

MN Oral Health Project

Focus Group Report

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Executive Summary

MN Oral Health Project (Client) has retained the services of the Southwest Marketing Advisory Center (Advisor), located on the campus of Southwest Minnesota State University, indicating an interest in educating the population on the importance of oral health; including, education and applying fluoride to children's teeth. The goal is to improve collaboration between caregivers, physicians and dentists to improve oral health status of high-risk children. To better understand the underlying situation, five focus groups were conducted along with a meeting with doctors and a meeting with dentists. The focus groups and meetings were moderated then transcribed by Advisor.

It was highlighted in the focus groups that Caucasian participants had accepted insurance and transportation means which allowed them to visit the dentist at least once a year. Hispanics, Somalian, Hmong and Karen participants struggled finding a dental clinic that took their forms of insurance, especially in the city of Marshall, MN. If Somalian and Karen did find a place, transportation access was a challenge.

Participants were aware of various ways they get fluoride throughout the day, but they didn't know how much they were getting. They were curious as to if they were getting enough or not. Hmong participants, on the other hand, were less aware of fluoride and its purpose; however, they have heard of fluoride. Fluoride varnish was new terminology for almost all of the participants. Having that treatment applied by primary care medical providers was seen as a benefit for the Somalian, Hispanic, Hmong and Karen participants, but was seen as out of the norm and almost an insult to dentists by the Caucasian participants. This is because they have a dependable and trustworthy dentist they visit frequently, but if this was not the situation, they could see how this idea would be useful. None of the participants were completely sure as to who was the MN Oral Health Project.

Recommendations

- Create a permanent open door dental facility for minority groups to attend for dental treatments that would be covered by their insurance plan. It would also be helpful if they could get the treatments within walking distance from their residence.

- Partner with the Marshall Municipal Utility company to inform people of how much fluoride is in their water
- Inform people of the recommended fluoride level to consume

Conclusions

- Caucasian participants all had health insurance and easy transportation to visit the dentist at least once a year
- Hispanic, Karen, Hmong and Somalian participants' insurance plans are not accepted by most dental clinics in Marshall MN. This means they have to travel further distances to visit a participating dentist.
- Transportation is very difficult for Karen and Somalian participants
- The language barrier for Hispanics, Somalians, and Karen is a challenge
- All participants were not aware of how much fluoride they are getting on a daily basis
- Most of the participants had never heard the term dental caries before, and if they have, they think of cavities
- Most participants do not feel that cavities are a normal part of a person's life, but they do happen and preventative activities need to take place
- Hmong participants were the group that felt cavities were a normal part of life
- For the most part with all the focus groups, fluoride varnish was a new subject of discussion for the participants
- There were some mixed reviews about having a primary care medical provider apply fluoride varnish to a patient's teeth
- Caucasians were not as interested in primary care medical care providers applying fluoride treatment because they already have a reliable dentist for that purpose
- Hispanics, Somalians, Hmong and Karen were open to the idea of having a one stop place for dental and doctor care
- The participants were not aware of the MN Oral Health Project

- Dentist tell caregivers that the number one way to protect your oral health is through fluoride treatments
- The dentists would collaborate with primary care medical providers to have them apply fluoride varnish
- Fluoride varnish is a standard procedure in all child-well visits at Avera in Marshall, MN
- Doctors have many measures that they must do at child-well visits with fluoride not included in the requirements at this point in time.

Detail of Findings

Purpose

There are many aspects that are responsible for the lack of fluoride being applied on a person's teeth such as education, economic status and present overall health; factors for which Client is well aware. Because of this, Client is seeking a way to increase oral health literacy and knowledge in southwest Minnesota. They want to partner with primary care medical providers so children can have the opportunity to get fluoride because applying fluoride helps prevent caries (tooth decay) which will decrease the number of children that suffer from caries.

The goal of the focus groups was to gain information about the knowledge level Lyon County residents have regarding dental care; in particular, fluoride treatments. This would include gathering information regarding their perceptions of allowing primary care medical providers to apply fluoride varnish to children's' teeth.

Methodology

Advisor conducted five focus groups with Lyon County residents along with a meeting with doctors and a meeting with dentists. Each focus group consisted of a homogeneous ethnicity including Caucasian, Hispanic, Karen, Hmong and Somalian. Advisor also met with dentists and doctors who work in Lyon County. Advisor moderated the focus groups with topics focusing on dental visits for adults and children, dental caries knowledge, fluoride and fluoride treatments, and fluoride varnish applied by a primary care medical provider. The meetings centered on topics including fluoride, fluoride and age, information shared to caregivers, and

medical professionals applying fluoride. The focus groups and meetings were recorded and then transcribed by Advisor. The responses given were analyzed to determine trends or common opinions with the groups. See *Exhibits I thru VII* for the complete transcriptions of each focus group and meeting.

Focus Groups

Dental Visits for Children and Adults

Regular dental visits varied between focus groups. Caucasian participants had dental insurance that dentists accepted while Karen, Hispanic, Hmong and Somalian did not. It is difficult for these four groups to find a dentist in Marshall, MN, who accepts their form of insurance. This results in them having to travel to Walnut Grove, Montevideo and Mankato to receive dental care. Somalian and Karen ethnicities have either a form of Blue Cross insurance or Medica insurance whereas Hmongs have Federal Government insurance. With this, it makes it very difficult for Karen, Hmong and Somalian's to get to the dentist on a regular basis. There is usually a long waiting list for appointments as well.

Also, dentists who accept their insurance are currently not accepting new patients. It was mentioned in the Hmong focus group that they only go when they have pain, but their children go at least once a year. Caucasian participants were able to visit the dentist at least once a year because that is what their insurance covered. Also Karen, Somalian and Hispanic have visited the mobile dentist that comes to Marshall, and/or the Women, Infant, and Children (WIC) program.

A common dilemma with the Karen and Somalian participants was that when they were able to schedule an appointment to visit the dentist, they had communication difficulties because of the language barrier and were unable to find transportation many times. Typically, transportation rides are not available to distances greater than 40-50 miles. This led to appointments being missed. Hispanic participants also struggled with the language barrier when scheduling appointments. For Caucasian, Karen, Hispanic and Somalian participants, the same outcome applied for children.

Dental Caries Knowledge

When participants were asked if they have heard of the term dental caries, most individuals said they hadn't. A Karen participant mentioned she had heard of the term before, but she was unaware of what it meant. Meanwhile, a few Caucasians and Hispanics threw out the terms cavities and infections as their initial thoughts of dental caries. A similar trend noted was that participants felt cavities are not unusual and almost every person has a cavities during their lifetime, but preventative activities need to be taken in order to try to reduce the chance for cavities. Hmong participants reacted a little differently in that they felt cavities were a normal part of a person's life.

Fluoride and Fluoride Treatments

Somalian participants' initial thoughts related to fluoride included that they get it whenever they go to the WIC program and that it is found in their water. Karen and Hispanic participants stated their initial thoughts as its good for your teeth and helps protect from cavities. Caucasian participants mentioned fluoride being in their water, in toothpastes and in their mouthwash. They also brought up the fact that if you get too much fluoride that it can be very harmful to a person. When mentioned to the group, the Caucasian participants were very intrigued by the fact that a reverse osmosis system takes the fluoride out of the water. They felt that wasn't entirely good because people are missing out on getting the fluoride they think they are getting from their water. Hmong participants have heard of the term fluoride before, but they were not entirely clear on what fluoride is or its purpose. They knew it was found in toothpaste though. For the most part will all the groups, fluoride varnish was a new application. It was something they were not well aware of as a way to have fluoride applied. Instead, the trays with the fluoride foam was the treatment most participants were aware of. With the topic of fluoride varnish discussed during the Caucasian focus group, almost all of respondents did not see the need for it specifically because it was an additional cost and they are already getting fluoride from their water. An exact statement made was, "There is no need. There is already fluoride in the water, so I am thinking how much more preventative are you really going to get since you are already getting it in the tap water to begin with." Hmong participants felt fluoride

varnish is a great idea, especially for younger children. They did not know it was available to them, and if they did it was mentioned “I would have gotten it applied to my kid’s teeth in a heartbeat to help prevent cavities.” The cost of fluoride varnish application was a concern brought up by the Hmong participants as well as the curiosity as to what is the difference in getting fluoride varnish verses not.

Fluoride Varnish Applied by a Primary Care Medical Provider

There were mixed reviews about the idea of having fluoride varnish applied by a primary care medical provider. Somalian, Hispanic, Hmong and Karen participants felt that it is a beneficial idea because they could get two appointments [dentist and doctor] all in one stop. This would be a more helpful and convenient option for them as transportation to the dentist and doctor can be a challenge for some. A Somalian participant stated “It would be very good actually if we could get an option where we go to the doctor where they treat everything.” It was also made known that if patients are supposed to get the fluoride varnish applied the recommended four times a year, then having it be applied by primary care medical providers would be a good idea. This is because people tend to go to the doctor’s office more often for checkups and appointments than they go to the dentist. Also, it helps with the distance needed to be traveled as well in that Hispanics, Hmong, Somalian and Karen typically have to drive outside of Marshall, MN to receive dental care because of insurance reasons. These participants do feel as if their doctor would be knowledgeable enough to give them fluoride. Caucasian participants on the other hand, thought of this ideas as something out of the norm. An option of going to the dentist for a fluoride treatment was something that didn’t cross their minds. One participants stated. “It would be like going to the dentist if you had appendicitis.” Although it is a service that these participants probably would not utilize, they do see the benefit of it for those who are unable to afford dental care for themselves and/or their children. It was mentioned that “If I was not able to afford for my children to go to the dentist and I knew that there were issues or could be and it was offered then yeah, I think it would be something to consider because at that point they may have been missing out on things that they should have access to.”

Meeting Appointments

Dentist Meeting

When the dentists were asked about their initial thoughts on fluoride, they all mentioned that it is a good treatment for people of all ages. The dentists also stated it is important to start fluoride treatments at your first dentist appointment which is usually around two years old. It is very important for the older generations especially, but all people should use fluoride. The dentists specified that they tell caregivers to not give fluorinated toothpaste because of the risk that the children can swallow too much. The dentists also tell caregivers that the number one way to protect your oral health is through fluoride, and it is recommended especially for young children and older adults. Discussion in the meeting also focused on primary care medical providers applying fluoride varnish to children's tooth. When asked about this, the dentist said it is perfectly fine for a primary care medical provider to apply this treatment along with checking for oral conditions and alerting the patients of any concerns. They do not suggest though that patients only use this method for dental care because of the specialization that a dentist can provide. Would these dentists collaborate with a primary care medical provider? They answered yes, absolutely. An interesting point brought up in the meeting is that lately there has been a bad reputation about fluoride being an evil thing. But in reality, the dentist said, "it is something that when used in the right amount in the right application is a good thing." The dentists also stated that fluoride can really help in bringing the decay rate back down, especially among young kids.

