28
		FORMAT
		Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	30	45
	non-missing	221	317
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRIMARY_STATE_FROM_ZIP	State derived from primary practice ZIP Code (Q9)
	TYPE	LENGTH
	Character	2
		FORMAT
		Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	30	45
Colorado	Colorado	221	317
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
CREATED VARIABLE	PRIMARY_COUNTY_FROM_ZIP	County derived from primary practice ZIP Code (Q9)	
	TYPE	LENGTH	FORMAT
	Character	43	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	30	45
	non-missing	221	317
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
CREATED VARIABLE	PRIMARY_FIPS_FROM_ZIP	FIPS county code derived from primary practice ZIP Code (Q9)	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	30	45
>0	>0	221	317
TOTAL		251	362

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRIMARY_RUCA2_FROM_ZIP	RUCA code derived from primary practice ZIP Code (Q9)
TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	30	45
4	4	80	115
5	5	4	6
7	7	82	119
7.2	7.2	2	3
7.3	7.3	3	4
7.4	7.4	8	11
8	8	3	4
9.1	9.1	1	2
10	10	25	35
10.3	10.3	5	7
10.4	10.4	2	3
10.5	10.5	1	2
10.6	10.6	5	7
TOTAL		251	363

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRIMARY_URBAN_FROM_ZIP	Urban/Rural indicator derived from primary practice ZIP Code (Q9)
TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	30	45
0	Rural	221	317
TOTAL		251	362

QUESTION NUMBER		VARIABLE NAME	DESCRIPTION	
CREATED VARIABLE		RUCA_CLASS_FROM_ZIP	RUCA classification derived from primary practice ZIP Code (Q9)	
		TYPE	LENGTH	FORMAT
		Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	30	45
1	Isolated	38	54
2	Rural Small	99	143
3	Rural Large	84	120
TOTAL		251	362

APPENDIX A BUSINESS RULES FOR DATA CLEANING

The Colorado Health Institute (CHI) used the following business rules to edit data obtained from the 2008 Rural Dentist Survey. Numbers in parentheses are the question numbers as they appeared in the survey.

For more information, contact Glenn Goodrich at 720.382.7095 or goodrichg@ColoradoHealthInstitute.org.

General Rules:

1. Questions that were skipped or left blank, without an instruction to do so, were coded as -9 (formatted as *Missing*). Questions that were part of a skip pattern or that contained invalid or out-of-range values were coded as -8 (formatted as *Not Applicable/Skip Pattern*).
2. If a survey question had N/A as an answer option, these responses were formatted as *N/A-Response* in the frequency report.
3. If more than one form was received for a given respondent, the earliest form, based on the time stamp of a Web-entered survey or the date a paper form was received at CHI, was retained.
4. If a respondent marked more than one item for a question that requested only a single response, then the value was reset to -8 (questions 2, 4, 6, 8, 12, 18, 20, 23, 30, 32 and 33).
5. For questions with a 1-5 scale along with a N/A option, if more than one of the 1-5 options was marked, the average was taken. If one or more of the 1-5 options was marked along with N/A, the value for that variable was re-coded to -8. This applied to questions 21, 26, 27 and 31.
6. For items with a 1-5 scale with 1 indicating *Fully prepared* and 5 *Not prepared*, if more than one option was chosen, the average of those options was used for the value. This applied to items 28 and 29.
7. If a respondent did not select the *Other* box in a question that offered a free-text field for *Other* but entered a description in the text field anyway, then *Other* was re-coded as selected. This applied to items 6, 12 and 33. If *Other* was selected but no text was entered in the text field, the answer was coded as *missing*, -9.

Question-specific rules

1. (Q3) Race/ethnicity- If more than one of the race/ethnicity options was marked but *Mixed Heritage* was not, then the value was coded as *Mixed Heritage*. Further, if more than one of the race/ethnicity options as well as *Mixed Heritage* was marked, then *Mixed Heritage* was the single value used.
2. (Q6) Degree- If *Not Applicable/Skip Pattern* was coded in the description and *No* was marked for the leading question, the description was reset to -9 or *missing*.
3. (Q7) Professional status- If the leading question was missing, but a description appeared in the text field, the leading question was re-coded to *Other*, 6.
4. (Q7) Professional status- If more than one item was marked, then the first option as it appeared on the survey was chosen for the value. If options 3, 4 or 5 were marked, then any subsequent questions answered were coded to -8 (N/A). Subsequent questions not answered were coded to -8 (N/A) as well. For professional status, if *Other* was not checked but a description was given, the answer was reset to *Unknown*, -9 (after the first business rule regarding question 7 was applied).
5. (Q7) Professional status- If the *Other* text “read not practicing dentistry” or “full-time dental hygienist,” then the rest of the survey was considered invalid and all numeric and character fields were recoded to -8 (N/A).
6. (Q11) Number of dental visits in 2007- If the number of visits was 0, then the value was set to -8 (N/A). If the response was 130,000 or more visits, this was considered an invalid response and was coded -8 (N/A).
7. (Q13 and Q25) License and graduation year- If the license year occurred before the graduation year, then both answers and the created variable were coded -8 (N/A). The created variables are number of years since graduation (and grouping) along with graduation age (and grouping).
8. (Q15) Total and direct care hours- If either of the hour estimates was 120 hours or more, these were considered invalid values and was coded -8 (N/A).

