**A Pilot Study to Explore Caregiver’s Perception of University Dental Clinic For Patients With Special Health Care Needs**

by

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BA, Colgate University, 2015

Submitted to the Graduate Faculty of the

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Committee Page

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**Abstract**

**David Finegold, MD**

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Gi Ppeum (Joy) Lee, MPH

University of Pittsburgh, 2020

**Abstract**

While the individuals with disabilities or special health care needs (SHCNs) have been growing in number, they have continued to experience limited access to dental care services due to various reasons such as finance, transportation, accessibility, and availability of providers. In Western Pennsylvania, the Center for Patients with Special Needs (CPSN) at the University of Pittsburgh School of Dental Medicine (SDM) has been at the forefront to address such unmet dental needs. In order to assess satisfaction level and explore the journey of finding a dental home for individuals with SHCNs in the perspective of caregivers, a pilot study was conducted at the CPSN. Written surveys were distributed and collected from 21 caregivers. Responses were analyzed on nominal basis. The results showed that the major challenge to receiving care was availability or scheduling (35%), while the main reason for choosing the CSPN for dental care was general anesthesia (43%). The majority of the patients have been referred from hospitals, commonly because they outgrew the age requirement for Children’s Hospital. The participants rated their satisfaction level high with the lowest score in location. indicated that the CPSN is able to facilitate the transition of patients with SHCNs from pediatric to adult oral health care. The overall sentiments expressed by the participants were positive and grateful for the care they would not be able to receive elsewhere. The project produced outcome of public health significance by delineating the challenges that the patients and their caregivers face while finding a dental home and by highlighting the limited provision of oral health care for one of the most underserved populations.

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Preface

I would like to thank all of my professors at the University of Pittsburgh School of Dental Medicine and School of Public Health who have taught me clinical and fundamental knowledge and skills to care for individuals and to advocate for public health. A special acknowledgment goes to Dr. Rubin for your continuous mentorship and support throughout my time at the school, Dr. Finegold for your encouragement and new perspectives, and to Dr. Taiclet for your admirable dedication for education and delivery of care especially to those with special health care needs. Thank you DJ for your resilience and action for change and for your insights that I could not have gotten from anyone else. I would like to also thank my parents – Sang Cheol Lee and You Duk Go, who have not only taught me compassion and sacrifice but also encouraged me to pursue my passion for science and public health.

# Introduction

The American with Disabilities Act (ADA) defines “disability” as “a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.” (US Department of Justice). The American Association of Pediatric Dentistry (AAPD) defines Special Health Care Needs (SHCNs) as “any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity” (AAPD, 2016). The term SCHCN is often used in fields of pediatric care; however, for the purpose of this essay, it applies to all age groups.

The American Community Survey (ACS) conducted in 2016 by the US Census Bureau estimates that 12.8% of people in the U.S. have some type of disability – vision, hearing, cognitive, ambulatory, self-care, and independent living (Kraus et al., 2018). According to the National Survey of Children with Special Health Care Needs (NS-CSHCN), approximately 11.2 million children under 18 years of age have special health care needs in the U.S. (HRSA, 2013). With increased survival rates from chronic conditions due to enhanced medical care, individuals with SHCNs are increasing in number. It is estimated that approximately 750,000 adolescents with SHCNs reach adulthood each year (Scal, 2005).

Growing evidence has linked poor oral health and exacerbation of systemic and chronic diseases such as diabetes, atherosclerosis associated with subsequent heart diseases, respiratory illness, and systemic infection. People with SHCNs are especially vulnerable to oral diseases and its consequences as they often have existing health problems and/or compromised immunity. Iida H. et al. (2010) found that children with SHCN (CSHCN) have more unmet dental care needs than children without SHCN. Moreover, CSCHCN, especially those with more complex conditions, were more likely to get only non-preventative care with minimal, if any, preventative dental care services (Iida et al., 2010).

