# **Oral Health Care Access Survey**

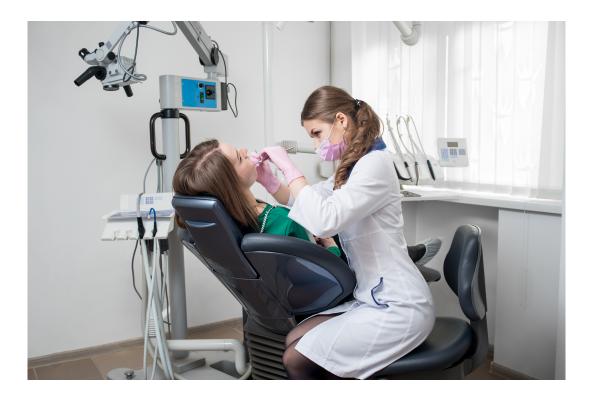
Voices for Vermont's Children with our Oral Health Equity partners would like to learn from you about your overall health care and dental care access. Completing this survey is voluntary and confidential, and we greatly appreciate your willingness to answer the questions. Parents or caregivers with children may choose to complete the survey on behalf of a child.

After competing the survey, you may choose to click on the provided link to be entered into a drawing for a **\$100 cash card.** Depending on the survey response up to five may be awarded to participants. The drawing will occur on October 20th, winners will be contacted the week following.

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 <u>Michelle Fay</u> or <u>Carlen Finn</u> at <u>Voices for Vermont's Children</u>.

#### \* Indicates required question



#### **Overall Health Status**

These questions will help us understand your experience with accessing health care and how it has impacted your health. Later, we'll ask similar questions focused on oral health and dental care.

1. How would you rate your overall health? \*

Mark only one oval.

	1	2	3	4	5	
Poo	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	Excellent

2. Do you receive annual medical check-ups and receive care when you don't feel well? \*

Mark only one oval.

	1	2	3	4	5	
Nev (	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	Always

3. If you've had a hard time receiving health care (including dental care) in the last 3 years, what got \* in the way? (Select all that apply)

Check all that apply.

Does not apply to me - I've never had a problem accessing the health care I need.

Not affordable

Can't find a health care provider near me.

Providers near me do not accept my insurance, including Medicare and Medicaid.

Insurance doesn't cover the services I need

Language

Cultural awareness/respect

Couldn't take time off from work.

I didn't have transportation.

4. If you've had more or different challenges with getting dental care compared other types of care, what were they?

Overall health is impacted by more than access to care. Housing, food, and financial security are \* major contributors. Please indicate your agreement with the following statements about these essentials.

In the past 12 months, you/your family:

Mark only one oval per row.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Had safe, affordable, adequate housing	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Had enough nutritious food				$\bigcirc$		
Could cover your bills	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

6. What would make it easier for you to get the health care you need?

## **Oral Health Status**

These questions will help us understand your experience with accessing <u>dental health care specifically</u>, and how it has impacted your oral health.

7. How would you rate your oral health? \*

Mark only one oval.

1 2 3 4 5

Poo O C Excellent

8. Do you have access to dental care on a regular basis? (Do you receive preventive cleanings at least once/year and receive treatment when you have tooth/gum pain?)

Mark only one oval.

	1	2	3	4	5	
Nev	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	Always

9. How does your oral health impact your life? For example does it impact your relationships, work, or overall health?

10. Can you describe an experience related to oral health (ie dentist, hygenist, etc), where you left feeling very supported/happy with how the experience turned out?

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)



### **Demographic Questions**

These questions will help us understand how different identities may face unique challenges in receiving dental care. They are optional and confidential.

## 13. What is your age?

Mark only one oval.

- Under 18
- 19-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- 14. With which gender do you identify? (Select all that apply)

Mark only one oval.

Female/woman
Male/man
Trans Woman
Trans Man
Genderqueer or nonconforming
Nonbinary
Prefer to self-identify (enter below)
Other:

15. Do you consider yourself to be: (Select all that apply) •

Check all that apply.

Straight/heterosexual	
-----------------------	--

- Lesbian, gay, bisexual, queer, questioning
- Prefer to self-identify as (enter below)

	Other:
--	--------

16. With which race/ethnicity do you identify? (Select all that apply)

Check all that apply.

Asian American or Asian
Black
Hispanic or Latinx
Indigenous/American Indian/Alaska Native
Middle Eastern or North African
Pacific Islander or Native Hawaiian
White
Prefer to self-identify or provide more specific information (enter below)
Other:

17. Are you a person with a disability/a disabled person?

18.	What	social	class	do	vou	identify	with?
		000101	0.000	0.0	,00	10.01101	

Mark only one oval.

 Wealthy

 Upper-middle or Professional

 Middle-class

 Working-class

 Low-income or Poor

 Prefer to self-identify (enter below)

 Other:

19. Which county do you live in? \*

THANK YOU! After you submit you'll be given a link to enter a drawing for a \$100 cash card. Your entry will be kept separate from your survey response to maintain confidentiality.

This content is neither created nor endorsed by Google.

Google Forms