



Introduction

- **1 in 5** US children have special health care needs (SHCN). [1]
- **Special Health Care Needs:** "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 [1]."
- **3.4 million** – Increase in the number of children with SHCN between 2011 and 2021 [1].
- **2:1** – Odds of adolescents with SHCN having unmet oral health needs compared to healthy peers [2].
- **71%** - Proportion of pediatric dentists sustaining care for patients with SHCN past age 21 [3].
- **<28%** - Proportion of patients with SHCN reporting establishment of care at an adult-centered dental home [4].
- Training gaps increase clinician strain and burnout, which can compromise care for adults with SHCN [5].
- **Health Care Transition:** "The purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-oriented health care systems [6]."
- Common patient related factors for avoidance of transition include a lack of readiness, low self-efficacy in completing transition independently, and low availability of general practitioners who are willing to see patients with SHCN [4].
- This nationwide survey explored pediatric and general dentists' attitudes toward transitioning adolescents with SHCN to identify barriers from the provider perspective.

Methods

- Anonymous, voluntary, 25-item Qualtrics survey (IRB# 202401006)
- Distributed via email to members of American Academy of Pediatric Dentistry (AAPD), National Network for Oral Health Access (NNOHA), and Special Care Dentistry Association (SCDA) between July – August 2025.
- **Questions addressed:**
 - Providers' opinions on access to care
 - Comfort in treating adults with SHCN
 - Timing of transitions
 - Strategies to improve transition
 - Demographic and practice-related information
- **Statistical Analysis:**
 - Descriptive statistics were used to summarize survey responses for pediatric and general dentists. Group comparisons for categorical and Likert-type variables were performed using chi-square tests of independence. Because the chi-square test relies on large-sample approximations, Fisher's exact tests were used when one or more expected cell counts were small (e.g., less than five). All tests were two-sided, and statistical significance was defined as $p < 0.05$.

Results

- Survey response rate: ~4.4% (426 responses from 9643 survey invitations)
- Final N = 326 (224 pediatric dentists; 102 general dentists)
- Excluded = 99 incomplete responses / ineligible provider types