Limited access to dental care services for individuals with SHCNs remains as a major hurdle to their overall well-being. Barriers to dental health care may be placed into two main categories: 1) those inherent in the patient’s social, physical, and environmental circumstances, and 2) those presented by the healthcare delivery system. The former includes patient’s behavioral/attitudinal reluctance, mobility, communication, and medical condition. They are also challenged by accumulating cost of healthcare and necessary adjuncts such as wheelchair or specialized transportation means. Their financial burden is exacerbated by barriers presented by the health care delivery system such as high cost of insurance and limited coverage by state or federally funded programs. Physically, access to dental care may be hindered by lack of accessibility within and around facilities. Providers, who are also part of the healthcare system, present barriers in offering services due to inadequate training, insufficient number of personnel, and unwilling disposition (Williams et al., 2015; Iida et al., 2010; Kenney et al, 2008).

These barriers also influence each other. For example, state-assisted programs tend to have an overall low reimbursement rate to dentists, who in turn become reluctant to accept such program, in which many families of patients with SHCNs are enrolled. One study saw a significant correlation between general dentist’s willingness to care for children with SHCN and their willingness to accept Medicaid for children in general (Casamassimo et al., 2004). In addition, if children with more complex medical conditions were less likely to receive preventative dental care services, the costs of non-preventative dental care services can become a financial burden for the caregivers, while the providers may require additional personnel like anesthesiologist or another assistant for more complex procedures (Iida et al., 2010). As shown, various barriers interact to hinder access to dental care for individuals with SHCNs.

# Background

The Center for Patients with Special Needs (CPSN) at the University of Pittsburgh School of Dental Medicine has been at the forefront among dental schools in the United States addressing the unmet dental needs for individuals with special health care needs (SHCNs) and providing new curriculum and advanced clinical experiences for students. While the school had continuously increased the availability and access to patients with various needs, they took a step further by renovating an area to enhance accessibility and treatment capacity for patients with SHCNs in 2008. Since then, the CPSN has served over 3,000 individuals with SHCNs, coming from all over Pennsylvania and nearby states.

As a teaching institution, the dental services at the CPSN are provided by a team of dental students, dental hygiene students, and residents from various disciplines like dental anesthesiology and pediatric dentistry. All student treatment is overseen by faculty supervisors on floor. As the CPSN is part of dental school, a number of appointments per day are limited and appointment lengths are maximized in order to ensure quality of care delivered by students and residents, which in turn can cause difficulty in scheduling and extensive commitment of time for caregivers. In addition, the patients are most likely seen by different student providers at each visit, thus unable to receive continuous care.

The CPSN had not conducted any form of satisfaction survey or asked for written feedback prior to this project. In order to explore different barriers that the patients and their caregivers of the CPSN and assess satisfaction level, which in turn can serve as a baseline or further in-depth studies, the survey questions were drafted in consultation with the Director of CPSN and with the co-founder of Accessible Oakland, an advocacy group that raises awareness and increase accessibility in Oakland; both were informed that the questions will be included in this essay.

# Methods

The study was conducted at the Center for Patients with Special Needs (CPSN) at the University of Pittsburgh School of Dental Medicine (Pitt SDM) in February and March 2020. The project utilized the wait time for caregivers in the waiting lobby while the patients were receiving care in the dental chairs. The survey researcher reached each caregiver(s) individually with an introduction of name and position in SDM. The survey was first orally introduced with brief description of the purpose and method of the project, then the written description of the study was given for them to read and keep (Appendix A). After offering time for consideration and opportunity for initial questions, the caregivers were given the choice to participate or not. If they chose to participate, an informed consent form was given and reviewed orally (Appendix B). If they signed in agreement of participation, the written surveys were given on a clipboard with a writing utensil (Appendix C). The survey contained multiple choice answer questions, ordinal scales, and an open-ended question for free response answer. They were instructed that the researcher would return in ten to fifteen minutes for collection and any question can be answered at that time. The survey received a total of 21 responses with 100% rate of participation. The answers were transferred to a password encrypted excel file. Informed consents were scanned and kept in a password encrypted computer folder. All paper copies were shredded. Data analysis was conducted on nominal basis. An online word cloud generator was used to visually represent the free response answers; only verbs and adjectives used more than once were included.

