PARENTS' SATISFACTION AND DISSATISFACTION WITH THEIR CHILDREN'S DENTIST*

By Joanna Jenny, EdD,** P. Jean Frazier, MPH,***
Robert A. Bagramian, DDS, DrPh,† John M. Proshek, Bs††

Dr. Samuels and her group present some interesting reactions of parents, with high and low socio-economic levels, in regard to the expression of satisfaction or dissatisfaction with the dentists who treat their children.

Three papers published in the Journal of the American Dental Association, "The Public Looks at Dental Care,"[1] "Dentists and the Practice of Dentistry as Viewed by the Public,"[2] and "What the Public Thinks of the Dentist and Dental Health,"[3] indicate that public reaction to the practice of dental care is important to dental practitioners as well as dental researchers. An increasing amount of research is being focused on the analysis of the factors which relate to the public's attitudes toward the delivery of health services. Part of this interest stems from the dentists' desire to gain maximum utilization of services once the problems associated with Richards'[4] "enabling characteristics" are solved. Such characteristics as family factors (level of income and availability of voluntary health insurance) and community factors (urban-rural and regional distribution) which affect access to services are examples. Studies show, when financial barriers to dental treatment are lessened, a social gradient still continues to appear in the utilization of dental services.[4,5]

Recent findings from research indicate that the utilization of dental resources is related significantly to consumers' perceptions of acceptability of dental practice. Such factors, associated with the providers of services, ranked second after financial factors in the scoring which explains why parents did or did not obtain the dental treatment needed by their children.[6]

The literature on the satisfaction and dissatisfaction with dental treatment is characterized by two approaches. In one approach the publications describe the public's dental habits and attitudes toward the dental profession and the reasons why the patient is satisfied or dissatisfied with his dental service.[1,2,7,8,9] In the other approach, a course of action is proposed to (1) improve the relations between the profession and the patient, for example, through changes in the curricula of dental education,[10] to (2) suggest that dental societies improve the public's image of dental practice through the media for news,[3] or to (3) urge the use of psychology to improve one's chairside manner.[11]

The report about to be presented will relate to the first approach – the reasons why parents are satisfied or dissatisfied with dental services provided for their families. Parents' responses to questions about (1) whether they think their child's dentist is a good dentist, and why?, (2) whether they have considered changing dentists and why?, and (3) whether they agree with statements expressing lack of acceptability of some aspects of delivering dental services as analyzed. Cross-tabulations also were studied between the levels of socioeconomic status of the respondents and the variables listed.

---

* Supported by Grant DH 00133-01 of U. S. Public Health Service

** Assistant Professor, Division of Health Ecology, School of Dentistry, University of Minnesota, Minneapolis 55455
*** Assistant Professor, Division of Health Ecology, same address
† Associate Professor and Chairman, Department of Community Dentistry, School of Dentistry, University of Michigan, Ann Arbor 48104
†† Instructor, Division of Health Ecology, same address as **

Socioeconomic status was used in the cross-tabulations because of a demonstrated association with utilization and attitudes toward dental services.

The Method Employed

The subjects studied were parents of 838 Caucasion fourth-grade children who were enrolled in 14 public schools in a large city's school district. The schools were selected to represent a broad spectrum of socioeconomic levels.

Data were collected in two modes. Parents, whose children were identified as needing dental treatment for an obvious carious lesion in a permanent tooth and a randomly selected group of 100 parents whose children were not identified as meeting that criterion, were interviewed in their homes by trained community residents. The interviewers did not know which children had been identified as needing treatment. The remaining parents received a mailed questionnaire covering exactly the same information as that collected in the interviews at homes. Extensive telephoning as a follow-up brought the total response to 93 percent of the sample.

