



Appendix:

Report: <https://www.ctoralhealth.org/assessing-barriers-report>

“Assessing Barriers To Achieving Good Oral Health For Connecticut Residents” is based on the following below:

The survey used in this report can be found here:

English: <https://www.surveymonkey.com/r/COHISurvey>

Spanish: <https://www.surveymonkey.com/r/Cohisurveyspanish>

Appendix A: List of Locations of Survey Administration:

The locations in which survey responses were recorded include the following:

Hartford	Charter Oak Health Hartford Block Party Domingo (Park Street) Domingo (North-End) Hispanic Health Council Back To School Community Health Services Fair Keney Park YMCA Hartford
Bristol	Access Health Event (Bristol Library)
Norwich	Norwich Health Literacy Reliance Health The Healthy Living Festival
New Haven	New Haven Main Library Husky for Immigrants
Bridgeport	Bridgeport Boroughs Community Center

Waterbury	New Opportunities
New Britain	New Britain Friendship Center
Newington	Newington American Legion
Statewide	Mission of Mercy (New Haven) COHI Website (Online) Connecticut Legislative Office Building (Hartford)

Appendix B: Demographic Characteristics and Insurance Type:

The results on were all arrived at using the X2 statistic only¹. The statistic is used with categorical variables (e.g. yes no, male, female, nonbinary, income in categories, brush 2+ or not etc.). It estimates the probability of an association between two such variables. The chi-square table shows the directionality of the association, whether significant or not.

The significance statistic is a probable calculation. It calculates probability based on the difference between the actual result and the expected result in numbers or percentages. A higher actual than estimated result suggests a high probability of the association in the anticipated direction. A lower actual than estimated result suggests the opposite.

The statistic calculates how much greater than chance of the association is. The directionality has to be seen in the association table. The association is significant when it is .05 or greater. In most cases reported here, the chi-square is significant at a very high level, usually higher than .001.

The results are as follows:

Totals differ because of missing data and vary by variable. Missing data refers to either the respondent’s failure to answer the question, or the inability to code the data numerically, based on the qualitative responses)

Variable	Mean	Median	SD
Age (N=719)	46.5	46	15.45
Gender (N=713) (1 = female)	1.38	1	0.524

(2 = male) (3 = transgender/non-binary) (4 = other or N/A)			
Household Income In Groups (N=718) (1 = 0-29,000) (2 = 30,000-49,000) (3 = 50,000-69,000) (4 = 70+) (5 - I do not know)	2.10	1.50	1.36
Last Visit To Dentist (N=682) (1 = once or more in the last year) (2 = prior to the last year) (3 = I don't remember)	1.51	1	0.705
Oral Self-Rate (N=680) (1 = good) (2 = fair) (3 = poor)	1.68	2	0.685
Age in Five Categories (N=719) (1 = 0-20) (2 = 21-40) (3 = 41-50) (4 = 51-64) (5 = 65+)	3.12	3	1.15
Flossing (N= 710) (1 = 1+ or once per day) (2 = less than once) (3 = not at all)	1.67	1	0.821
Brushing (N= 713)	1.36	1	0.535

(1 = twice a day) (2 = once or less than once per day) (3 = not at all)			
Household Income (N=657) (1 = very low) (2= moderate to high)	1.45	1	0.498
Difficulty Finding a Dentist (N= 719) (1 = yes difficulty) (2 = no difficulty)	1.77	2	0.418
Total Barriers (N=719) (1 = none) (2 = one barrier) (3 = more than one barrier)	0.70	1	0.845
Type of Insurance (N= 625) (1 = HUSKY) (2 = Private) (3 = none)	1.51	1	0.689
Ethnicity in Five Categories (N= 673) (1 = African American/Black) (2 - Hispanic) (3 = Mixed Race) (4 = White) (5 = Other)	2.37	2	1.31