Survey of Dental Caries Prevention: Non-Clinical Staff

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to improve the information and care we provide to our patients related to oral/dental health. This survey is voluntary. All information you give us will remain private and anonymous.

1.	In which type of program do you work? ☐ Women, Infants and Children (WIC) ☐ Early Head Start				7.	In your opinion Would you sa		ortant are bal	by teeth?
						Very	Somewhat	Not	Don't know/
	☐ Head Star					Important	Important	Important	Not sure
	☐ Home Vis								
		ease explain)							
2.				ogram?	8.	Have you hea or baby bottl		-	ood caries"
۷.	How long have you worked for this program? ☐ Less than a year					☐ Yes ☐ N	o 🗆 Don't l	know/Not su	re
	☐ 1-2 years	a year							
	☐ 3-5 years				9.	Have you eve			
	☐ More than	n 5 years				☐ Yes ☐ N	o 🗆 Don't l	know/Not su	re
	LI WOLE CHA	ii 3 years							
3.	Would you say that having accurate information about preventing tooth decay is:				10.	. What do you answer)	think fluorid	e is used for?	(Choose on
	•		decay is.			☐ Used to cle	an teeth		
	Very	Somewhat	Not	Don't know/		☐ Used to pr	event tooth d	ecay	
	Important	Important	Important	Not sure		☐ Used to pu	•		
						\square Used to wh	niten teeth		
						☐ Used to pr	event plaque		
4.	Do you think all children develop tooth decay?					☐ Don't knov	v/Not sure		
	Probably Probably Don't Know/ Yes Yes No No Not Sure					☐ Other (plea	ase explain) _		
					11.	. Sometimes b	arriers interfe	ere with child	ren getting
						the dental ca	re they need.	Check the T	HREE that
5.	How concerned are you about the children in your program getting tooth decay?					you think are	the major ba	rriers.	
J .						☐ Parent did serious e		child's proble	m was
	Very Concerned	Somewhat Concerned	Not at all Concerned	Don't know/ Not Sure		☐ Parent pro (transpor	blems getting tation, childc		
						☐ Cost of der	ntal care (pare	ent has no ins	surance
6.	In your opinion, what is the best way to prevent tooth decay? (Choose one answer)					☐ Dentists ar Medicaid		or don't acc	ept
	☐ Going to a dentist					☐ Long wait t	imes to get a	ppointments	
	☐ Brushing teeth					☐ Child is afr	_		
	☐ Cleaning infant's mouth/gums					☐ Parent is a	fraid of the de	entist	
	☐ Brushing teeth with fluoride toothpaste					☐ Parent did	n't feel welco	med in the d	ental
	☐ Flossing teeth					office			
	☐ Using fluoridated water (drinking tap water)					☐ Other (plea	ase explain) _		
	☐ Using other fluorides (fluoride varnish/drops or						. , _		
	tablets)				12.	. Do you help p	parents sign ι	p for Medica	aid if
	☐ Don't know					needed?			
	□ Other (ple	ease explain)				☐ Yes ☐ N	o 🛭 Don't l	know/Not su	re