The responses to the items of the interview and mailed questionnaire, in regard to the dimensions of satisfaction and dissatisfaction, provided the data for this report. Information from parents about the occupation of the head of the household, parental education, and the family's income were combined through a formula, suggested by Green,[12] to establish levels of socioeconomic status. The formula follows: SES = (0.59 x education) + (0.27 x income) + (0.25 x occupation). The scores for education, income, and occupation were determined from tables also developed by Green. The resulting scores for SES then were categorized in four levels, less than 50, 50-60, 60-70, and greater than 70.

The Findings

The results of this study now will be reported for eight subheadings.

1. Satisfaction With Present Dentist

When asked "WHAT DO YOU THINK OF YOUR CHILD'S DENTIST? IS HE A *GOOD* DENTIST?"Ninety-one percent of the parents answered, "YES." Nine percent were uncertain or said "NO." To the next question, "HAVE YOU EVER THOUGHT OF CHANGING TO ANOTHER DENTIST FOR YOUR CHILD?" only 80 percent answered, "NO." This response indicated that approximately 10 percent of the parents who, although they approved of their child's present dentist, nevertheless had thought about a change to another dentist.

Two themes predominate in the comments made by these parents to explain this difference – cost of care and location of the dentist's office. Examples of such qualified responses were "Friendly to children, but I can't afford him," "He is thorough but his charges for services seem excessive," and "I'm satisfied with his work but need one closer to home," "We're too far away, since we moved, to get to him for check-ups."

A few parents indicated that they felt unable to decide whether their dentist was a good dentist. One responded, "Good question . . . really don't know . . . does anyone really?" Another said, "I am unable to judge. Frankly, unless fillings fall out or she has toothaches, I can't tell good work from bad." The socioeconomic status of parents was not related to parental agreement that the child's dentist was good or to thinking of changing dentists.

2. Reasons for Being Satisfied With Child's Present Dentist.

Parents who answered that they were satisfied with their child's present dentist were asked, "WHY?" The responses to this query were grouped into 10 categories of satisfaction. Table 1 shows the ranking of categories of responses from parents on satisfaction with their child's dentist.

Table 1
Rankings of Categories of Responses Given by Parents For Satisfaction With Their Child's Dentist (Total N = 838)[a]

		%	N
1.	Professional Competence	52%	(378)
2.	Relationship with Children	37%	(267)
3.	Personal Characteristics	34%	(243)
4.	Location	12%	(84)
5.	Financial	9%	(68)
6.	Explains and Consults	9%	(67)
7.	Recommended	4%	(26)
8.	Office Procedures	3%	(22)
9.	Accessibility	3%	(19)
10.	Preventive Procedures	2%	(12)

[a]Some parents made no comments, others noted multiple reasons, others were dissatisfied with the dentist.

(1) *Professional Competence.* The highest proportion of parents, over one-half, cited competence as the reason why they were satisfied with their child's dentist. Examples of their responses were "He is conscientious, thorough"; "Technically good"; "He really knows what he's doing"; "Excellent dentist"; "No complaints about his work . . . it doesn't have to be done over."

(2) *Relationship with Children.* A good relationship with children was cited as a high priority in parents' minds. Over a third of the respondents mentioned this attribute of their child's dentist. Examples of their comments were "My children are not afraid of him . . . he talks to them all of the time that he's working on their teeth"; "He is good with children and they like to visit him. They respect his work and appreciate his encouragement"; "He has comic books and coloring books to help children relax before going into the office"; and "He's able to relate to them."

(3) *Personal Characteristics.* One-third of the parents stated that personal characteristics of the dentist or his staff was their reason for satisfaction. They "like him personally." He is "honest, careful, kind, humorous," "he takes time and makes you feel he really cares." He is "very patient and gentle with all of his patients" and shows "great concern for each individual."

(4) *Location.* A good location was important enough to be mentioned by 12 percent of the parents. They like their dentist to be located "close to home."

