

Rocky Mountain Network of Oral Health Community Health Center Baseline Survey

Start of Block: Default Question Block

Q1

Thank you for your participation in the Rocky Mountain Network of Oral Health Integration (RoMoNOH) survey.

The RoMoNOH project is funded by HRSA at the Maternal and Child Health Bureau.

We are interested in hearing from you regarding how you provide oral health services to your patients.

There are no right or wrong answers to these questions.

We thank you for taking the time to give thoughtful responses. We estimate this survey will take you 10-15 minutes. Your responses will be kept confidential.

Page Break

Q2 These first questions pertain to how your clinic makes dental referrals for your patients.

Q3 1. When making dental referrals for patients, what steps do you take? *Please select one response for each item.*

	Yes (1)	No (2)	Unsure (3)
Tell the patient/parent that a dental visit is needed (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide a "warm hand-off" to the integrated dental provider in our clinic (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide the patient/parent with a list of dental providers to contact (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact a dental office directly (e.g. call or fax) to arrange the appointment (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete a referral to a dental provider through the electronic health record (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 2. Thinking about dental referrals for patients, please indicate Yes or No to the following questions. *Please select one response for each item.*

	Yes (1)	No (2)	Unsure (3)
Does your clinic have an established referral relationship with a dental home? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone in your clinic who is responsible for dental referrals and care coordination? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5 3. Thinking about barriers to making dental referrals for patients, to what extent are the following barriers to making dental referrals for patients? *Please select one response for each item.*

	Not a barrier (1)	Somewhat a barrier (2)	Moderate barrier (3)	Significant barrier (4)
Referring patients to dental provider is not a priority (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of dental providers to refer patients to (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients' lack of dental insurance/inability to pay for care (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families not following through on appointments (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time limitations in current practice (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of medical office staff to make dental referrals (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of a formal process to make a dental referral (e.g. no referral tool in your health record) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q6 4. Does the community where your main clinic is located participate in community water fluoridation (the process of adjusting the amount of fluoride in a community's water system)?

- Yes (4)
- Maybe (5)
- Unsure (6)

Q7 5. How prepared do you feel to counsel patients and their families on each of these fluoride topics? *Please select one response for each item.*

	Not prepared (1)	Slightly prepared (2)	Moderately prepared (3)	Very prepared (4)
Parental concerns about community water fluoridation (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining topical and systemic fluoride mechanisms (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructions for home use of fluoride (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive to children 3 years of age or younger?

- Yes (1)
- No (2)

Skip To: Q27 If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = No

Q9 The following questions pertain to oral health care to children birth to 3 years.

Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... =
Yes

Q12 7. By what age do you believe healthy children should have their first dental visit? Please enter # of years.

Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... =
Yes

Q11 8. During well child care/preventive visits with patients' **birth to 3 years**, how much of a barrier to providing preventive oral health services are the following? *Please select one response for each item.*

	Not a barrier (1)	Somewhat of a barrier (2)	Moderate barrier (3)	Significant barrier (4)
Lack of adequate time during health supervision visits (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to bill separately for oral health assessments and/or counseling on preventive oral hygiene (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to bill separately for application of fluoride varnish (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of professional training in oral health care to young children (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Display This Question:

*If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... =
Yes*

Q13 9. During well child care/preventive visits with patients' **birth to 3 years**, with what proportion do you or a member of your team provide the following preventive oral health services at least once? *Please select one response for each item.*

	0% (1)	1-25% (2)	26-50% (3)	51-75% (4)	76-99% (5)	100% (6)
Identify teeth with dental caries (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform parents on how to brush their children's teeth correctly (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform parents on the oral health effects of putting their child to bed with a bottle (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform parents on the oral health effects of sugary food and drink (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform caries risk assessment (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask parents about their own oral health (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bill for caries risk assessment and/or oral health education for eligible patients (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Apply fluoride varnish (8)

Prescribe fluoride supplements (9)

Recommend when to begin using fluoride toothpaste (10)

Ask families about consumption of water with fluoride (11)

Bill for fluoride varnish application for eligible patients (12)

Refer to dental provider for routine dental visit (13)

Provide "warm hand-off" to integrated dental provider in clinic (14)

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Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = Yes

Q14 10. How would you rate your ability to perform the following with patients' **birth to 3 years of age** and do you believe you should perform the following? For each item, please select one response for (A) and one for (B).