# Results

The respondents were mostly parents (85.7%, n=18), more specifically mothers (66.7%, n=14), of the patients at the CPSN; the rest were grandparent (0.05%), caregiver (0.05%), and Certified Nursing Assistant (0.05%). The most commonly indicated type of SHCN was intellectual (30%), followed by communicational (27%), behavioral (22%), physical (16%), and other (5%) (Figure 1). Before coming to CPSN at Pitt SDM, 28.6% (n=6) of them went to their general dentist for dental care, and another 28.6% indicated hospitals as their dental homes (Figure 2a)

 The majority of the respondents (61.9%) were referred by either doctor or hospital to come to CPSN at Pitt SDM (Figure 2b). In addition, 9 of the 21 caregivers (42.9%) have been coming to CPSN for a range of 1-3 years (Figure 3a). All but two responses indicated that they use the means of automobile to get to Pitt CPSN, the rest used assisted ride (Figure 3b).

 When the survey asked for *one* main reason for coming to Pitt CPSN, the most common answers were general anesthesia (43%) and quality of care (33%) (Figure 4a). When asked for *one or more* secondary reason(s) for choosing Pitt CPSN, responses were more distributed and variable: quality of care (27%), staff/provider interaction (19%), proximity (location), accessibility (11%), insurance coverage (11%), and general anesthesia (11%) (Figure 4b). It is notable that some wrote out “only option” and “necessity” as their main and secondary reason respectively under the answer choice of “other.” On the other hand, the major challenge to receiving dental care at Pitt CPSN was scheduling or availability (35%) while the same number of respondents (35%) indicated “none” or left the question unanswered (Figure 5). The second biggest challenge was location with 18%, and it should be noted this includes two of the “other” responses that said “parking” as their answer.

 The participants were asked to rate their experience with their previous dentist and with Pitt CPSN by an ordinal scale of one (not satisfied at all) to five (very satisfied). The overall satisfaction level at the Pitt CPSN was higher and less variable compared to that of experience with their previous dentist (Table 1). For specific ratings for Pitt CPSN, staff/provider rating was the highest (4.91 out of 5) followed by accessibility (4.81), scheduling (4.57) and location (4.33).

 The Appendix D includes all responses to an open-ended question that asked to leave a comment or explanation to any of their answers. Figure 6 shows a word cloud of verbs and adjectives that were used more than once, with words increasing in size relative to its frequency. The words shown in the word cloud has an overall positive connotation. The most commonly used verbs or adjectives were “care”, “excellent”, and “wonderful.”

## Limitations

The sample size is limited, thus any statistical analysis would not be conclusive. Moreover, the collected sample size may not represent the patient population at the CPSN or in Pittsburgh area in general. This limitation was partially due to an unexpected shutdown of the clinic due to the COVID-19 Pandemic during the study period.

 In addition, the survey did not account for individuals with sensory and/or literacy limitations. The survey researcher encountered two cases of guardians with limited hearing; while one was accompanied by an interpreter, the other was not and communicated via writing and written forms (APPENDIX A and B).

## Figures

Figure 1 Types of health specal health care needs.

These were reported by caregivers (n=21)



A

A

A

A



B

B

B

B

Figure 2 Types of previous dental homes and source of referral.

A) Different types of dental home patients had before coming to CPSN in percentage (n=21). B) Different methods of finding CPSN for dental care in number (n=21). Other includes “friends on facebook,” “UPMC,” “Miracle Dental,” and unspecified.



B

B

B

B

A

A

A

A

Figure 3 Total length of patient histoy and travel time for each visit.

A) Duration of time the patient have been receiving dental care at Pitt CPSN (n=21). B) Travel time needed to receive care at Pitt CPSN (n=20).

A

A

A

A



B

A

A

A

Figure 4 Positive features of the CPSN*.*

1. **The primary reason for choosing CPSN for patient’s dental care (n=21). Other: “only option”. B) Secondary reason(s) for choosing CPSN for patient’s dental care (n=21). Others include: “medical”, and “necessity”.**



B

B

B

B



Figure 5 Challenges with receiving care at the CPSN.

Location includes two “other” responses that said “parking” (n=17)



Figure 6 Qualitative analysis of received free responses.

Word cloud that shows verbs or adjectives used at least twice in open-ended responses (n=13). Size increases directly with frequency.