13. If yes, how are parents helped? (Choose all that apply)	17. Is it your program policy to set oral health self- management goals with families of young patients?
☐ Provide a phone number for Medicaid office	☐ Yes ☐ No
\square Help them fill out the application	
☐ Provide transportation to the Medicaid	18. What is your most important source of oral health
appointment	information? (Choose one answer)
☐ Other (please explain)	☐ In-service training
	☐ Medical provider
14. What other ways do you or your staff members	help □ Dental provider
parents access medical or dental care for their	☐ Health Department
children? (Choose all that apply)	☐ Internet/Social media
\square Provide names and phone numbers for	☐ Library
health providers	☐ Family/Friends
☐ Make appointments	☐ TV/Radio
☐ Provide transportation/childcare	☐ Other (please explain)
\square Explain to the parent what to expect	
\square Help parent advocate for child's health needs	19. Have you had training on cavity prevention?
☐ Other (please explain)	□ Yes □ No
15. When a pregnant woman explains she has not h	ad a 20. If yes, when?
prenatal medical or dental visit, we:	☐ Within the past year
(Select all that apply).	☐ 2-4 years ago
☐ Explain to her that prenatal visits are import	ant
for her health and her baby's health	, C
☐ Refer her to an OB for an appointment	21. Have you had a course or training in communication
☐ Follow-up with her to find out if she had an	skills?
appointment with an OB	☐ Yes ☐ No
☐ Help her make an appointment with an OB	
☐ Refer her to a dentist for an appointment	22. What is the highest grade you completed in school?
☐ Follow-up with her to find out if she had an	☐ High School or Less
appointment with a dentist	☐ Some College
☐ Help her make an appointment with a denti	☐ Graduated College
☐ Other, please explain	☐ Graduate School
16. What does your program do to educate parents	23. Are you Hispanic/Latino?
about oral health? (Choose all that apply)	☐ Yes ☐ No
☐ Teach how to clean infant mouth/gums	
☐ Teach parent how to lift the lip	24. What is your race? (Choose all that apply)
☐ Provide toothbrushes and fluoride toothpas	☐ American Indian or Alaska Native
to families	☐ Asian
	☐ Black or African American
☐ Teach tooth brushing with fluoride toothpaste	I I Native Hawaiian/Other Pacific Islander
☐ Practice tooth brushing with fluoride toothpas	⊔ White
☐ Teach the importance of drinking fluoridated to water	□ Race/ethnicity unknown
☐ Teach in-between meal snacks that are "tooth	r ublication date. 2020. This publication was supported by
healthy"	the Health Resources and Services Administration (HRSA)
☐ Teach parents about the importance of oral health to general health	of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreement number
-	UK7MC33231. This information or content and conclusions
☐ Teach mom how to care for her own mouth	are those of TOHF project staff and should not be construed
☐ Other (please explain)	as the official policy of HRSA, HHS, or the U.S.
	government, nor should any endorsements be inferred.

Survey of Dental Caries Prevention: Non-Clinical Staff Scoring Rubric

This document describes how to score the Non-clinical Staff Survey.

- The survey has 24 questions.
- The demographic and informational questions are not scored.
 - o Demographic and informational questions: 1, 2, 11-14, 20-24
- The scoring for each question is explained below the question.
- The correct answer for each question is high-lighted in yellow.

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	Which of the Communit Communit Health Na Home Visi Promotora Women, In Other (ple	ty Health Edu ty Health Wo vigator tor a nfants and Cl ease explain)	ucator? irker nildren (WIC)		6.	In your opinion, what is the best way to prevent tooth decay? (Choose one answer) Going to a dentist Brushing teeth Cleaning infant's mouth/gums Brushing teeth with fluoride toothpaste Flossing teeth Using fluoridated water (drinking tap water) Using other fluorides (fluoride varnish/drops or tablets)
	How long ha Less than 1-2 years 3-5 years More than	a year n 5 years		ogram?	7.	 □ Don't know □ Other (please explain) SCORE: Using fluoridated water = 1; all other items In your opinion, how important are baby teeth? Would you say they are:
	Would you s	-	_	nformation		Very Somewhat Not Don't know Important Important Important Not sure □ □ □
			Not Important		8.	SCORE: Very Important = 1; all other items = 0 Have you heard the term "early childhood caries" or baby bottle tooth decay? ☐ Yes ☐ No ☐ Don't know/Not sure SCORE: Yes = 1; No = 0; Don't know/Not sure = 0
4.	Probates Yes Yes SCORE: No =	ably s No	Probably No	h decay? Don't Know/ Not Sure	9.	Have you ever heard of fluoride? ☐ Yes ☐ No ☐ Don't know/Not sure SCORE: Yes = 1; No = 0; Don't know/Not sure = 0
	How concerr program get Very Concerned SCORE: Very	Somewhat Concerned		Don't know/ Not Sure	10	 What do you think fluoride is used for? (Choose or answer) Used to clean teeth Used to prevent tooth decay Used to purify water Used to whiten teeth Used to prevent plaque Don't know/Not sure Other (please explain) SCORE: Used to prevent tooth decay = 1; all other