(5) *Finances.* The financial aspect was important to 9.0 percent of the parents. Satisfied parents have dentists who are inexpensive or at least ones with reasonable rates. They like a dentist who "doesn't advocate expensive work unless warranted" or "does only the work on our teeth that is necessary," and "does not overcharge."

(6) *Explanation.* Whether the dentist takes time or does not take time to explain and consult with the parents is important for satisfaction. Sixty-seven respondents stated that they like the dentist to "explain his procedures to them and their child" and "not go ahead on special work until he consults with the parent."

(7) *Reputation.* Twenty-six parents noted that their child's dentist was well recommended. He is "well-known," has a "good reputation in dental circles." has "taught dentistry at the university" or was "referred by our pediatrician." This concern for reputation may be related to the seeking of professional competence.

(8) *Periodic Recall.* Recall for periodic examinations is perceived as a positive procedure. Satisfied parents said, "If I don't call for an appointment he calls us when it's time to come in again" or "His nurse calls and reminds us when we are due for check-ups."

(9) *Accessibility.* Nineteen parents mentioned factors related to the accessibility of the dentist, particularly in instances of emergency. He provides "Immediate care in an emergency." A clinic is praised because "they provide transportation" and the dentist because "the appointment is on time" and thereis "no waiting in the office."

(10)*Prevention.* Twelve parents made special mention of their satisfaction with the preventive procedures employed by the dentist. He "treats them with fluoride without my having to ask." He "encourages preventive maintenance" and "preventive procedures." He "shows films on decay, teaches how to use dental floss, suggests a sugar-free diet, and gives special brushes with round-tipped bristles."

3. Relationships Between Socioeconomic Status and Satisfaction

Each of these categories of satisfaction was cross-tabulated with socioeconomic status. Only two categories were found to be significantly related to socioeconomic status. They are reported in Table 2. Parents in the high socioeconomic levels were found

Table 2
Socioeconomic Status of Respondents Who Gave Reasons Related to Professional Competance and Relationship with Children For Satisfaction With Their Child's Dentist

Reason for Satisfaction	Socioeconomic Status Level					
	<50	50-60	60-70	70>	X^2 (3d.f.)	p
1. Professional Competence	46%[a] (16)	53% (175)	64% (117)	65% (31)	8.8155	<.05
2. Relationship with Children	47% (17)	45% (148)	34% (62)	27% (13)	10.0223	<.02

[a]Entries in the table refer to the percent of the SES group mentioning a particular reason for satisfaction. The actual N is given in parentheses.

significantly more likely to cite a reason for their satisfaction with their child's dentist which relates to professional competence. Parents in low socioeconomic levels, on the other hand, were significantly more likely than parents from high socioeconomic levels to cite, as a reason for their satisfaction, a comment relating to the positive relationship between their child and the dentist.

4. Relationship Between Parents' Assessment of Professional Competence and Quality of Children's Restorations

Described in another paper,[13] is a gross assessment of the restorations for respondents' children that was prepared by a dental epidemiologist. Table 3 shows that no relationship was found between parental citation of "professional competence" and the reason for satisfaction in regard to the quality of a child's dental restorations.

5. Reasons for Considering Changing to Another Dentist

If parents responded affirmatively to the question, "HAVE YOU CONSIDERED CHANGING DENTISTS FOR YOUR CHILD?", they were asked, "WHY?" Responses to this question were grouped into eight categories. Table 4 shows the ranking of these categories of response given by parents for dissatisfaction with their child's present dentist. While relatively few parents appeared to be dissatisfed with their dentists, those who were dissatisfied stated specific complaints. A total of 208 comments were made which reflect perceptions of as many as 208 different dentist (Six hundred and seven dentists are listed in the 1972 American Dental Directory[14] as practicing in the community studied).

Table 3

Professional Competence Given as the Reason for Parents' Satisfaction with The Child's Dentist and Quality-Rating of Child's Restorations (N=585)

Professional Competance as a Reason for Satisfaction	Quality Rating of Child's Restorations	
	Good	Poor
Did not give professional competance as reason for satisfaction	43% (119)	57% (155)
Gave professional competance as reason for satisfaction	44% (137)	56% (174)

X^2 (ld.f.) = 0.022
N.S.