## Tables

Table 1 Comparison of satisfaction level between previous dental home and the CPSN.

|  |  |
| --- | --- |
| **A** | Overall |
| Mean | 4.06 |
| Range | 1-5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B** | Accessibility | Location | Scheduling | Staff/Provider | Overall |
| Mean | 4.81 | 4.33 | 4.57 | 4.91 | 4.85 |
| Range | 3-5 | 2-5 | 2-5 | 4-5 | 4-5 |

**A) Overall Satisfaction level with previous dental home. (n=18) B) Satisfaction level in different categories of expereince at CPSN measured from 1-5 from very dissatisfied to very satisfied. N=21 for all categoreis except for overal experience that has n=20.**

# Discussion

It is noteworthy that the majority of the participants were referred from either their doctor or hospitals to the CPSN. Many had also written “children’s hospital” next to the multiple-choice responses for specification. This was expected as many patients are referred from UPMC Children’s Hospital of Pittsburgh for different reasons, usually for insurance or age. This shows a need for a systemic transition in place for individuals with SHCNs from adolescence to adulthood. Nowak (2010) found that 70% of the study respondents indicated that availability of general dentists was the major barrier to transitioning dental care from childhood to adulthood, which can be limited by the lack of provider’s willingness or experience and inaccessible dental offices. Another study showed that the most limiting factor for patients with SHCNs was finding a dentist willing to treat (34.2%) and that the older group of adolescents (18-26 years old) with SHCNs faced more challenges in finding a dentist than the younger group (3-17 years old) (Williams et al., 2015). As the population in the U.S. is aging altogether with the aid of medical and technical advance, providing continuous care from childhood to adulthood for individuals with SHCNs is an increasing concern.

The two main reasons why the participants come to the CPSN were “general anesthesia” (43%) and “quality of care” (33%), both of which are somewhat unique characteristics of the CPSN as a teaching institution. The normal appointment time at the CPSN is 180 minutes, much longer than that of average dental clinic. Providers are team based, ranging from two to six students and residents dedicated to each patient. Therefore, such attentive care likely contributed to caregiver’s perception of high quality of care. In addition, the University of Pittsburgh SDM is one of eight in the nation to offer dental anesthesiology residency programs, which enables them to equip the clinic with necessary supplies and personnel to provide general anesthesia to those in need (ADDA, 2019). However, non-school based clinics can still strive to follow suit by offering general anesthesia and training their providers and staff to offer enhanced and personalized care to patients with SHCNs.

Overall, the sentiment that the participants expressed in writing regarding their experience at the Center for Patients with Special Needs (CPSN) was overwhelmingly positive, also reflected by the high overall satisfaction level (Table 1). They also verbally commented their gratitude to have the CPSN available for dental care. While this positive feedback is encouraging for the CPSN, it also highlights a desperate need that the individuals with special health care needs (SHCNs) have had. One wrote out “only option” as the main reason for coming to the CPSN, which perhaps surmises their difficult journey of finding a dental home.

The biggest challenge, on the other hand, was scheduling or availability (Figure 5). The patient pool at the CPSN has only been increasing with a long wait list for new patients. The clinic is booked in advance for months. About half of the respondents have to travel more than an hour to the clinic, as the second biggest challenge they indicated was location. Such high demand again highlights the shortage of dental care available for individuals with SHCNs.

The CPSN has shown what dental schools can do to increase access to oral health care for individuals with SHCNs. Moreover, the clinic provides hands-on experience with treating patients with various special health care needs to future health professionals, which has been lacking nationwide (Casamassimo et al., 2004). The Commission of Dental Accreditation (CODA), however, recently revised the requirement from “graduates must be competent in assessing the treatment needs of patients with special needs” to “graduates must be competent in assessing *and managing* the treatment of patients with special needs” in 2019 (CODA, 2019). Although this significant direction of change by CODA may not affect every dental student’s willingness to care for patients with SHCNs (Holzinger et al., 2020; Casamassimo et al., 1985), it can still encourage dentals schools nationwide to become a reliable hub of dental care for individuals with SCHNs.