11. Sometimes barriers interfere with children getting the dental care they need. Check the THREE that you think are the major barriers.	15. When a pregnant woman explains she has not had a prenatal medical or dental visit, we:(Select all that apply).Explain to her that prenatal visits are important
☐ Parent didn't think the child's problem was	for her health and her baby's health
serious enough ☐ Parent problems getting to the appointment (transportation, childcare, getting off work) ☐ Cost of dental care (parent has no insurance or could not afford it)	 Refer her to an OB for an appointment Follow-up with her to find out if she had an appointment with an OB Help her make an appointment with an OB
☐ Dentists aren't available or don't accept Medicaid	Refer her to a dentist for an appointmentFollow-up with her to find out if she had an appointment with a dentist
 □ Long wait times to get appointments □ Child is afraid of the dentist □ Parent is afraid of the dentist 	☐ Help her make an appointment with a dentist ☐ Other, please explain
☐ Parent didn't feel welcomed in the dental office	SCORE: Each item selected is scored 1 point. 'Other' = 0. Scores can range from 0-7.
Other (please explain)	16. What does your program do to educate parents
NOT Scored (informational)	about oral health? (Choose all that apply)
12. Do you help parents sign up for Medicaid if	\square Teach how to clean infant mouth/gums
needed? (If no, skip to question 14)	\square Teach parent how to lift the lip
☐ Yes☐ No☐ Don't know/Not sureNOT Scored (informational)	 Provide toothbrushes and fluoride toothpaste to families
13. If yes, how are parents helped?	☐ Teach tooth brushing with fluoride toothpaste☐ Practice tooth brushing with fluoride toothpaste
(Choose all that apply) ☐ Provide a phone number for Medicaid office	☐ Teach the importance of drinking fluoridated tap water
☐ Help them fill out the application☐ Provide transportation to the Medicaid	☐ Teach in-between meal snacks that are "tooth healthy"
appointment ☐ Other (please explain)	 Teach parents about the importance of oral health to general health
NOT Scored (informational)	☐ Teach mom how to care for her own mouth☐ Other (please explain)
14. What other ways do you or your staff members help parents access medical or dental care for their children? (Choose all that apply)	SCORE: Each item selected is scored 1 point. 'Other' = 0. Scores can range from 0-9.
 □ Provide names and phone numbers for health providers □ Make appointments □ Provide transportation/childcare □ Explain to the parent what to expect □ Help parent advocate for child's health needs □ Other (please explain) NOT Scored (informational) 	 17. Is it your program policy to set oral health selfmanagement goals with families of young patients? ☐ Yes ☐ No SCORE: Yes = 1; No =0

18.	information? (Choose one answer) In-service training Medical provider Dental provider Health Department Internet/Social media Library Family/Friends TV/Radio Other (please explain)	
	SCORED: Any of the first four items =1; all other items = 0	
	Have you had training on cavity prevention? ☐ Yes ☐ No SCORE: Yes = 1; No =0	
20.	If yes, when? ☐ Within the past year ☐ 2-4 years ago ☐ 5 or more years ago NOT Scored (informational)	
21.	ese demographic questions are not scored. Have you had a course or training in communication skills? Yes □ No SCORE: Yes = 1; No =0	
22.	What is the highest grade you completed in school? ☐ High School or Less ☐ Some College ☐ Graduated College ☐ Graduate School	
23.	Are you Hispanic/Latino? ☐ Yes ☐ No	
24.	What is your race? (Choose all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Race/ethnicity unknown	Publication date: 2020. This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreement number UK7MC33231. This information or content and conclusions are those of TOHF project staff and should not be construed as the official policy of HRSA, HHS, or the U.S. government, nor should any endorsements be inferred.