Medical Providers Meeting

When medical providers were asked about fluoride operations at their clinic, it was mentioned that fluoride is a standard operating procedure for all children at their child-well visits. It was made known that it is considered a best practice. The situation a medical care provider stated was that there are so many measures that the doctors are accountable for and must do during a child-well visit that fluoride is not a part of the measures. But as mentioned above, it is a best practice and this medical provider feels that with time, the fluoride will be

included as a “must do” measure at the child-well visit potentially in all clinics. When fluoride varnish is applied to patient’s teeth, good records are kept. It is charted when it was applied to the patient in that the next time they come in, the doctor’s will know how long it has been since the varnish was last been applied. Finally, the Avera clinic in Marshall, MN may have a slightly greater pull on this subject of dental care because two of their physicians have fathers who are dentists. These physicians consult with their fathers about particular sources of information in order to best help all patients.

Exhibits

Exhibit I: Caucasian Focus Group Transcription

M: Thank you so much for coming. We really appreciate your participation. We want everyone to have open, honest, good conversation flow. The purpose of this focus group is to gain information on what Lyon County residents think of oral health issues, in particular fluoride varnish and how that helps with cavity prevention. We will get a conversation going and if you think of something that you want to say, say that and if someone else says something and your like 'oh yeah, I agree' say that. We like to know if more than one person agrees with that statement, or if you are like 'I kind of feel the opposite' say that as well, so that we get both sides. Then we get a full, raw opinion of every one and what they think. To start, how many of you go to the dentist on a regular basis?

R: I do.

M: Two, three, four... *(Raise of hands from participant)*

R: What's regular?

M: Usually I would say once a year.

R: Okay, I am five then.

M: You do too?

R: I go twice a year.

M: So everyone does. When was the last time you went?

R: May

R: I would say May.

R: Probably about 10 months ago.

R: I would say about three months ago.

R: March

M: Okay, so everyone has went fairly recently. We have already talked about this a little bit, how often do you go to the dentist? John, I know you said twice a year.

R: I go about three-four times a year.

R: Twice for me.

R: Twice a year.

M: And you go twice a year too? *(Directed at another participant)*

R: Yes, I do.

M: What are the particular reasons that you go? Is there any...everyone might have a different reason...

R: My teeth are crooked, and I have that extra work to do keeping my gums from gum disease. So I go in for regular checkups, and they let me know if I got ones or twos or threes or fours. It is always an exciting thing.

R: That is true in Marshall, that it is exciting.

R: I'd say the check-up and the cleaning. It's twice a year because that's what insurance will cover. That's why it is not more and not less.

R: I would agree with that statement as well.

R: So would I. When you do get older, you do pay more attention and if you have had any issues, as Gerry noted, that you are more apt to go in every six months to get a head of any problems that may be.

M: Do you know what the term dental home means? Have you ever heard of the term dental home?

R: How is "home" spelled?

M: H-O-M-E

R: Oh, no.

R: I have not.

M: Your dental home is actually the dentist you see twice a year for preventive services and any times you go after to for diagnostic and restorative care. Moving on, let's talk about children, nieces, nephews. I don't know if you have them, but if so, do they go to the dentist on a regular basis?

R: I have children and they go the same schedule myself and my husband will go.

R: Same here. They are all gone now, but that was how we always did it.

R: Yeah, same with us.

R: Same here.

R: Yep, same.

M: What age did they start to go?

R: Two

R: Two is about right.

R: Yeah, two.

R: I don't know if it was quite that young for mine, but definitely preschool, maybe about three years. Long before they continued to kindergarten.

R: I would say three-four.

M: So they started fairly young?

R: Yep.

M: And when you think of dental caries, what are some of the first things you think of? Like what are some of your initial thoughts when you hear the word dental caries?

R: What is caries?

R: Cavities?

R: Infections.

M: Caries is actually the process where germs that are found naturally in the mouth combine with sugars to damage the enamel of the teeth if not treated. Dental caries lead to cavities.

R: Soda pop. The sugar in pop is definite. It has always been, you drink too much pop and you get bad teeth.

R: Or chew too much gum.

R: So you're saying that our mouths produce molecules, or whatever, that actually hinder or assist with the growth of cavities if not taken care of?

M: Based off of the information that I learned from our Client and the definition they provided, yes, there are these germs that are found in the mouth that if not treated then eventually lead to cavities. Those germs, in combination with the sugars form the caries which then will lead to cavities.

R: We are raising our great grandson, and when he has a lollipop, we make sure he brushes his teeth right after.

M: Do you think that cavities are just a normal part of someone's life?

R: No, it is a disease, an infection.

R: It is something that you need to try to prevent, so I am not sure that is normal. It happens, but you try to prevent it.

R: I think there are very few people that have gone through life without a cavity of some sort at some time. It seems like everyone has had a cavity and a filling at some point.

R: And then you hear of people who do everything they can to prevent them, but they still no matter what end up with cavities.

R: You also hear of people in other societies where they eat nothing but raw foods and vegetables where they have beautiful teeth and no cavities and never brush.

R: Don't have dental care probably.

R: No, right. If you go up into the mountains of Jamaica there are people with beautiful teeth who know nothing about dental care. But they are eating stuff off of the trees and stuff they grow.

M: So they are pretty good at preventing cavities through healthy eating?

R: Yeah, I guess the more natural kind of life you have, the less you need to worry about the processed foods and the chemicals we get from processed foods, but it's not part of our civilization any more.

R: Yeah, I don't know of anyone that does that.

R: Yeah, but think about it. You go to a county that is very poor, living off the land and you would think they would be toothless or something, and they are not.

M: Right, you would probably think that.

R: But even when you mentioned they eat a lot of raw foods, and I think that just that itself, such as whether it is carrots or apples or whatever it may be, I think there is a certain cleansing that happens.

R: Yeah, there must.

M: What kind of dental care do you, your children, grandchildren currently use to prevent tooth decay? Such as dental visits, which we all said that we do, at home fluoride treatments, healthy eating?

R: Brushing, flossing, mouthwash, and regular dental visits.

R: We have a shower floss, so you actually do it in the shower. It is a water pick that is in the shower which helps for it to become a daily routine.

R: We floss every day, in fact, I have a water pick too.

R: I do not floss at all. I just use my electric toothbrush and jam it between my teeth. I hate flossing.

M: Does anyone use fluoride at home?

R: Within the toothpaste, but not separately.

R: (*to group*) No one does fluoride? I used to work with the National Cancer Institute and we saw cases where over use of fluoride blackens your teeth and it is really bad on your organs, so you have to be careful with fluoride. It might even be within your mouthwash and do not even realize it.

R: There is probably not that much more in mouthwash than there is in toothpaste. At least I would not think.

R: It [fluoride] can be really harmful for you.

M: It is. It is actually one of the topics we are going to be discussing later on. As we are on the topic now of fluoride, what are some of the initial thoughts you have about it? I know we have said it is found in your water...

R: I was surprised when we first lived on a farm that it was something that was naturally occurring in water and in different levels. I always thought it was something that was added.

R: Yeah, I didn't know that.

R: It is something where different levels are natural in different waters.

R: Did you get your water tested for fluoride?

R: Yes.

R: Not too much though?

R: No. And I was not aware of that.

M: Right, so is anyone else aware of if their water has fluoride or not.

R: Is Marshall water fluorinated?

R: I assumed that unless it was bottled water, you normally would have fluoride in it.

M: Yeah, bottle water is okay, but any tap water will have fluoride in it and any purified water will as well except if it is reverse osmosis then it will not.

R: So if I am drinking reverse osmosis water, and I am at home, that takes the fluoride out?

M: Yes, it has no fluoride.

R: Well, that's not good.

R: I did not know that either.

R: I do not know a lot about fluoride, like its effects to the body that way, I have been more aware over the years as my kids have grown when the doctors have said they cannot have any fluoride and you should slowly introduce it, and when they ask are you drinking tap water or are you still giving them the baby water. Just knowing that when they are infants, they are not supposed to have it, but as they get older they are encouraged to have fluoride in their water as opposed to not.

R: When my children were younger, my youngest is 21, we were never told to not use something with fluoride.

R: Yeah, exactly. You do not have to worry about giving extra fluoride because they are getting fluoride from their water. It was as if it was avoided, but that you do not have to do anything extra.

R: Right, right. So that is interesting that they...

R: In your toothpaste they have a fluoride free toothpaste for little children until they get to two or three, they are not supposed to have a lot of fluoride, so they are supposed to have special toothpaste. But again, it might just be...

R: In my youth, I grew up on the East Coast, there was the concern of cancer or other side effects of fluoride. The idea was to encourage a community to add fluoride to the tap water to deter tooth decay. I am assuming there is some fluoride in the Marshall water, I am not certain, but I think there is. So I kind of grew up with the idea that will help prevent cavities. I think that in my household we always buy the Crest brand with fluoride, so it was like a cavity preventative type of thing. It is the way I always thought about it until science went a little further to say there were those side effects with it.

R: But the evidence are just overwhelming in the communities with fluorinated water having much fewer cavities. That has been around for 40 years. Like I said with my experience with the National Cancer Institute, if you take too much of that stuff [fluoride] and it will really hurt you.

R: That is kind of like anything in moderation, but if you are adding more and you are already getting it in your water. I think that sometimes we are not fully aware of how much we are already getting and then we are adding to that. What is the limit? When my kids were young, they went to the dentist and

they would do the treatments which were never offered when I was young. So say someone does not have the ability to pay to go to the dentist then it is probably that much more important for them to get it from the water system than someone who goes to the dentist on a regular basis.

R: 25 years ago when I student taught they actually had it where you could sign up and have fluoride treatments in the classroom. They would come around and each kid was given a cup and they swished it for 30 seconds, or however long it was, and spit it out and then they would collect the cups. They did that at school, but I think the parents could opt out, but otherwise the majority of the class did it.

R: When I was at the National Cancer Institute we found a herd of cattle, dairy cattle in Maryland, that for some reason the grass they were eating had fluoride off the charts and the cattle were losing their teeth and they had to euthanize the heard because you could not drink the milk.

R: Because it was so saturated with...?

R: I do not remember exactly the chemistry of the mouth of why exactly we should not be drinking it, but they had to euthanize the whole heard. And it came from grass!

R: Do you know if they still do that in schools? To backtrack a little bit.

R: I don't believe they do, but I do not know for sure. I guess I do not remember my kids doing it.

M: So basically in summary, for the most part you all are aware that you are getting fluoride from your water, but at the same time you are not entirely sure if in the Marshall water we are getting it?

R: From my knowledge of what I will go off of, is that when you go to the doctor they do not ask if you are drinking city water but if you are drinking tap water. So they refer to tap water assuming all tap water has fluoride in it.

M: We have talked about the fears you may have. I know we have mentioned the Cancer Institute, but is there any fears you have of fluoride?

R: I didn't until today.

R: Yeah, am I getting too much, not enough?

R: I think for me it is a little interesting, from this conversation today, when you think about whether it is the students in the classroom doing the fluoride treatment or when my kids did it when they were younger, but as they got older it wasn't something that was offered, so obviously it is something that is most frequently looked at for young, whenever that age may have been, and I guess I look at it more as is that because they do not brush their teeth as well and they are trying to protect or it helps their teeth more because it is not something that isn't offered for adults when they go to the dentist as it is for your children when they are young. I am more curious than anything about that.

