

January 2017

## Questionnaire to inform an Oral Health Plan for Nuu-chah-nulth Communities

### What is this about?

Oral health is important for overall health. For you it might mean having no pain, being able to chew food you enjoy, or having a healthy smile. For oral health professionals like dentists or dental therapists, oral health refers to the condition of your mouth, including teeth and gums.

Nuu-chah-nulth Tribal Council, First Nations Health Authority and Island Health are working together to help Nuu-chah-nulth community members to have good oral health. We need your help to help us build a plan will support you and others living in Nuu-chah-nulth communities. Please take some time to give your answers to these questions. *This survey is confidential, so no one else will know your answers.*

### Tell us a bit about you:

#### Q1 Which First Nation are you a member of? (please check one)

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Kyuquot                  | <input type="checkbox"/> Ahousaht      | <input type="checkbox"/> Ditidaht     |
| <input type="checkbox"/> Ehattesaht               | <input type="checkbox"/> Tla-o-qui-aht | <input type="checkbox"/> Pacheedaht   |
| <input type="checkbox"/> Nuchatlaht               | <input type="checkbox"/> Ucluelet      | <input type="checkbox"/> Tseshaht     |
| <input type="checkbox"/> Mowachaht /<br>Muchalaht | <input type="checkbox"/> Toquaht       | <input type="checkbox"/> Hupacasath   |
| <input type="checkbox"/> Hesquiaht                | <input type="checkbox"/> Huh-ay-aht    | <input type="checkbox"/> Uchucklesaht |

#### Q2 Where do you live? (please check one)

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Ahousaht         | <input type="checkbox"/> Huu-Ay-Aht   | <input type="checkbox"/> Port Renfrew  |
| <input type="checkbox"/> Campbell River   | <input type="checkbox"/> Kyuquot      | <input type="checkbox"/> Tahsis        |
| <input type="checkbox"/> Ditidaht         | <input type="checkbox"/> Macoah       | <input type="checkbox"/> Tasxana       |
| <input type="checkbox"/> Ehattesaht       | <input type="checkbox"/> Mayne Island | <input type="checkbox"/> Tla-O-Qui-Aht |
| <input type="checkbox"/> Esperanza        | <input type="checkbox"/> Merritt      | <input type="checkbox"/> Tofino        |
| <input type="checkbox"/> Gold River       | <input type="checkbox"/> Nanaimo      | <input type="checkbox"/> Tsaxana       |
| <input type="checkbox"/> Grand Prairie    | <input type="checkbox"/> Ocluge       | <input type="checkbox"/> Tseshaht      |
| <input type="checkbox"/> Hesquiaht        | <input type="checkbox"/> Pachena      | <input type="checkbox"/> Ucluelet      |
| <input type="checkbox"/> Hittatsoo        | <input type="checkbox"/> Parksville   | <input type="checkbox"/> Victoria      |
| <input type="checkbox"/> Hot Springs Cove | <input type="checkbox"/> Port Alberni | <input type="checkbox"/> Zeballos      |
| <input type="checkbox"/> Hupacasath       | <input type="checkbox"/> Port Hardy   |  |



**Q3 What age group are you a part of? (please check one)**

- 0-7 years
- 8-19
- 20-39
- 40 – 65
- over 65

**Q4 How many children (under 0-19) and/or elders are in your care AND need your help to get dental care? (please check one)**

\_\_\_\_\_ Children

\_\_\_\_\_ Elders

**Q5 What does oral health mean to you? *Tell us how you know when you have good oral health?***

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**Q6 How important is it to you to have good oral health? *Select a number that best describes how important it is for you to have good oral health.***

1  
not important

2

3  
neutral

4

5  
very important



**Q7 How would you rate your oral health? Circle one of these numbers or answers**

- 1 - I have poor oral health
- 2 - I have below average oral health
- 3 - my oral health is neither poor nor excellent
- 4 - I have above average oral health
- 5 - I have excellent oral health

**Q8 There are some things you can do to enjoy good oral health. How many of these things are HARD or DIFFICULT for you to do? Check all the answers that apply to you.**

