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Final Report, Targeted State MCH Oral Health Service Systems Grant
 Maine CDC Oral Health Program, Maine Department of Health & Human Services
 Grant #H47MC08655

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I. Introduction and Goals

Maine's Targeted State MCH Oral Health Service Systems grant, originally titled the Maine Preventive Oral Health Partnerships Project, was designed to support the Maine Title V Program's 2005-2010 priority for oral health: to foster conditions to improve oral health services and supports for the MCH population. The Project was conceptualized in congruence with the Maternal and Child Health Bureau's (MCHB) intent "to support the State's capacity to expand preventive and restorative oral health service programs for Medicaid and State Children's Health Insurance Program (SCHIP) eligible children, and other underserved children and their families." As the program was instituted it was renamed the Kids Oral Health Partnership (KOHP) and the primary focus became the provision of training on oral health to providers who serve very young children. We developed and tested training models, developed pre-, post and follow-up surveys, and instituted trainings across the state. We marketed the Partnership through conferences, meetings, e-news, web sites, brochures, flyers, our advisory committee, and increasingly over time through word of mouth. In the end we trained over 1750 people in how to assess oral health, provide oral health guidance, employ prevention strategies, and refer to dentists. We worked with Head Start, Early Head Start, WIC, Home Visitors, From the First Tooth (www.fromthefirsttooth.org), a privately funded initiative devoted to instituting fluoride varnish in pediatric practices as well as medical and dental professional associations and a variety of medical and dental practices. The partnerships and relationships that have been established remain strong, and will continue to contribute to increasing oral health care for children younger than age 3 in both formal and informal ways.

A narrative of our accomplishments, by objectives, follows. Our three over-arching goals for the Project were to:

1. Educate, build awareness and integrate oral health into existing health delivery systems
2. Enable non-dental providers to better recognize and understand oral diseases and conditions
3. Enable non-dental providers to better engage in anticipatory guidance, preventive interventions, and appropriate referral for improved oral health and oral health access

II. Outcomes by Objective

Objective 1. Create an advisory group for the implementation of the Kids Oral Health Partnership and integration of its work with existing bodies such as the Maine Dental Access Coalition, member organizations, and other collaborating organizations.

Summary of outcomes/accomplishments:

The Advisory Committee members contributed advice and connections throughout the length of the project. We continued to build our membership over the four years of the project as collaborative opportunities arose. During the past year the advisors played an important role in planning the May conference, *Oral Health for Young Children: Everybody's Business*. Although the federal funding for training has ended, the Kids Oral Health Partnership will continue, and we expect that this body will evolve in its purpose and membership as succeeding projects addressing children's oral health develop.

Impact on System of Care: Insofar as the Advisory Committee members brought an increased attention to oral health back to their professional settings, the Committee may have had an impact to the system of care. The May conference represented a significant step in bringing a broad variety of professionals who work with young children together on behalf of the oral health of young children and providing opportunities for lasting relationship building.

Lessons learned: The Advisory Committee was a good method of engaging a broad set of stakeholders, some of whom are key players in other health delivery systems and partner programs.

Objective 2. Review and expand the existing curriculum in areas relating to children with special health care needs (CSHN).

Summary of outcomes/accomplishments:

Material on CSHN was incorporated into the training curriculum and resources for parents and providers for this population were featured in the KOHP Partnership e-news and continue to be posted on the KOHP web site.

Impact on System of Care: This objective had a minimal impact on the system of care. We provided exposure to the problem of CSHN and training opportunities for all trainees to learn more about the issue. However, we were not able generate engagement with either child care providers or medical providers around this issue, as described below, nor were we able to generate engagement from the CSHN community.

Lessons learned:

In our original application we included another objective relating to increasing referral networks and services for CSHN. We eliminated this objective this after making a number of efforts to influence this problem. We consistently offered follow-up training on serving special needs children at each KOHP training but did not receive any requests. Although we had a member of the Maine Parent Federation as one of our advisors, and she actively sought

to have KOHP present at their annual meeting, we were not successful due to competing priorities of the Federation. We also attempted, unsuccessfully, to be included in a series of focus groups with parents of CSHN conducted by the Children with Special Health Needs Program of the Division of Family Health. We also attempted to join a work group of Medicaid officials addressing CSHN, but discovered it is a national group limited to Medicaid Programs only at this time. We were successful in cross linking web sites with the ME CDC's Division of Family Health Children with Special Health Needs Program. The Program Director, who is also a KOHP advisor, told us that the parents of CSHN who know how to advocate for their children are successful in getting in to see one of the small number of Maine's pediatric dentists, and willing to travel far distances to do so. There are also many parents who don't recognize the need for oral health services for their children, or who don't know how to access the system to get help. When parents contact the CSHN Program for help in finding a dentist, the problem is not in finding dentists that treat special needs; it's a problem finding a dentist who accepts MaineCare (Maine's Medicaid Program), which is a problem throughout the state, regardless of health status. All of Maine's 14 pediatric dentists do serve children with special needs and children receiving MaineCare.

Objective 3. Review and adapt the curriculum as needed to achieve cultural competency.

Summary of outcomes/accomplishments. Our Advisory Committee included the Director of the ME CDC's Office of Minority Health who, among others, reviewed the curriculum for cultural competency and suggestions from that process were incorporated.

Impact on System of Care. This process, although necessary and helpful, could not be said to impact the system of care. However, we did train providers working with substantial minority communities where there was discussion of different cultural habits and practices, and we were able to point them to translated oral health materials.

Lessons learned. The project design and scope did not allow for addressing different cultural attitudes and values in a deep or comprehensive manner. A better approach would probably be one which originates from the provider and focuses on a specific cultural community and looks at oral health in conjunction with overall health. In this model, KOHP, in the role of oral health consultant, could help design effective oral health guidance within this more practice and patient centered framework. We had limited success in working with our tribal communities. Although we met with the Tribal Health Directors, provided them with materials, conducted two trainings at tribal sites, and have contributed to the Tribal Health Newsletter on oral health, we were not able to establish a strong working relationship.

Objective 4. Implement and coordinate trainings using the KOHP curriculum (Maine Smiles Matter) with non-dental professionals, with a focus on those providing health services to very young children, and extend training to dental providers.

Summary of outcomes/accomplishments. This objective lies at the heart of KOHP. Throughout the project we promoted our training through KOHP brochure distribution at conferences and meetings and various provider newsletters. We created individualized flyers

for each provider who sponsored a KOHP training. We also used distribution lists of medical and childcare providers, to inform them of training opportunities near them, as well including training request links in every KOHP e-newsletter, every Maine Dental Access Coalition e-newsletter, and on both web sites. We also created a Facebook page for KOHP.

In total we provided 64 trainings to health care providers. Some sites had multiple trainings, and some were delivered in a conference setting. In total 880 healthcare providers were trained. We provided 72 trainings to childcare, WIC and Home Visitors, reaching 876 individuals in all from this group. Trainings were conducted in 7 out of 8 public health districts¹, and a total of 1756 people received KOHP training.

We did not market directly to dental providers (although over 30 dentists and dental hygienists did attend training at some point). Outreach to the dental community took place through meetings with the county dental societies, Maine Dental Association conferences and e-news. Going forward our partnership with the Dental Home Initiative (see “Sustaining the Work” below) will dramatically increase the involvement of dental providers in establishing dental homes.