## Future Direction

Even though several studies have indicated financial concerns (or insurance coverage) as one of the major barriers (Williams et al., 2015; Iida et al., 2010; Kenney et al., 2008), the participants had not indicated financial concerns as their major challenge. To explore the reason behind such finding and for statistical analysis, additional demographic details like socioeconomic status or insurance status should be collected in future studies. In addition, online data collection may be more helpful as the waiting lobby is an open space with limited comfort and privacy. As a pilot study, the collected responses serve a great basis for a follow-up study focusing on specific aspects of barriers that the patients and caregivers at Pitt CPSN have faced.

## Public Health Relevance

The U.S. Surgeon General has identified children with SHCN among those who are experiencing difficulty receiving dental care in the U.S. (HHS, 2000). Several studies have validated his observation (Vertel et al., 2017; Williams et al., 2015; Iida et al., 2010; Kenney et al., 2008). The project identifies the challenges that the patients and their caregivers have faced along the way of finding a dental home, raising awareness of the needed care for one of the most underserved populations. Moreover, the highlighted barriers enable healthcare providers to offer personalized communication with the enhanced understanding of their needs beyond dental care.

# Conclusion

As the first study to assess satisfaction and explore different types of barriers that the patients and their caregivers have experienced while coming to the CPSN, the results provided a broad range of information. The participants expressed overall satisfaction and gratitude, wishing for increased availability of appointments. Aside from patients and/or their caregivers being attracted to general anesthesia availability and the overall demeanor of the faculty and staff, the study also found that many patients were sent from Children’s Hospital at a time of the patient’s transition to adulthood. This demonstrates the importance of a dental home being offered during this critical maturational-transitional period. While the CPSN is at a unique position in which the providers are team based with availability of general anesthesia, the results overall indicate the need for increased availability of dentists capable and willing treat patients with different SHCNs.

* + - * 1. Short Description of the Study

This study serves to explore how and why individuals with special health care needs (SHCNs) or their caregivers chose the Center for Patients with Special Needs (CPSN) at the University of Pittsburgh School of Dental Medicine for dental care. By doing so, we can identify any potential barrier or challenge that patients and their families may have faced along the way of finding a dental home. The goal is to obtain results that will enable healthcare providers to offer enhanced accessibility, communication, and health care delivery for individuals with SHCNs. In addition, this information can raise awareness about the provision of care for one of the most underserved populations, especially as related to dental care. There is no foreseeable risk associated with the study. The study will be conducted at the CPSN at the University of Pittsburgh School of Dental Medicine. The survey should take 5-10 minutes to complete. Your participation is completely voluntary, and you may withdraw from this study at any time. This paper survey will be kept confidential and will be shredded immediately after your answers are transferred to a password encrypted computer file. Any identity marker from this study will be removed, and provided information will remain anonymous, and will not be posted on any social media. Please see the contact information below for any question or clarification.

[contact information provided]

* + - * 1. Informed Consent

Dear Visitors of Center for Patients with Special Needs:

We are asking guardians of patients at Center for Patients with Special Needs (CPSN) at University of Pittsburgh to help us identify why they have chosen CPSN for dental care. This survey will also explore different types of barriers that patients and their families may face while finding a dental home.

**What you will be asked to do in the study:**

We will be asking you to fill out a paper survey with a few questions about why you have chosen CPSN, your experience at CPSN, and your experience with the previous dentist, if any.

**Risks and Benefits:**

The potential benefits include helping health care providers to be cognizant of various needs and barriers that the individuals with special health care needs (SHCNs) may face seeking healthcare. This study also will evaluate the impact that a dental home can have on patients with SHCNs. There are no risks associated with participating in this study.

**Incentive or Compensation:**

There is no additional incentive or compensation for participating; therefore, you will not be adversely affected in any way if you choose not to participate.

**Confidentiality:**

Any identifying marker will be removed and your identity will be kept confidential. The collected information provided in the survey will be gathered anonymously.

**Voluntary participation:**

Your participation in this study is entirely voluntary. There is no penalty or loss of benefit for choosing not to participate.

**Right to withdraw from the study:**

You have the right to withdraw from the study at any time without consequence or penalty.

