

Oral Health Equity - Organizational Assessment Survey

The [Vermont Oral Health Equity Project](#) is a coalition of community-based and statewide organizations working to identify and prioritize solutions that center the well-being of people and communities facing the greatest oral health disparities. This approach is driven by engagement and leadership from people facing health disparities, building partnerships in the health equity sphere, and collectively creating an oral health policy agenda.

As the first step in identifying oral health care and access challenges, Voices for Vermont's Children and their Oral Health Equity Advisory partners are creating a Vermont oral health landscape analysis based upon public health data, a survey of residents, a profile of existing policies that support or hinder oral health equity, and this organizational assessment. The purpose of this assessment is to directly connect with Vermont organizations that work with communities known to experience health disparities and:

1. Enhance our understanding of regional health services and issues in Vermont.
2. Highlight organizations' current activities related to oral health care and identify the strengths of their organizations and communities;
3. Identify opportunities to expand oral health support and advocacy that centers the needs of impacted people; and
4. Articulate what the organization needs in order to realize these opportunities.

Please note that there are a number of questions that have been added to help identify spam responses. We appreciate your understanding. If you have questions, would like more information, or want to see the results of the survey, please feel free to contact [Michelle Fay](#) or [Carlen Finn](#) at [Voices for Vermont's Children](#).

* Indicates required question

Organizational Information

These questions will help us understand the organization's purpose and who you serve.

1. Which categories best describe the organization? *

Check all that apply.

- Health care
- Faith-based
- Housing
- Community Action Program
- Other human service organization (e.g. youth services, services for older adults, people with disabilities)
- PreK-12 school
- Early Care and Education
- Advocacy/Activism
- Other

2. What county(ies) do you serve? *
- (This is a short answer question rather than multiple choice to help foil the spambots)*
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3. **What population(s) do you primarily serve? (check all that apply) ***

Check all that apply.

- Older adults
- Children
- Youth
- People with disabilities
- 2SLGBTQIA+
- Black, Indigenous, and other people of color (BIPOC)
- Immigrants
- Migrant communities
- People/families with low incomes
- People who are uninsured or under-insured
- People who are not securely housed
- General population
- Other

Current Practices

7. How significant are the following dental health care barriers for the people you serve or represent?

Mark only one oval per row.

	Not significant	Moderately significant	Very significant
Costs too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't find a provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't find access to timely care for acute/emergent needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providers near me do not accept my insurance, including Medicare and Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance doesn't cover the services I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural needs and/or differences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't take time off from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. In your observation, is there a demographic or oral health care need that is particularly challenging in your community? Could you describe this? (For example, children needing specialist care, older adults in need of dentures, etc)

9. How does your organization address these concerns directly or indirectly?

10. What kinds of resources would increase your capacity to better address these concerns together with, or on behalf of, the individuals you serve?

11. How did you hear about this survey? *

(We are asking this to help us weed out the spam responses- please be as clear as possible)

Optional contact information

If you are willing to provide your name and contact information in case we have follow-up questions, or if you'd like to stay informed about the project, please complete this section.

12. Name of person responding

13. Name of Organization

14. Email address

15. Phone number

16. Website/social media handle

17. Would you like to receive updates about this project?

Mark only one oval.

Yes

No

Just the final landscape report please

Thank you for taking the time to participate!

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