In August of 2009 we held a video conference training at 4 sites through the state for a “train the trainer” program. Nine people participated in learning how to deliver the KOHP curriculum. In 2011 the same training was provided to seven of the eight of Maine’s network of Child Care Resource Development Centers (RDCs) which are designed to continuously identify and respond to the child care needs in the state of Maine through education, advocacy and the creation of quality child care choices. The Maine RDCs are the single point of access for parents, child care providers/programs and communities that are searching for information and direction with their child care needs, child care concerns and child care consumer education.

Impact on System of Care. There is no question that the importance of young children’s oral health has gained prominence in both the medical community and the childcare/family service community in Maine over the past four years, and KOHP has been an important part of making that so. Three examples illustrate this change: The Family Visitor Program now tracks and reports oral health measures in their data base, the IHOC (Improving Health Outcomes for Children) CHIPRA demonstration program in Maine collects a set of oral health indicators and will include oral health training for all participating practices, and the Head Start Dental Home Initiative was launching this in the Fall of 2011 with the full support of the Maine Dental Association and the Maine Dental Access Coalition, due to the preparatory efforts of KOHP.

Lessons learned. All kinds of non-dental providers recognize the need for better knowledge and skills to support good oral health in infants and young children, and the training was regarded very favorably by those who participated. The challenge comes in knowing how well the training is incorporated into the structure of the programs and practices and if it will

¹ Maine has only two Public Health Departments in the State. Within the last five years nine public health districts have been established to provide some infrastructure for public health. See <http://www.maine.gov/dhhs/mecdc/local-public-health/lphd/index.shtml> for more information about the local public health districts.

be self sustaining in the long term. Ideally there would be resources for a KOHP consultant to follow-up with sites already trained to assist with new staff, and reinforce the institutionalization of oral health practices. The KOHP trainer met five times over 2 years with a hospital-based Family Residency Practice to assist them in incorporating infant oral health into their curriculum and practice. Time and resources were not sufficient to allow this type of intensive work with many providers, but the investment in a Family Residence Practice, which will be self sustaining, was considered well worth it.

Providers are challenged in fully incorporating early oral health practices. In spite of the enthusiastic response to the training we learned that not all medical practices took steps to implement a fluoride varnish protocol due a perceived lack of time, MaineCare reimbursement issues and other systemic and logistical challenges. WIC, Head Starts and Home Visitors are asked to provide guidance and instruction on a host of health related activities and fitting in oral health remains problematic. Incorporating oral health indicators in the Home Visitor data base was a huge help in this regard. We had hoped that the same could be done with WIC data tracking, but the WIC data system upgrade was delayed and we did not get this opportunity. Head Start has oral health indicators and KOHP training has prepared the staff to increase success on these through the Dental Home Initiative.

There were several goals for Year Four which we were not able to meet.

WIC pilot. A goal of Year Four was to identify and work with at least one WIC site to establish an on-site oral health assessment, guidance and varnish opportunity. We were unsuccessful in obtaining funding to pilot this and could not do it within existing resources. However, over the course of the project two WIC sites were trained, and a number of other WIC staff have attended training at other sites. Currently there are two WIC sites that have successfully incorporated an RDH and fluoride varnish services.

Public Health Nursing. We had hoped to train state public health nurses to incorporate more oral health education and apply fluoride, but in 2010 H1N1 vaccinations took precedence over any other activity for the state's Public Health Nursing Program staff, and because there is no mechanism at this time for these nurses to be reimbursed for fluoride varnish, Public Health Nursing was not willing to commit to training during the last year of the grant period.

Explore expanding District Oral Health Coordinator roles. The Maine CDC Oral Health Program created six part-time Regional Oral Health Coordinators in the 2010-2011 school year, primarily to help coordinate school-based screening and sealant programs. KOHP had hoped to find additional funding to train these coordinators to deliver the KOHP curriculum at the Public Health District level.

Objective 5. Develop and implement an evaluation component to determine use of curriculum and increased oral health visits, including the identification of a dental home.

Summary of outcomes/accomplishments. The full Evaluation Report appears as an Appendix to this report, and describes its development and implementation in more detail,

along with findings. The Evaluation Plan was developed in consultation between the evaluator and all the project principals at in the first months of the project and subsequently reviewed and discussed with the Advisory Committee.

Impact on System of Care. A significant systems impact was to finally get oral health indicators incorporated into the Home Visitors database. This took far longer than originally planned because the entire database was being re-done and that project fell well behind schedule. We also established a relationship with our Medicaid agency, the Office of MaineCare Services, to receive data on claims for oral health services among children under age 3 and we have partnered with Maine's From the First Tooth to receive MaineCare data on a monthly basis on fluoride varnish claims billed to MaineCare.

Lessons learned. Pre- and Post-test administration proceeded smoothly over the course of the project, although early modifications of the survey instrument meant a reduction in the number of overall numbers of tests that are perfectly comparable. An ongoing challenge was low return rate on the 4-6 month follow-up surveys. Various strategies were employed – including shortening the survey, using both Survey Monkey and mail, follow-up phone calls to training sites, and drawings for incentive cash (modest) prizes. To supplement the follow-up surveys with health care providers, telephone interviews were conducted with key informants at individual practices. This change in the evaluation methodology provided useful qualitative information on how the KOHP training was implemented within the clinical setting.

We also had hoped to be part of the WIC data base overhaul to ensure that more oral health indicators were included. This data base revision is presently on hold due to circumstances beyond our control.

Objective 6. Develop and implement public health education and oral health communications components that promote early dental visits and early intervention.

Summary of outcomes/accomplishments A wide variety of collaborative efforts have been undertaken over the course of the project to strengthen public health education and oral health communication. In 2008 KOHP drafted a letter for the largest medical and dental professional organizations in the state: the Maine Medical Association, the Maine Chapter of the Academy of Pediatrics, the Maine Chapter of the Academy of Family Physicians, and the Maine Dental Association, expressing unequivocal support for increased attention to early oral health care. In 2010 the Maine Primary Care Association joined as a signatory to the letter. In March of 2010 a letter was sent to every MaineCare member with children under age 4 to encourage caregivers to ask their primary care providers about fluoride varnish for their children. This was a collaborative effort with MaineCare staff and From the First Tooth and went to about 24,000 MaineCare “case heads.” Additionally, KOHP was instrumental in making sure that all physicians who see MaineCare children received letters explaining varnish reimbursement fees and processes. Four rounds of letters were sent over the course of the project.

There have been several attempts to meet the need for delivering clear and consistent oral health messages for families and providers. These include a co-branding effort with From the First Tooth, exploring combining materials and initiating work with the MaineCare materials working group (a group that reviews public education materials for health literacy), and discussions with Northeast Delta Dental about a health literacy campaign for parents/caregivers of young children. None of these efforts have come to fruition thus far. Co-branding was abandoned when it became clear that KOHP would not be continuing to train medical providers after the TOHSS grant funding, but Northeast Delta Dental is still considering an oral health literacy campaign. The need for clear and consistent messages, and ways to deliver them, was brought into sharp focus in the May 2011 KOHP/Maine Dental Access Coalition conference, *Oral Health for Young Children: Everybody's Business* where a majority of the panels and presentations focused on aspects of oral health behaviors and communication.

Impact on System of Care. There is enormous potential to impact the system of care through effective oral health communication that can facilitate behavior change at both the provider level and the caregiver level. It has not yet been fully realized.

Lessons learned. The Maine Dental Association's endorsement of the Dental Home Initiative, which in effect encourages more general dentists to take children under three into their practices, even those with MaineCare or no insurance, indicates a much greater understanding and support for early intervention than existed at the beginning of this project. The need for a broad based approach to deliver clear consistent oral health messages across provider sectors has also been widely recognized, as was clearly evident at the May 2011 conference. There is a readiness for a communication initiative to address early oral health needs, but there is no immediate source of funding.