Figure 1. Survey Respondent Demographics

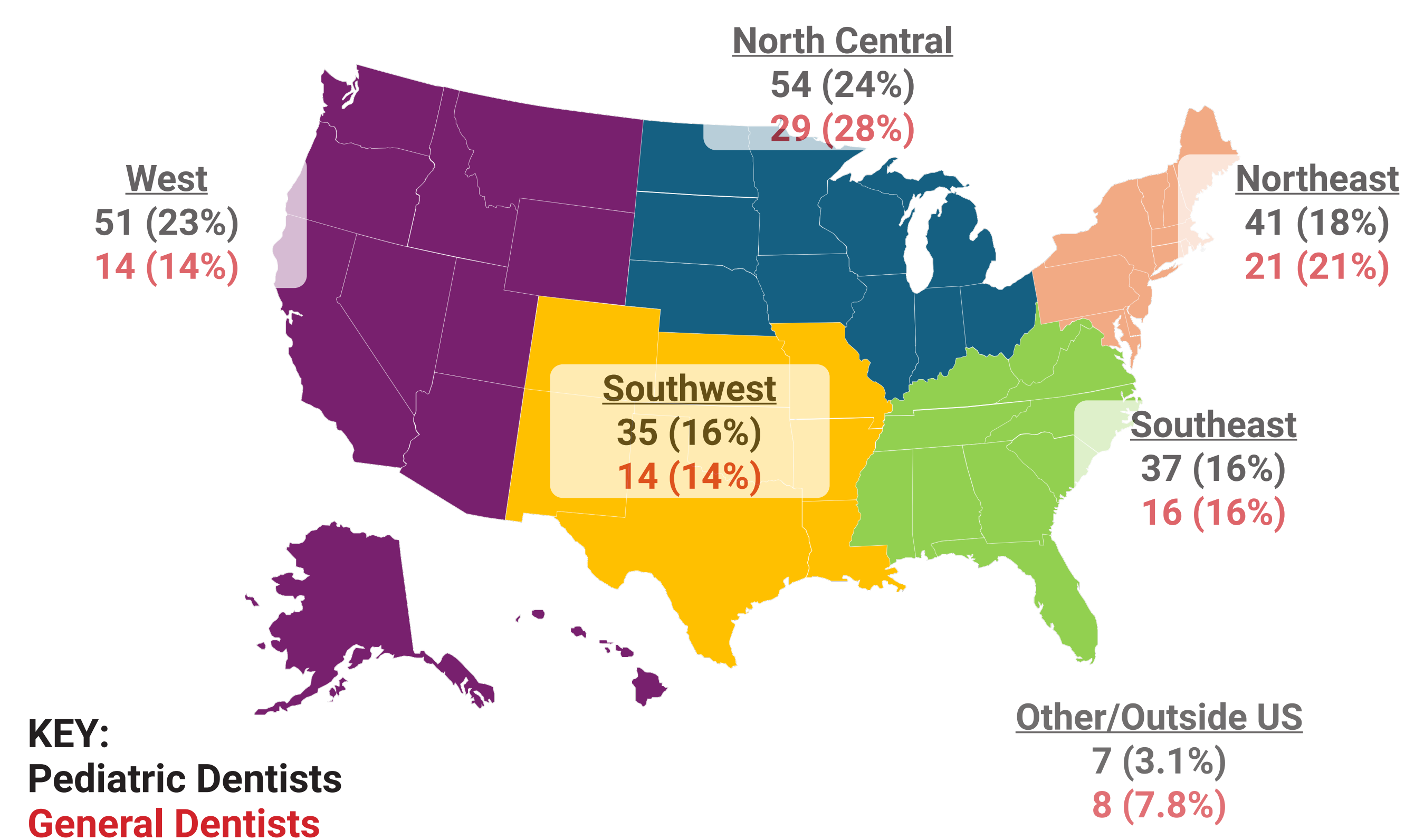


Figure 2. Map of Respondents by AAPD Region

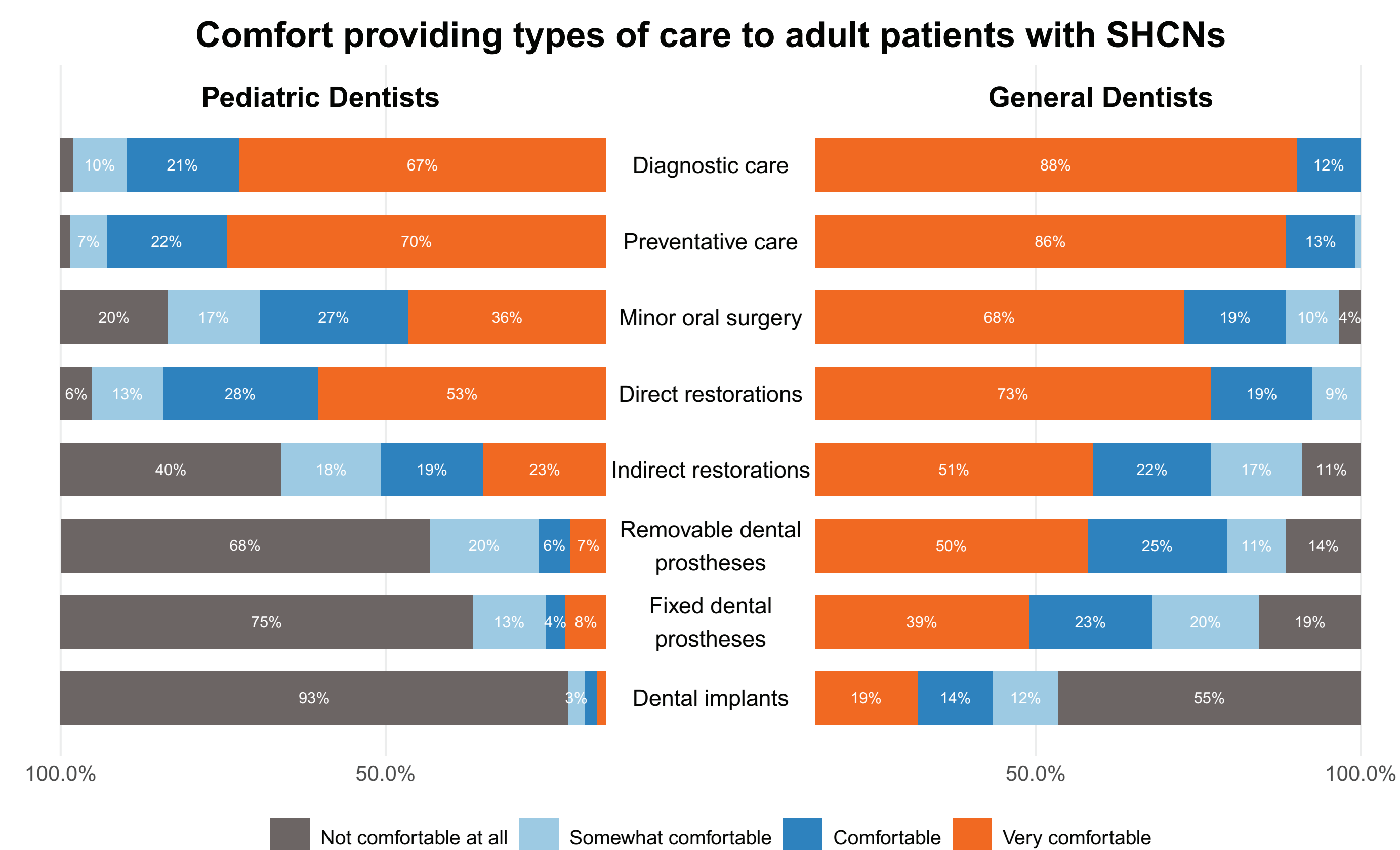


Figure 3. Q. "How comfortable are you with providing the