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Unable to move questions. Survey was out of sync.

MARYLAND SURVEY OF WIC PERSONNEL: TOOTH DECAY (CAVITIES)

You have unlocked your survey. When you have finished editing, please lock your survey again.

▾ Survey Questions Turn on large block mode

Block Options ▾



Q44



DHMH Perinatal Oral Health Survey of WIC Personnel	
Purpose	The purpose of this survey is to gain your perspectives on the physical, economic, educational, policy and social factors that support or prevent low income pregnant women participating in and practicing preventive health activities.
Procedures/Risks	The survey will take about 20 minutes; there are no known risks involved in this project.
Potential Benefits	This project is not designed to help you personally but the results may benefit others through improved understanding of the issues that low-income pregnant women face in receiving medical and dental care and social support.
Confidentiality	Any potential loss of confidentiality will be minimized by not using your name and no data will be reported by an individual. Only researchers involved in the project will have access to the information stored on a password protected secure server. We will destroy the data after 18 months.
Right to Withdraw	Your participation is completely voluntary. You may choose not to take part. You may stop at any time if you choose to do so.
Questions	<p>If you have questions or concerns or complaints related to this project, contact the investigator:</p> <p>Alice M. Horowitz, PHD University of Maryland College Park School of Public Health E-mail: ahorowit@umd.edu Telephone: 301-405-9797</p> <p>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact: University of Maryland College Park Institutional Review Board E-mail: irb@umd.edu Telephone: 301-405-0678</p>
Consent	Your clicking the agree option indicates you are at least 18 years of age; you have read this consent form and you voluntarily agree to participate in this survey.

- I agree to participate
- I do not agree to participate

Please click the red button to proceed.



If I agree to participate Is Selected, Then Skip To MARYLAND SURVEY OF WIC PERSONNEL: TOO...



If I do not agree to participa... Is Selected, Then Skip To End of Survey



MARYLAND SURVEY OF WIC PERSONNEL: TOOTH DECAY (CAVITIES)



Thank you for taking the time to complete this survey. Your confidential answers will be used to develop educational materials and programs to promote tooth decay prevention among WIC families.

To begin the survey, click the red Next button below:

Page Break

1 Please tell us about your program and your position.



What is your role or position in this program?

- WIC Director/Coordinator
- CPA (Competent Professional Authority)
- CPPA (Competent Paraprofessional Authority)
- Other

Page Break

2 How long have you been in this role or position?



- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Page Break

3 In what setting is your program?



- Rural
- Urban
- Mixed
- Suburban

Page Break

4 Is your WIC program located in a building with a (check ALL that apply):



- Dental office
- Medical office
- Neither a medical or dental office

Page Break

5

Please tell us your opinions about preventing tooth decay (cavities).

Would you say that having accurate information about preventing tooth decay is:

- Very important
- Somewhat important
- Not so important
- Not important at all
- No opinion
- Don't know / Not sure

Page Break

6

Do you think that all children develop tooth decay? Would you say:



- Yes
- Probably yes
- No
- Probably No
- No opinion
- Don't know / Not sure

Page Break

7

How concerned are you about the children in your program getting tooth decay in the future?
Would you say you are:



- Very concerned
- Somewhat concerned
- Not at all concerned
- No opinion
- Don't know / Not sure

Page Break

8


How concerned are you about the pregnant women in your program getting dental treatment?
Would you say you are:



- Very concerned
- Somewhat concerned
- Not at all concerned
- No opinion
- Don't know / Not sure


Page Break

9 In your opinion, what is the **SINGLE** best way to prevent tooth decay?

-  Limiting sweets/diet
- Going to a dentist
- Brushing teeth
- Cleaning infant's gums
- Brushing teeth with fluoride toothpaste
- Flossing teeth
- Using fluoridated water (drinking tap water, mixing formula, cooking, etc.)
- Using fluorides such as fluoride varnish and fluoride supplements
- Pit and fissure sealants
- No opinion
- Don't know / Not sure
- Other (PLEASE EXPLAIN)


Page Break

10 In your opinion, how important are baby teeth? Would you say they are:

-  Very important
- Somewhat important
- Not so important
- Not important at all
- No opinion
- Don't know / Not sure


Page Break

11 Have you ever heard of either term "early childhood caries" or "baby bottle tooth decay"?


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

Page Break

12 Does your program teach clients about what to put in an infant's bottle?

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


Page Break

 13 Have you ever heard of fluoride?



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


Page Break

 14 What do you think fluoride is used for?



- Used to clean teeth
- Used to prevent tooth decay
- Used to purify water
- Used to whiten teeth
- Used to prevent plaque [PRONOUNCED: Plak]
- Don't know / Not sure
- Other (PLEASE EXPLAIN) //

Page Break

 15 Sometimes barriers interfere with pregnant women getting the dental care they need. Check the **THREE** you consider to be the major barriers:



- Client didn't think their problem was serious enough
- Client problems getting to the appointment (transportation, childcare, getting off work)
- Cost of dental care (parent has no insurance or couldn't afford it)
- Dentist aren't available or don't accept Medicaid
- Long waiting time to get appointments
- Client is afraid of the dentist
- Client didn't feel welcomed in the dental office or clinic
- Other (PLEASE EXPLAIN) //

Page Break

16

Sometimes barriers interfere with **children** getting the dental care they need. **Check the THREE you consider to be the major barriers:**



- Client didn't think their child's problem was serious enough
- Client problems getting to the appointment (transportation, childcare, getting off work)
- Cost of dental care (child has no insurance or parent couldn't afford it)
- Dentists aren't available or don't accept Medicaid
- Long waiting time to get appointments
- Child is afraid of the dentist
- Client is afraid of the dentist
- Client didn't feel welcomed in the dental office or clinic
- Other (PLEASE EXPLAIN)

Page Break

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Please tell us about your WIC program and access to oral health care for your clients.