R: I think there is an age where insurance will cover it and an age where it isn't because after I found out that I have to pay for that I was like I don't want the fluoride anymore. Like the stuff you paint on your teeth. Because I am like I don't want to have to pay for it. I just want the cleaning that comes with my insurance. My daughter told me the other day that she still gets it, and she is 20.

M: They say until 21- from your first tooth eruption to 21.

R: I was shocked that she said she was still getting it.

R: Why do they have that option stop at that age? Or why insurance does not cover it past a certain age?

R: Insurance companies are not always right on matters of medical concerns, but the justifications are that there are no evidence that it helps you. That is what they will say; therefore you will start paying for it now, and of course there will be dental groups that will argue that it does help, so the evidence are not overwhelming. I mean, a town's water the evidence is overwhelming that the town's people have less cavities, but in this case they are just saying that the evidence are not strong enough that we are not going to pay for it.

M: Okay. You had brought up the statement about the stuff you paint on your teeth. Has anyone else heard of that? It is actually called fluoride varnish.

R: No.

R: No.

R: Yeah, they offer that to me.

R: It is a fluoride treatment the way I remember it and it costs extra these days. There is no need. There is already fluoride in the water, so I am thinking how much more preventative are you really going to get since you are already getting it in the tap water to begin with.

R: And you do not want too much either.

R: Is there a level that is recommended?

M: I am not sure what the level is.

M: Maybe that is a matter of something that needs to be marketed or explained to people of what the levels are so that in a community they know how much is in their water and that sort of thing, like do you need more or do you need less and that sort of thing.

R: Or maybe not because companies who put that in there then people may not buy their product. We don't need your product with fluoride in there; I will buy something else without it.

R: What I think you're saying is that maybe a dentist should take a minute or two to explain what the benefits may be.

R: Like for example, with tap water I tend to think that whatever is in there is partially the responsibility of the city utility department or something like that because the water that comes out of your tap does not only need to be clean but be free of organisms and so forth so it is not dangerous to drink water from the tap. I think that if they are monitoring that, are they monitoring how much fluoride is in the water and is it safe for the community to drink? I guess I am too trusting, but I hold them responsible that they have a responsibility as your utility company and sending water to your tap they need to know what is in that water and letting us know that if there is an emergency calling everyone up saying boiling the water before your drink it or something like that. I tend to think along those lines in that fluoride is right in there with everything else.

R: It is kind of a false assumption...

R: And I know that.

R: When I lived in Palm Bay, Florida we discovered through an independent testing agency that our water had four times the carcinogen level of chromium because of the local semi-conductor plant. We were all ordered to stop drinking our tap water and that happened just recently in another town. I think in Indiana; the lead levels were toxic.

R: I heard that Michigan had...

R: If you think about what happened in Flint, Michigan.

R: I didn't realize an RO system took it out. I never thought of it as the RO would take out the fluoride.

M: Going back to the fluoride varnish treatment that you put on your teeth, is there any benefits you would see from having that type of process done?

R: If you found out from your currently source of fluoride that you were not getting the levels you needed then that might be another option to enhance that, but if you are already getting it I would see no benefit of getting it done.

R: I don't know of any dentists that have tested your body fluoride levels.

R: If I remember right, I think that your body takes in X amount of whatever of fluoride and if your body does not need it, it flushes it. I guess the one thing, and we never had a lot of soda at our home, is that for kids that do, that is an issue. If they are not drinking a lot of water and are drinking a lot of can beverages no matter what it is, they are not getting any water where they are thinking they are getting fluoride then it might be something worth looking at. I shouldn't just say kids because it is adults as well. You hear of it being more an issue for younger people.

R: I am starting to wonder now if I get enough. I drink lots of water and it comes out of the tap. I have never thought of the RO taking it out.

M: Moving forward, do you believe your dentist is knowledgeable about fluoride varnish and that application on your child's teeth or a child?

R: When we visited the dentist in May, one of my children had fluoride applied. I was in a different room, but I just assumed that was applied the same way it has always been done with the trays and the foam, but if they did the varnish I am not really sure. Also, I think your personal relationship with your dentist too, and in our case it is my uncle, so I would assume he would have our best interests as dentists should have their patients best interests in mind, but I guess at that point that adds another level of if they are doing the job just to do the job or if they are doing it to make sure their patients are getting the best care.

R: Whether you take your kids into the doctor or the dentist you have your trust in them, as you said. Not that I ever remember saying 'why are you doing this and not doing that' you just believe that they have your best interest in mind and let them do what they think is necessary.

R: We would have to be an expert at everything to even know what questions to challenge.

R: I have to admit, I think the same way you do. I trust my dentist.

M: Have you ever thought about having your doctor apply fluoride treatments to someone, whether it is your kids or yourself?

R: Like a general practitioner?

M: Yeah. Not everyone can afford to go to the dentist; they can only go to the doctor.

R: I have never heard of a doctor doing that.

R: That doesn't even cross my mind.

R: No.

M: Okay, what would you think though if a doctor was to apply fluoride?

R: It would be like going to the dentist if you had appendicitis.

R: It is certainly out of the norm, but if I was not able to afford for my children to go to the dentist and I knew that there were issues or could be and it was offered then yeah, I think it would be something to consider because at that point they may have been missing out on things that they should have access to.

R: What came to my mind was that sometimes a dentist does do practices or performs things that one would naturally assume a doctor would do like if you go to the orthodontist and they have to put you under, they may give you an IV with the anesthesia, but that piece [the fluoride treatment] seems kind of out of the norm. Normally if you need dental work at a hospital, they will call the dentist on call and they will perform the dental work; they just don't start doing it for them. In the grand scheme of things, fluoride seems pretty minor that getting a license to do that wouldn't be as much as getting a license to perform jaw surgery, or something like that.

R: If you could not afford it, a mobile dental place is what I think if you do not have insurance then that is where you would go.

M: Basically, it is something a little out of the ordinary and has never really crossed anyone's mind to have a doctor apply it.

R: But you know some of that has changed now. I thought of it after you brought up the different things dentist do. They often times are checking your jaw area to see if there are any lumps or doing different things that not that many years ago they didn't do. I think there is somewhat of an acceptance or crossover between a dentist and doctor. I guess with children especially, when you know the type of things that can happen with decayed teeth that your child could become seriously ill if they were not able to go to a dentist and went to a doctor, it might be something that they might be able to relate back to some type of illness or issue that child has.

R: That is a good point. Ours actually would take your blood pressure every time you went to the dentist. I do not know if they still do.

R: And they will check you for things like cancer of the tongue. They are not going to operate on your tongue, but your mouth is open so if they see it they are going to tell you.

R: So it is something in my mind that it is not something that we think of or have seen, but I don't really know if it is that farfetched. It is something that could become acceptable quite easily.

M: So you would be open to the possibility of it being an option.

R: It is tough to answer because it appears that most of us have dental insurance and have gone to the dentist, but maybe if we were in a position where we did not have that option we may have a different opinion of if we would consider doing it.

R: I think that people without insurance would probably be more open to doing it at home. If your Client of this focus group was trying to distribute dental products and is thinking we could maybe get doctors doing this too, I would think that if you could come up with a home kit for people without insurance then that would be your cheapest option. But then if you do it at home, the next thing you know is your teeth are black and or organs are all screwed up because you got too much fluoride.

R: And how do you reach out to them? How do you reach to that group that you would have access to it when they go in for their different shots or whatever they are bringing their children in for.

R: I suppose the regulatory or how to regulate it would be to run it through the medical field or the doctor's office as opposed to the at home thing.

R: And my guess is that's probably much stronger and more condensed of what you are getting at your dentist and what you are getting from the doctor verses something they would sell over-the-counter to someone would really be as effective.

R: But there are so many drugs now that they allow over-the-counter that you used to have prescriptions for, like Prilosec which is a heartburn medicine. If you read the package when you get it, it says for 14 days only and then you need to stop, but if your stomach is still bothering you, you get more and more and more and if you do that you start building up acid cells in your stomach and now you have a permeant problem. But they still let you buy it over-the-counter.

R: As long as you have warning.

R: Yeah, but people are headed for big trouble.

M: To wrap it up, have any of you ever heard of the MN Oral Health Project?

R: No.

R: No.

R: No.

R: No.

R: I think I have. Is that supposed to be a project that help people with low income get dental care?

M: It is basically an organization that wants to promote and educate the community on the knowledge of your oral health and about the caries crisis. This is actually their statement of what they are about: "The MN Oral Health Project is a community involvement project with the goal of educating community members to become more knowledgeable about oral health and about caries crisis in their community.

Also to support the move of primary care medical providers providing caries prevention services to children, ages eruption of first tooth to 21.” This is their overall mission of what they are aiming to do. In summary, their main thing is to educate the community on cavity prevention.

R: And then your primary care physician gets more involved with monitoring your oral health.

R: And be able to reach those people...

R: To me it would be reaching those people who can't get dental insurance and going to your primary care provider to basically take care of that aspect of health.

M: Yes, they are there to help and provide necessary services.

R: Has that had any impact on medical insurance companies? Have they provided any feedback on providers providing this dental care?

M: I am not sure. It is a very valid point. If primary care medical providers start giving fluoride what is covered by insurance and what is not in that aspect.

R: I think it has definitely changed. When I went to school you had to bring your dental card in, we went to the dentist once a year before school started, so you had your dental card and you kept track and made sure everyone tried to get a dental card. Now it has become more people who actually have insurance and go twice a year or regularly, so it seems like it is not monitor, if you would even call it monitored, or even watched through the schools because it seems like it is so mainstream to go to the dentist.

R: I think that a lot of people with lower incomes that are not able to do that and maybe that is why they are not having the dental cards anymore and some people are not able to afford that. Even if they have insurance to cover it I know there are dentist that are not willing to take them at that reduced payment. I think that the shortage in rural areas of dentist in general.

R: You see the mobile dentist sitting out there quite a bit.

R: Yeah, there are in Mankato too. They go around the rural area.

R: That is what I was going to say. I grew up in a small town in Iowa in the 1950s and this project really hits home to me because we knew nothing about dental care. It wasn't taught in schools. The only dentist in town pulled teeth for 50 cents. He would fill a cavity and drill a hole so big you could drive a truck in there. It was very poor dental care. I have lost four. It wasn't until I was an adult. Everyone in town had missing teeth; it was very common. You would smile and there'd be a tooth missing somewhere. It was very common back in the 50s because we didn't have a dentist and it wasn't taught in the schools. By the time I was 20 years old, now I'm on a university on the East Coast, I was feeling really guilty about my background not knowing proper dental care. I don't know if that is still happening in small towns, but I guarantee it's probably a 1000 towns in Minnesota where they do not even have a dentist. If you are poor, it is easy to let it slide because you have to make an appointment with someone 30 miles away.

R: And if this is the case, then it's a one stop shop instead of making two appointments. In this case you would just have to make the one.

R: Yeah, so I think it is an important project.

M: Do you guys have any other questions or comments?