	A. How would you rate your ability to perform the following					B. You should perform?	
	Poor (1)	Fair (2)	Good (3)	Very good (4)	Excellent (5)	Yes (1)	No (2)

Identify
teeth with
dental caries
(1)

Inform
parents on
how to
brush their
children's
teeth
correctly (2)

Inform
parents on
the oral
health
effects of
putting their
child to bed
with a bottle
(3)

Inform
parents on
the oral
health
effects of
sugary food
and drink (4)

Apply
fluoride
varnish (5)

Perform
caries risk
assessment
(6)

Ask parent's
own oral
health (7)

Assess
whether
fluoride
supplements
are needed
(8)

Recommend when to begin using fluoride (9)

Ask families about consumption of water with fluoride (10)

Refer to a dental provider for routine dental visit (11)

Provide "warm hand-off" to integrated dental provider in clinic (12)

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Display This Question:

*If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... =
Yes*

Q15 Fluoride Varnish for Children Birth to Three

Display This Question:

*If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... =
Yes*

Q18 11. Do you offer fluoride varnish to young children in your medical or dental practice?

- Yes (1)
 - No (2)
 - Unsure (3)
-

Display This Question:

*If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... =
Yes*

Q17 12. Thinking about barriers to applying fluoride varnish to your patients' **birth to 3 years of age**, to what extent are the following barriers to applying fluoride varnish? *Please select one response for each item.*

	Not a barrier (1)	Somewhat a barrier (2)	Moderate barrier (3)	Significant barrier (4)
Time limitations in current practice (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of adequate reimbursement (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoride varnish application is not a priority (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not convinced of the efficacy of fluoride (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family hesitancy or refusal (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of medical office staff to apply fluoride varnish (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = Yes

Q19 Payment issues for Children Birth to Three

Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = Yes

Q21 13. How frequently are you reimbursed for providing oral health assessments or services to patients' birth to 3 years?

- Never/rarely (1)
 - Sometimes (2)
 - Often (3)
 - Always (4)
 - Don't know/not applicable (5)
-

Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = Yes

Q22 14. Thinking about payment issues related to treating oral health, to what extent are you concerned about each of the following? *Please select one response for each item.*

	Not concerned (1)	Slightly concerned (2)	Moderately concerned (3)	Very concerned (4)	Don't know/not applicable (5)
Adequate reimbursement for fluoride varnish application (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate reimbursement for oral health risk assessment (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the proper payment codes (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care coordination payments (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Differences in reimbursement levels from private and public payers (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = Yes

Q23 Anticipatory Guidance

Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = Yes

Q24 15. Thinking about anticipatory guidance for child health and wellness, below is a list of health and wellness topics that may be covered as part of routine well-child care visits and dental visits. To what extent do you think that medical and dental teams are responsible for addressing these topics? For each item, please select one response for A) medical teams and B) dental teams.

	A) To what extent are medical teams responsible for addressing?				B) To what extent are dental teams responsible for addressing?			
	Not at all (1)	Somewhat (2)	Mostly (3)	Very (4)	Not at all (1)	Somewhat (2)	Mostly (3)	Very (4)
Nutrition issues (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iron deficiency (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child car seat guidelines (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV prevention/vaccination (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed-time routines (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = Yes

Q25 Great. These next questions pertain to providing oral health care to pregnant women.

Display This Question:

If 6. Are you part of a medical or dental healthcare team that provides well-child care/preventive t... = Yes

Q26 16. Are you part of a medical or dental healthcare team that provides care to pregnant women?

- Yes (1)
- No (2)

Skip To: Q38 If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = No

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q27 Oral Health Assessment and Counseling for Pregnant Women

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q28 17. Do you believe pregnant women should receive routine dental care during pregnancy?

- Yes (1)
 - No (2)
-

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q29 18. During routine visits to **pregnant patients**, how much of a barrier to providing preventive oral health services are the following? *Please select one response for each item.*

	Not a barrier (1)	Somewhat a barrier (2)	Moderate barrier (3)	Significant barrier (4)
Inadequate time during health supervision visits (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to bill separately for oral health assessments and/or counseling on preventive oral hygiene (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of ability to bill separately for application of fluoride varnish (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of professional training in oral health care to young children (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q30 19. During routines visits to **pregnant patients**, with what proportion do you provide the following preventive oral health services at least once? *Please select one response for each item.*