following types of care to adult patients with SHCNs?"

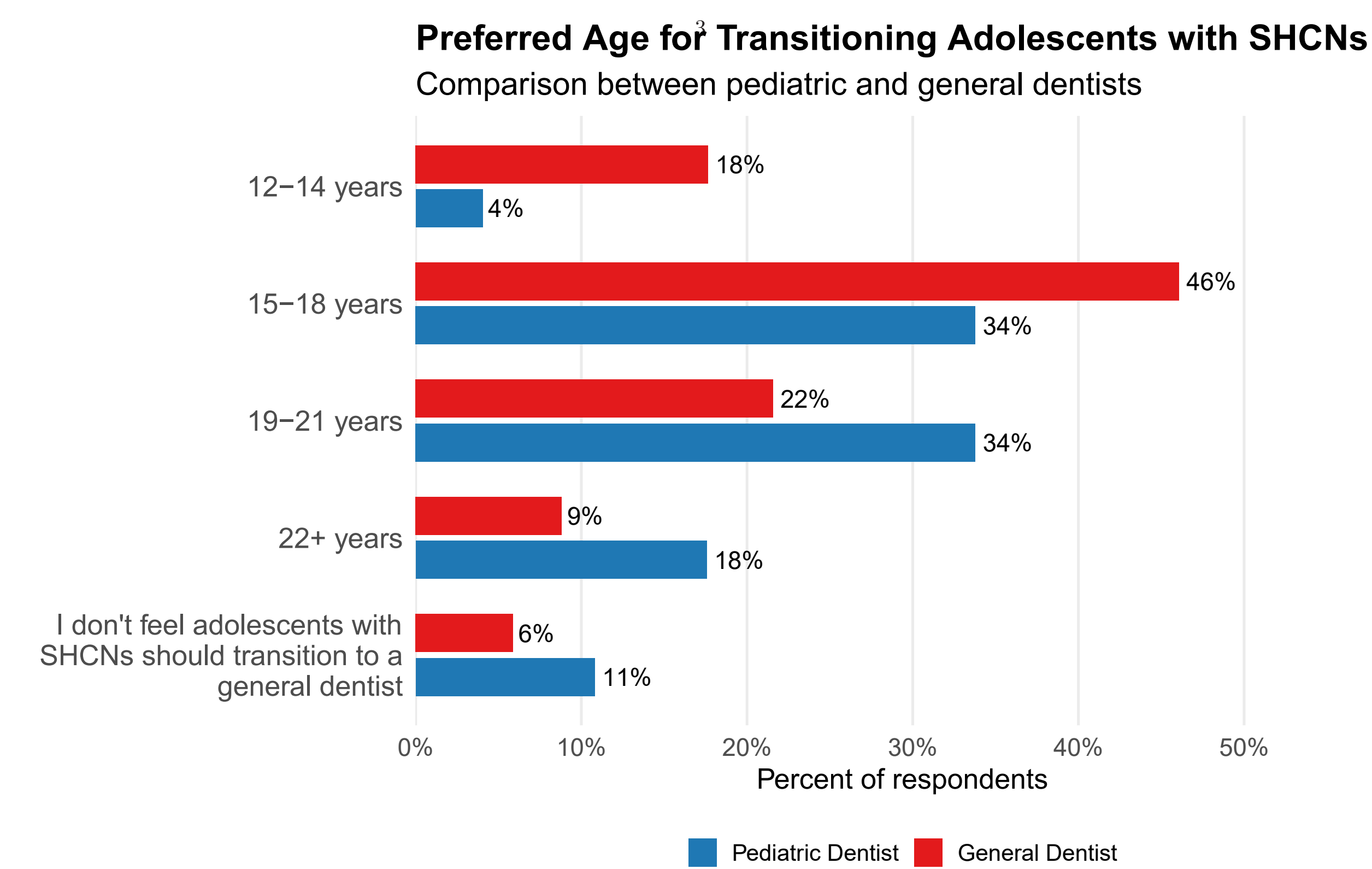


Figure 4. Q. "What do you think is the most appropriate age range for transitioning adolescents with SHCNs to a general dentist?"