The need for education and training in early oral health is recognized in the provider community. The past four years have demonstrated that there is an understanding among childcare, family care and medical care providers that oral health for infants and young children is important, and that they are not equipped with the knowledge and skills to address this need. There was never a shortage of providers who wanted to avail themselves of the training provided by KOHP, and the evaluations of the content and applicability of the training were overwhelming positive.

Objective 7. Enhance referral opportunities and networks.

Summary of outcomes/accomplishments. KOHP has met with nine of the State's 10 regional Dental Societies, three of these meetings in conjunction with the Dental Home Initiative's state coordinator. All of these meetings included invitations to the area pediatricians and family practice offices, and all included at least one medical professional as a speaker as well as a representative from the local Head Start. In the course of these meetings we developed lists of dentists who have expressed a willingness to work with local physicians in referral agreements for young children, and dentists willing to see young children referred in other ways. This has created a starting point for a network of dentists that will be formalized within the Dental Home Initiative.

Impact on System of Care. There have been one-on-one relationships formed between dentists and primary care providers over the course of this project. The numbers are small, and the evidence anecdotal, but it is a growing trend. The difficulty in creating and sustaining strong working relationships and referral between dental and medical providers became apparent over the course of the project. As a result, when the opportunity arose to apply for a grant from DentaQuest for an Oral Health 2014 grant the Maine Dental Access Coalition and its fiscal sponsor, Medical Care Development, were able to obtain a grant which will allow us to continue working on the challenge of medical-dental collaboration.

Lessons learned. Dental-medical collaboration remains a challenge. KOHP was not able to fully facilitate the dental-medical referral relationships we envisioned at the project outset. Although the training addresses the “when and how” referrals should be made to dentists, there is no evidence to suggest that this happening to any great extent as a result of training. At our conference in May 2011, we actively sought to involve the medical community with some success, but not to the degree we hoped. What we were able to do is lay the ground work for further work on this important connection. At local Dental Society meetings we were able to make the case for dentists to accept younger children in their practices and to work with their medical counterparts in referrals. At the conference we were able to reinforce the importance of the dental community to engage with the medical community. Through the Dental Home Initiative we will be able to reinforce the importance of oral health referrals and involve the whole dental office staff in developing effective referrals and bringing in the support Head Start can provide in case management.

III. Sustaining the Work

As discussed in the “lessons learned” sections above, fully incorporating the knowledge, skills and abilities to include oral health in services to young children requires a cultural shift that will happen beyond the scope of KOHP. However, KOHP has been able to nudge this shift along during the grant period, and put in place a number of systemic levers that will continue to reinforce the importance of oral health for young children for non-dental providers.

Childcare and family provider integration:

The Maine Roads to Quality Center (<http://muskie.usm.maine.edu/maineroads/>), which promotes and supports professionalism in the early childcare and education field, and is responsible for the required curricula for all licensed childcare providers, has revised its curricula as a result of its work with KOHP. “Caring for Infants and Toddlers” revisions are complete; “Health Wellness and Safety” revisions are underway.

Staff at seven of the eight Resource Development Centers (RDCs) funded by the Maine Department of Health and Human Services have participated in the “Train the Trainer” program developed by KOHP, and are able to train childcare providers interested in enhancing their center’s oral health capacity. In addition, KOHP created an “oral health tool box” for each center containing puzzles, books, stuffed animals and work sheets relating to oral health that can be loaned out to Centers that want to incorporate oral health lessons. The availability of training and materials has been posted on the RDC Facebook page, via their newsletter and promoted through Maine’s Healthy Maine Partnerships list serve. We have also provided tracking sheets for

training requests and tool box use so we can follow up next year and see if these resources have been used.

Head Start has committed to improving oral care access for its children through the Dental Home Initiative (DHI) and the state DHI leader, Dr. John Willis, a pediatric dentist. Maine's DHI was developed in close collaboration with KOHP and the Maine Dental Access Coalition, and should result in significantly increasing the number of general dentists who see children under age three and low income children as well as increasing preventive visits for Head Start.

As of February 2010, the Maine Families' (Maine's Home Visiting Program) data collection system now includes oral health indicators. This ensures that guidance on children's oral health will continue to be provided by home visitors across the state and data will be collected to track the impact of the home visitors' efforts.

Medical provider integration:

Maine has the good fortune of having a privately funded initiative, From the First Tooth (FTFT), (www.fromthefirsttooth.org) training medical practices to incorporate fluoride varnish. As of August 2011 KOHP notified all practices that had received KOHP training, and referred any that had made inquiries for training, to From the First Tooth for training and technical assistance. FTFT is also developing a Best Practices manual for medical practices that incorporate fluoride varnish application.

A yearlong collaboration with the Central Maine Medical Center Family Residency Program and KOHP resulted in oral health and varnish application being permanently included within this residency training program for family practitioners. Because the Family Practice Residency worked through a variety of institutional issues with KOHP's help, the Central Maine Medical Center Pediatric Practice has expressed renewed interest in incorporating oral health in its program, which From the First Tooth will be in a position to support.

Maine is also home to a CHIPRA demonstration project, Improving Health Outcomes for Children (IHOC) and KOHP is represented on the Steering Committee. The project has developed a list of pediatric core measures which include five relating to oral health. Three of these (percent of children with oral health risk assessment completed between ages 6 months and 4 years; percent of children with dental homes by year one and annual documentation until year 4; and percent of children receiving fluoride varnish) will be tracked in the electronic medical records of the four Pediatric Patient Centered Medical Home sites. Two other measures are being tracked through MaineCare claims; these are the total number of eligible's receiving preventive dental services, and total EPSDT eligible children receiving dental treatment.

The Maine Dental Access Coalition has fully embraced early child oral health as a top priority; in fact, the Maine Smiles Matter curriculum was developed by the Coalition and provided the foundation for the Kids Oral Health Partnership. To the extent the Coalition continues to grow and extend its influence in policy, advocacy and help launch projects such as the Dental Home Initiative, there will be support for the systemic changes that support assessment, guidance, preventive measures and fluoride varnish for infants and young children.

Maine's KOHP Evaluation Attachments

1. Healthcare provider pretest survey
2. Healthcare provider posttest survey
3. Healthcare provider follow-up interview questions
4. Early childhood professional pretest survey
5. Early childhood professional posttest survey
6. Early childhood professional follow-up survey
7. Maine Families (home visiting) Oral Health Questions

Kids Oral Health Partnership Pre-Training Questionnaire for Healthcare Providers

Thank you for participating in the Kids Oral Health Partnership Pilot. This form will help us to evaluate the training program and your assistance with this component of the program is greatly appreciated.

Please complete the following Identifier Code. This is a number we can use to match your responses with subsequent assessments. We will only use this number to compare responses to these questions. The number will not be used to determine the identity of any individual.

Number of siblings **Last 2 digits of home phone #** **Last 3 digits of zip code**
 _____ _____ _____

Please respond to the questions below by checking the appropriate box.

What is your profession?

- Physician RN Other
 Physician Assistant Medical Student Please specify: _____
 Nurse Practitioner Medical Assistant _____

Prior to this training, how often did you (or another professional in your practice) ordinarily do the following *relative to pregnant patients*?

	Not applicable (don't see pregnant patients)	Never or almost never	Occasionally	Always or almost always
Routinely refer pregnant patients to a dentist/ask if they have one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate care or consult with a pregnant patient's dental provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prior to this training, how often did you (or another professional in your practice) ordinarily do the following *relative to children age 0 to 3*? (Note: 0-3 includes the prenatal period)

	Not applicable (don't see children under age 3)	Never or almost never	Occasionally	Always or almost always
Look for evidence of decay by lifting child's lip when checking the mouth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquire about the oral health of the child's mother or caregiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate care or consult with a child's dental provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As part of your regular practice, do you refer infant and children under age 3 for dental care?