	0% (1)	1-25% (2)	26-50% (3)	51-75% (4)	76-99% (5)	100% (6)
Identify teeth with dental caries (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify gingivitis or periodontitis (swollen gums) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform pregnant patients on how to brush their teeth correctly (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform pregnant patients on the oral health effects of sugary food and drink (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform caries risk assessment (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask pregnant patients about their oral health (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bill for caries risk assessment and/or oral health education for eligible patients (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Apply fluoride varnish (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribe fluoride supplements (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommend when to begin using fluoride toothpaste (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask pregnant patients about consumption of water with fluoride (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bill for fluoride varnish application for eligible patients (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer to dental provider for routine dental visit (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide "warm hand-off" to integrated dental provider in clinic (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q31 20. How would you rate your ability to perform the following with **pregnant patients** and do you believe you should perform the following? For each item, please select one response for (A) and one for (B).

	A. How would you are your ability to perform the following					B. You should perform?	
	Poor (1)	Fair (2)	Good (3)	Very good (4)	Excellent (5)	Yes (1)	No (2)

Identify teeth with dental caries (1)

Identify gingivitis or periodontitis (swollen gums) (2)

Inform patient on how to brush their teeth correctly (3)

Inform patient on the oral health effects of sugary food and drink (4)

Apply fluoride varnish (5)

Perform caries risk assessment (6)

Ask about patient's own oral health (7)

Assess whether fluoride supplements are needed (8)

Recommend when to begin using fluoride (9)

Ask families about consumption of water with fluoride (10)

Refer to a dental provider for routine dental visit (11)

Provide "warm hand-off" to integrated dental provider in clinic (12)

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Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q32 Fluoride Varnish for Pregnant Women

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q33 21. Do you offer fluoride varnish to pregnant women in your medical or dental practice?

- Yes (1)
 - No (2)
 - Unsure (3)
-

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q34 22. Thinking about barriers to applying fluoride varnish to your **pregnant patients**, to what extent are the following barriers to applying fluoride varnish? *Please select one response for each item.*

	Not a barrier (1)	Somewhat a barrier (2)	Moderate barrier (3)	Significant barrier (4)
Time limitations in current practice (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of adequate reimbursement (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluoride varnish applications is not a priority (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not convinced of the efficacy of fluoride (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient hesitancy or refusal (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of medical office staff to apply fluoride varnish (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q35 Payment Issues for Oral Health Services to Pregnant Women

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q37 23. How frequently are you reimbursed for providing oral health assessments or services to pregnant women?

- Never/rarely (1)
 - Sometimes (2)
 - Often (3)
 - Always (4)
 - Don't know/not applicable (5)
-

Display This Question:

If 16. Are you part of a medical or dental healthcare team that provides care to pregnant women? = Yes

Q36 24. Thinking about payment issues related to treating oral health for **pregnant patients**, to what extent are you concerned about each of the following? *Please select one response for each item.*

	Not concerned (1)	Slightly concerned (2)	Moderately concerned (3)	Very concerned (4)	Don't know/not applicable (5)
Adequate reimbursement for fluoride varnish application (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate reimbursement for oral health risk assessment (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the proper payment codes (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care coordination payments (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Differences in reimbursement levels from private and public payers (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q38 Participant characteristics

Q39 25. What is your primary role in your clinic?

- Medical doctor (MD/DO) (1)
 - Physician Assistant (2)
 - Nurse Practitioner (3)
 - Nurse (4)
 - Medical Assistant (5)
 - Midwife (6)
 - Dentist (7)
 - Dental hygienist (8)
 - Dental Assistant (9)
 - Patient Coordinator (10)
 - Behavioral Health Provider (11)
 - Health Coach (12)
 - Manager/Administrator (13)
 - Other, please specify: (14)
-

Q40 26. What is your gender?

- Male (1)
- Female (2)
- Prefer to self-describe: (3)
-



Q41 27. In what year were you born? *Please fill in the year.*



Q42 28. We would like to send this survey to you again in 6-12 months. If you agree, please include your email address here:

Q43

Thank you for your participation in the Rocky Mountain Network of Oral Health Integration (RoMoNOH) survey.

Please contact patricia.braun@dhha.org with questions.

End of Block: Default Question Block

Publication date: 2019

The Rocky Mountain Network of Oral Health is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, or endorsement by, HRSA, HHS, or the U.S. government. For more information, please visit www.HRSA.gov.