



Florida Medicaid Oral Health Consumer Engagement Survey

Greetings!

Florida Medicaid strives to ensure the overall health of your child. An important part of overall health is dental care.

We would like to invite you to participate in a survey about dental services your child can receive **for free**. We also hope to get a better understanding of your knowledge of oral health.

Your answers will help us make dental care better for all children with Medicaid health insurance.

We respect your decisions and your privacy:

- *Your participation in this survey is voluntary.*
- *You have the option to not answer any questions that you are not comfortable with.*
- *Your responses are private and will never be shared with anyone.*
- *Your name and Medicaid ID will not be associated with this survey.*
- *There are no risks or benefits involved in participating in this survey.*
- *Your choice to participate or not participate will not affect the dental and medical services available to your child.*
- *This survey will take approximately 10 minutes*

***This survey was developed by Florida Medicaid and will be administered in partnership with Staywell Health Plan's Dental vendor Liberty Dental. If you have any questions or concerns about this survey, please contact Megan Thompson with Florida Medicaid at 850-412-4145, megan.thompson@ahca.myflorida.com*

Let's get started!

1.) You have read the above information

You voluntarily agree to participate

You are 18 years of age or older

- Yes, I agree
- No, I disagree

2.) Would you like to answer a survey about your child's dental care?

- Yes
- No

If no, we encourage you to visit the links below:

- Learn more about children's oral health: <http://www.mouthhealthykids.org/en/>
- Find a Medicaid dentist for your child: <http://www.insurekidsnow.gov/state/fl/index.html>



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Thank you for agreeing to help us! Please, tell us about yourself and your family.

3.) How many children enrolled in Medicaid (between the ages of 1 and 20) live in your home?

- 1 Child
- 2 Children
- 3 Children
- 4 Children
- More than 4 Children

4.) In what is your child's ethnicity?

- Caucasian
- African American
- Hispanic
- Other
- I have children with multiple ethnicities

5.) In what part of the State of Florida do you live?



- Northwest
- Northeast
- Central East
- Central
- Central West
- South West
- South East
- Florida Keys



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We are glad to know more about you and your family. Now, let's discuss oral health. If you have multiple children, please choose one child between the ages of 0-20 to answer the following questions

6.) In your opinion, how old should your child be when he/she first visits a dentist?

- Newborn-2 years old
- 3-5 years old
- 6-8 years old
- 9-11 years old
- 12-14 years old
- Only when they have a problem or mouth pain
- I am not sure

7.) Do you believe it is important to clean a baby's mouth after each feeding, even before they have teeth?

- Yes
- No
- I am not sure

8.) How often does your child brush his/her teeth?

- Not at all
- Once a day
- At least twice a day
- Only after desserts or sweets
- I am not sure

9.) Where does dental plaque stick to in the mouth?

- On the gums
- On the tongue
- On the teeth
- All of the above
- I have never heard about plaque
- I am not sure

10.) What is the most important reason for your child to brush his/her teeth?

- To look clean and bright
- To prevent the development of plaque, caries and gum disease
- To get rid of bad breath
- I am not sure



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11.) How often do you allow your child to have sweet foods and/or drinks?

- 1-3 times per day
- 4-6 times per day
- 7-10 times per day
- Only on special occasions
- None at all
- I have never thought about this before
- I am not sure

12.) Are you familiar with dental sealants?

- No
- Yes

13.) Has your child had dental sealants applied to their teeth?

- Yes
- No-Skip to question 15
- I am not sure-Skip to question 15

14.) Where did your child have sealants applied?

- At my child's doctor's office
- At my child's school
- In a mobile dental van
- At a free community dental event
- At a free dental clinic
- At the health department
- I am not sure

15.) How would you rate the health of your child's teeth and gums?

- Excellent
- Very Good
- Fair
- Poor

16.) Has your child had painful teeth or gums in the past 12 months?

- Yes
- No



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17.) When was the last time your child visited the dentist?

- Less than one year ago
- Between 1 and 2 years ago
- Over 2 years ago
- My child has never seen a dentist-skip to question #19
- I am not sure

18.) Why did your child last visit the dentist?

- Regular checkup and cleaning
- Tooth or gum pain
- Other
- I do not want to answer

19.) Within the last year, has your child been able to see a dentist when he/she needed to?

- Yes
- No
- I do not want to answer

20.) Where does your child normally go for dental care?

- Emergency room
- Community Health Department
- Their regular doctor
- Their dentist
- A dental school
- My child's school provides dental care
- My child does not receive dental care

21.) What are some of the challenges you face in seeing the dentist? (please select all that apply)

- I do not have any challenges in taking my child to the dentist
- I cannot get time off of work
- My child fears the dentist
- The dentist I contacted does not accept Medicaid
- I cannot find a ride to the dentist
- I cannot find a dentist that speaks my language
- I have to wait too long in the waiting room
- It takes too long to get an appointment
- My child's dentist office is not open when I need to go
- I don't have someone to watch my children that do not need to go to the dentist appointment
- I do not have time
- I forget to schedule my child's appointment

Other: _____



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22.) Are you aware that children between the ages of 1-20 enrolled in Medicaid are eligible for a free dental screening, cleaning and sealants one time per year?

- Yes, I know that
- No, I did not know that-skip to question #24

23.) How did you find out?

- My child/children's doctor told me
- Our health insurance plan told me
- A friend or family member told me
- I saw an advertisement/Flyer
- I received a text message
- I saw it on social media (facebook, twitter, etc.)
- Other: _____

24.) Do you know how to locate a dentist that will accept Medicaid health insurance?

- Yes
- No

25.) Upon the completion of this survey, are you considering scheduling a dentist appointment for your child?

- Yes
- No
- Maybe
- I do not know

26.) Upon completing this survey are you likely to seek more information about how to keep your child's teeth healthy?

- Yes
- No
- I do not know

Thank you for completing the survey! Your feedback will help us to improve Florida Medicaid dental benefits for children. Please find the attached information sheet that will provide you with more information about preventive dental benefits and how you can schedule an appointment.