- Having what I need to take care of my teeth, like toothbrushes, fluoride toothpaste
- Brushing daily
- Knowing what foods are good for my teeth and which are not good
- Avoiding sweets and sugary drinks
- Visiting an oral health (dental) professional regularly
- Other \_\_\_\_\_

**Q9 How often do you see an oral health professional (dentist, dental therapist, dental hygienist) for check-ups, cleaning and fixing oral health problems?**

- Never
- I **only** see an oral health professional when I have pain or difficulty chewing
- I visit an oral health professional regularly

**Q10 IF you see an oral health professional regularly, how often do you go? Please check one of the following.**

- Less than once a year
- Once a year
- Twice a year or more

**Q11 IF you visit one or more oral health professionals, which community do you go to usually or most often?**

Most often \_\_\_\_\_

Second-most often \_\_\_\_\_

Third-most often \_\_\_\_\_

**Q12 If you visit an oral health professional, who do you usually visit? *Select all that apply***

- Dentist (checks teeth, does fillings, fits dentures) and/or dental assistant (cleans and polishes teeth)
- Dental therapist (checks teeth, does fillings)
- Dental hygienist (cleans and checks teeth, does scaling, does not do fillings)
- Denturist (takes molds of mouth and fits dentures)
- Orthodontist (checks teeth and fits and adjusts braces)
- I'm not sure what profession my oral healthcare provider is

**Q13 If you know the name of your oral health professional, enter it here:**

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**Q14 Are there any challenges for you in seeing an oral health professional? *Select the best answer***

- Yes
- No
- Not sure

**Q15 IF there are challenges for you, what are you biggest challenges in seeing an oral health professional? *Select all that apply. If you have no challenges, please ignore this question***

- |  |   |
|--|---|
| <input type="checkbox"/> There are no oral health services available where I live  | <input type="checkbox"/> The cost is too high   |
| <input type="checkbox"/> Travel is too expensive                                   | <input type="checkbox"/> There is too much paperwork involved                                   |
| <input type="checkbox"/> Physically unable to get there                            | <input type="checkbox"/> No interest in going   |
| <input type="checkbox"/> Children or other family responsibilities                 | <input type="checkbox"/> No dentist will care for the children or elders in my care             |
| <input type="checkbox"/> No information on oral health professionals like dentists | <input type="checkbox"/> No one accepts First Nations benefits or they charge me on top of that |
| <input type="checkbox"/> Don't know how to book an appointment                     | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Treatment is painful                                      | _____   |
| <input type="checkbox"/> Fear of pain  |   |
| <input type="checkbox"/> Nervous – fear of pain or how I get spoken to             |   |

**Q16 How would you like to receive information about oral health? *Select all that apply***

- From our community health team
- Through posters in the community
- From someone who can learn and share oral health knowledge, such as a community member or group
- From a doctor or nurse or other health professional in the community
- From the dental therapist
- From a dentist
- From a dental hygienist
- At community events or meetings
- From an on-line source
- During in-home visits with health professionals

**Q17 If we can provide professional oral healthcare in or closer to your community, how likely would you be, to access those services locally instead of travelling? *Please circle the best answer***

- 1 – Strongly prefer to **travel**
- 2 – Prefer to **travel**
- 3 – Neutral – I don't care
- 4 – Prefer to **have dentist visit locally**
- 5 – Strongly prefer to **have dentist visit locally**

**Q18 If you prefer to travel for dental visits. Why?**

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**Q19 What would make it attractive for you to access oral healthcare in, or closer to your community instead of travelling to see an oral health professional? *Pick the most important reasons for you.***

- \_\_\_\_\_ Easier for me to get there
- \_\_\_\_\_ Save money
- \_\_\_\_\_ Save time
- \_\_\_\_\_ Less travel
- \_\_\_\_\_ Don't need to pay costs of treatment
- \_\_\_\_\_ I know and trust them
- \_\_\_\_\_ Other reason: \_\_\_\_\_

**Q20 How else can we support you to achieve and maintain good oral health??**

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**Thank you for taking the time to fill out our survey today. Your feedback is extremely important to us – *Please tell us how we could make the survey better.***

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If you have questions about the survey or how the information will be handled, please contact:

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