- Yes, routinely
 Yes, sometimes
 No (why not? _____)

If “YES,” you refer young children for dental care, at what age do you typically refer them to a dentist?
(check only one)

NA-I don't refer children under age 3 to a dentist	1 yr	2 yrs	3yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your experience in finding a local dentist who will see a child...

	NA-Have not needed to refer someone from this population	Not at all difficult ▼	Somewhat difficult ▼	Difficult ▼	Extremely difficult ▼
Less than 3 years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 3 years old with a disability or other special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 3 years old who receives MaineCare, is uninsured, or underinsured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you discuss these things during your visits with caregivers who have children 0 to 3?

	Never	Rarely	Sometimes	Often	Always
Giving a baby a bottle when the baby is in a bed/crib, or when the baby might be lying down or falling asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant/children's teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using fluoride toothpaste with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using fluoride rinse or tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking well water for fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The age at which a child should begin to see a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving a baby a sippy cup when the baby is in bed/crib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning the gums of infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking fluoridated water through the public water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How confident are you that you can...

	Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
Recognize baby bottle tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate a child's risk of having dental disease sometime in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about their child's oral hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make dietary recommendations to prevent early childhood tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine clients' possible fluoride sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about the use of fluoride supplements during infancy or childhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about dental visits for their child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a dental referral for a child or infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about the use of fluoride toothpaste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the box indicating whether the statement is true or false.

Primary (baby) tooth development begins during the final trimester.	<input type="checkbox"/> True <input type="checkbox"/> False
Permanent tooth development begins at age 2.	<input type="checkbox"/> True <input type="checkbox"/> False
Dental caries (decay) is a bacterial infection.	<input type="checkbox"/> True <input type="checkbox"/> False
Snacks such as potato chips and pretzels are not harmful to teeth and should be encourage instead of candy.	<input type="checkbox"/> True <input type="checkbox"/> False
It is ok to clean a pacifier by placing it in the caregiver's mouth before placing it in the child's mouth.	<input type="checkbox"/> True <input type="checkbox"/> False
It is ok to help a baby fall sleep using a bottle of milk, formula or juice.	<input type="checkbox"/> True <input type="checkbox"/> False
Children do not need a dental exam until their permanent teeth come in.	<input type="checkbox"/> True <input type="checkbox"/> False
Breastfeeding is associated with lower rates of tooth decay than bottle feeding.	<input type="checkbox"/> True <input type="checkbox"/> False
Flossing should begin whenever two teeth touch.	<input type="checkbox"/> True <input type="checkbox"/> False
A pea-sized amount/smear of fluoridated tooth paste should be used starting at age 2.	<input type="checkbox"/> True <input type="checkbox"/> False
Caregivers should wipe gums with a soft cloth starting at birth.	<input type="checkbox"/> True <input type="checkbox"/> False
Community water fluoridation is the most effective method of reducing tooth decay	<input type="checkbox"/> True <input type="checkbox"/> False

Severity of oral diseases progression may be faster in children with special healthcare needs	<input type="checkbox"/> True <input type="checkbox"/> False
Pregnant women should wait until after they give birth to see dentist.	<input type="checkbox"/> True <input type="checkbox"/> False
Putting a child to bed with a sippy cup of milk, formula or juice will not harm their teeth.	<input type="checkbox"/> True <input type="checkbox"/> False
By two years of age, a child should be brushing his or her teeth unassisted.	<input type="checkbox"/> True <input type="checkbox"/> False
Decay is not important in young children because the baby teeth will fall out soon.	<input type="checkbox"/> True <input type="checkbox"/> False
Research indicates xylitol gum reduces the number of bacteria transferred between caregivers and infants.	<input type="checkbox"/> True <input type="checkbox"/> False
Chalky white spots on a child's teeth can be remineralized with fluoride varnish.	<input type="checkbox"/> True <input type="checkbox"/> False
An adult has to help children brush their teeth until about the age of 8 years old.	<input type="checkbox"/> True <input type="checkbox"/> False

Please select only one answer to the questions below.

1. "Lifting the lip"...
 - A. Can help health professional and caregivers to brush teeth more effectively.
 - B. Can help children get more comfortable with a visit to the dentist.
 - C. Should only be done by dental professionals
 - D. A and B .
 - E. B and C.

2. If a child has a "dental home," it means:
 - A. The child sees a dentist on a regular basis.
 - B. The child has a primary care provider/physician who provides education and examines the child's teeth on a regular basis.
 - C. The child has oral health assessments through HeadStart or other child care setting on a regular basis.
 - D. Any of the above.
 - E. None of the above

3. Which of the following is not true about caries infection?
 - A. If one child in a family has caries, all children will get caries.
 - B. Cariogenic bacteria are transmitted from mother/primary caregiver to child.
 - C. Streptococcus mutans is the most common infecting agent.
 - D. The bacteria causing tooth decay can be transmitted from caregiver to child through contact such as sharing spoons or cleaning a pacifier with caregiver saliva.
 - E. The earlier the child is colonized with cariogenic bacteria, the higher the risk of caries.

Kids Oral Health Partnership Post Training Questionnaire for Healthcare Providers

Thank you for participating in the Kids Oral Health Partnership. This form will help us to evaluate the training program and your assistance with this component of the program is greatly appreciated.

Please complete the following Identifier Code. This is a number we can use to match your responses with subsequent assessments. We will only use this number to compare responses to these questions. The number will not be used to determine the identity of any individual.

Number of siblings **Last 2 digits of home phone #** **Last 3 digits of zip code**

Please respond to the questions below by checking the appropriate box.

Overall, how satisfied are you with this learning experience?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate the value to you of this learning experience in terms of:	Excellent	Good	Fair	Poor
Relevance to your learning needs / competency gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing knowledge, skills & tools you can use in your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood that you would recommend it to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your assessment of this learning experience with regard to:	Less than needed	About right	More than needed
Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensiveness (breadth and depth) of the content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety of learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of work related examples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time available for questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Before today, had you ever received training in infant/child oral health? **Yes** **No**

If "Yes" --you have received training on oral health care for children--when was your most recent training (please circle one below)?

- a. Within the past 12 months
- b. 1-3 years ago
- c. More than 3 years ago

What areas would you have liked to have received more training on?	
The importance of early oral health care	<input type="checkbox"/>
Understanding of the disease process and transmission	<input type="checkbox"/>
Parent Education	<input type="checkbox"/>
Prenatal oral health care	<input type="checkbox"/>
Children with Special Health Care Needs	<input type="checkbox"/>
Child oral health assessment	<input type="checkbox"/>
Cultural competency and oral health	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>
None, all areas were covered to my satisfaction.	<input type="checkbox"/>

As a result of this training, how confident are you that you can...	Not at all confident	Not very confident	Somewhat confident	Very Confident	Completely confident
Recognize baby bottle tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate a child's risk of having dental disease sometime in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about their child's oral hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make dietary recommendations to prevent early childhood tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine clients' possible fluoride sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about the use of fluoride supplements during infancy or childhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about dental visits for their child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a dental referral for a child or infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about the use of fluoride toothpaste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of this training, in the future how likely will you be to...	Very Unlikely	Unlikely	Somewhat unlikely	Somewhat likely	Likely
Discuss oral health on a regular basis with your patients and/or their caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct oral health assessments on children under age 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients under age 3 to local dentists if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect with dentists in your area that accept children under age 3 as patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the box indicating whether the following statements are true or false.	
Primary (baby) tooth development begins during the final trimester.	<input type="checkbox"/> True <input type="checkbox"/> False
Permanent tooth development begins at age 2.	<input type="checkbox"/> True <input type="checkbox"/> False

