

Oral Health Alliance Consumer Engagement Survey

We would like to invite you to participate in a web-based online survey that will help us to better understand the barriers that people face when trying to access dental care. Your participation will educate the Oral Health Alliance researchers so they better understand the barriers in your community to help improve children's access to dental care.

This is a research project being conducted by the Florida Institute for Health Innovation (FIHI). Please read the following before participating:

***Your participation in this survey is voluntary.**

***You may refuse to take part in the research or exit the survey at any time.**

***If you are not comfortable answering a question or you do not wish to answer you can select 'decline to answer.'**

***Your responses to this survey will be anonymous.**

***There are no risks involved in participating in the survey.**

***There are no direct benefits to participating in the survey.**

***Your participation or lack of participation will not affect the dental services available to you or your child.**

***The survey should take approximately 10 minutes to complete.**

If you have any questions or concerns please contact Christine Hom with the Florida Institute for Health Innovation by email at chom@flhealthinnovation.org or by phone at (561) 838-4444.

If you want to talk with someone independent of the research team for questions or concerns about the research you can contact the Florida Department of Health Institutional Review Board. An Institutional Review Board is a group of people who review research to ensure participants are protected and the research is conducted in an ethical way. You can contact the IRB at: 850-245-4585

By selecting 'Yes, I agree' you understand this section and volunteer to participate in the survey.

* 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.



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

Yes

No



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* 3. How many children between the ages of 3 to 14 live in your home?

1

5

9

2

6

10+

3

7

Decline to answer

4

8

* 4. Surveyor: Thinking about your children, choose one between the ages of 3 to 14 to answer the following questions.

Does your child have a dentist that he/she visits regularly?

Decline to answer

Yes

No



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* 5. Does your child have any form of health insurance?

Decline to answer

Yes

No



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* 6. What type of insurance does your child have?

Private Insurance

Medicaid

Medicare

Kidcare/CHIP

Decline to answer



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* 7. Thinking about your child's last dental visit, how do you feel you were treated?

- Very Well
- Well
- Neither well nor poorly
- Poorly
- Very Poorly
- Decline to answer

* 8. Do you have a dentist you visit regularly?

- Yes
- No
- Decline to answer

* 9. How did you find a dentist for your child?

- | | |
|----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> A Medicaid provider list online | <input type="checkbox"/> My child's doctor |
| <input type="checkbox"/> Medicaid provider list handbook | <input type="checkbox"/> Through Social Services |
| <input type="checkbox"/> Through private insurance | <input type="checkbox"/> Through my child's school |
| <input type="checkbox"/> Through the yellow pages | <input type="checkbox"/> Other |
| <input type="checkbox"/> An internet search | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Asking family and friends | |

* 10. How old was your child when he/she first went to the dentist?

- Newborn - 2
- 3-5
- 6-8
- 9-11
- 12-14
- Do not remember
- Decline to answer

* 11. How often does your child visit the dentist?

- Every 3 months
- Every 6 months
- Once a year
- Every 2 years
- When my child has a problem or mouth pain
- Decline to answer

* 12. In the past have you ever cancelled an appointment for any of the following reasons? (Check all that apply)

- I couldn't find transportation
- No one in the office spoke my language
- It was too expensive
- The wait at the office was too long
- The time was not convenient for me
- Decline to answer

* 13. At your child's last dental appointment, how happy were you with the dental care provided?

- Very happy
- Somewhat happy
- Neutral
- Somewhat disappointed
- Very disappointed
- Decline to answer

* 14. Did your dentist ever use a papoose for your child during their visit?

Papoose: a restraint to keep your child from moving during dental work or a dental exam.

- Yes
- No
- Decline to answer

* 15. Surveyor: Please think about your child's last dental visit when answering the following questions.

Did the dentist listen to everything you had to say?

- | | |
|---------------------------------------|-----------------------------------------|
| <input type="radio"/> Yes, everything | <input type="radio"/> No |
| <input type="radio"/> Most | <input type="radio"/> Not applicable |
| <input type="radio"/> Some | <input type="radio"/> Decline to answer |
| <input type="radio"/> A little | |

* 16. Did you understand everything the dentist said?