**Whom to contact if you have questions about the study:**

Dr. Richard Rubin or Gi Ppeum (Joy) Lee

**Agreement**: Your signature will indicate agreement to participate

Participant’s Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - * 1. Survey Questions

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Pitt CPSN = Center for Special Needs at University of Pittsburgh School of Dental Medicine

1. **What is your relationship to the patient at Pitt CPSN\*?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What type of special health care needs does the patient have? (Choose all that apply)**
	1. Behavioral
	2. Communicational
	3. Intellectual
	4. Physical
	5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What type of dental home did the patient have prior to Pitt CPSN?**
	1. General dentist (Private office)
	2. Pediatric dentist (Private office)
	3. Hospital
	4. Specialty clinic
	5. None
3. **Rate your overall experience(s) with the previous dentist (circle):**

 1--------------------2--------------------3---------------------4-----------------------5

Not satisfied at all very satisfied

1. **How did you hear about Pitt CPSN?**
	1. Friends/families
	2. Insurance
	3. Organizational network
	4. Referral by doctor/hospital
	5. Web search
	6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **For how long have you come to Pitt CPSN? (i.e. 3.5 years = 4 years)**
	1. < 1 year
	2. 1-3 years
	3. 4-6 years
	4. More than 6 years
3. **On average, how far do you have to travel to get to Pitt CPSN? (select one for each column)**
	1. <30 minutes
* Car
* Public transportation
* Assisted ride (i.e. Access)
	1. 31-60 minutes
	2. 61-90 minutes
	3. 91-120 minutes
	4. > 120 minutes
1. **What is the main reason for choosing Pitt CPSN? (choose one)**
	1. Accessibility (facility)
	2. General anesthesia
	3. Insurance coverage
	4. Proximity (location)
	5. Quality of care
	6. Staff/provider interaction
	7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What is your secondary reason for choosing Pitt CPSN? (choose all that apply, if any)**
	1. Accessibility (facility)
	2. General anesthesia
	3. Insurance coverage
	4. Proximity (location)
	5. Quality of care
	6. Staff/provider interaction
	7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **What is your biggest challenge you face coming to Pitt CPSN?**
	1. Cost
	2. Location
	3. Scheduling/availability
	4. Potential lack of continuity of care (change of providers)
	5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Rate your experience(s) with Pitt CPSN (check) :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied | Somewhat dissatisfied | Neutral | Somewhat satisfied | Very satisfied |
| Accessibility |  |  |  |  |  |
| Location |  |  |  |  |  |
| Scheduling |  |  |  |  |  |
| Staff/provider |  |  |  |  |  |
| Overall |  |  |  |  |  |

1. **Please leave a comment or explanation to any of your answers below:**
	* + - 1. Free Response Compilation

|  |
| --- |
| Please leave a comment or explanation to any of your answers below: |
| Very friendly staff. Explained everything well. Overall recommend this facility to everyone. Excellent care. Excellent custom service.  |
| They are uear [very] good with my son and they work with him |
| Very satisfied with his care and getting also in and out quickly. |
| I have nothing but praise for all our appointments PITT CPSN. Everybody - receptionist, anesthesia, hygienists, dentist - are wonderful, caring people who truly care about the patients. I am so grateful to have this office to take care of my son. |
| Your care is exceptional. We are so pleased that you have a full team to help [patient] stay as still as possible when he receives the initial sedation via injection. At Children's they never have enough people to help keep him secure, and one time the anesthesiologist stuck himself with [patient]'s needle in the struggle. Thank you for listening to us! |
| The staff handling my son's care today have been wonderful and very interactive with my son. |
| Obviously would like facility to be closer, but have been very pleased with the first 2 visits here regarding great care and concern for my son. |
| We come to Pittsburgh for the better part of her medical care, so the drive is not an issue. |
| Glad this place exists to treat my special needs child! |
| If you have a scheduling conflict, it takes a long time to get another appointment. |
| Every staff person has been amazing in this office and also endodontics where we started. So kind and patient with my son. He is seen as a person not a disabled person. Excellent training.  |
| Our son has severe cardiac and neurology issue. Additionally, he is able to function intellectually very little. CPSN has been a wonderful provider who understands and is capable of caring for his dental care while understanding and coordinating his other medical issues. |
| Patients and caregivers must be given full disclosure. Drs and others need to chart what is discussed about current and future plans/ideas of future care so dr's do not forget what they said to caregiver. Dr's must understand that caregivers are HBIC of their patients. |

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