

Dental Hygienist Liaison (DHL) Feedback Survey

Thank you for working with your state dental hygienist liaison (DHL)!

The National Center on Health, Behavioral Health, and Safety (NCHBHS) would appreciate your feedback on DHLs' efforts to help Head Start program staff. This survey is designed to assess your satisfaction with services provided by your state DHL. The survey is voluntary, and you don't have to respond to any questions you prefer not to answer. The survey takes about 7 minutes to complete and is anonymous. By completing it, you consent to sharing your responses with NCHBHS and the Office of Head Start (OHS) and to allowing responses to be stored.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to solicit feedback about Dental Health Liaison services. Public reporting burden for this collection of information is estimated to average 7 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 5/31/2027. If you have any comments on this collection of information, please contact Nancy Topping-Tailby, Project Director, NCHBHS.

Demographics

- 1) In what state is your Head Start program located? [present pull-down menu and include District of Columbia, US Virgin Islands, Regions XI and XII]
- 2) In what type of area is your program located?
 - a. Urban
 - b. Rural
 - c. Suburban
- 3) What setting do you work in?
 - a. Head Start
 - b. Early Head Start
 - c. American Indian and Alaska Native Head Start
 - d. American Indian and Alaska Native Early Head Start
 - e. Migrant and Seasonal Head Start
 - f. Migrant and Seasonal Early Head Start
 - g. Child care
 - h. Other (please specify):

Recent experience with your state DHL

- 4) What services did your state DHL provide in the past month? Select all that apply.
 - a. Shared information about oral health topics (e.g., dental visits, oral hygiene practices, oral injury prevention strategies).
 - b. Facilitated locating an oral health professional that accepts Medicaid and CHIP to provide care.
 - c. Facilitated locating an oral health professional to serve on a Head Start committee (e.g., Head Start health manager network, Head Start Health and Mental Health Services Advisory Committee).
 - d. Other (please specify): _____
 - e. I did not receive services from my state DHL in the past month. [*skip to last question in survey*]
- 5) Thinking about the services you selected in the previous question, please rate your level of agreement with each of the following statements (strongly disagree, disagree, agree, strongly agree):
 - a. I learned something that will change how I approach activities related to oral health.
 - b. Program staff learned something that will change how we approach activities related to oral health.
 - c. Our needs or questions were addressed.
 - d. I was satisfied with the quality of services provided.

Overall experience with your state DHL

- 6) Thinking about the past year, with which activities has your state DHL helped your Head Start program? Select all that apply.
- a. Understanding the difference between oral health screenings and oral exams and which oral health professional(s) can conduct an oral exam in my state.
 - b. Initiating toothbrushing with fluoride toothpaste during the program day.
 - c. Working with parents to establish toothbrushing routines at home (e.g., brushing children's teeth with fluoride toothpaste at bedtime).
 - d. Making water accessible to children throughout the day.
 - e. Increasing recruitment of dental offices and clinics that accept Medicaid and CHIP for oral health care.
 - f. Recruiting oral health professionals to apply fluoride varnish at my Head Start program.
 - g. Creating procedures for preventing oral injuries.
 - h. Creating procedures for administering first aid for oral injuries.
 - i. Examining my program's PIR oral health data to identify issues in accessing and receiving oral health care.
 - j. Examining my program's PIR oral health data to develop strategies for addressing issues.
 - k. Increasing educational efforts to improve the oral health knowledge of families and Head Start staff (e.g., conducting staff in-service, conducting a presentation, sharing social media messages).
 - l. Including oral hygiene practices as part of a staff wellness program.
 - m. Other (please specify): _____
- 7) Please give at least one example of an action step that you or your program has taken as a result of DHL services:
- 8) What additional oral health information or services would you like to receive from your state DHL?