R: I would image that if there is an association of dentists, they would have opinions about this project. I am not sure they are a part of it, in fact they might look at it as a challenge to the kind of care they are providing and that somehow this is a try to compensate for some services they are not providing to the communities where they practice, I would think. I am just speculating that this is not a dentist sponsored organization, this is kind of an organization that grew up around the fact that certain people are not getting the right kind of dental care and now since they cannot get it through the standard approach we maybe go through out primary care medical provider instead. In other words, I will work around to the extent that you can't get the right kind of dental care and afford it.

R: I have a feeling that it is an industry sponsored project that they are, I don't know if it is toothpaste people or dental equipment people or the fluoride people, but I doubt that it is the dentist who sponsored this project.

R: I am sure the dentists are not. I think maybe the dentists feel like they have been left out and were not consulted or something. It would be interesting if you were to have a meeting where the oral health project was on one side of the table and dentists on the other and whether they would agree with each other.

R: Yeah. That is one concern that I would bring up, as mentioned previously, is too much fluoride is such a negative that if it were to go to something provided by a dentist to then provided by a primary care physician there would have to be some ability to 'say have they really already had it.' Just because you came in for your kindergarten checkup, everyone gets it, that could be an issue.

R: Does that become part of their medical record and is that shared between the dentist office and the primary care office.

R: Yeah. Did you have this and will they remember and where does that liability lay?

R: That is a good point.

M: Does anyone else have anything they would like to share? Okay, well thank you so much again for participating. It is very much appreciated.

Exhibit II: Hispanic Focus Group Transcription

M: We want to thank you guys for coming out today and we appreciate your participation. The purpose of this focus group is to talk to Lyon county residents about their knowledge of oral health issues, in particular, fluoride, dentist visits, cavity prevention. We ask that when we ask a question, you share the first thing that comes to mind. Do you go to a dentist on a regular basis?

R: Yes.

R: Yes I do.

R: Yes.

M: How often do you go?

R: Lately, it has been every other year.

R: Once a year.

R: Yeah, once a year.

M: Okay. Do you have children?

R: Yeah.

R: Yes.

M: And do they go to the dentist?

R: Yeah.

R: Yep.

M: Is it once a year?

R: My kids go twice.

R: Once a year.

R: Once a year.

M: What are your reasons for going to the dentist?

R: Prevention, to have them do the cleaning, and to help prevent things.

R: My son used to go for fluoride and to prevent cavities.

M: What age did you start having your children go to the dentist?

R: I think I had mine since they were five, or a little under five.

R: Five or six.

M: Okay, so once they started school?

R: Yes.

R: And mine was when they were in elementary school.

M: Have you ever heard of the term dental caries?

R: Yes.

M: What do you think of when you hear that word?

R: Cavities.

R: Cavities.

M: Yes, caries is the process when germs found naturally in the mouth digest sugars found in food and drinks that you have which basically forms cavities. Do you think cavities are just a normal part of a person's life?

R: No, it is not normal it is because you do not pay attention to your hygiene.

M: Have you guys had cavities before?

R: Yes (*laughing*)

R: Yes (*laughing*)

R: Yes (*laughing*)

M: Do you know any serious side effects that can come from cavities to a person's health?

R: As far as other health issues?

M: Yes.

R: I guess I haven't heard anything.

R: No.

M: So often cavities lead to tooth decay which affects the ability to eat nutritious foods, and it can affect clear speech patterns if they are not caught early enough. And sometimes, not to freak you out, they can lead to infections and that type of thing. You talked a little about fluoride at the dentist office, do you do any fluoride treatments at home?

R: I have never done it.

R: No.

R: At home, no.

M: Okay. Do you have mouthwash at all that you may use it in?

R: Yes.

R: Yeah.

M: Do you all live in city limits?

R: I don't, I have well water.

M: So you are aware that there is fluoride in your water?

R: We knew that the city water had fluoride in our water.

R: The regular water?

M: Yeah, in your drinking water out of the faucet. Do you have any initial thoughts about fluoride? Do you think it is beneficial? Why or why not.

R: Well I image it is beneficial because it is kind of pushed on everything. Like I work with public health and they started early to encourage doing fluoride treatments, and every time you go to the dentist they suggest having it done. So I am sure it is beneficial for you and for us.

R: And you prevent cavities knowing that especially kids, they don't pay attention some times and don't always brush every day.

M: Or every tooth!

R: *(laughing)* Yeah.

M: Have you ever heard of fluoride varnish?

R: Yes.

M: Okay. And what is your knowledge of it?

R: It is actually like a sticky, not paste, but they basically paint each tooth with that varnish and it helps to reduce the chance of more cavities.

R: It covers your teeth.

M: Do you see any benefits of fluoride varnish verses fluoride?

R: I guess I have never realized what the difference is. I thought it was about the same thing what they put on the teeth when they do the fluoride treatment and varnish. I am not sure what the difference is.

R: The goal is the same.

M: I think it is that more-or-less, the fluoride varnish is painted on the teeth that they are getting every inch where, I remember, the foam trays that stuck in your mouth with the fluoride on it. Do you feel your dentist is knowledgeable about fluoride and fluoride varnish when it comes to either yourself or your children?

R: Yes, mine has been very knowledgeable.

R: I think so, but know he is retired. Yeah, I am looking for another one.

M: When it comes to going to the dentist, do you have dental insurance or do you pay for it?

R: I pay insurance.

R: I have to pay for it myself.

R: I have to pay.

M: Does that insurance narrow down that selection of what dentists you can go to?

R: We don't have a lot in town. I need to look around. For braces or orthodontist no either. It is more expensive to travel. I was thinking that she was going to have braces, and I thought about going to Mexico because it is cheaper and I have friends, but you know every couple of months you have to get them readjusted. To buy the tickets it is going to be more expensive. We decided to go here, but it is expensive.

R: I don't know why in Marshall, but they do not accept the Blue Cross Blue Shield. Why?

M: We haven't figured that out. We have heard from other groups that we have had that their insurance isn't accepted. They are driving all the way to Montevideo to have dental appointments. Yeah, it is definitely something that we plan to bring up to the Client.

R: I believe the reason we do not have it here in Marshall is since they are a state program they do not get paid as well if it was a regular insurance company, so then they tend to not be a part of the list of providers.

R: I would like, say insurance cover \$2000 and you cover the rest. I talked to my dentist and orthodontist and asked why don't you cover the amount that insurance would cover and I pay the rest, but it didn't work.

R: Well the thing is, they have to be a part of that list of providers, and they would rather not deal with it, so they just do not offer that insurance which is sad, but it comes down to money.

M: It is sad because we have heard that their insurance is not accept, so they just don't go to the dentist which is obviously a huge concern. This kind of leads us into the next item...How would you feel if a doctor would be able to give your child fluoride?

R: The regular doctor?

M: Yes.

R: I would say go for it.

M: The idea behind it is those people who cannot afford to go to the dentist, but they still have to get those regular checkups for their kids for school, the doctor could give it there. That way they are getting some kind of checkup.

R: That would be great if they could do that!

R: Dr. Johnson from town gives services to children at schools. It is a reduced group.

M: Okay, so a dentist is reaching out?

R: A dentist is reaching out, yes. He does a great job with that.

M: That is the first time we have heard that, so that is awesome.

R: Yeah, Dr. Paul Johnson from Johnson Dentistry.

R: He is once a year and for 15 kids, no more.

M: So maybe if other dentists could pair up...

R: I think they should tell the community.

M: Have any of your every heard of the MN Oral Health Project?

R: No.

R: Nope.

R: No.

M: Okay. That is actually the Client who we are doing this focus group for. They are removed from the dentist, they are an outlying organization that worries about the dental and oral health of people. So maybe that is something they could move forward with and collaborate with dentists.

R: Is that something they would offer even for people who don't have insurance?

M: I am not sure.

R: They are just kind of researching at this point?

M: Yeah, we are getting perceptions of do people go to the dentist, and if they do not then what is creating that barrier.

R: The mobile car has really good service, but it takes time between appointments sometimes two months.

R: Because there is a lot of people waiting?

R: Oh yes.

M: We have heard that open door...

R: Yeah it is an open door

M: From what we have heard, it is really booked.

R: But they are really good. It takes time.

M: Have you ever been to the mobile dentist?

R: Yes.

M: We have talked a little about fluoride in your water. Are you aware of what percentage of fluoride is in your water?

R: I do not know.

R: Do you know?

M: I do not which is actually something we feel the city could assist with because there is that ability to over fluoride you teeth if you're getting it at home, at the dentist, and you're drinking an excessive amount of water then there is that chance. People need to be educated on what levels of fluoride they are getting. Do you have any other thoughts when it comes to insurance, dentists, fluoride, dental appointments, and anything like that?

R: I would suggest, because I work as an interpreter, that they provide a little more bilingual services if they could. I know it is really hard. I help people on my own time because the dentists in town do not accept any of the state programs and obviously I am not going to get paid for that, and so I just do it as a favor to people. Even when they use dentists from Marshall, the language barrier is always there.

M: Okay. Is there any other barriers you see besides the language barrier?

R: Probably the cost of it. Even for myself when I go in and have to pay \$500 it is like eek. I kind of plan ahead. I do have a health savings account, so it does come from that, but I do have to think ahead to

have that money ready because I know it will be about that amount every time. And that is just for the regular checkup without any cavities. The cost always interferes.

R: It is expensive.

M: Thank you for coming out and thank you for giving us your thoughts.

R: Yeah, I hope it was some help for you guys.

M: Yes, absolutely.

Exhibit III: Hmong Focus Group Transcription

M: I don't know if anybody told you what the purpose of this focus group was or not, but what this focus group is for is to find out your knowledge and awareness of oral health, in other words, your teeth. How you take care of them. We have interviewed various groups, Latinos, you folks, we have interviewed Somalians and Caucasians, at various economic strata to find out about oral health. Now the organization that hired us, or retained us, is Minnesota Oral Health. They are interested in getting the differences in your knowledge on oral health compared to other group's knowledge on oral health. So when I ask you questions or throw questions out there, and you feel the same way as someone else's response, well then say so. That gives us a better idea of the level or agreement, and if you all feel the same way. We would like you to express honest feelings, how you really feel about the issues. So first question is, do you go to the dentist on a regular basis? Well what do I mean by regular? In your mind, do you think you go to the dentist on a regular basis? Or do you never go to the dentist?

R: I go in regular.

R: I go when I have to.

M: When you just can't stand the pain anymore?

R: Yes.

R: I have recently started getting to the oral, you could say within the last two years. I started when I was in the service, and then once I got out I lost all the benefits and said screw it, I will be okay. But then probably for 6 years I didn't see the dentist at all and so I have been back. They got me back.

M: That is kind of interesting isn't it, when you have insurance then you go. When you don't have it, then you wait it out.

R: Yes, I kind of waited, then once the pain was too much.

M: Well that would be a good time to go.

R: Yeah, it was time to go then.

R: I usually try to do at least once a year, and then more often if I need it. Like once every six months if I can. If not at least once a year for cleanings and things like that.

M: Alright, and how about you?

R: Whenever I get any pain; that is all.