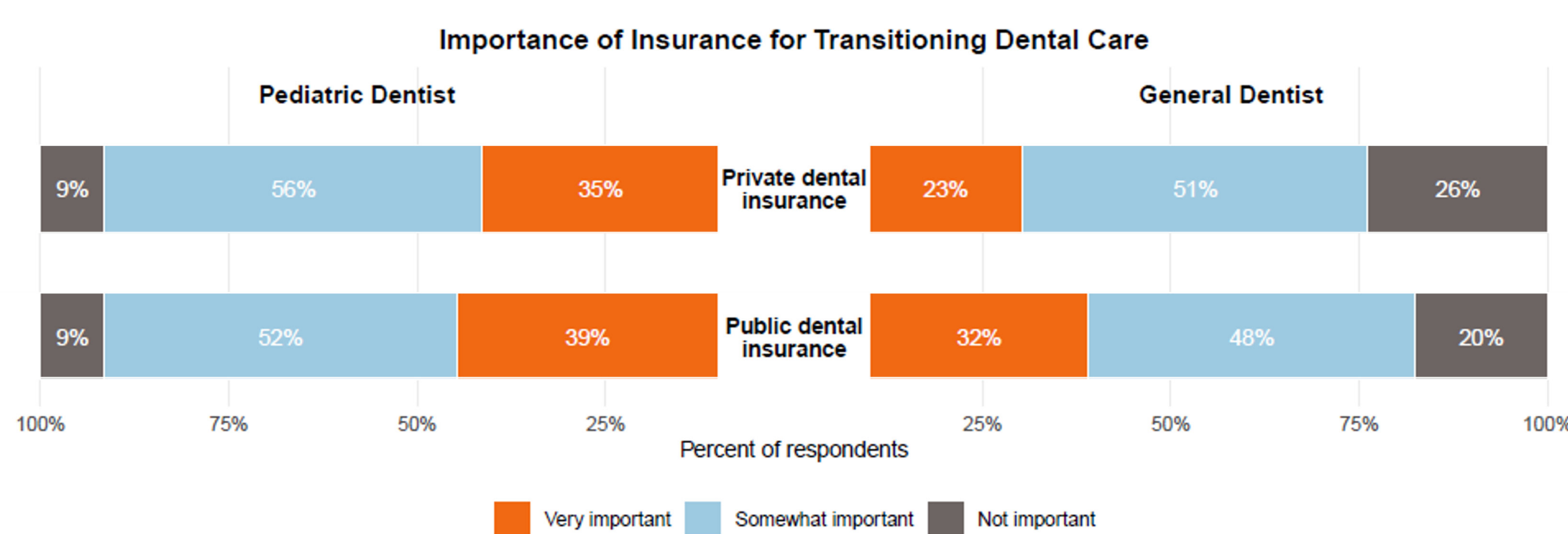


Figure 5. Q. "How important do you think the following factors are to transition dental care for adolescents with SHCNs - Insurance?"

Key findings:

- 76% of pediatric dentists provide care for patients over the age of 18.
- Most general dentists treat pediatric patients
 - 98% have experience treating patients with SHCN
- Both groups acknowledged the difficulty of the transition process for adolescents with SHCNs but pediatric dentists more than general dentists ($p < 0.001$; 88% PD; 69% GD).

Conclusions

- Most pediatric dentists continue caring for patients with SHCN beyond age 18 but report limited comfort with complex restorative care, including indirect restorations and removable prostheses.
- Both pediatric and general dentists identified Medicaid as a key facilitator of successful dental care transitions, while general dentists did not view private insurance as being very influential.
- Pediatric and general dentists showed broad agreement on the barriers and facilitators to dental transitions and endorsed initiating structured transition planning in adolescence or as early as appropriate.

Limitations

- **Low response rate:** Overall participation across all recruitment sources was limited, reducing the generalizability of findings.
- **Sampling bias:** Most general dentist responses came from SCDA and NNOHA, which may not represent all private-practice dentists—the group most relevant to understanding real-world capacity to accept patients with special health care needs.
- **Survey design constraints:** The survey did not ask respondents to specify reasons for transitioning or not transitioning patients, nor did it require ranking of barriers/enablers; this may have limited our ability to distinguish which factors were most influential.

References

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4. Mikkelsen A, Sheller B, Williams BJ, et al. Transition to adult dental care from a pediatric hospital dental home for patients with special health care needs. *Special Care in Dentistry.* 2022; 42: 333-342.
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