Table 4

Rankings of Categories of Responses Given by Parents For Dissatisfaction With Their Child's Dentist (Total N = 838)[a]

		%	N
1.	Financial	8%	(61)
2.	Professional Competence	6%	(44)
3.	Location	5%	(39)
4.	Personal Characteristics	4%	(28)
5.	Accessibility	2%	(17)
6.	Relationship with Children	2%	(11)
7.	Explains and Consults	*	(4)
8.	Preventive Procedures	*	(4)

[a]Some parents made no comments, others gave multiple reasons, others were satisfied with the dentist.

*Less than 1%

(1) The primary reasons of parents for considering a change to another dentist were related to financial dissatisfactions. Some examples of statements made by parents follow: "His charges are quite high." He "has rather high fees so that if our children needed more than regular check-ups (restorations or extractions) it would be almost prohibitive." "I question his high prices" and "can't afford him."

(2) Dissatisfaction with professional competence ranked second in reasons for thinking of a change. As noted in Table 4, professional competence was the most important attribute mentioned by satisfied parents. The kinds of complaints relating to professional competence follow: "He always puts in temporary fillings and you have to go back"; "Fillings keep falling out"; He "seems to do things in a superficial way . . . I complained of some tooth trouble, he checked my teeth but never took x-rays and I'm still having trouble . . . would like to find someone who is more thorough but not more expensive"; He "works too fast" . . . "He could be more thorough"; He is "now semiretired . . . doesn't see as well and has missed small cavities"; "I think every new patient should have his teeth x-rayed"; and "He x-rays too much."

(3) Thirty-nine parents stated that their dentist's location was "inconvenient," because it was either at too great a "distance from our home" or "too inconvenient because of (lack of) downtown parking."

(4) Twenty-eight parents objected to some personal characteristics of the dentist or his

staff. "He is quite old and not as patient as I would like." "He's too technical." "I don't like the lectures he gives me." "I don't like the receptionist." He "spends too much time talking to office girls instead of to the patient."

(5) Eleven parents expressed dissatisfaction about his relationship with their children. "He has no patience with children." "He's poor with children." "She doesn't like this dentist . . . he is the first one she has been to that has made the check-ups uncomfortable for her."

(6) Seventeen parents mentioned accessibility as a problem, such as "Almost impossible to get new appointments."

(7) Four parents made statements regarding explanation and consulting. One parent complained that the dentist "has done work without my approval."

(8) Four parents stated that the dentist did not practice enough preventive procedures. They "wonder if the child should be receiving fluoride treatments." mention that he "seems hesitant about applying fluoride," or state that "he could do more preventive dentistry."

6. *Relationships Between Socioeconomic Status and Dissatisfaction*

Socioeconomic status of respondents was cross-tabulated with each of the categories of reasons given for dissatisfaction with the child's dentist. No significant relationships were found with any category. Parents from all socioeconomic groups were equally likely to mention each of the dissatisfactions as a reason for thinking of changing to another dentist.

7. *Agreement With Statements Relation to Acceptability of Dental Services*

Measures of agreement with statements relating to the dimensions of acceptability of dental services were used as a second method for examining dissatisfaction. A series of statements concerned with acceptability of dental services was presented to the subjects. These statements described the reasons that people have given for not seeing a dentist when they should. Fear, accessibility, personal characteristics, and competence of the dentist were the facets of agreement presented to the subjects to get their reaction for a member of their family not seeing a dentist when they felt he should. Agreement with an item was defined as an indication of lack of acceptability or dissatisfaction with delivery of dental services.

