Author’s response to reviews

Title: Dental Care Use in Ontario: the Canadian Community Health Survey (CCHS)

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Author’s response to reviews:

Dear Editor,

Thank you for the positive feedback. We would like to express our gratitude for the reviewers’ input in this second round. Please find below our reply to their queries made point by point. Please note that the reviewers’ comments are indicated below in italics and the changes introduced to the manuscript are indicated in bold with their location outlined in the replies below.

Reviewer 1:

1. Still is not clear the outcome of this research.

Reply: This study looks at two distinct outcomes that were each examined in a separate model: time of last dental visit, and reason for visiting the dentist. The first outcome, recorded as a binary variable, as last dental visit <1 (regular or routine) year versus ≥ 1 year (irregular or non-routine). The second outcome also made binary, as reason to visit for check-ups versus emergency. Regarding potential overlap between the two outcome variables, it is possible that a person who attended regularly could have also made an emergency visit, however a person who never visited the dentist would not have made an emergency visit nor a visit for checkup, and so was not included in the sample who reported emergency visits. Poor dental care use in this study is defined as irregular dental visits and/or visits only for emergencies, in order to encompass both outcomes when interpreting the results. Please see Muirhead et al (2009) and Ramraj’s 2012 thesis.
2. From the abstract:

"Dental care use was defined by two distinct outcomes: not visiting a dentist within the past year and visiting a dentist only for emergencies."

Reply: The abstract mentions the general definition of dental care use employed in this study and not the adjective’s definition (in this case poor), in order to highlight that there were two separate outcomes; unlike in the methods section where one can elaborate more on the definition of good versus poor. Therefore, there is no contradiction between the abstract and text as the text explains further the outcomes used.

3. Later, text describe poor dental care use as irregular OR only in emergency.

Reply: Please note that the text describes poor dental care use and not dental care use in general, as the following on P. 6, lines 15-17: “Poor dental care use in this study is defined as irregular dental visits and/or visits only for emergencies, in order to encompass both outcomes when interpreting the results.” And not only or- they are not always mutually exclusive.

4. Hence is not clear if the conclusion is good or bad:

"Socioeconomic status, self-reported oral health, and general health behaviors were associated with dental care use. These findings highlight the need for focusing efforts toward improving dental care use among Ontarians."

Reply: The conclusion part of the abstract usually presents general findings and does not dwell into distinguishing the predictors of poor versus good dental care use as they were clearly mentioned in the results section of the abstract, and so it only provides a brief summary of the findings and their implications.

5. Explain clearly *in the manuscript* this issue. Table 1 suggest that the "good" outcome is *not* to use dental care. This is in contradiction with page 1 line 17: "to have an oral examination on a regular basis remains a key practice..."

Reply: Table 1 does not present “good” outcome(s). It presents last dental visit made a year or more ago and visiting the dentist only for emergencies, which as was previously mentioned, are considered as poor dental care use. Moreover, the line you are referring to is in the introduction which has no bearing on the results.
7. Also add in the conclusion of the abstract if "were associated with dental care use" meaning good or poor dental care.

Reply: Since some factors, such as education, were associated with “good” dental care use while others, were associated with “poor”, it is best to leave the conclusion on dental care use in general, so as to include both risk and protective factors in the summary of findings.

8. Speak other language than English or French seems strongly associated with dental visits≥ 1. Explain this result.

Reply: This significant association between language and dental visits> or =1 year ago was obtained in the unadjusted analysis, and not via multivariable adjusted analysis where all variables present were controlled for. Therefore, the association seen in the unadjusted analysis in Table 1 is not an independent one, and so cannot be a reliable predictor of dental visit frequency. Results of the multivariable analysis are usually the ones to be trusted as they clearly show an independent association between a factor and an outcome and those are the ones that were presented and discussed.

9. Explain what means "Not Applicable" from Teeth brushing frequency from Table 1.

Reply: It refers to an edentate status. This has now been added to the tables.

Reviewer 2:

I congratulate the authors. With small clarifications, they facilitated the manuscript’s understanding.

Some observed associations stimulate new studies. This is a very positive point in publications.

I consider the manuscript can be published.

Reply: Many thanks for your encouraging feedback and help.