



Perspectives on Dental Care Transition for Adolescents with Special Needs

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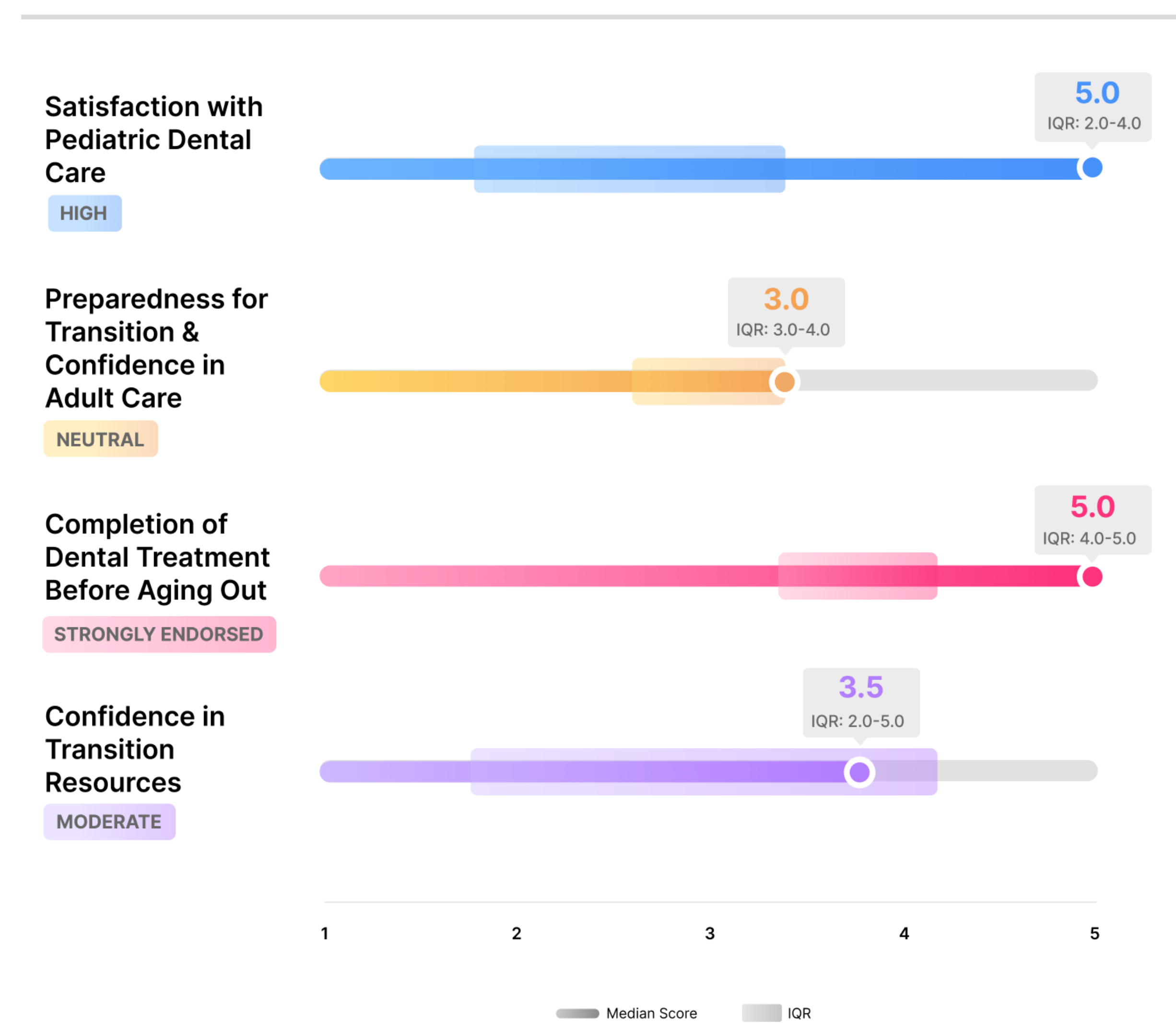
Introduction

- Over 750,000 adolescents with special health care needs (SHCN) in the United States transition from pediatric to adult dental services each year.
- Dental care remains the most common unmet health care need for this population, occurring at nearly three times the rate of unmet medical needs.
- Barriers to care include a shortage of dentists trained to treat patients with SHCN, geographic and physical access limitations, and financial constraints.
- Despite these recommendations, limited research has examined the transition from pediatric to adult dental care, particularly from the perspective of parents, who play a central role in managing their child's oral health care.
- However, little is known about parental expectations, perceived barriers, or treatment priorities during the transition to adult dental care.
- This study aims to address these gaps by exploring parent perspectives on dental care transition for individuals with SHCN, with the goal of informing transition planning, improving continuity of care, and supporting better long-term oral health outcomes.

Methods

- This study employed a convergent mixed-methods design.
- Participants included 19 guardians with special health care needs adolescents receiving pediatric dental care at the University of Oklahoma Pediatric Specialty Clinic.
- Qualitative data were collected through semi-structured interviews with guardians of adolescents aged 15–18 years with special health care needs (SHCN) receiving pediatric dental care at the OU Pediatric Dental Specialty Clinic.
- Quantitative data were collected using a self-administered survey administered following the semi-structured interviews.
- Quantitative survey data were analyzed descriptively using medians and ranges. Interview transcripts were analyzed using thematic analysis to identify recurring patterns and themes related to transition experiences
- Two researchers independently coded transcripts to enhance reliability, with discrepancies resolved through consensus. Analysis examined recurring patterns and contrasting perspectives.

Results Quantitative Findings



Qualitative Findings



Discussion

Novel Contribution & Study Strengths

- First Regional Data:** This is the first known study in Oklahoma examining caregiver perspectives on the transition from pediatric to adult dental care for adolescents with special health care needs (SHCN), providing novel regional insight into transition barriers.
- Methodological Rigor:** The convergent mixed-methods design successfully integrated quantitative survey data with rich qualitative interviews, offering a comprehensive understanding of caregiver experiences and the concordance between measured perceptions and narratives.

Consistency with Existing Literature

- Provider Attachment:** Caregivers report strong trust and deep emotional attachment to pediatric providers; consistent with prior studies, this relational continuity heavily influences transition decisions and causes anxiety about moving to adult care.

Differences from Previous Studies

- Caregiver-Driven Delay:** While some literature suggests adolescents often feel developmentally out of place and express a readiness to transition, caregivers in this study strongly preferred to delay the transition to maintain the safety, familiarity, and perceived expertise of their pediatric dental home.

Limitations

- Generalizability:** Conducted at a single pediatric specialty clinic with a relatively small sample size.
- Selection Bias:** Relied on voluntary participation, which may have attracted caregivers with particularly strong opinions or notable transition experiences.
- Perspective Bias:** Exclusively represents caregiver viewpoints, lacking direct input from the adolescents themselves or the receiving adult dental providers.

Implications

- These findings highlight the critical need for structured transition protocols, improved pediatric–adult provider coordination, and expanded training for adult general dentists managing SHCN to ensure equitable and continuous care.

Conclusions

- Transition from pediatric to adult dental care for ASHCN is influenced by relational, clinical, and systemic barriers.
- Limited transition planning and adult provider availability may delay transition, particularly for adolescents with higher support needs.
- Coordinated, patient-centered transition models and expanded pediatric dental capacity may improve continuity and oral health outcomes.