Table 5 presents a ranking of the importance of these acceptability-related state-

Table 5

Ranking of Thirteen Acceptability-Related Reasons For Not Seeing a Dentist (N = 838)

		%	N
1.	Fear of the Dentist is a Problem	34%	(250)
2.	It takes too long to get a dental appointment	32%	(232)
3.	Afraid to go	30%	(226)
4.	It's hard to get an appointment for a convenient time	29%	(219)
5.	It's hard to find a dentist who's good with children	23%	(171)
6.	Dentists are too interested in making money	22%	(161)
7.	It's hard to find a dentist you like	19%	(144)
8.	It's hard to find a dentist who does good work	18%	(131)
9.	Dental treatment is too painful	15%	(110)
10.	Transportation is a problem	13%	(100)
11.	Children are too afraid to go	13%	(99)
12.	The dentist's office is too hard to get to	11%	(84)
13.	Dentists don't take enough personal interest in you	10%	(72)

ments. Statements related to fear of dental treatment were ranked first (34 percent), third (30 percent), ninth (15 percent), and eleventh (13 percent). The statement ranked first, for example, was: "Fear of the dentist is a problem," that 34 percent of the parents cited.

Statements related to accessibility were ranked second (32 percent), fourth (13 percent), tenth (13 percent), and twelfth (11 percent). The statement ranked second was "It takes too long to get a dental appointment." Statements related to personal characteristics as dissatisfaction with the dentist were ranked fifth (23 percent), sixth (22 percent), seventh (19 percent), and thirteenth (10 percent). An example cited was, "It's hard to find a dentist who's good with children." Twenty-three percent of the respondents agreed with this statement as the reason that some member of the family, with a perceived need for dental care, did not visit a dentist. In regard to professional competence, 18 percent of the respondents agreed with the statement, "It's hard to find a dentist who does good work."

8. Relationships Between Socioeconomic Status and Statements Related to Acceptability of Dental Services

Table 6 presents the relationships between dimensions of acceptability and socioeconomic status. The table, it will be noted, is divided into four parts. Part A concerns fear of dental treatment; Part B includes four statements related to accessibility; Part C covers personal characteristics of the dentist; and Part D presents reactions to professional competence.

Part A of Table 6 indicates that the lower the respondent's socioeconomic status the more likely he is to agree with statements relating to fear of the dentist. Significant relationships were found with three out of four statements.

Part B, socioeconomic status of the respondent, was cross-tabulated with statements relating to accessibility. Again, the lower the socioeconomic status, the more likely respondents were to agree with the statements, although no statistically significant relationships were found.

In Part C, which included statements that expressed dissatisfaction with the personal characteristics of the dentist, the lower the respondent's socioeconomic status, the more likely he was to agree with the statements. Three out of four relationships were significant.

The last part of Table 6, Part D, was concerned with professional competence. The lower the socioeconomic status the more likely the respondent was to agree with the statement, "It's hard to find a dentist who does good work."

Some Discussion

Most parents obviously reported that they were satisfied with their child's present dentist. Ninety percent agreed that their child's present dentist was a good dentist. Some parents expressed feelings, however, that indicated they did not feel the same about other dentists to whom they had gone in the past. One parent, who liked her child's present dentist wrote: "He has a good location, prices, and personality, but I have had the children to two others. The first hurried through the treatment so that he could get back to the adult patient in the other chair. The second was referred by our pediatrician – a children's dentist, but we left that one because of his high fees and he was too far away."

Other parents who liked their child's present dentist were not sure that they would like any other dentist as well. One parent said that her child's dentist "takes time and makes you feel that he really cares." She said she doesn't know what she will do if anything happens to him. "I don't want one of those young kids," she said. "Dentists are way too nervous, they should slow down and not worry how much money they can make in a day, and start to treat people as humans."