M: So no pain then don't worry about it. Good question as a follow up to that. How many of you have dental insurance? Any of you.

R: I do.

M: Okay, so you have dental insurance but you only go when you have to or feel pain?

R: I just meant when I did have dental insurance. Prior to that, I didn't have any insurance.

M: Okay, so I have dental insurance, and I pay to get my teeth cleaned every six months. A lot of times I don't and it doesn't cost me anything. So that is interesting. So, some of you go for prevention, as you said, and some of you go because we figure you have to. Did you share with us?

R: Mine is the same, whenever I can go.

M: Alright, very good. Are you aware that a dental home, is a dentist that will see a child twice a year for preventative services and as many times during the year as necessary for diagnostic purposes for restorative care? They call that a dental home. Have you ever heard that term before?

R: No.

M: So a dental home is a dentist that will see a child twice a year for the purpose of preventative services. How many of you have children?

R: Too many children

M: Do you have children?

R: No not yet.

M: Alright so everyone in the room has children except for you. Is that right?

R: Yes

M: Okay, so how many of your children go to a dentist on a regular basis?

R: All of them.

M: Alright, so you might not take care of yourself, but you make sure your kids go to the dentist?

R: Yes

M: Is that fair? Once a year?

R: Twice

M: Twice a year, okay. And how many kids do you have?

R: I have three kids.

M: Three kids, okay and they go twice a year?

R: Yes.

M: Okay, and your kids go once a year? And how many kids do you have?

R: Five kids.

M: Well you are right there with me then. Okay, what age were your children when they started going to the dentist?

R: We just had ours, so not yet.

M: Oh, first one, okay. Do they have teeth yet?

R: No teeth yet.

M: What age did your children start then?

R: Two

M: All of them at 2?

R: Pretty much all yes.

R: Yes, about 2 years.

M: When you hear the term, or have you ever heard the term dental caries?

R: No

M: Dental caries, let me tell you what they are. Caries is the process when the germs that are found naturally in the mouth digest sugars found in food and drink to form an acid that damages the enamel of the teeth, and that process leads to cavities. So that is dental caries, the process leading to cavities. So do you think that cavities are just a normal part of growing up? Just, every once in a while you just get them?

R: I would think so.

M: What about you, do you think it is just normal?

R: Yeah, I think so. It's normal.

M: Normal part of life. Okay, what are some serious effects that cavities can have on your health if not treated? Do you know? Let's say a kid has a cavity and you don't get it fixed or cleaned out or filled. What could be the effects? Do you know?

R: Pain

R: Crying

M: Crying is a result of pain, so okay. Anything else?

R: Losing teeth is obvious

M: Losing teeth okay. And the infection through the gum, and they have had cases where the infection goes through the gum and to the brain, and can kill the child. This is very rare... So what kind of treatments do you or your children use to prevent tooth decay? We all know what causes it, we all say that kids eat too much sugar and it causes cavities. So what do you all do to prevent cavities? I realize you all said it was a normal part of life, but we try, don't we, to keep kids from getting cavities? What do we do? What do we do to prevent cavities in our kids?

R: Make them brush their teeth

R: Less candy

R: More brushings and cleanings

R: Flossing

M: How old do you think a kid is when they are going to be able to floss?

R: Well it depends

R: Well not at this age, but when they are older.

M: Flossing is a much bigger deal now than it was when I was growing up. Never heard of it when I was growing up. So your kids go to dentists, and go to dental visits, and have them brush their teeth. And you try to get them to floss and go to regular cleanings. Anything else?

R: A lot of water.

M: A lot of water, why water?

R: It rinses everything out after they eat or a whole bunch of candies.

M: Okay so basically rinse. Any other reason why you would get your kids drinking water?

R: Is it because it has minerals?

M: Minerals? Okay, anything in particular. I am looking to see if there is anything in particular about the water, that you have your kids drinking a lot of water. Rather than soda, which is kind of self-defeating. So anything in the water, that makes it a reason to drink water? Anything in the water that you know of, or why people suggest that they drink water?

R: Rinse out saliva

M: Okay, so to kind of rinse and cleanse the teeth a little bit. Okay, now let me ask you this. What is fluoride?

R: Toothpaste

M: Okay, fluoride is found in toothpaste. But where else is fluoride found? Is fluoride a natural substance?

R: Is it derived from seaweed or something like that?

M: That I don't know.

R: I know, or don't they use that to clean your teeth when you do go into the dentist for a cleaning?

M: Sure! Why do they do that? They can coat the teeth with fluoride. A lot of your city water supplies have fluoride in them, why do they put fluoride in the water? This is what I was trying to hit on, if you make your kids drink water because of fluoride. What does fluoride have to do with anything, do you know?

R: Antibacteria?

M: Okay, so kind of a protection? Any thoughts you have? How many of you have heard of fluoride before? Okay, you have all heard of fluoride. Did you know what the purpose of fluoride was? Several people saying no, but you have heard of fluoride before. But you didn't connect the dots between fluoride and what it does.

R: Yeah, I didn't know the purpose.

M: Okay, well any initial thoughts you had about fluoride? Or you really don't know much about fluoride.

R: It's good for me. I don't know why exactly.

R: It's always on the toothbrush label with fluoride in it, so it has to be good for your teeth

M: So in other words you buy the toothpaste with fluoride in it, but you don't know why it's in there. There are signs on it, so it must be good for you? Is that pretty much it?

R: Yeah

R: Yes

M: That's fair, okay. Fluoride is protection, protection on your teeth that helps avoid what they call dental caries. It avoids the bacterial process in eating through the enamel which causes decay. So in reality, decay in the teeth is not just a normal part of life. It can be prevented. So you get fluoride in toothpaste, and you get fluoride in water supplies, but you got little kids, like one year olds when they first get teeth. How old are kids when they first get teeth?

R: Maybe One or One and a half.

R: No, I think like 6 or 8 months old.

M: Okay, so here they are 6 or 8 months old, and the first time you take your kid to the dentist is age 2?

R: Or three.

M: Okay, so probably the kid is 2 before they start brushing their teeth at this point right?

R: Yeah

M: So all these dental carries get a chance to build up when they are young. So what age do you think fluoride should be used?

R: The day they are born. Just kidding.

M: I mean if fluoride helps prevent cavities, then the obvious point is that fluoride should be introduced when they have teeth.

R: Early on

M: Do you have any fears about fluoride?

R: I read some government conspiracy that too much fluoride is bad for your health, I don't know if it is true or not.

M: Okay, you read that on the internet? Okay, it was just a lucky guess. You are right, there are a lot of people that think there are health risks. A lot of people believe for instance, various chronic health ailments, Dental Fluorosis, which is an over use to cause decay. Arthritic or bone fractures can affect other tissues besides bone teeth, including brain and thyroids. Those are fears that you read about and hear about. But they are not substantiated. Have you ever heard of fluoride varnish? So when you have little kids, when they don't brush their teeth, you can apply a fluoride varnish to the teeth, to reduce the chance of decay. So fluoride varnish is a topical, so that means it is applied to the surface of the teeth, fluoride treatment that is brushed on with a small brush to all the surfaces of the teeth including the front, back, chewing surfaces, and between the teeth. Now, if you buy the idea that it can prevent tooth decay in reasonable quantities and you have a little kid that has fairly new teeth. What are your thoughts about giving that kid fluoride varnish?

R: If I would have known that that stuff was available, I would have done it in a heartbeat. To just avoid all that stuff. All my kids at age 2 had cavities.

M: At age 2 they had cavities?

R: Yeah, so the treatment for kids at 2 for cavities, because they don't go under. You have to go and see a specialist. The closest specialist here for us to go to was Mankato, so it was quite a drive to go and get a regular check-up done and then fix the cavity on a kid. So if I would have known that there was a fluoride varnish that you can put on, I would have done it in a heartbeat to prevent cavities at such a young age in my kid's life.

M: Okay, that's a good point. Do the rest of you feel the same as he is talking about? That didn't know it was available or readily available and would prevent cavities?

R: Yes

M: Do you see any drawbacks to fluoride varnish? In your head, what sort of things would be a drawback?

R: Is there enough studies on it?

M: There seems to be enough, that there is an entire movement to encourage it. I think, I am trying to be really honest with you. Let's put it this way, it seems to prevent decay, and no one has found any adverse effects to it at this point. Have any of you ever had a fluoride varnish applied to your teeth? No. Okay, well if never, then what is the reason? Any reason you haven't had any fluoride varnish?

R: Just found out today about it.

M: Okay, that is a good reason, you just haven't heard of it. So do you think if there was a strong promotional effort on fluoride varnish, then more people would want to take their kids down there. Sort of like you said, you would take your kids to the dentist to get it.

R: Is it affordable? Is the treatment affordable?

M: Now that's a good question, is it affordable? Now a lot of times they are trying to get this applied at no charge. It is part of the community health process, it is not expensive to do that. Now, it is interesting if you have not had. It is interesting, you have all been to the dentist, whether you have to or want to. You have all said you have gone to the dentist, and none of your dentists have talked to you about fluoride varnish.

R: I don't know if they mentioned and I wasn't paying attention or what

M: You were probably in so much pain, because you mentioned you only go when it hurts. So do you believe that your dentist, do you have any way of knowing if he would be knowledgeable about giving fluoride varnish to kids?

R: When they want to give it to the kids

M: Well I would think if I am, well I don't know I shouldn't answer this, but if I'm in the business and I get paid for giving varnish, and all I have to do is take a small brush and coat the teeth then... you know what I mean. I probably don't have to do it, because I have assistants to do it.

R: I guess from a business standpoint would they not do it, just because having cavities, they get more business.

M: Yeah that is sort of like the dentist that gives hard candy as they leave.

R: Exactly

R: Yes they do

M: Dentists really don't have to encourage the business. I mean kids all get cavities, and kids don't take care of their teeth and they just talk about these dental caries that is going to occur, it is the bacterial process that will rot the teeth. So none of you feel too educated about the fluoride varnish treatment, because you all just heard about it. So, before you would have dental varnish treatments or fluoride varnish treatments done, what would you have to know? Let's talk about things you would want to know before you take your kids, really make it a point to take my kids down to get this done, now what would you have to know before you would take the kids?

R: What the cost is.

M: How much is it going to cost?

R: Is it painful.

M: Okay, is it painful?

R: Is it high maintenance, no offense to braces, but braces are high maintenance.

M: Well is it high maintenance? Well no, I can answer that, they coat the teeth, and you hope the kid maintains brushing their teeth or whatever else you suggest for preventative teeth cleanings. Clean your teeth and apply varnish.

R: How long does it last for application?

M: Good question, I would say every six months, but that doesn't mean I am right. No they are saying 4 times a year, 3 months. With a kid, you would have it applied once a quarter. And what was your question?

R: How much is the difference is it to get it versus not getting it?