9. (Q18) Recruitment of dental hygienists- If a respondent indicated one or more for either part- or full-time positions that they are recruiting but did not mark the leading question as Yes, the variable was re-coded Yes. If the respondent marked No but filled out the count portion with 0 for part time and full time, the counts were re-coded -8 (N/A). If the respondent marked No and did not indicate a number the question was re-coded -8 (N/A). If the leading question was answered Yes and one of the secondary questions (part/full time) had a value of 1 or more and the other was missing, then the missing value was reset to 0.
10. (Q20 and Q21) Accepting Medicaid payment and Reasons for not accepting Medicaid- If the respondent marked Yes to either of the two Medicaid items on question 20 (Accept Medicaid payment or accepting new Medicaid patients), then all variables on question 21 were set to -8 (N/A).
11. (Q21) Reasons for not accepting Medicaid- If the Likert scale for the *Other* category was a missing value of -8 due to a skip pattern, then the description text was also set to -8. If the response to the Likert scale item on the *Other* category was N/A (right margin of the survey), then the text portion for the actual description was coded as *Unknown*.-9.
12. (Q22) Allocation of time spent in direct patient care- If the sum of percentages did not add to 100, then all percentage values were set at -8 (N/A). If the percentages added to 100 but some of the individual items were missing, the missing values were recoded to 0.
13. (Q23) Language other than English spoken with patients- If the respondent specified a language but did not indicate Yes, then the leading question was re-coded as Yes.
14. (Q30 and 31) Leaving current dental practice within 12 months- If question 30 was marked No, then question 31 responses were coded -8 (N/A).
15. (Q32) Community benefit from additional services- If No was marked on the leading question, any text in the comment field was coded -8 (N/A).
16. (Q34) Expanding the role of dental hygienists as independent practitioners- If question 34 had both Yes and No marked, the value was re-coded -8 (N/A). If Yes was marked, then text was re-coded to -8 (N/A).
17. (Q34) Expanding the role of dental hygienists as independent practitioners- If the leading question was missing (coded as Unknown or -9), then any text comments were also coded as -9.

APPENDIX B
SAMPLING AND RESPONSE SUMMARY BY STRATA

<u>STRATA</u>	<u>NUMBER RESPONDING</u>	<u>ELIGIBLE⁴</u>	<u>POPULATION</u>	<u>RESPONSE RATE</u>
License issue before 1990, Male, DMD	9	13	13	69.2%
License issue before 1990, Male, DDS	110	145	148	75.9%
License issue before 1990, Female, DMD	1	1	1	100.0%
License issue before 1990, Female, DDS	10	15	15	66.7%
License issue after 1990, Male, DMD	17	26	27	65.4%
License issue after 1990, Male, DDS	82	125	126	65.6%
License issue after 1990, Female, DMD	1	4	4	25.0%
License issue after 1990, Female, DDS	21	28	28	75.0%
TOTAL	251	357	362	70.3%

⁴ Eligible includes the number of active licensed dentists with a contact address in rural Colorado minus non-rural, out of state and non-response.

APPENDIX C POSTCARDS AND COVER LETTERS



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

Within a week you will receive in the mail a request to fill out a rural dentist 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 firsthand the Oral Health Program, the Colorado Rural Health Center and the Colorado Area Health Education Centers about rural dentistry issues from those dentists who practice in Colorado's rural areas.

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, reading 'Pamela Hanes', followed by a horizontal line.

Pamela P. Hanes, PhD
President and CEO
Colorado Health Institute

July 17, 2008

xxxx
xxxxxxx
xxxxxxxxx

Dear Dr. xxxx:

We need your help to learn more about the practice of dentistry in rural areas of Colorado. Many Coloradans living in rural areas of the state have difficulty getting access to oral health care because of an overall shortage of practicing dentists. Colorado policymakers at both the state and local levels would benefit from a better understanding of the training and practice issues related to recruiting dentists to a rural practice.