Do you or members of your staff help clients sign up for Medicaid, if needed?

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



If Yes Is Selected, Then Skip To How are clients helped to sign up for...



If No Is Selected, Then Skip To What are ways in which you or staff m...



If Don't know / Not sure Is Selected, Then Skip To What are ways in which you or staff m...

Page Break

18

How are clients helped to sign up for Medicaid? **Check ALL that apply:**



- Provide a phone number for Medicaid office
- Help them fill out the application
- Provide transportation to the Medicaid appointment
- Other (PLEASE EXPLAIN)

Page Break

19

What are ways in which you or staff members help clients access dental care for their children? **Check ALL that apply:**



- Provide names and phone numbers of dentist/clinic
- Make appointments
- Provide transportation/child care
- Explain to child and/or client what to expect
- Help client advocate for child's dental care needs
- Other (PLEASE EXPLAIN)

Page Break

20

What are ways in which you or staff members help clients access dental care for themselves? **Check ALL that apply:**



- Provide names and phone numbers of dentist/clinic
- Make appointments
- Provide transportation/child care
- Explain to child and/or client what to expect
- Help client advocate for child's dental care needs
- Other (PLEASE EXPLAIN)

Page Break

21

What does your program do to educate clients about oral health? **Check ALL that apply:**



- Teach tooth brushing with fluoride toothpaste
- Practice tooth brushing with fluoride toothpaste
- Teach the importance of drinking fluoridated tap water
- Teach appropriate in between meal snacks that are "tooth healthy"
- Teach clients about the importance of oral health to general health
- Other (PLEASE EXPLAIN)

Page Break

22

What kind of oral disease prevention and maintenance activities does your program educate clients about? Check ALL that apply:



- Tooth brushing with fluoride toothpaste
- Testing well water
- Fluoride tablets/drops
- Fluoride varnish
- Fluoride mouth rinse
- The importance of eating only "tooth healthy" snacks in between meals
- Oral or dental health education for clients
- Don't know / Not sure
- Other (PLEASE EXPLAIN)

Page Break

23

Where do you get most of your information about oral/dental health? Check the THREE most important sources:



- Mass media
- In-service training
- National Maternal and Child Oral Health Resource Center (Georgetown University)
- Dentist
- Dental hygienist
- Friends, relatives, neighbors
- Health Department/Dental Clinic
- Maryland Department of Health and Mental Hygiene (DHMH)
- Other

Page Break

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What would be the best ways to make sure that clients know how to prevent tooth decay in children? Select THREE ways by checking boxes on the left side. Then rank your selections in order of priority with 1 being highest and 3 being lowest in the text boxes to the right.



- Provide hands on training for clients
- Pamphlets, fact sheets or brochures (at the WIC office, pediatrician office, grocery store, health fairs, etc.)
- Information in the package with toothpaste or toothbrushes
- Information on a website
- Ads on radio stations
- In a conversation with the dentist, pediatricians, nurse or staff, friends, relatives
- Posters

Page Break

25



How important do you think the following are for children in your program? Rank each item on a scale of 1 to 10 with 10 being the most important:

	1 - Not Important	2	3	4	5	6	7	8	9	10 - Most Important
Get their vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a dental check-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a medical check-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use fluoride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

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Does your organization's annual health plan include any education or support activities about oral health?

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



If Yes Is Selected, Then Skip To Does your plan include any of the fol...



If No Is Selected, Then Skip To Have you had training on cavity preve...



If Don't know / Not sure Is Selected, Then Skip To Have you had training on cavity preve...

Page Break

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Does your plan include any of the following? Check ALL that apply:

- Increased staff to assist with tooth brushing/mouth cleaning
- Increased funding for toothbrushes and toothpaste
- Training for staff regarding prevention of tooth decay
- Partnership with or access to portable dental programs
- Partnership with the dental or dental hygiene schools
- Other (PLEASE EXPLAIN)

Page Break

28 Have you had training on cavity prevention?

- Yes
- No



If Yes Is Selected, Then Skip To When did you have training on cavity ...

If No Is Selected, Then Skip To Would you be interested in future tra...

Page Break

29 When did you have training on cavity prevention?

- Within the past year
- Over a year ago
- 5 or more years ago



Page Break

30 Would you be interested in future training in preventing tooth decay?

- Yes
- No



If Yes Is Selected, Then Skip To Which types of educational approaches...

If No Is Selected, Then Skip To Have you had a course or training in ...

Page Break

31 Which types of educational approaches to you prefer? Rank the approaches in order of priority with 1 being highest priority and 4 being lowest priority:



	1	2	3	4
Training session led by expert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training session led by WIC Program Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-line courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (PLEASE EXPLAIN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

32 Have you had a course or training in communication skills?

- Yes
- No

Page Break

33 Would you be interested in future training in communication skills?

- Yes
- No

If No Is Selected, Then Skip To What is the highest grade in school t...

Page Break

34 Which types of educational approached do you prefer? Rank the approaches in order of priority with 1 being highest priority and 4 being lowest priority:

	1	2	3	4
Training session led by expert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training session led by WIC Program Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-line courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (PLEASE EXPLAIN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

35 What is the highest grade in school that you completed?

- High school or less
- Some college
- College graduate
- Graduate school

Page Break

36 Are you male or female?

- Female
- Male

Page Break

37

This is the last question.



Which group best describes your racial or ethnic background? If more than one option applies to you, please use 'Other, not listed' and tell us what best describes you:

- African America/Black
- Asian or Pacific Islander
- Hispanic
- Caucasian/White
- American Indian or Alaskan Native
- Other

END



Thank you for your assistance with this
project!

Add Block



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