



# Oral Health Equity Self-Assessment Questionnaire

This document lists questions that Iowa Medicaid may require future contracted Pre-paid Ambulatory Health Plan (PAHP) to ask members assigned to them.

Members are asked to complete surveys with similar questions to the ones below. Responses are used to identify resources to improve health outcomes and member experience.

## GENERAL MEMBER INFORMATION

1. Enter your Medicaid ID (located on your Dental Wellness Plan card. It contains 7 numbers followed by a letter. \_\_\_\_\_)
2. Select your race and ethnicity:
  - American Indian or Alaskan Native
  - Asian or Pacific Islander
  - Black or African American
  - Hispanic or Latino
  - White / Caucasian
  - Prefer not to answer
  - Other (please specify)
3. Select your primary language spoken at home:
  - English
  - Spanish
  - Other
4. Select your gender identify from the list below.
  - Male
  - Female

## HEALTH

5. Do you have any major medical conditions like diabetes, heart disease, stroke, or Parkinson's Disease?
  - Yes

No

6. Do you have any disabilities? If yes, select what kind.

- Physical Disability
- Intellectual and Developmental Disability
- Other
- I do not have any disabilities

## ORAL HEALTH/DENTAL

7. What is the overall condition of your mouth?

- Poor
- Fair
- Good
- Excellent

8. Have you had any dental pain in the last month?

- Yes
- No

9. Do your gums bleed when you brush?

- Yes
- No

10. Have you had any new fillings or crowns (caps) in the last two years?

- Yes
- No

11. Are all of your teeth gone?

- Yes
- No

12. Do you smoke or use e-cigarettes?

- Yes
- No

13. Do you brush your teeth with a fluoride toothpaste?

- Yes
- No

14. Do you frequently snack on sugary foods or drinks?

- Yes
- No

15. How long has it been since you last visited a dentist or dental clinic for any reason?

- Within last year
- Within 1 - 2 years
- Over 2 years

16. If you did not see a dentist in the last 12 months, what were the main reasons? Check all that apply.

- Fear
- Inconvenient location or time
- Trouble finding a dentist
- No teeth
- No reason/need
- Cost
- Transportation
- Didn't know I had dental coverage
- I only go when I have problems
- Covid-19
- Other
- I saw a dentist in the last 12 months

## SUPPORT SERVICES

17. Would you like additional support services? Check all that apply.

- Make an appointment with a dentist
- Get more information about my dental health
- Contact me about other questions I have
- Find Food or Meal Services
- Find Shelter
- Find Child Care
- Access Transportation
- Find Home Health Care