

Key informant interview

HDM Case Managers

Date: _____

Interviewer initials: _____

Participant initials: _____

“Thank you for agreeing to being interviewed today. I know your time is limited and appreciate you spending this time with me. As you know, we are trying to learn how best to address oral health and dental needs among HDM recipients. Before we begin, please take a minute to read the consent form. Please feel free to ask me any questions regarding this interview. Your participation is completely voluntary. Your decision to participate/not participate is confidential and will not be communicated to your employer. Your decision to participate will not impact your employment.”

Let the participant read the consent form and answer any questions that may arise.

“Your interview will be recorded. As soon as the data are transcribed, we will destroy the recording. Can I turn on the recorder?” If participant agrees to the recorder, turn it on. If they do not agree to the recorder, ask if they would agree to being interviewed without recording; if yes, turn off the recorder and put it in your bag.”

First some questions about you:

1. How long have you been working as a case manager?
2. Have you always worked in case management in the HDM system, or have you worked in other areas, such as child protection and safety?
3. What is the highest level of training/education you have received?
4. Did you receive your training in the United States?
5. Please identify your race. Do you identify as: (Circle correct responses)
 - a. African-American or Black
 - b. White
 - c. Asian
 - d. Native American
 - e. Other (specify _____)

6. Are you of Hispanic/Latino heritage? (circle one response)

- a. Yes
- b. No

7. Were you born in the United States

- a. Yes....go to question 9
- b. No.....go to question 8

8. Where were you born?

9. Please share the year of your birth_____

10. Interviewer: record participant gender_____

Now some questions about oral and dental health among your clients

11. Are you familiar with the dental questions in the STARS assessment?

12. How many clients have you identified over the past year as having problems with their teeth, mouth or dentures?

13. What kinds of problems with teeth, mouth or dentures do clients experience?

14. When a client has a problem with their teeth, mouth or dentures, what steps do you take?

Prompts: For example, do you provide them with literature on how to take care of their mouth, or do you make a referral to the dentist?

15. Have you encountered clients who experience problems eating or chewing due to problems with their teeth, mouth or dentures?

16. What are the most common foods that clients experience difficulty eating?

17. When you identify a client who experiences problems eating or chewing due to problems with their teeth, mouth or dentures what steps do you take to help them? Probe: link to dentist, tell client to chop food or puree it to soften food, report to supervisor etc.

18. How useful do you think it will be if you can get pureed or chopped foods for clients who have difficulty eating or chewing due to problems with their teeth, mouth or dentures?

Now some questions about STARS

19. Do you find the dental questions in the STARS assessment easy to use?

20. Do you find the dental questions in the STARS assessment to be useful in identifying clients with dental needs?

21. Are there any additional questions that you think may be useful to add?

22. Are there any questions that you think may be useful to remove?

23. Have you ever used the dentist directory that DFTA developed to find a dentist for a client? If yes, did you find it easy to use?

24. Please rate the following dental care problems among your clients in order from most important (1) to least important (4)

- a. Difficulty getting to the dentist
- b. No dental insurance/no way to pay for dental care
- c. Difficulty keeping teeth, mouth or dentures clean
- d. Difficulty buying toothbrush/toothpaste/denture care (do you poor mobility or finances)

25. Please rate the following dental problems among your clients in order from most important (1) to least important (4)

- a. No teeth
- b. No dentures
- c. Difficulty eating/chewing
- d. Difficulty speaking

26. Do you have any suggestions for how we can better address dental problems among HDM clients?

27. Do you have any additional questions or comments for me?