M: Right, well that seems to have pretty well proven

R: Especially if the cost is high

M: Yes Cost is a factor

R: Well yes, if I need to get this 4 times a year per year, and I have 5 kids

M: So if it only reduces the chances of cavities by 5% then maybe it's not. No, cost is reasonably low, and it is a strong preventative of cavities. That is why we are holding these focus groups because we are trying to figure out, and so is the Minnesota Dental Association, is trying to find out, what do we have to do to get more people to use it to reduce the chances of cavities? Then when you get to my age, you don't have cavities anymore you have root canals, and need crowns. So if the dentist never did anything with cavities, they would still have work to do. The point you raised earlier, they really do try to prevent. Now what would you think about the idea of other medical providers, other than dentists, doing the process of fluoride applications with the fluoride varnish. So you take your kid down to let's say the nurse practitioner. And the nurse practitioner will ask if you would like to have a fluoride varnish treatment done. They are suggesting 4 times a year, how do you feel about that? I mean most of you go to the dentist once or twice a year.

R: Well if you consider the fact that a lot of places locally, a lot of times if you are covered through MA or something or covered through the state, you are traveling to Montevideo or Walnut Grove to go. You are traveling quite a distance to go get those things, so if you are going 4 times a year. That is something to consider too.

M: So the reason you mentioned Walnut Grove is because there is a large Hmong population in Walnut Grove

R: Right

M: So you have a lot of doctors and dentists that you are used to working with.

R: But what I am trying to say is, if the process can be done through a nurse practitioner, or something. I would say that the likelihood of me using those services would probably be more often, because some of these people are traveling to Montevideo for the dentist appointments.

R: Are you referring to because some dentists in town do not take certain health care coverage?

R: Right

M: Yes, that is true.

R: Well like how he had to take his kids to Mankato, if it was more accessible. Not that I know his insurance, but still

R: Yes

M: Okay so you have a stated provider and you have to go where the insurance is accepted?

R: Right a lot of local dentists, do not take government insurance and health care. You have waiting lists to even be seen there.

M: Right, okay. So if you could get this from someplace else. That's a good point. So your dental insurance is highly limited from where you can use it, and like you said there is a waiting list to go them.

R: Right, all the places in town, if you have medical assistance, or anything to that realm. You are traveling to Montevideo, Slayton, Mankato, or Walnut Grove. But the one in Walnut Grove, they have their full capacity, so if you are new patient, they won't take you. Especially if you have that kind of insurance coverage.

M: That is a good point, and your point is that if other people, doctors, nurse practitioners, physician assistances, other people could apply fluoride varnish and it will reduce cavities and is a reasonable cost. Then you see the value and the cost as being a good deal.

R: Not only that, you probably go to the clinic more times than you do for the dentists, for checkups and appointments.

M: So if it was recommended to go four times a year, you are more likely to go to the doctor four times a year than a dentist?

R: Right, it is more accessible.

M: Okay, those are good points. What is your knowledge on fluorinated water? I know it was fairly limited when we first started this conversation, but did you recognize or realize that there is fluoride in water?

R: Some liquids have it.

M: Yeah, did you know that water was fluoride, or has fluoride in it? Fluoride is in most city water supplies.

R: I think so yes

R: Yes

M: Yes, that is one thing that dentists complain about is that bottled water or spring water, won't have fluoride in it. Or if you have distilled water, it doesn't have fluoride in it. So probably not good for kids, we all seem to drink bottled water. But if you look at the labels a lot of times it will say that it is bottled for the municipal water supply, or it will say bottled from reverse osmosis. So you buy bottle water that was actually from a tap, and it was bottled someplace else and you think it is better water. But you have the chance to have fluoride in it. So public water and tap water have fluoride as a general rule, but anytime you filter water, the fluoride is taken out. So just because Marshall City water has rotten taste, a lot of people use bottled water. So that makes it even more important to get some sort of fluoride treatment, if you don't like the taste of it. I don't drink Marshall City water and it might have fluoride in it. I drink distilled water. So fluoride treatments would be fairly important if I was young enough. We appreciate the chance to visit with you. And I want you to recognize that you are not alone. We generally find a lot of individuals that do not know a lot about fluoride. They might have seen it on a tube of toothpaste, or wherever else, it must be good for me if they are putting it in here and advertising it here on the tube. Fluoride treatments can help you with young children avoid cavities, and cavities are not a normal part of growing up. Now, how many of you came from elsewhere, or weren't born here? Okay, three of you. Interesting thing is, you probably noticed. How old were you when you got here?

R: I was three.

M: Okay, and how old were you?

R: I was six.

M: Okay, six. Alright well your parents probably told you that when they ate food here, it was really sweet. So we are just inviting the problems, and we are oversaturated with sugar. We appreciate you coming in, thank you!

Exhibit IV: Karen Focus Group Transcription

M: I want to thank you for coming today. We are here today to talk about Lyon County resident's knowledge and awareness of oral health, so anything relating to your teeth, in particular fluoride varnish and going to the dentist. We ask that when I ask a question you please share the first thing that comes to your mind. So, do you guys go to the dentist on a regular basis?

R: She doesn't, but I do. They have been here in Marshall for five months only and I have been here for about five years, but I have never been to the dentist.

M: Okay, do you have any knowledge of the importance of the dentist or oral health in general, such as do you brush your teeth on a regular basis?

R: Yes.

M: Where did you move to Marshall from?

R: When I first got here it was a MA visit and then moved to St. Paul and then here. Yeah, I am originally from Yemen. When I was five I moved to Thailand and then when I was 12 I settled in to Virginia. In 2009, I moved to St. Paul. I was in St. Paul for five years and then I moved to Marshall. I go to school here at SMSU.

R: She is originally from Yemen too. She shadowed in Buffalo, New York in 2015. She then moved to Marshall in April.

M: Perfect! Could you talk about the reasons you do or do not go to a dentist?

R: I went once when I was in St. Paul, but then I moved here. When I got here I didn't know where the dentists were.

R: Yeah, it's hard to find a dentist because of the amount of insurance we have to pay. Most often...

M: So it is financial and insurance reasons?

R: Yeah.

M: Which is something we heard a lot. This is something we are talking about a little today in that is it cost reasons, communication reasons, and that sort of thing.

R: Yes, it is a cost reason and then transportation. I went to the other city, Montevideo.

M: Are any of you aware of what a dental home is?

R: No.

M: I wasn't either until we started this project. A dental home is the dentist you see twice a year, or supposed to see twice a year, for preventative services and many times during the year if necessary for diagnostic purposes. Do any of you have any children?

R: Yes.

R: Yes.

M: Do they go to the dentist?

R: My son is only nine months.

M: Okay, so not yet.

R: Mine is two, but I made an appointment next month in Montevideo.

M: Okay. How did you get in contact with the Montevideo dentist?

R: From some other program. I heard it from head-start.

M: That is good to know. The next question is what age do your children start going to the dentist which is usually two or so. Have any of you heard of the term dental caries?

R: I have heard of it, but I don't know what that is.

M: Dental caries is the process when the germs found naturally in your mouth digest sugars found in foods and drinks to form acids that damage the enamel on your teeth. More or less, with the mixture of the germs in your mouth with the foods you eat that is how cavities start, but the official term is dental caries. What we have found already is that people don't know that technological terminology that the MN Oral Health has been using. So, have any of you ever had any cavities?

R: I did. When I was young.

M: Okay. Do you know if there are any serious effects when it comes to cavities on a person's life if they are not treated?

R: You can get a fever.

M: Yeah, cavities can do a lot if they are not treated because they are in your mouth and that is the gateway to the rest of your body. To switch gears a little bit, what do you all know about fluoride?

R: It is recommended you do it four times a year.

M: Yep. Any other thoughts on fluoride? No? Do you know any other places you get it other than a dentist?

R: The WIC in Lyon County.

M: Okay. Did you know that fluoride is in your water you drink out of the tap? Most city waters have fluoride in them.

R: Yes.

M: The main focus we want to talk about today is fluoride. So what are some of your initial thoughts about fluoride; what do you think about it?

R: It is good for our teeth and to protect from cavities.

M: Yes, absolutely. Protect from cavities. Do you have any fears about fluoride whether it is for yourself or for your kids?

R: It is for kids?

M: Yes.

R: No.

M: Do you buy any mouthwashes or toothpastes that has fluoride in it or do you know if they contain fluoride.

R: (*laughing*) No, I don't even read the label.

M: (*laughing*) You just buy the toothpaste!?! I think a lot of people do that. Have any of you heard of the term fluoride varnish?

R: No.

M: Okay. It is a newer fluoride treatment where it is applied with a small brush to the surface of your teeth including the front, back, chewing surfaces, and between the teeth. It has been a new shift. For kids, they used to put it in trays with foam that were then placed on the person's teeth or they rinsed it in your mouth. Now they actually put this varnish on your teeth. Do you have any thoughts about that fluoride varnish treatment and if that would be more dangerous or...

R: No.

M: Okay. What would you think if a doctor gave you fluoride or gave your children fluoride? Would that be beneficial? Say for example you went in for a regular doctor visit and rather than having to make that separate appointment to a dentist they would be able to give your child fluoride. Is that something that would help?

R: Yeah.

M: Do you feel that you would go to the doctor more often to get that treatment because of the financial and transportation?

R: Yes. My son had two cavities on the top.

M: Okay, so it would have been beneficial if a doctor could have given that.

R: He had never had fluoride.

M: Do you believe a doctor would be knowledgeable enough to give you fluoride?

R: I think so.

R: They have studied lots.

M: Have any of you ever heard of the MN Oral Health Project?

R: No.

M: Okay. Well that's where this focus group came from. They are looking to see that kids are getting fluoride when they are supposed to and if we gave it to doctors to be able to distribute would more kids be getting trying to prevent those cavities. As we have mentioned, cavities can lead to other health problems. Do you have any knowledge of what level of fluoride is in your water?

R: 2%? No.

M: Do you feel it would be beneficial if the city let you know how much fluoride is in you water?

R: Yes.

R: Yes.

M: Do you let your children drink water out of the tap?

R: She does.

R: I do sometimes.

R: I don't really like it. It tastes kind of weird.

M: So do you have your kids drink mostly bottled water or filtered water?

R: Yes.

M: Okay. I guess that is about wraps up the focus group. Is there any other thoughts you have about fluoride or about doctors distributing it instead of dentists, or what you see in your communities that are keeping people from going to the dentist more often and how we can work around that so people are getting the right treatments?

R: So the dentist would be located in Marshall which they are in other cities and a lot of insurance, so a lot of people would go there.

M: So getting that word out there of where dentists are in Marshall and again that insurance aspect. Do any of you go to the mobile dentist? The one that is on the corner of East College Drive across from Super America and Family Video.

R: Open door?

M: Yes.

R: No, I remember I called once and they never called back. I left a message and waited for like two months.

R: No I never have, but my husband did when they do it for free.

R: Yeah, it is a very good organization.

M: Well thank you for coming. We wanted to get a view about getting the word out to your community about fluoride and the importance of dental care.

Additional Side Conversation with Karen Organization Leader:

M: Did you have any thoughts of what you have heard from people?

R: What I have heard is it's hard to get dental care here in Marshall because the dental providers don't except their insurance and so it is hard for them.

M: Do they have a different kind of insurance?