Table 6

Socioeconomic Status of Respondents Who Agreed With Acceptability-Related Statements

Acceptability-Related Statement	Socioeconomic Status Level					
	<50	50-60	60-70	70>	X^2 (3 d.f.)	p
A. Fear of Dental Treatment						
1. Fear of the dentist is a problem	48%[a] (21)	36% (134)	28% (55)	25% (12)	10.7452	<.02
2. Afraid to go.	45% (19)	32% (119)	27% (54)	21% (10)	8.8174	<.05
3. Dental treatment is too painful	23% (10)	16% (56)	13% (25)	10% (5)	4.3291	N.S.
4. Children are too afraid to go	38% (16)	13% (50)	10% (21)	2% (1)	29.8495	<.001
B. Accessibility						
1. It takes too long to get a dental appointment	42% (17)	34% (121)	34% (66)	18% (9)	7.1925	N.S.
2. It's hard to get an appointment for a convenient time	41% (17)	31% (115)	30% (59)	16% (8)	7.6305	N.S.
3. Transportation is a problem	26% (11)	12% (46)	14% (29)	8% (4)	7.4442	N.S.
4. Dentist's office is hard to get to	16% (7)	10% (37)	12% (24)	8% (4)	2.3740	N.S.
C. Personal Characteristics						
1. It's hard to find a dentist who is good with children	34% (14)	25% (94)	19% (37)	16% (8)	7.8833	<.05
2. Dentists are too interested in making money	40% (16)	25% (90)	18% (35)	8% (4)	17.0861	<.001
3. It's hard to find a dentist you like	29% (12)	23% (84)	13% (26)	8% (4)	14.6658	<.01
4. Dentists don't take enough personal interest in you	16% (7)	11% (40)	6% (11)	6% (11)	7.6530	N.S.
D. Professional Competence						
1. It's hard to find a dentist who does good work	30% (13)	20% (73)	13% (25)	10% (5)	11.3577	<.01

[a]Entries in the table refer to the percent of the SES group responding positively to the statement. The actual N is given in parentheses.

Another parent whose family was planning to move reported, "The dentist we have now, I feel, is the best we ever have had. We are moving out of state this year and regretfully will have to choose another."

The finding in Table 1 that the dentist's professional competence, his good relationship with children, and his positive personal characteristics were highly valued by parents is similar to the findings of other studies of satisfaction with dental services such as those of Gross,[8] Kriesberg and Treiman,[2] Blum,[11] and McKiethen.[7] Professional competence and positive personal characteristics of the dentist as reasons for satisfaction

had high rankings in all of these investigations, though carried out at different times, with different populations, and with somewhat different formats for collecting data.

Parents with high socioeconomic status, this study showed, valued professional competence highly. Ironically, parental satisfaction, centering on professional competence, not always was linked to the independent assessemnt of quality of their children's dental restorations. This finding indicated an inability on the part of parents to evaluate the technical competence of dental treatment. Perhaps parents are responding to, and utilizing the positive personal characteristics of the dentist as indicators of professional competence.

Parents with the low socioeconomic status are split equally between professional competence and positive relationships with children as reasons for satisfaction. Examining the reasons given for satisfaction by high and low SES parents shows that a much larger proportion of the high SES parents are interested in the professional competence and a smaller proportion in the dentist's relationship with their children. The greater interest of low SES parents in their children's relationship to the dentist might relate to the lack of routineness and continuity of care often experienced by children from low SES homes. Symptomatically based dental visits, resulting in extensive or painful treatment, may be more fearful and traumatic for the child, and may lead low SES parents to value a dentist who can establish rapport with their children.

Children of high SES families, who visit the dentist routinely, may become accustomed to dental visits as a fact of life. They thus make their relationship with the dentist appear less important to their parents than the practitioner's professional competence.

While relatively few parents expressed dissatisfaction with their present dentist, as high as one-third agreed with a number of statements which describe situations that had kept them from seeking care when they felt they or another family member needed care. These statements concerned four dimensions of dissatisfaction with the delivery of dental services – fear of treatment, accessibility to treatment, negative characteristics of personality in the dentist, and lack of professional competence. Low SES parents agreed more often with all of the statemnts. Several statements were related significantly to socioeconomic status.

