

## Appendix B. Survey of State Oral Health Programs

Which of the following **activities or services** that integrate oral health and chronic disease prevention does your state oral health program support (e.g., fund or promote)?

1. Chronic disease activities performed by dental providers (in any setting):

- a. Blood pressure checks and referrals to primary care providers *[Yes/No]*
- b. Tobacco/smoking cessation support *[Yes/No]*

[If yes] Check all that apply:

Quitline referrals

Prescribing pharmacotherapy (e.g., bupropion SR, nicotine gum)

Tobacco cessation counseling

Other. Please describe

- c. BMI and nutritional assessments
- d. Prediabetes and/or diabetes screening (i.e., A1C) and referrals to primary care providers *[Yes/No]*
- e. HPV vaccinations *[Yes/No]*
- f. Other. Please describe

2. Oral health activities performed by medical providers (in any setting):

- a. Dental screenings *[Yes/No]*

Check all that apply:

Oral cancer screenings

Children's dental screenings

Other. Please describe

- b. Dental referrals for patients with diabetes *[Yes/No]*
- c. Preventive dental services *[Yes/No]*

Check all that apply

Topical fluoride (e.g., varnish)

Other. Please describe

- d. Other. Please describe

The following questions ask about health promotion and education activities offered by the state health department that address common risk factors for oral health and chronic diseases. Common risk factors include tobacco and alcohol use, along with diet.

3. Does the state **oral health program** conduct health promotion and education activities that address any of these common risk factors?

We are interested in only those activities that actively target both oral and overall health outcomes (e.g., obesity and tooth decay, or lung cancer and periodontal disease).

- a. Yes
  - b. No
  - c. Don't know/Not sure
- 
4. Which risk factors do these activities target? *Select all that apply.*
    - a. Diet/nutrition
    - b. Tobacco use
    - c. Alcohol use
    - d. Other (please describe):\_\_\_\_\_
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5. Please briefly describe how these activities target both oral and overall health outcomes:
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6. Does your state oral health program collaborate with the state **chronic disease program** to conduct health promotion and education activities that address any of these risk factors for oral health and chronic disease?
    - a. Yes
    - b. No
    - c. Don't know/Not sure
- 
7. Which risk factors do these activities target? *Select all that apply.*
    - a. Diet/nutrition
    - b. Tobacco use
    - c. Alcohol use
    - d. Other (please describe):\_\_\_\_\_

8. Please briefly describe how these activities target both oral and overall health outcomes.
  
9. What resources support the existing oral health and chronic disease collaboration programs? *Select all that apply*
  - a. Centers for Disease Control and Prevention (CDC)
  - b. Health Resources and Services Administration (HRSA) – including MCHB or BPHC
  - c. National Institutes of Health (NIH)
  - d. National foundation (e.g., DentaQuest, Pew, WK Kellogg)
  - e. State or local foundation (e.g., Delta Dental)
  - f. State general revenue funds
  - g. Other (please describe)
  
10. What is the **most important** barrier, if any, that has impacted your ability to collaborate with your state chronic disease program?
  
11. If we have more questions about your responses, may we contact you for a brief follow-up?
  - a. No
  - b. Yes