Dental caries (decay) is a bacterial infection.	<input type="checkbox"/> True <input type="checkbox"/> False
Snacks such as potato chips and pretzels are not harmful to teeth and should be encourage instead of candy.	<input type="checkbox"/> True <input type="checkbox"/> False
It is ok to clean a pacifier by placing it in the caregiver's mouth before placing it in the child's mouth.	<input type="checkbox"/> True <input type="checkbox"/> False
It is ok to help a baby fall sleep using a bottle of milk, formula or juice.	<input type="checkbox"/> True <input type="checkbox"/> False
Children do not need a dental exam until their permanent teeth come in.	<input type="checkbox"/> True <input type="checkbox"/> False
Breastfeeding is associated with lower rates of tooth decay than bottle feeding.	<input type="checkbox"/> True <input type="checkbox"/> False
Flossing should begin whenever two teeth touch.	<input type="checkbox"/> True <input type="checkbox"/> False
A pea-sized amount/smear of fluoridated tooth paste should be used starting at age 2.	<input type="checkbox"/> True <input type="checkbox"/> False
Caregivers should wipe gums with a soft cloth starting at birth.	<input type="checkbox"/> True <input type="checkbox"/> False
Community water fluoridation is the most effective method of reducing tooth decay	<input type="checkbox"/> True <input type="checkbox"/> False
Severity of oral diseases progression may be faster in children with special healthcare needs	<input type="checkbox"/> True <input type="checkbox"/> False
Pregnant women should wait until after they give birth to see dentist.	<input type="checkbox"/> True <input type="checkbox"/> False
Putting a child to bed with a sippy cup of milk, formula or juice will not harm their teeth.	<input type="checkbox"/> True <input type="checkbox"/> False
By two years of age, a child should be brushing his or her teeth unassisted.	<input type="checkbox"/> True <input type="checkbox"/> False
Decay is not important in young children because the baby teeth will fall out soon.	<input type="checkbox"/> True <input type="checkbox"/> False
Research indicates xylitol gum reduces the number of bacteria transferred between caregivers and infants.	<input type="checkbox"/> True <input type="checkbox"/> False
Chalky white spots on a child's teeth can be remineralized with fluoride varnish.	<input type="checkbox"/> True <input type="checkbox"/> False
An adult has to help children brush their teeth until about the age of 8 years old.	<input type="checkbox"/> True <input type="checkbox"/> False

Please select only one answer to the questions below.

1. “Lifting the lip”...
 - A. Can help health professional and caregivers to brush teeth more effectively.
 - B. Can help children get more comfortable with a visit to the dentist.
 - C. Should only be done by dental professionals
 - D. A and B .
 - E. B and C.

2. If a child has a “dental home,” it means:
 - A. The child sees a dentist on a regular basis.
 - B. The child has a primary care provider/physician who provides education and examines the child’s teeth on a regular basis.
 - C. The child has oral health assessments through HeadStart or other child care setting on a regular basis.
 - D. Any of the above.
 - E. None of the above

3. Which of the following is **not** true about caries infection?
 - A. If one child in a family has caries, all children will get caries.
 - B. Cariogenic bacteria are transmitted from mother/primary caregiver to child.
 - C. Streptococcus mutans is the most common infecting agent.
 - D. The bacteria causing tooth decay can be transmitted from caregiver to child through contact such as sharing spoons or cleaning a pacifier with caregiver saliva.
 - E. The earlier the child is colonized with cariogenic bacteria, the higher the risk of caries.

Additional comments:

THANK YOU!

Kids Oral Health Partnership
DRAFT

Telephone interview questions for non-dental health care providers

- 1. Can you please tell me about your patient panel/population?**
 - a. What percent of your patients are under age 5 (approximately)?
 - b. What percent of your patients are enrolled in Medicaid?
 - c. What is the racial/ethnic distribution of your patient population?
 - d. Approximately what percent of your patients or the caregivers of your patients speak a language other than English as their primary language?
 - e. What percent of your population are from rural locations? (Would you describe your patient population as largely rural?)
 - f. What percentage of your patient population are children with disabilities or other special health care need?

- 2. Based on a scale from 1-3 (1=never, 2=occasionally, 3=always or almost always), since the training, can you tell how frequently do (you/staff in your practice):**
 - a. Conduct an oral health risk assessment as taught in the training?
 - 1 (Never)
 - 2 (Occasionally)
 - 3 (Always or almost always)

 - b. Apply fluoride varnish?
 - 1 (Never)
 - 2 (Occasionally)
 - 3 (Always or almost always)

c. Provide parental education or guidance to parents/caregivers? (documentation in EMRs, or brochures)

- 1 (Never)
- 2 (Occasionally)
- 3 (Always or almost always)

3. How has the training changed clinical practices around preventive oral health care for young children among your providers?

- Routine screening
- Fluoride varnish
- Guidance for parents
- Materials purchased/obtained
- Additional Training
- Other

4. Have you changed any specific office protocols after the training?

- Formalized mechanism for referrals for urgent dental care
- On health records
- Increased use of billing code for fluoride varnish
- Purchase of fluoride varnish
- Fluoride varnish in all exam rooms
- Contact with local dental providers (if so, any challenges)
- Other

5. How are referrals for urgent dental care currently handled in your office? Are they part of the medical record? Has anything in your referral process for urgent dental care changed since the training?

Possible successful stories? Can you tell me about a time that you were successful in obtaining care for one of your patients or had a family appreciate the oral health care/fluoride varnish given by your practice?

6. Do you have electronic medical records or paper records?

7. Do your EMRs/medical records include oral health risk assessment and/or fluoride varnish administration on them?

i. If yes, was this a result of the training or did your EMR/medical records contain this information previously? (if on previously, do they notice an increase in recording this information in charts?)

ii. if no, do you anticipate this information will be added to your EMR/medical records? What are some challenges or barriers to including this on your EMR/medical records?

8. Since the training, what challenges or barriers do you/your practice continue to face when addressing oral health with young children? Did anything change after the training? (examples include: time, funding/ability to bill, lack of community dentists, parental resistance).

- Time with patients
- Lack of funding/inability to bill
- Lack of community dentists
- Parental resistance
- Staff not comfortable doing fluoride varnish
- Difficult to integrate into current practice
- Other

other words, how can we get more practices to embrace and institutionalize prevention of oral health problems among young children?

- Physician champion
- Peer-to-peer trainings/presentation
- Ongoing training
- Insurance company funding
- Other

12. You mentioned that a large proportion of your population are(CSHN, refugees, rural, ESL)?

- What do you see are the challenges around oral health that this population faces?**

- Did the training provide you with any support or information to assist you when working with diverse populations?**

- Can you think of any ways that the Kids Oral Health Partnership could assist you in your work around oral health in diverse populations?**

Kids Oral Health Partnership Pre-Training Questionnaire for Home Visitors and Child Care Providers

Thank you for participating in the Kids Oral Health Partnership. This form will help us to evaluate the training program and your assistance with this component of the program is greatly appreciated.

Please complete the following Identifier Code. This is a number we can use to match your responses with subsequent assessments. We will only use this number to compare responses to these questions. The number will not be used to determine the identity of any individual.