R: A lot of them are on MNsure – a state assistance – and the dentist here are not accepting that. That is why she mentioned Montevideo because they have an open door which is the key and they accept that. We are trying, but they have a long wait list. I did also read that open door is going to expand and they were going to open a facility here, but I'm not sure.

M: That's what we have heard as well. Do you think that the language barrier is another reason why they do not go to the dentist?

R: Well there is always that uncertainty and being uncomfortable as you don't quite understand what is being said

Exhibit V: Somalian Focus Group Transcription

M: I want to thank everyone for coming out today. This a focus group, so our topic for discussion will relate to the MN Oral Health Project in particular oral health issues including fluoride varnish, going to the dentist and thoughts around that. We ask that when I ask a question you share the first thing that comes to your mind. If you agree with someone state that out loud so that we have that on record. Does anyone have any questions before we get started?

R: No.

M: Do any of you go to the dentist on a regular basis?

R: Yes, I went one time and I want to go the next time.

R: I am a single mom and don't speak the language. I used to have a health care plan called ucare plan and with this plan I would get an interpreter on the line who would help set up an appointment, but now I do not get that.

M: Okay, how long ago did you go to the dentist?

R: July 14. I do not have a car. When I had an appointment at the dental clinic I missed that because of transportation. When I called the ride I could not take to them because of the language barrier. At times, I went back home and got someone to hire a driver to go to the dentist. My son also has an appointment on August 14, but I do not know what to do to go to that appointment.

M: Does anyone else have similar issues with the language barrier or transportation when it comes to going to the dentist?

R: Yes. All of us have a similar situation.

M: Have any of you ever gone to the mobile clinic on East College Driver by Super America?

R: Yes I went there, but they have a waiting list of 500 people.

M: Okay, so very difficult to get in.

R: I had went there to make an appointment for the kids before they went back to school and that was in May. As of now, I am still on the waiting list.

M: Any other thoughts?

R: I have kids here and I like to set up an appointment, but when I call they do not except the insurance I have. I did get an appointment in Wilmar at the hospital and then when I called for a ride, they said it was way too far and they don't cover that.

M: Anyone else have other thoughts on that?

R: Yes. With most of us, English is a second language and very few of us speak the language. For example, when I get an interpreter on the line or a family member to help out, then when we call the insurance they always want us to speak and I do not speak the language which is a problem to us.

R: I am blue cross for insurance, but I cannot use it because I do not know how to set up the appointment.

M: Okay, so definitely a lot of barriers to go to the dentist. For those of you that have children, have they gotten in for an appointment?

R: Yes, I got one time in Montevideo.

R: I had one of my children who is new to the country, and he didn't have insurance at the time, so they went to the care at emergency. I went to the emergency place and appealed for it. After he got insurance, they went back to the emergency and gave them the insurance, but it was too late. They still sent them the bill so that I could pay, but I do not have anything to pay.

M: So that was the emergency room?

R: Yes.

M: That brings up an interesting point. How would you feel if a doctor was able to check your teeth or give your children fluoride to protect their teeth?

R: It is a very good idea to have a doctor or a dentist who can check regularly the teeth of the child. Because there is so many barriers, including the language barrier to set up an appointment, the accessibility to the services, for example a dentist that accepts the insurance, and the transportation means makes it difficult for anyone to access the services.

M: Do you guys understand what fluoride is and what it does?

(Translator: I was explaining to them what fluoride is and if they understand what it is. Also what fluoride helps with and about the white thing whenever you go to the doctor that they apply to the teeth)

R: Whenever we go to the WIC program they also apply fluoride.

M: Are you aware that fluoride is in your drinking water, if you are drinking it from the tap?

R: Yes, if you use the tap water it is very good for the teeth.

R: Fluoride water, is that like every sink it's in there?

M: There is fluoride in all tap drinking water, so if you turn on any faucet somewhere to take a glass of water, there is fluoride in that. So there is not fluoride in bottled water because it goes through a process, but it is a safe amount of fluoride because the city wouldn't allow an unsafe amount. If you drink that water on regular basis it is helping to protect your teeth more or less.

R: It doesn't taste very good.

R: The water, is it clean?

M: Yes, it is clean. Yes, it gets treated through the city. We get the water from a few different areas. For example, the water we have in Marshall comes from three or four different wells outside of Marshall, like I know that the water at my house smells a little different. It is still safe to drink; it just has a musty smell to it.

R: Is it an option to change the health coverage she has starting today?! *(laughing)*

M: The insurance aspect is something we have heard from a lot of different groups. It is a matter of when you want to make an appointment, the health insurance isn't accepted or the dental insurance isn't accepted. You are not the only one who is struggling with that problem.

R: The major problem they have is, that we need to talk about, is the accessibility of transportation, which is a problem because if you have an appointment sometime it is very difficult to get to the doctor. It is very difficult for the first time to make that appointment and once you do get that appointment to get to the clinic or the dentist is a problem.

M: So it is a matter of people are making the appointments, but getting to them is a whole other things. What age do you feel it is appropriate for children to start going to the dentist?

R: Although it depends on different kids, from one kids to another it is totally different, but when a child has most of its teeth then it would be appropriate. I would say between two and three years old.

R: I had made an appointment in Minneapolis for my child to get braces. When I went there for the first time, her health coverage changed. They gave her an MA card which is a Medical Assistance from the county. They said they do not take this one, I had to wait until I got a different card: Medical Blue Cross Blue Shield.

(Translator: What I was explaining there is that she has a MA, which is a medical assistance from the county or the state, and then they also have another coverage with Blue Cross Blue Shield which they will choose. If they had a Blue Cross Blue Shield or a Medica and do not turn their papers in or their case is closed, they will go straight back to MA. Then they are not covered by Blue Cross or Minnesota care or whatever. They will be there for almost a month and then after a month is when they can choose.)

M: Okay, perfect. Have any of you ever had a cavity before?

R: Yes *(laughing)*

M: Everybody?

R: Almost everybody.

R: They actually extracted it out.

R: One of my daughters had teeth pain and what happened was that I tried to call a dental clinic here in town, but most of them did not accept the insurance I had. I even called outside, which is 30-40 miles, and we are not eligible to get a ride to more than 40-50 miles. I kept her at home and gave her a pain killer because I couldn't get the ride and most of the dental clinics in town are not accepting my insurance.

R: Myself actually, I have the same problem-cavity. The problem is that there is no dental place accepting in Marshall, Minnesota and going outside is another problem.

R: Some of the insurance they accept, but they have too many patients.

M: The open door?

R: I just had an appointment today, but I was given a ride from people here. I went there around 11:30 to see if they could take me earlier, but they said "no, we have someone before you." I said okay, I was just hoping to get a ride and was doing my best to be on time, but I don't know about the traffic. So I get there about 12:35 and they said "unfortunately, you are late by five minutes so we can't see you." I have been waiting in this appointment time since winter time, so that is another concern too. I see that they have a lot of patients and that helps a lot. Sometimes I translate which helps the people too. I also take a lot of people too [drives them to different places].

M: So there is the transportation and language barriers, but also a matter of having a lot of appointments, so maybe permanently opening up open door or having another location so they are able to meet peoples' needs?

R: Yeah.

M: Do think that cavities are a normal part of someone's life, like everyone gets them sort of thing?

R: Many people get cavities and they are a part of life. Also, when I came here I took out five of my teeth because of cavities. The remaining teeth are now affected. To get to a dentist who can accept my health plan I have and also having access of transportation to go there is a very big challenge.

M: How often do you go to the doctor? Separate from the dentist.

R: There is also a big challenge in that. Not only the dental, but the regular doctor. You have an insurance today and you set up an appointment, but the problem is this one is not reliable. For example, after one month or two weeks your insurance may expire and there is not that much reliability. When you go there, they will tell you to come back because you do not have active insurance.

M: So if there was a way to do the doctor and the dentist all in one stop, would that be something you all would be interested in?

R: It would be very good actually if we could get an option where we go to the doctor where they treat everything. When you go to the doctor, they will tell you "you need to see an eye doctor, you need to

see an EMT, you need to see a specialist, you need to see this, you need to see a family doctor,” so I don’t know if that option is even viable.

M: I mean, everyone specializes in their own things which is why we are talking about if a doctor could give you or their children fluoride, would that be beneficial? To at least protect your teeth with that fluoride application.

R: Yes, it is very helpful.

M: That about wraps it up. Did you have any other thoughts about fluoride or dental care that you really want to say?

R: The main option that we need a dental that accepts the insurance we have. If we get that, that will help us out of the problem.

(Translator: She was asking me what you guys are doing. I was saying that you are from Minnesota Oral which helps and is an advocate like and you want everyone in Southwest Minnesota to have access to a dental clinic.)

M: Yes, the dental clinic and the fluoride is what we really want to make sure people are getting because health teeth come from those dental visits and the fluoride. So yes, that is what we are doing.

R: From the medical assistance we get from the state and we go to a doctor, to see a specialist for example or a second opinion, you can’t get all the specialist you need in Marshall, so you either go to Sioux Falls, South Dakota or outside Minneapolis area. When you go to make a ride for those trips, they will ask you for a referral from that doctor and many times the doctor did not refer you to that clinic. They will deny and you cannot get access to that service because your doctor said I don’t think so that you need this service or a second opinion.

R: For example, my son has allergies to some kind of food, so I went to one doctor and said that I want my child to be tested. She said he is too young and I don’t think he needs anything right now. I waited for like a year and then went to a different doctor. He said the same thing. I am a mom and I see what is happening to my baby, so I made an appointment in Wilmar. I tried to make a ride and they told me they needed a referral from the doctor. The doctor hadn’t referred me, so when I went back to the doctor he said your child doesn’t need this, he is too young. At this point, I found a ride and went by myself. The big thing was that he had an allergy to peanuts. By the time they tested he was just a small thing. That’s another problem too. For almost three years, I have another child who goes to a specialist in Sioux Falls. I asked the doctor for another option if I could go register. I waited for about a year and a half. He just said I sent the referral which the first time he said that you don’t need that. So I told him, I am a mom and I need a second opinion. We have this insurance but at the same time you don’t have options.

M: Right, it’s the one place the one doctor. That type of thing.

R: When we ask that we want this referral, and they are requiring us for this referral, they are not going to give us it. We have this, but we have this punishment like you have to be there.

M: Any other last thoughts? Otherwise that about wraps it up for today.

R: The one thing we need is a dental clinic in Marshall that we can even walk to with our kids to get an appointment and will accept the insurance we have.

M: Okay, absolutely. We will convey the message.

R: Yes, we want you to convey that message that we need a dental clinic that we can walk to with our kids. If we can do that then we have achieved our goal. Also, that they will accept MA, which is the Minnesota medical assistance from the state.

M: Thank you so much for coming today!

Exhibit VI: Dentists Focus Group Transcription

M: We want to thank you for being part of our focus group today. We appreciate your participation. The purpose of this focus group is to gain knowledge of Lyon County doctors and dentists perceptions on oral health, in particular fluoride varnish.

M: When looking at the participants today, let's start out with how many years have you been practicing?

R: I graduated in 1981 so I have been doing dental work for 35 years.

