**2019 Reader Feedback: Brush Up on Oral Health**

Brush Up on Oral Health (BUOH) is a monthly tip sheet designed to provide Head Start staff and others with information on current practice and practical tips to promote good oral health. Please tell us what you think about BUOH and how you use it. We also want to know about what topics you would like to learn more about and your ideas on how to improve the tip sheet.

1. **Have you used the information on Brush Up on Oral Health?**

[ ]  Yes

[ ]  No

1. **If yes, check all that apply**

[ ]  Personal education

[ ]  Information shared with Head Start staff (for example, at staff trainings, in newsletter, at meetings)

[ ]  Ideas for classroom activity

[ ]  Developed/updated program policy

[ ]  Prepared a recipe

[ ]  Other (please specify)

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1. **Has the information in the tip sheet lead to a policy or program change?**

[ ]  Yes

[ ]  No

1. **If yes, please describe.**

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1. **Have you accessed educational materials (clicked links) in the tip sheet?**

[ ]  Yes

[ ]  No

1. **If yes, have you shared any of the educational materials in English with families?**

[ ]  Yes

[ ]  No

1. **If yes, have you shared any of the educational materials in Spanish with families?**

[ ]  Yes

[ ]  No

1. **Have you shared the tip sheet with others?**

[ ]  Yes

[ ]  No

1. **If yes, check all that apply.**

[ ]  Head Start program director

[ ]  Head Start family service coordinator

[ ]  Head Start health manager

[ ]  Head Start home visitor

[ ]  Head Start teacher

[ ]  Head Start state collaboration office staff

[ ]  State Head Start association staff

[ ]  WIC program staff

[ ]  Child care provider

[ ]  Dental provider and office staff

[ ]  Pediatrician and office staff

[ ]  Other (please specify)

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1. **How many people do you send the tip sheet to each month?**

[ ]  1–10

[ ]  11–25

[ ]  26–99

[ ]  100 or more

1. **What topics would you like to see addressed in the tip sheet in the future?**

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1. **What suggestions do you have for improving the tip sheet?**

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1. **What is the state or territory where you work?**

State:

1. **What is your position?**

[ ]  Dental hygienist liaison

[ ]  Head Start program director

[ ]  Head Start family service coordinator

[ ]  Head Start health manager

[ ]  Head Start home visitor

[ ]  Head Start program manager

[ ]  Head Start teacher

[ ]  Oral health program administrator

[ ]  Oral health provider

[ ]  Other (please specify)

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1. **If you work with Head Start, what type of program are you affiliated with? Check all that apply.**

[ ]  Early Head Start home-based

[ ]  Early Head Start center-based

[ ]  Head Start

[ ]  American Indian/Alaska Native Head Start

[ ]  Migrant and Seasonal Head Start