Number of siblings **Last 2 digits of home phone #** **Last 3 digits of zip code**

Please circle your affiliation:

- a. Maine Home Visiting (Healthy Families/Parents are Teachers/Parents are Teachers Too)
- b. Head Start
- c. Other Child Care Provider
- d. Other (please specify): _____

Please respond to the questions below by checking the appropriate box.

How often do you discuss these things with caregivers who have children 0 to 3?

	Never	Rarely	Sometimes	Often	Always
Giving a baby a bottle when the baby is in a bed/crib, or when the baby might be lying down or falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant/children's teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using fluoride toothpaste with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using fluoride rinse or tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking well water for fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The age at which a child should begin to see a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving a baby a sippy cup when the baby is in bed/crib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning the gums of infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking fluoridated water through the public water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 6 months, how often have you discussed the importance of maternal dental care with your pregnant clients?

NA- I don't work with pregnant women <input type="checkbox"/>	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
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If a parent expresses a concern about their child's teeth, how often do you do any of the following?

	Never or almost never	Occasionally	Always or almost always	Parent has never expressed concern
Suggest they contact their child's pediatrician/ primary care doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help facilitate an appointment with local dentist/or help obtain dental referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide information on child oral health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please fill in)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How confident are you that you can...

	Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
Recognize baby bottle tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate a child's risk of having dental disease sometime in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about their child's oral hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make dietary recommendations to prevent early childhood tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine clients' possible fluoride sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about the use of fluoride supplements during infancy or childhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about dental visits for their child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a dental referral for a child or infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about the use of fluoride toothpaste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your experience in finding a local dentist who will see a child...

	NA-Have not needed to refer someone from this population	Not at all difficult ▼	Somewhat difficult ▼	Difficult ▼	Extremely difficult ▼
Less than 3 years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 3 years old with a disability or other special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 3 years old who receives MaineCare, is uninsured, or underinsured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of dental providers in your service area who accept clients under age 3?

Yes **No**

Please check the box indicating whether the statement is true or false.	
Primary (baby) tooth development begins during the final trimester.	<input type="checkbox"/> True <input type="checkbox"/> False
Permanent tooth development begins at age 2.	<input type="checkbox"/> True <input type="checkbox"/> False
Dental caries (decay) is a bacterial infection.	<input type="checkbox"/> True <input type="checkbox"/> False
Snacks such as potato chips and pretzels are not harmful to teeth and should be encourage instead of candy.	<input type="checkbox"/> True <input type="checkbox"/> False
It is ok to clean a pacifier by placing it in the caregiver's mouth before placing it in the child's mouth.	<input type="checkbox"/> True <input type="checkbox"/> False
It is ok to help a baby fall sleep using a bottle of milk, formula or juice.	<input type="checkbox"/> True <input type="checkbox"/> False
Children do not need a dental exam until their permanent teeth come in.	<input type="checkbox"/> True <input type="checkbox"/> False
Breastfeeding is associated with lower rates of tooth decay than bottle feeding.	<input type="checkbox"/> True <input type="checkbox"/> False
Flossing should begin whenever two teeth touch.	<input type="checkbox"/> True <input type="checkbox"/> False
A pea-sized amount/smear of fluoridated tooth paste should be used starting at age 2.	<input type="checkbox"/> True <input type="checkbox"/> False
Caregivers should wipe gums with a soft cloth starting at birth.	<input type="checkbox"/> True <input type="checkbox"/> False
Community water fluoridation is the most effective method of reducing tooth decay	<input type="checkbox"/> True <input type="checkbox"/> False
Severity of oral diseases progression may be faster in children with special healthcare needs	<input type="checkbox"/> True <input type="checkbox"/> False
Pregnant women should wait until after they give birth to see dentist.	<input type="checkbox"/> True <input type="checkbox"/> False
Putting a child to bed with a sippy cup of milk, formula or juice will not harm their teeth.	<input type="checkbox"/> True <input type="checkbox"/> False
By two years of age, a child should be brushing his or her teeth unassisted.	<input type="checkbox"/> True <input type="checkbox"/> False
Decay is not important in young children because the baby teeth will fall out soon.	<input type="checkbox"/> True <input type="checkbox"/> False
An adult has to help children brush their teeth until about the age of 8 years old.	<input type="checkbox"/> True <input type="checkbox"/> False

Please select one choice from the following questions:

1. Which of the following statements is true regarding night feedings(food, bottle or nursing)?
 - A. Parents should be encouraged to discontinue night feedings when a child reaches 3 months of age.
 - B. For feedings with anything but water after tooth eruption, it is appropriate to emphasize the importance of oral hygiene following the feeding.
 - C. There is no association of caries risk when formula is used for night feedings.
 - D. Juice is permissible for night feedings if it is diluted with fluoridated water.
 - E. C and D.

2. "Lifting the lip" ...
 - A. Can help health professional and caregivers to brush teeth more effectively.
 - B. Can help children get more comfortable with a visit to the dentist.
 - C. Should only be done by dental professionals
 - D. A and B .
 - E. B and C.

3. In order to promote oral health, childcare and family services providers should:
 - A. Encourage caregivers to ask their primary care providers to do an oral health assessment.
 - B. Educate caregivers that dental decay and cavities are the result of an infectious, transmissible disease.
 - C. Stress the importance of primary teeth.
 - D. All of the above.
 - E. A and C.

THANK YOU!

Kids Oral Health Partnership
Post Training Questionnaire for Home Visitors and Child Care Providers

Thank you for participating in the Kids Oral Health Partnership. This form will help us to evaluate the training program and your assistance with this component of the program is greatly appreciated.

Please complete the following Identifier Code. This is a number we can use to match your responses with subsequent assessments. We will only use this number to compare responses to these questions. The number will not be used to determine the identity of any individual.

Number of siblings **Last 2 digits of home phone #** **Last 3 digits of zip code**

Please respond to the questions below by checking the appropriate box.

Overall, how satisfied are you with this learning experience?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate the value to you of this learning experience in terms of:	Excellent	Good	Fair	Poor
Relevance to your learning needs / competency gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing knowledge, skills & tools you can use in your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood that you would recommend it to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your assessment of this learning experience with regard to:	Less than Needed	About Right	More than Needed
Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensiveness (breadth and depth) of the content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety of learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of work related examples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time available for questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Before today, had you ever received training in infant/child oral health? **Yes** **No**

If “Yes” --you have received training on oral health care for young children--when was your most recent training (please circle one below)?

- a. Within the past 12 months
- b. 1-3 years ago
- c. More than 3 years ago

What areas would you have liked to have received more training on?:	
The importance of early oral health care	<input type="checkbox"/>
Understanding of the disease process and transmission	<input type="checkbox"/>
Parent Education	<input type="checkbox"/>
Prenatal oral health care	<input type="checkbox"/>
Children with Special Health Care Needs	<input type="checkbox"/>
Child oral health assessment	<input type="checkbox"/>
Cultural competency and oral health	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>
None, all areas were covered to my satisfaction.	<input type="checkbox"/>