M: Okay, so you look a little younger, how long have you been practicing?

R: I graduated in 2012, so it would be just a little over four years.

M: Okay thank you. It will be interesting to see the difference here. What are some of your initial thoughts on fluoride?

R: I think that is it very beneficial for patients to get fluoride and fluoride varnish, because it is shown to decrease tooth decay.

M: What are your thoughts on it?

R: I think it is a very good treatment, especially for young children and high caries adults.

M: What qualifies as a high caries adult?

R: It could be a few different things. One specifically is dry mouth, in which the saliva does not naturally rinse out the teeth. They may have a form of bacteria where they are prone to building up. It could also be a bad diet, with lots of sugars and fermentable carbohydrates. Otherwise maybe they can't or don't have good oral hygiene. One of those factors or even a combination of a lot of them.

M: Can you usually tell when you look at a patient's mouth if they have any of those conditions? Are there ways you can tell if they are more prone to caries?

R: Sometimes you can, but other times you can't. For instance if they have bad oral hygiene, they may brush and take care of their teeth leading up to the dentist appointment. They may not be truthful about what their diet is, but we can tell based off of questions we ask or what we see when we look in their mouth.

M: Now the group consensus here is that it seems to be that fluoride and fluoride varnish are good things.

R: Yes, correct.

R: Yes.

M: When looking at a patient for fluoride, does age make a difference? For instance, do you pay less attention to older generations?

R: Somewhat. Someone who is younger, may not necessarily take care of their teeth properly, so they are relying on their parent to brush their teeth and it is hard for a parent to brush certain parts of the child's teeth. In general it is just harder to brush someone else's teeth. And then looking at the older generation, often times their gums are receding so that exposes the roots of the teeth a little more. The roots are a lot softer than the crown and so it actually is really important that the older generation is getting fluoride as well so they are protected. It protects the teeth from different things throughout their life.

M: What age would you suggest using fluoride?

R: Usually we suggest right away, for children, usually their first appointment.

M: Are you saying like one or two year olds?

R: We don't usually see a lot of one year olds.

M: What do you think about other medical professionals applying fluoride treatments to people? For instance, like doctors.

R: I think it is fine to have physician do that if they are seeing them on a regular basis and can see any obvious oral conditions and alert the patients of any oral conditions that they see. Patients need to know the condition of their oral health. If they are going to a physician on a regular basis then it makes sense for the fluoride to be given. Applying fluoride doesn't take a lot of training so I find it beneficial.

M: However, you wouldn't want them going to a physician just for that reason?

R: Yeah, they are probably still better off seeing a dentist for their oral health needs, just because of that specialization.

M: How do you feel about taking care of one and two year old patients?

R: We do care for them in our facilities, however if they have severe dental issues, we will refer them to a pediatric dentist. They are better equip to handle those cases.

M: Going back to the question original question, would you be willing to collaborate with primary medical care givers with the needs of oral health for patients?

R: Yes absolutely.

M: As a primary medical care provider, what do you tell care givers for patients about fluoride?

R: That it is a one of a number of ways to protect your oral health and that we recommend it especially for the young and the old.

M: How about a certain time that patients should start drinking water with fluoride in it. Is there a particular age that you tell them?

R: A lot of times, we tell people that young children shouldn't be using a fluorinated toothpaste because they tend to not spit out their toothpaste, which brings the concern of a young child getting too much fluoride. Usually a small amount won't hurt them, but often we advise parents to wait until the child is old enough to properly brush their teeth. It could give them flouriest on their teeth, which is discoloration.

M: So there are some down sides to using fluoride?

R: There are not many down sides to topical treated fluoride, but when too much fluoride gets system wide, it can be dangerous.

M: Any last thoughts about the topic today that may be helpful for this study?

R: Lately fluoride has gotten a bad reputation lately for being an evil thing. But it is something that when used in the right amount, in the right application is a good thing that helps protect for tooth decay and other oral issues.

R: I also think it is very important, because among young kids the tooth decay rate is up because a lot of kids don't have access to correct care. Fluoride can be a very effective way to bring that decay rate back down.

R: Thank you for helping to get the information across to people.

Exhibit VII: Medical Professionals Focus Group Transcription

M: We appreciate all of you taking the time to discuss the subject at hand today. We want to talk about fluoride, the use of fluoride, and how it fits in with your clinical operations. If you could, what has been your experience with fluoride and things like fluoride varnish such as when did it start? Could you give us a little background on it?

R: Sure. A couple years ago Dr. Amos Deinard had contacted Avera down in Sioux Falls and said he really wanted to get into some of the Minnesota clinics and talk about fluoride varnish and what could we be doing to have it applied at child-well checks with the understand that the big concern is medical assistance does not cover dental care. The children that are medical assistance are not getting fluoride or dental care at a young age, so as they progress into adulthood then all sorts of issues come about with dental, their teeth, and important dental care. What he suggested is using the varnish, which I have here.

R: Basically, when a child comes in for a well-child we talk to the parent about the fluoride. If it is someone who has dental insurance, they usually say no thank you; I'll go ahead and get that done at the dentist. If it is a medical assistance patient or doesn't have insurance (under insured, that sort of thing) they would be interested in this. Typically then, the provider, nurse practitioner, physician's assistant, or MD will then tell the nurse this person is going to have fluoride, and I talked to the mom. The nurse then goes in and with the parent's help, may have to hold down the child a little bit, cleans the teeth off with

a gauze and then apply it to their teeth. It's on like a stick. It is a very easy process. The hardest part of doing this is letting the child allow you to do it. You have to hold them there very still, so the parents have to be on board with helping hold the child down and the nurse a little too, but that's that. There is a little bit of a charge for it, medical assistance will pay for here at a medical clinic, so we do go ahead and bill out for that, but it is a very small charge. I think it is like \$35. We do that which we have been doing for about two years now.

R: We also have been working with Southwest Health and Human Services and they have provided us with these little packets. This we give out at the nine month well-child when they first start getting their teeth. There is a couple brochures about infant and child teeth care. There is also a tiny little tooth brush and toothpaste packet involved in this too. This is provided to us by Southwest Health and Human Services. Usually they come once or twice a year and talk to us about child-well visits anyways and this is considered the best practice: including dental in child-well visits.

M: How long has this been going on?

R: A Couple of years.

M: So with Avera then, is this fairly common through the entire Avera system then?

R: I think that most of them are coming around to it. The challenge is, as you alluded to before, we have many things we are accountable for that are "must dos." We answer to Minnesota Community Measures, PQRS and meaningful use. They have several measures that are must dos that are considered best practice. They work with insurance companies and how we get paid. We have to be meeting those measures to be getting paid at the maximum amount of reimbursement.

M: So is this a part of the measures?

R: Not yet and that's the problem because there are sooo many things that they have to do; they absolutely have to do it. There are things like smoking cessation, making sure people are in for their yearly mammograms and paps and things like that. So this {fluoride varnish} ends up feeling less important because they have all these other things that they have to do.

M: It's not like it is less important but based on the fact that what you get reimbursed for or if you don't do all these other things...

R: Right. So that is the challenge in the clinic, making sure that we are meeting our measures and making sure we are doing everything that we have to do and this is extra. But it is in best practice.

M: Any ideas on what it would take for this to be included in those measures?

R: You know, I would think that it would become part of those measures. I really do.

M: So it is just a matter of time?

R: I think so. I think that it will continue to grow, but I think the work Dr. Deinard is trying to do, he is a retired dentist and this is his passion. He is working really hard to try to get into medical clinics and making sure everyone is doing it. When Alecia from Southwest Health and Human Services comes and does the training with our nurses on child-well, she is very mindful of what you can and cannot bill for. She is always saying, make sure you are doing this because you can bill this. It is a nice resource to have,

so that we know okay, here is the latest and greatest, here is what we should be following, and here's what we have to make sure gets done first.

M: Okay, so when you do the varnish you don't get reimbursed for that?

R: It depends on what the person's insurance is. A lot of the people that can afford to have dental insurance and have good insurance, they probably are not going to be reimbursed them for it, so then the parent would know that it would end up being a patient cost to them. We talk about that when they come in. This charges \$35 and your medical assistance, they are usually covering this or I see you are not, do you have dental insurance? Yes, I would rather just have my dental insurance cover it.

M: Because it does not cover it here?

R: Right.

M: Okay, so it is a convoluted process. When you look at fluoride treatments, one of the issues came up when we interviewed several minority groups... this one mother, she was a Hmong, brought up a good point. She said "our federal insurance that we have doesn't cover dental at all, but it does cover checkups through medical facilities about four times a year. If this was available through those checkups then that would be great because right now there is one dentist down in Walnut Grove and he is totally booked." When I asked the question, how often do you go to the dentist was when it hurts do bad I can't stand it anymore.

R: Yeah, that's right. There was one in Granit Falls at one time. I am not sure if that is still true, but they took medical assistance. Then you have the problem of how do I get there. I don't have transportation to get to Granit, I live in Marshall, Minneota, Taunten, Ghent or wherever.

M: So you have a lot of patients in here that if they are going to get fluoride treatment, this is their only place?

R: Could very well be their only place of getting it.

M: Now of course we have two facilities here in town, ACMC and Avera. Do you know if ACMC does fluoride treatments?

R: You know, I do not know. I would image that if they are not doing it now they will be close to it because it is something that is considered best practice to offer at well-visits, so I would image they would be doing it. Like I said, Dr. Deinard is trying to hit every clinic in Minnesota, so my guess would be that he has already covered that.

M: When he came in and talked to you folks, then you talked it over among yourself about if this is a good deal?

R: He sent Cris and she came and talked to our providers and nurses and said really here is what you have to do. It is easy. If I can do it, you can do it. It is very easy to do, so she came talked to us about it. She had some slides with some pretty icky teeth that usually convinces it around. She talked about the importance of fluoride and the children. Like you said, they are not going to go unless it is really hurting. People come to the emergency room all the time because of tooth pain: they do not have a dentist.

M: And emergency can't do anything with them.

R: Right. It is an issue.

M: So this is a preventative measure that should eventually keep them from coming in to the emergency?

R: Right. We do more than once, so say a child comes in at their nine month child-well visit we are going to chart that we did it. This gets scanned into their chart and then when they come in again we are going to do it again. We then offer it every time they come in after that.

M: [for the recorded...I am looking at a form that has room for three fluoride varnish treatments and all the information connected with that that would be for a particular patient. Apparently then Avera is well equip that this is a standard operating procedure to do the fluoride varnish.] From what you're saying is that it sounds like it is a matter of time with the energy and effort being made by these folks to get it in all clinics.

R: Right. And then we have a few other handouts. We have two physician here whose fathers are dentist, one is a dentist down in Walnut Grove and the other is Dr. Paul Johnson in Marshall. So we have a little bit of pull here because we have these passionate people whose fathers are dentists. I know Jane did some work with her dad to say where do you get your information? This came from the American Academy of Pediatrics. Bright futures is another source we are using.

M: I think that pretty much covers it. I really appreciate your time and the comments. You do this a standard operating procedure when kids come in right?

R: Yep.

M: Thank you for your time.