- | | |
|---------------------------------------|-----------------------------------------|
| <input type="radio"/> Yes, everything | <input type="radio"/> No |
| <input type="radio"/> Most | <input type="radio"/> Not Applicable |
| <input type="radio"/> Some | <input type="radio"/> Decline to answer |
| <input type="radio"/> A little | |

* 17. Did you have questions about your child's dental care that you wanted to ask but didn't?

- Yes
- No
- Decline to answer

* 18. Did you trust the dentist treating your child?

- Yes
- No
- Decline to answer

* 19. Has your child's dentist ever discussed any of the following with you? (Check all that apply)

- | | |
|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Decline to answer | <input type="checkbox"/> Oral Hygiene |
| <input type="checkbox"/> Cavities | <input type="checkbox"/> Sealants |
| <input type="checkbox"/> Flossing | <input type="checkbox"/> Malocclusion |
| <input type="checkbox"/> Caries | <input type="checkbox"/> None |



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* 20. Does your child have any form of health insurance?

Decline to answer

Yes

No



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* 21. What type of insurance do you have?

Private insurance

Kidcare/CHIP

Medicaid

Other

Medicare

Decline to answer

* 22. Do you have a dentist you visit regularly?

Yes

No

Decline to answer

* 23. Has your child ever been to the dentist?

Yes

No

Decline to answer

* 24. Please state how much you agree with the following statement.

Dental health is an important part of my child's overall health.

Strongly Agree

Strongly Disagree

Agree

I'm not sure

Do not agree or disagree

Decline to answer

Disagree

* 25. How do you rate your child's overall health?

- | | |
|---------------------------------------|-----------------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Poor |
| <input type="radio"/> Very good | <input type="radio"/> Very poor |
| <input type="radio"/> Good | <input type="radio"/> Decline to answer |
| <input type="radio"/> Not good or bad | <input type="radio"/> Not sure |

* 26. How do you rate your child's dental health?

- | | |
|---------------------------------------|-----------------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Poor |
| <input type="radio"/> Very good | <input type="radio"/> Very poor |
| <input type="radio"/> Good | <input type="radio"/> Decline to answer |
| <input type="radio"/> Not good or bad | <input type="radio"/> Not sure |

* 27. What are some of the reasons your child doesn't visit the dentist? (Check all that apply)

- | | |
|------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> The dentist is too far | <input type="checkbox"/> Not enough time to take my child to the dentist |
| <input type="checkbox"/> I have trouble finding transportation | <input type="checkbox"/> I cannot find a dentist for my child |
| <input type="checkbox"/> No one in the office speaks my language | <input type="checkbox"/> My child does not have dental insurance |
| <input type="checkbox"/> It is too expensive | <input type="checkbox"/> I cannot find a dentist who takes my child's insurance |
| <input type="checkbox"/> The waits are too long at the office | <input type="checkbox"/> My child does not need dental care |
| <input type="checkbox"/> The office is not open when I can go | <input type="checkbox"/> Other |
| <input type="checkbox"/> I cannot get an appointment | <input type="checkbox"/> Decline to answer |

* 28. Where do you find dental health information for your child?

- | | |
|----------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> My child's doctor | <input type="checkbox"/> My child's school |
| <input type="checkbox"/> Online | <input type="checkbox"/> I do not know where to find this information |
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> My child's teachers | <input type="checkbox"/> Decline to answer |



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* 29. Parent gender?

- Male
- Female
- Decline to answer

* 30. In which county do you live?