As a result of this training, how confident are you that you can...	Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
Recognize baby bottle tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate a child's risk of having dental disease sometime in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about their child's oral hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make dietary recommendations to prevent early childhood tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine clients' possible fluoride sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about the use of fluoride supplements during infancy or childhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about dental visits for their child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a dental referral for a child or infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise parents about the use of fluoride toothpaste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of this training, in the future how likely will you be to...	Very unlikely	Unlikely	Somewhat unlikely	Somewhat likely	Likely
Discuss oral health on a regular basis with my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage my clients to discuss oral health with their pediatrician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help my clients connect with dentists in my area that accept children under age 3 as patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the box indicating whether the statement is true or false.	
Primary (baby) tooth development begins during the final trimester.	<input type="checkbox"/> True <input type="checkbox"/> False
Permanent tooth development begins at age 2.	<input type="checkbox"/> True <input type="checkbox"/> False
Dental caries (decay) is a bacterial infection.	<input type="checkbox"/> True <input type="checkbox"/> False
Snacks such as potato chips and pretzels are not harmful to teeth and should be encourage instead of candy.	<input type="checkbox"/> True <input type="checkbox"/> False
It is ok to clean a pacifier by placing it in the caregiver's mouth before placing it in the child's mouth.	<input type="checkbox"/> True <input type="checkbox"/> False
It is ok to help a baby fall sleep using a bottle of milk, formula or juice.	<input type="checkbox"/> True <input type="checkbox"/> False
Children do not need a dental exam until their permanent teeth come in.	<input type="checkbox"/> True <input type="checkbox"/> False
Breastfeeding is associated with lower rates of tooth decay than bottle feeding.	<input type="checkbox"/> True <input type="checkbox"/> False
Flossing should begin whenever two teeth touch.	<input type="checkbox"/> True <input type="checkbox"/> False
A pea-sized amount/smear of fluoridated tooth paste should be used starting at age 2.	<input type="checkbox"/> True <input type="checkbox"/> False
Caregivers should wipe gums with a soft cloth starting at birth.	<input type="checkbox"/> True <input type="checkbox"/> False
Community water fluoridation is the most effective method of reducing tooth decay	<input type="checkbox"/> True <input type="checkbox"/> False
Severity of oral diseases progression may be faster in children with special healthcare needs	<input type="checkbox"/> True <input type="checkbox"/> False
Pregnant women should wait until after they give birth to see dentist.	<input type="checkbox"/> True <input type="checkbox"/> False
Putting a child to bed with a sippy cup of milk, formula or juice will not harm their teeth.	<input type="checkbox"/> True <input type="checkbox"/> False
By two years of age, a child should be brushing his or her teeth unassisted.	<input type="checkbox"/> True <input type="checkbox"/> False
Decay is not important in young children because the baby teeth will fall out soon.	<input type="checkbox"/> True <input type="checkbox"/> False
An adult has to help children brush their teeth until about the age of 8 years old.	<input type="checkbox"/> True <input type="checkbox"/> False

Please select only one answer to the questions below.

1. Which of the following statements is true regarding night feedings(food, bottle or nursing)?
 - A. Parents should be encouraged to discontinue night feedings when a child reaches 3 months of age.
 - B. For feedings with anything but water after tooth eruption, it is appropriate to emphasize the importance of oral hygiene following the feeding.
 - C. There is no association of caries risk when formula is used for night feedings.
 - D. Juice is permissible for night feedings if it is diluted with fluoridated water.
 - E. C and D.

2. "Lifting the lip" ...
 - A. Can help health professional and caregivers to brush teeth more effectively.
 - B. Can help children get more comfortable with a visit to the dentist.
 - C. Should only be done by dental professionals
 - D. A and B .
 - E. B and C.

3. In order to promote oral health, childcare and family services providers should:
 - A. Encourage caregivers to ask their primary care providers to do an oral health assessment.
 - B. Educate caregivers that dental decay and cavities are the result of an infectious, transmissible disease.
 - C. Stress the importance of primary teeth.
 - D. All of the above.
 - E. A and C.

Additional comments:

THANK YOU!

KOHP Child Care/Home Visitor 6-Month Follow-up

1. Default Section

Thank you for participating in the Kids Oral Health Partnership. This form will help us to evaluate the training program and your assistance with this component of the program is greatly appreciated.

1. Please complete the following Identifier Code. This is a number we can use to match your responses with subsequent assessments. We will only use this number to compare responses to these questions. The number will not be used to determine the identity of any individual.

Number of siblings

Last 2 digits of home phone number

Last 3 digits of zip code

2. Please circle your affiliation

Maine Home Visiting (Healthy Families/Parents are Teachers/Parents are Teachers Too)

Head Start

Other Child Care Provider

Other (please specify)

3. In the past 6 months, how often have you discussed these things with caregivers who have children 0 to 3?

	Never	Rarely	Sometimes	Often	Always
Giving a baby a bottle when the baby is in a bed/crib, or when the baby might be lying down or falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning infant/children's teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using fluoride toothpaste with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using fluoride rinse or tablets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking well water for fluoride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The age at which a child should begin to see a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving a baby a sippy cup when the baby is in bed/crib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaning the gums of infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applying fluoride varnish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking fluoridated water through the public water supply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

KOHP Child Care/Home Visitor 6-Month Follow-up

4. In the past 6 months, how often have you discussed the importance of maternal dental care with your pregnant clients?

- NA - I do not work with pregnant women
- Never
- Rarely
- Sometimes
- Often
- Always

5. In the past six months, if a parent expressed concern about their child's teeth, how often have you done any of the following?

	Not applicable	Never or almost never	Occasionally	Always or almost always
Suggested they contact their child's pediatrician/ primary care doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped to facilitate an appointment with a local dentist/or helped to obtain a dental referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided information on child oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

6. Are you aware of dental providers in your service area who accept clients under age 3?

- Yes
- No

7. Since you attended the KOHP training, what has been your experience in finding a local dentist who will see a child...

	NA - Have not needed to refer someone from this population	Not at all difficult	Somewhat difficult	Difficult	Extremely difficult
Less than 3 years of age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than 3 years of age with a disability or other special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than 3 years of age who receives MaineCare, is uninsured, or underinsured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

KOHP Child Care/Home Visitor 6-Month Follow-up

8. In the past six months, how often have you...

	Never	Rarely	Sometimes	Often	Always
Recognized baby bottle tooth decay.	jñ	jñ	jñ	jñ	jñ
Evaluated a child's risk of having dental disease sometime in the future.	jñ	jñ	jñ	jñ	jñ
Advised parents about their child's oral hygiene.	jñ	jñ	jñ	jñ	jñ
Made dietary recommendations to prevent early childhood tooth decay.	jñ	jñ	jñ	jñ	jñ
Determined clients' possible fluoride sources.	jñ	jñ	jñ	jñ	jñ
Advised parents about the use of fluoride supplements during infancy or childhood.	jñ	jñ	jñ	jñ	jñ
Advised parents about dental visits for their child.	jñ	jñ	jñ	jñ	jñ
Made a dental referral for a child or infant.	jñ	jñ	jñ	jñ	jñ
Advised parents about the use of fluoride toothpaste.	jñ	jñ	jñ	jñ	jñ

9. As a result of the KOHP training, in the past six months how often have you...

	Never	Rarely	Sometimes	Often	Always
Discussed oral health with your clients on a regular basis.	jñ	jñ	jñ	jñ	jñ
Encouraged your clients to discuss oral health with their pediatrician.	jñ	jñ	jñ	jñ	jñ
Helped your clients connect with dentists in your area that accept children under age 3 as patients.	jñ	jñ	jñ	jñ	jñ

