

# Appendix D. Survey of Community Dental Programs

The following questions ask about your work setting.

1. What is the name of your organization/agency/clinic?
2. In what city is your organization/agency/clinic located?
3. In what state is your organization/agency/clinic located?
4. Which of the following best describes your organization?
  - a. Local health department
  - b. Local non-profit organization
  - c. Community Health Center or FQHC
  - d. Other local organization or agency. *Please describe*
5. Approximately what size population does this organization serve?
  - a. < 25,000
  - b. 25,000 – 74,999
  - c. 75,000 – 999,999
  - d. ≥ 1,000,000

The following questions ask about clinical activities offered by your organization that integrate oral health and chronic disease prevention. Examples of clinical services may include dental services (e.g., screenings, referrals, preventive services) provided by medical providers or chronic disease screenings (e.g., blood pressure or A1C) performed in dental settings.

**Please indicate if any of the following integrated clinical services are provided.**

*[Select all that apply]*

6. Chronic disease activities **performed by dental providers** in your organization:
  - a. Blood pressure checks *[Yes/No]*

*[If yes]* Is there a mechanism for dental providers to refer patients with high blood pressure to primary care providers? *[Yes/No]*

*[If yes]* Please describe
  - 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. Diabetes screening (i.e., A1C) *[Yes/No]*

*[If yes]* Is there a mechanism for dental providers to refer patients with high blood glucose to primary care providers? *[Yes/No]*

*[If yes] Please describe*

- d. HPV vaccinations *[Yes/No]*
  - e. Other. Please describe
7. Oral health activities **performed by medical providers** in your organization:
- a. Dental screenings *[Yes/No]*
  - *[If yes] Check all that apply:*
  - Oral cancer screenings
    - Children's dental screenings
      - [If yes] Is there a mechanism for medical providers to refer children with oral health needs to dental providers? [Yes/No]*
      - [If yes] Please describe*
      - Other. *Please describe*
  - b. Dental referrals for patients with diabetes *[Yes/No]*
  - c. Preventive dental services *[Yes/No]*
  - *[If yes] Check all that apply*
  - Topical fluoride (e.g., varnish)
  - Other. Please describe
    - d. Other. Please describe
8. Does your organization use electronic health records (EHR) to integrate dental and medical patient information?
- a. Yes. Please describe
  - b. No

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

9. Does your organization conduct health promotion and education activities that target both oral and overall health outcomes?
- a. Yes *[Go to Question 10]*
  - b. No *[Go to Question 12]*
  - c. Don't know/Not sure *[Go to Question 12]*
10. Which risk factors do these activities target? *Select all that apply.*
- a. Diet/nutrition
  - b. Tobacco use
  - c. Alcohol use

- d. Other (please describe)
11. Please briefly describe how these activities target both oral and overall health outcomes.
  12. If we have more questions about your responses, can we contact you for a brief follow-up?
    - a. No
    - b. Yes