Background
Stage of Change theories hypothesize that individual professionals and teams differ according to the "Stage" of their change, with different "Stages of Change" models offering theoretical assumptions about the steps that professionals or teams in health care must take to achieve the intended change.

Stage of change theories state that the stages differ according to the professionals’ and teams’ awareness of and motivation to perform a specific behavior. Each stage is governed by different factors and requires different strategies for change. Such theories are used to explain different subgroups or segments in a target group.

Accordingly, different theories have been used to explain dentists’ Medicaid participation behavior, but most theories treat dentists as a homogenous group that shares the same determinants and motives to participate. In contrast, a theoretical approach utilizing "Stages of Readiness to Change" hypotheses that groups can be categorized according to their "Stage" of readiness to undertake a behavior.

Objective
This study used "Stages of Readiness to Change" to segment general dentists in a Midwestern state into stages of readiness to participate in Medicaid.

Methods
Medicaid participation data for general dentists (N=514) from the 2013 Survey of Iowa Dentists were used to complete the "Stages of Readiness to Change" algorithm. (Figure 1)

According to this algorithm, dentists were categorized in the six "Stages of Readiness to Change." Pre-contemplation, Contemplation, Preparation, Action, Maintenance, and Risk of Relapse. However, for statistical reasons, these 6 stages were collapsed into 4 main stages: 4, 5, and 6.

"Pre-contemplating" Pre-contemplation
"Considering" Contemplation + Preparation
"Acting" Action + Maintenance
"At risk" Relapse risk

Using "Stages of Readiness to Change," we created 4 attitude scales, all scales were measured on a 1→4 ordinal scale. 6 From a previous analysis of 2013 Survey of Iowa Dentists, we constructed 4 attitude scales, all scales were measured on a 1→4 ordinal scale. 6

"Patient Perception of Importance" 7 survey items measuring perceptions of problems with Medicaid (α = .70). Higher scores on this scale indicate more positive attitudes for Medicaid participants.

"At risk" Medicaid Non-participants
"Acting" Medicaid Participants
"At risk" Medicaid Non-participants
"Acting" Medicaid Participants

Statistical Analysis:
Descriptive analysis of dentists in the 4 "Stages of Readiness to Change" was performed to explore whether there were differences in Medicaid participation between the 4 stages. ANOVA test was used to test differences in the demographic and attitude attributes among the 4 stages. The post-hoc Tukey test was used to determine differences between the 4 "Stages of Readiness to Change." In addition, test was used to explore which stages were associated with Medicaid participation.

Results
Sample Characteristics:
In this analysis, we included dentists who were primarily responsible for making the decision whether their dental practice would accept Title 19 patients (N=514).

16% of our sample were males.
59% of respondents were older than 50 years. (Age Median: 51 ±11.5)
64% were solo practitioners and have been for > 21 years in their current location.
85% practices in Metropolitan areas and 15% in rural/small towns.
57% had comfortable workload and 24% were too busy and overworked.
54% had a personal gross product more than $500,000, with an average of $4300 ± 1000 reimbursed from Medicaid.

From a previous analysis of 2013 Survey of Iowa Dentists, we constructed 4 attitude scales, all scales were measured on a 1→4 ordinal scale.

Bivariate and multivariate analysis revealed significant differences among the 4 stages in Medicaid participation and in perceptions of Medicaid. (F-test P<.001)

From a previous analysis of 2013 Survey of Iowa Dentists, we constructed 4 attitude scales, all scales were measured on a 1→4 ordinal scale.

Conclusions
Using "Stages of Readiness to Change", we created 4 attitude scales, all scales were measured on a 1→4 ordinal scale. 6 From a previous analysis of 2013 Survey of Iowa Dentists, we constructed 4 attitude scales, all scales were measured on a 1→4 ordinal scale. 6

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References

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