KOHP Child Care/Home Visitor 6-Month Follow-up

10. Please check the box indicating whether the statement is true or false.

	True	False
Primary (baby) tooth development begins in the final trimester.	<input type="checkbox"/>	<input type="checkbox"/>
Permanant tooth development begins at age 2.	<input type="checkbox"/>	<input type="checkbox"/>
Dental caries (decay) is a bacterial infection.	<input type="checkbox"/>	<input type="checkbox"/>
Snacks such as potato chips and pretzels are not harmful to teeth and should be encouraged instead of candy.	<input type="checkbox"/>	<input type="checkbox"/>
It is ok to clean a pacifier in a caregiver's mouth before placing it in a child's mouth.	<input type="checkbox"/>	<input type="checkbox"/>
It is ok to help a baby fall asleep by giving it a bottle of milk, formula or juice.	<input type="checkbox"/>	<input type="checkbox"/>
Children do not need a dental exam before their permanent teeth come in.	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding is associated with lower rates of tooth decay than bottle feeding.	<input type="checkbox"/>	<input type="checkbox"/>
Flossing should begin whenever two teeth touch.	<input type="checkbox"/>	<input type="checkbox"/>
A pea sized amount/shmear of fluoridated toothpaste should be used starting at age 2.	<input type="checkbox"/>	<input type="checkbox"/>
Caregivers should wipe gums with a soft cloth starting at birth.	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation is the most effective method of reducing tooth decay.	<input type="checkbox"/>	<input type="checkbox"/>
Severity of oral disease progression may be faster in children with special health care needs.	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women should wait until after they give birth to see a dentist.	<input type="checkbox"/>	<input type="checkbox"/>
Putting a child to bed with a sippy cup of milk, formula or juice will not harm their teeth.	<input type="checkbox"/>	<input type="checkbox"/>
By two years of age, a child should be brushing his or her teeth unassisted.	<input type="checkbox"/>	<input type="checkbox"/>
Decay is not important in young children because their baby teeth will fall out soon.	<input type="checkbox"/>	<input type="checkbox"/>
An adult has to help children brush their teeth until about the age of 8 years old.	<input type="checkbox"/>	<input type="checkbox"/>

11. Which of the following statements is true regarding night feedings (food, bottle or nursing)?

- a. Parents should be encouraged to discontinue night feedings when a child reaches 3 months of age.
- b. For feedings with anything but water after tooth eruption, it is appropriate to emphasize the importance of oral hygiene following the feeding.
- c. There is no association of caries risk when formula is used for night feedings.
- d. Juice is permissible for night feedings if it is diluted with fluoridated water.
- e. C and D.

12. "Lifting the lip" ...

- a. Can help health professional and caregivers to brush teeth more effectively.
- b. Can help children get more comfortable with a visit to the dentist.
- c. Should only be done by dental professionals.
- d. A and B.
- e. B and C.

KOHP Child Care/Home Visitor 6-Month Follow-up

13. In order to promote oral health, childcare and family services providers should:

- a. Encourage caregivers to ask their primary care providers to do an oral health assessment.
- b. Educate caregivers that dental decay and cavities are the result of an infectious, transmissible disease.
- c. Stress the importance of primary teeth.
- d. All of the above.
- e. A and C.

14. Looking back on the KOHP training, what aspects have you found to be the most useful for your work (select all that apply)?

- Information on risks to children's oral health
- Learning when to refer to a dentist
- Education provided on the oral health of children with special health needs

15. What aspects of children's oral health would you have liked to have received more information on?

16. Do you have any additional comments about the training or your experiences discussing oral health with families that you would like to share with us?

Oral Health Questionnaire: Prenatal

Has the client seen a dentist, or plan to see a dentist, while pregnant with this child?

OralHealth.pregnancy

- 1 - Yes, has seen a dentist during this pregnancy
- 2 - Plans to see a dentist during this pregnancy
- 3 - No plan to see a dentist because of cost
- 4 - No plan to see a dentist because can't find one
- 5 - No plan to see a dentist for other reasons
- 21 - Unknown at this time

Oral Health Questionnaire: 1 Month

Which of the following did you discuss with the parent at this visit?

- Sleeping with a bottle**
- Bottle propping**
- How to care for infant's gums**
- Oral bacterial transmission**

How often does the parent put the child to bed with a bottle?

How is the parent taking care of the baby's gums?

Oral Health Questionnaire: 4 Months

Which of the following did you discuss with the parent at this visit?

- Sleeping with a bottle**
- Bottle propping**
- How to care for infant's gums/teeth**
- Oral bacterial transmission**

How often does the parent put the child to bed with a bottle containing anything but water?

How often does the parent prop a bottle for the baby?

How is the parent taking care of the baby's gums/teeth?

Oral Health Questionnaire: 7 Months

Which of the following did you discuss with the parent at this visit?

- Sleeping with a bottle**
- Bottle propping**
- How to care for child's teeth**
- Healthy snacks**
- Juice Consumption**

How often does the parent put the child to bed with a bottle containing anything but water?

How often does the parent prop a bottle for the baby?

How is the parent taking care of the child's gums/teeth?

How many ounces of juice does the child consume each day?

Is the child getting fluoride through the water supply or through a fluoride supplement?

Oral Health Questionnaire: 10 Months

Which of the following did you discuss with the parent at this visit?

- Sleeping with a bottle**
- Bottle propping**
- How to care for child's teeth**
- Healthy snacks**
- Juice Consumption**

How is the parent taking care of the child's teeth?

How many ounces of juice does the child consume each day?

Is the child getting fluoride through the water supply or through a fluoride supplement?

Has the child's medical/dental provider ever applied fluoride varnish to the child's teeth?

Oral Health Questionnaire: 12 Months

Which of the following did you discuss with the parent at this visit?

- How to care for child's teeth
- Healthy snacks

How is the parent taking care of the child's teeth?

How many ounces of juice does the child consume each day?

Has any medical or dental provider checked the child's teeth?

If the child has not been to a dentist, at what age does the parent plan to take the child to a dentist?

Is the child getting fluoride through the water supply or through a fluoride supplement?

Has the child's medical/dental provider ever applied fluoride varnish to the child's teeth?

Oral Health Questionnaire: 18 Months

Which of the following did you discuss with the parent at this visit?

How many ounces of juice does the child consume each day?

Has any medical or dental provider checked the child's teeth?

How often does the child brush his/her teeth?

Does the parent help the child brush his/her teeth?

Is the child getting fluoride through the water supply or through a fluoride supplement?

Has the child's medical/dental provider applied fluoride varnish to the child's teeth in the past 6 months?

How to care for child's teeth

Healthy snacks

Less than 6 ounces

Yes, the child's doctor checked the child's teeth

1x per day

Yes

Yes

Yes

Oral Health Questionnaire: 2 Years

Has any medical or dental provider checked the child's teeth?

How often does the child brush his/her teeth?

Does the parent help the child brush his/her teeth?

Is the child getting fluoride through the water supply or through a fluoride supplement?

Has the child's medical/dental provider applied fluoride varnish to the child's teeth in the past 6 months?

Oral Health Questionnaire: 3 Years

Has any medical or dental provider checked the child's teeth?

How often does the child brush his/her teeth?

Does the parent help the child brush his/her teeth?

Is the child getting fluoride through the water supply or through a fluoride supplement?

Has the child's medical/dental provider applied fluoride varnish to the child's teeth in the past 6 months?

Oral Health Questionnaire: 4 Years

Has any medical or dental provider checked the child's teeth?

How often does the child brush his/her teeth?

Does the parent help the child brush his/her teeth?

Is the child getting fluoride through the water supply or through a fluoride supplement?

Has the child's medical/dental provider applied fluoride varnish to the child's teeth in the past 6 months?

Oral Health Questionnaire: 5 Years

Has any medical or dental provider checked the child's teeth?

How often does the child brush his/her teeth?

Does the parent help the child brush his/her teeth?

Is the child getting fluoride through the water supply or through a fluoride supplement?

Has the child's medical/dental provider applied fluoride varnish to the child's teeth in the past 6 months?