To provide policymakers with this information, the Colorado Health Institute (CHI) was asked by the Colorado Department of Public Health and Environment's Oral Health Program to survey Colorado's rural dentists in order to obtain a current and accurate picture of that part of the state's dental workforce. Your participation in this survey effort is very important.

The responses you provide are **confidential** and your name will be removed from our database once the survey effort has been completed.

CHI was created five years ago by three Colorado health foundations to serve as an independent and impartial source of reliable and relevant health-related information for sound decisionmaking. CHI has been working closely with the Colorado Department of Public Health and Environment as well as professional oral health organizations to develop the enclosed survey questionnaire.

We value 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 the rural areas of our state.

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 small \$2 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/Dentist2008.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 rural dentist 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)
- Governor's Task Force on Collaborative Scopes of Care
- Colorado foundations, such as The Colorado Trust, Caring for Colorado and The Colorado Health Foundation
- University of Colorado (CU) Denver School of Dental Medicine
- Colorado Rural Health Center

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 to improve access to oral health care in rural areas of the state. The CU Denver School of Dental Medicine will use the information to improve its Rural Health Track for dental students. The Colorado Rural Health Center will identify practice opportunities for rural communities to recruit dentists. The Colorado Area Health Education Centers will identify opportunities to increase high school students' interests in health careers. The Colorado Health Institute will inform legislators about training and practice issues related to rural dentistry to inform their workforce deliberations.

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, CHI matched ZIP Codes with the definition of rural developed by the U.S. Department of Agriculture (Rural Urban Commuting Areas/RUCAs). RUCA codes are a sub-county measure of rural 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 seven questions. Please answer these seven questions either online or by returning 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 a confidentiality agreement to protect the confidentiality of the data collected. Before the public sees the summary results or a research 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 rural 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.



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

Last week you received a letter inviting you to participate in a Rural Dentist Workforce Survey. Your name was drawn from a list of currently licensed dentists living or working in rural Colorado based on the U.S. Department of Agriculture's definition of "rural."

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 rural 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 rural areas of the state.

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, reading 'Pamela Hanes', followed by a horizontal line.

Pamela P. Hanes, PhD
President and CEO

August 7, 2008

xxxxxxx
xxxxxxx
xxxxxxxxx
xxxxxxxxxxx

Dear Dr. xxxxx:

About three weeks ago the Colorado Health Institute mailed you a Rural Dentist questionnaire that asked about your experience as a dentist practicing in rural Colorado. To date, we have not received your completed questionnaire.

Dentists who have already returned their questionnaire reveal both good and bad experiences. We believe the results of this survey will be highly useful to state policymakers and others working to recruit dentists to rural Colorado.

The preliminary results for the rural dentist survey show that about one-third of rural dentists accept Medicaid payments, whereas two-thirds do not. The main reason given for not accepting Medicaid payments was that the reimbursement rate is too low. Too many "no shows" and difficult/time-consuming paperwork followed closely behind.

We are writing to you because your participation is so important to this effort. As we stated in the first letter, your responses to the questions 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 seven questions and then return the survey to CHI.

I have enclosed another copy of the questionnaire and hope that you will take 15 minutes or so 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 can also complete the survey form on line at: <http://www.ColoradoHealthInstitute.org/Dentist2008.html>. Type the number shown at the top of your survey form (xxxx) → Complete the questionnaire and click the "submit" button when you finish.

FREQUENTLY ASKED QUESTIONS

How many people have responded?

So far, we have received 185 surveys: 178 paper forms and seven filled out online. The response rate for the survey so far is 51 percent, but we are aiming for a 100 percent response rate.

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

CHI will share a report of the rural dentist 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)
- Governor's Task Force on Collaborative Scopes of Care
- Colorado foundations, such as The Colorado Trust, Caring for Colorado and The Colorado Health Foundation
- University of Colorado (CU) Denver School of Dental Medicine
- Colorado Rural Health Center

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 to improve access to oral health care in rural areas of the state. The CU Denver School of Dental Medicine will use the information to improve its Rural Health Track for dental students. The Colorado Rural Health Center will identify practice opportunities for rural communities to recruit dentists. The Colorado Area Health Education Centers will identify opportunities to increase high school students' interests in health careers. The Colorado Health Institute will inform legislators about training and practice issues related to rural dentistry to inform their workforce deliberations.

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, CHI matched ZIP Codes with the definition of rural developed by the U.S. Department of Agriculture (Rural Urban Commuting Areas/RUCAs). RUCA codes are a sub-county measure of rural 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 seven questions. Please answer these seven questions either online or by returning 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 a confidentiality agreement to protect the confidentiality of the data collected. Before the public sees the summary results or a research 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.

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 rural 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.