- | | | |
|-----------------------------------------|------------------------------------|----------------------------------|
| <input type="radio"/> Decline to answer | <input type="radio"/> Hamilton | <input type="radio"/> Okaloosa |
| <input type="radio"/> Alachua | <input type="radio"/> Hardee | <input type="radio"/> Okeechobee |
| <input type="radio"/> Baker | <input type="radio"/> Hendry | <input type="radio"/> Orange |
| <input type="radio"/> Bay | <input type="radio"/> Hernando | <input type="radio"/> Osceola |
| <input type="radio"/> Bradford | <input type="radio"/> Highlands | <input type="radio"/> Palm Beach |
| <input type="radio"/> Brevard | <input type="radio"/> Hillsborough | <input type="radio"/> Pasco |
| <input type="radio"/> Broward | <input type="radio"/> Holmes | <input type="radio"/> Pinellas |
| <input type="radio"/> Calhoun | <input type="radio"/> Indian River | <input type="radio"/> Polk |
| <input type="radio"/> Charlotte | <input type="radio"/> Jackson | <input type="radio"/> Putnam |
| <input type="radio"/> Citrus | <input type="radio"/> Jefferson | <input type="radio"/> Santa Rosa |
| <input type="radio"/> Clay | <input type="radio"/> Lafayette | <input type="radio"/> Sarasota |
| <input type="radio"/> Collier | <input type="radio"/> Lake | <input type="radio"/> Seminole |
| <input type="radio"/> Columbia | <input type="radio"/> Lee | <input type="radio"/> St. Johns |
| <input type="radio"/> DeSoto | <input type="radio"/> Leon | <input type="radio"/> St. Lucie |
| <input type="radio"/> Dixie | <input type="radio"/> Levy | <input type="radio"/> Sumter |
| <input type="radio"/> Duval | <input type="radio"/> Liberty | <input type="radio"/> Suwannee |
| <input type="radio"/> Escambia | <input type="radio"/> Madison | <input type="radio"/> Taylor |
| <input type="radio"/> Flagler | <input type="radio"/> Manatee | <input type="radio"/> Union |
| <input type="radio"/> Franklin | <input type="radio"/> Marion | <input type="radio"/> Volusia |
| <input type="radio"/> Gadsden | <input type="radio"/> Martin | <input type="radio"/> Wakulla |
| <input type="radio"/> Gilchrist | <input type="radio"/> Miami-Dade | <input type="radio"/> Walton |
| <input type="radio"/> Glades | <input type="radio"/> Monroe | <input type="radio"/> Washington |
| <input type="radio"/> Gulf | <input type="radio"/> Nassau | |

* 31. What is your age?

- 18-24 years old
- 25-35 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older
- Decline to answer

* 32. What is your annual combined household income?

- Less than \$20,000
- 20,000 to 34,999
- 35,000 to 49,999
- 50,000 to 74,999
- 75,000 to 99,999
- 100,000 to 149,999
- 150,000 or more
- Decline to answer

* 33. What is the last grade you completed?

- | | |
|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> Some grammar school | <input type="radio"/> Technical or Associate Degree |
| <input type="radio"/> Grammar school (up to 6th grade) | <input type="radio"/> Undergraduate Degree |
| <input type="radio"/> Middle school (up to 8th grade) | <input type="radio"/> Advanced Degree |
| <input type="radio"/> Some high school (up to 11th grade) | <input type="radio"/> No education |
| <input type="radio"/> High School Diploma or GED | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Some College/University | |

* 34. How do you identify your race?

- | | |
|--------------------------------------------------------|-----------------------------------------------------------|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> Asian | <input type="radio"/> White |
| <input type="radio"/> Black or African American | <input type="radio"/> Other |
| <input type="radio"/> Haitian/Creole | <input type="radio"/> Decline to answer |
| <input type="radio"/> Hispanic or Latino | |

* 35. What is your current employment status?

- | | |
|-------------------------------------------------|---------------------------------------------------------|
| <input type="radio"/> Full Time | <input type="radio"/> Unemployed for less than one year |
| <input type="radio"/> Part Time (one job) | <input type="radio"/> Unemployed for one year or more |
| <input type="radio"/> Part Time (multiple jobs) | <input type="radio"/> Retired |
| <input type="radio"/> Student | <input type="radio"/> Decline to answer |

* 36. What is your current relationship status?

- | | |
|---------------------------------|--------------------------------------------|
| <input type="radio"/> Single | <input type="radio"/> Civil Union |
| <input type="radio"/> Married | <input type="radio"/> Never Married |
| <input type="radio"/> Widowed | <input type="radio"/> Domestic Partnership |
| <input type="radio"/> Divorced | <input type="radio"/> Decline to answer |
| <input type="radio"/> Separated | |

* 37. In what language do you communicate the most?

- Spanish
- English
- Creole
- Portuguese
- Russian
- Other
- Decline to answer



**Florida Institute for
Health Innovation**

RESULTS-ORIENTED. RESPONSIVE. DATA-DRIVEN.

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Thank you very much for your participation in this survey!

**Again, if you have any questions or concerns, please contact Christine Hom at
chom@flhealthinnovation.org or 561.838.4444**