Some hypotheses now may be suggested to explain these relationships. It may be that low SES parents, who are the least likely to have a well established relationship with a trusted dentist, may feel more free to list points to dissatisfaction than high SES parents. High SES parents are more likely to make routine, preventively-oriented visits and, therefore, more likely to have a continuing relationship with a dentist. According to Linn,[15] the patient who voluntarily presents himself for treatment, implicity accepts the dentist's authority and competence. Acceptance of authority and the competence of a particular dentist may constrain the expression of negative feelings toward dental practice. Parents, who agreed that fear, lack of accesibility, negative characteristics of personality, or lack of competence, were responsibile for their not receiving treatment needed in the past, may have been dissatisfied because of previous negative dental experiences.

Renthal,[16] using the conceptual framework for evaluating health care developed by Donabedian,[17,18] states that health care is dependent upon interactions between professional persons and their patients within a context of social values. The relationship between the two is significant and the patient's perspective, hence, is of considerable importance. The dissatisfied, uncooperative patient represents a failure of the encounter with dental treatment even when technically competent treatment has been received.

Awareness of public attitudes and patients' perceptions is valuable to dentists who seek to improve the public's image of dental practice by providing the best possible quality of care for each patient. This attitude stimulates greater utilization of needed

10. Kohn, Nathan. What they are saying about dentistry. Am. Col. Dent. J., 32:207-14, July 1965.
11. Blum, L. H. Some psychological aspects of dental practice: a study of the individual's response to care of his teeth. Mental Hyg., 47:569-82, Oct. 1963.
12. Green, L. W. Manual for scoring socioeconomic status for research on health behavior. Pub. Health Rep., 85:815-27, Sept. 1970.
13. Bagramian, R. A., et al. Quality assessment of restorations in a population of school children. Paper read at Atlantic City during the 1972 Annual Meeting of the American Public Health Association, November 12-16, 1972.
14. 1972 American dental directory, Chicago, American Dental Association, 1972. R134 + 1376 p.
15. Linn, E. L. Role behaviors in two dental clinics: a trial of Nadel's criteria. Human Organiz., 26:141-8, Fall 1967.
16. Renthal, A. G. Quality control of health services. A paper read during the Philadelphia County Dental Society Work Conference on Quality Control. Philadelphia, Apr. 7, 1972.
17. Donabedian, Avedis. Promoting quality through evaluating the process of patient care. Medical Care, 6:181-202, May-June 1968
18. ________. A guide to medical care administration. Medical Care Appraisal – quality and utilization. Vol. 2. New York, American Public Health Association, 1969. XI + 221 p.

Just Seventy-four Years Ago

Dr. B. F. Snyder, Surgeon Dentist,
Over McCann Bros. clothing store, Tecumseh, Mich.

Latest improvements in artificial teeth, crowns, filling and building-up teeth a specialty. Teeth extracted without pain by the use of vitalized air, gas, chloroform, or ether. All work warranted. Prices reasonable. (The Tecumseh Herald for April 18, 1899)

Correct Way to Tote a Deer

During the 1972 hunting season in a Northern Michigan County, two hunters shot a deer. To get it back to their car, they started pulling the animal along by the tail. Another hunter who came by suggested that the task would be easier if they pulled by the deer's antlers. They did, and soon one hunter said to his pal, "My this is a lot easier." Hunter number two responded, "Yes, but we seem to be getting farther and farther away from the car." The fictional hunters participating in this bit of nonsense are typical of the members of the Michigan Public Health Association. Confronted by sharp changes in financing, demands for better delivery of health services, and big cuts in the training of manpower, we fragment our energy by failing to pull together within the framework of our organization in order to get ahead. (President Ralph Lewis in MPHA Newsletter for June, 1973)