

Survey of Dental Caries Prevention: Obstetric Providers

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for obstetric providers and their team members to improve the oral/dental health of the public.

1. In the past year have you had pregnant patients present with tooth decay?

- Yes
- No
- Don't know/Not Sure

2. How effective do you think each of the following is for preventing tooth decay in pregnant patients?

	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent sugar consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you ask the source of drinking water for your pregnant patients?

- Yes
- No

4. Do you recommend your pregnant patients drink tap water?

- Yes
- No

5. Do you routinely assess dental caries risk factors for your pregnant patients?

(If no, skip to question 7)

- Yes
- No

6. Which of the following caries risk factors do you use for your pregnant patients?

(Select all that apply.)

- Frequency of dental visits
- Pregnant patient's exposure to fluoride
- Pregnant patient's has tooth decay
- Times per day the pregnant patient brushes her teeth
- Socio-economic status of the pregnant patient
- Pregnant patient's history of tooth decay

- Daily between-meal exposures to cavity producing food
 - Visible plaque
 - Presence of enamel demineralization
 - Other, please explain _____
7. Do you discuss oral/dental health with your pregnant patients?
- Yes
 - No
8. How frequently do you discuss oral/dental health with your pregnant patients?
- At initial visit
 - As needed
 - At every visit
 - Other, please explain _____
9. Is it your clinic policy to provide motivational interviewing to your pregnant patients?
- Yes
 - No
10. Is it your clinic policy to set oral/dental health self-management goals with your pregnant patients?
- Yes
 - No
11. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask hygienist, assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Some obstetric providers believe that they can prevent tooth decay among their pregnant Medicaid patients. How sure are you that you can prevent tooth decay in these patients?

- | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very
Sure | Somewhat
Sure | Somewhat
Unsure | Very
Unsure | Don't
Know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. When treating pregnant women, we ask her whether she has had a dental appointment during her pregnancy.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of the
time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. When a pregnant patient explains she has not had a dental visit, we:

(Select all that apply.)

- Explain to her that dental visits are important for her health and her baby's health
- Refer her to a dentist for an appointment
- Help her make an appointment with the dentist
- Other, please explain _____

16. We consult with dental providers regarding mutual patients.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. We have established relationships and a referral process with dental providers.

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------------|
| Always | Most of
the time | Occasionally | Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about you.

18. Excluding medical school, have you ever taken a course on communication skills?

- Yes
- No

19. How would you rate your medical school training regarding preventing tooth decay?

- Very good
- Good
- Poor
- Very poor
- Not sure

20. Where did you receive your pre-doctoral medical education?
- In the United States
 - Outside the United States
21. How many years has it been since you graduated from medical school?
- Less than 5 years
 - 6-10 years
 - 11-20 years
 - More than 20 years
22. What is your gender?
- Female
 - Male
 - Other, please specify _____
23. Are you Hispanic/Latino?
- Yes
 - No
24. What is your race ethnicity? **(Select all that apply.)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown

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Survey of Dental Caries Prevention: Obstetric Providers Scoring Rubric

This document describes how to score the Dental Survey.

- The survey has 24 questions.
- The demographic and informational questions are not scored.
 - Demographic and informational questions: 1, 12, 18-24
- 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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1. In the past year have you had pregnant patients present with tooth decay?

- Yes
- No
- Don't know/Not Sure

NOT Scored (informational)

2. How effective do you think each of the following is for preventing tooth decay in pregnant patients?

	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SCORING: Each correct response is scored 1 point. For items 1-4 and 8, responses of either 'Effective' or 'Very Effective' are correct. Scores can range from 0-8.

3. Do you ask the source of drinking water for your pregnant patients?

- Yes
- No

SCORE: Yes = 1; No = 0

4. Do you recommend your pregnant patients drink tap water?

- Yes
- No

SCORE: Yes = 1; No = 0

5. Do you routinely assess dental caries risk factors for your pregnant patients?

(If no, skip to question 7)

- Yes
- No

SCORE: Yes = 1; No = 0

6. Which of the following caries risk factors do you use for your pregnant patients?

(Select all that apply.)

- Frequency of dental visits
- Pregnant patient's exposure to fluoride
- Pregnant patient's has tooth decay
- Times per day the pregnant patient brushes her teeth
- Socio-economic status of the pregnant patient
- Pregnant patient's history of tooth decay
- Daily between-meal exposures to cavity producing food
- Visible plaque
- Presence of enamel demineralization
- Other, please explain _____

SCORE: Each item selected is scored 1 point. 'Other' = 0. Scores can range from 0-9.

7. Do you discuss oral/dental health with your pregnant patients?

- Yes
- No

SCORE: Yes = 1; No = 0

8. How frequently do you discuss oral/dental health with your pregnant patients?

- At initial visit
- As needed
- At every visit
- Other, please explain _____

SCORE: At every visit = 1; all other items = 0

9. Is it your clinic policy to provide motivational interviewing to your pregnant patients?

- Yes
- No

SCORE: Yes = 1; No = 0

10. Is it your clinic policy to set oral/dental health self-management goals with your pregnant patients?

- Yes
- No

SCORE: Yes = 1; No = 0

11. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Don't Know
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ask hygienist, assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't Know = 0. Scores can range from 0 to 36.

12. Some obstetric providers believe that they can prevent tooth decay among their pregnant Medicaid patients. How sure are you that you can prevent tooth decay in these patients?

Very Sure	Somewhat Sure	Somewhat Unsure	Very Unsure	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not Scored (Informational)

13. When treating pregnant women, we ask her whether she has had a dental appointment during her pregnancy.

Always	Most of the time	Occasionally	Rarely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

14. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

- | Always | Most of the time | Occasionally | Rarely |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

15. When a pregnant patient explains she has not had a dental visit, we:

(Select all that apply.)

- Explain to her that dental visits are important for her health and her baby's health
- Refer her to a dentist for an appointment
- Help her make an appointment with the dentist
- Other, please explain _____

For the first three items, score each selected item as 1 point. 'Other' = 0.

16. We consult with dental providers regarding mutual patients.

- | Always | Most of the time | Occasionally | Rarely |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

17. We have established relationships and a referral process with dental providers.

- | Always | Most of the time | Occasionally | Rarely |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0.

Tell us about you.

These demographic questions are not scored.

18. Excluding medical school, have you ever taken a course on communication skills?

- Yes
- No

19. How would you rate your medical school training regarding preventing tooth decay?

- Very good
- Good
- Poor
- Very poor
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20. Where did you receive your pre-doctoral medical education?

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21. How many years has it been since you graduated from medical school?

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22. What is your gender?

- Female
- Male
- Other, please specify _____

23. Are you Hispanic/Latino?

- Yes
- No

24. What is your race ethnicity? **(Select all that apply.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown

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