

Oral Health for Hoosiers with Disabilities: Indiana Dentist Survey Report

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**THE INDIANA INSTITUTE ON
DISABILITY AND COMMUNITY**

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Executive Summary

This report presents the results from an online survey of licensed dentists who provided dental care in Indiana. The survey was conducted by the Center for Health Equity at the Indiana Institute on Disability and Community at Indiana University Bloomington. The survey was a part of a larger oral health project funded by the Indiana Governor's Council for People with Disabilities. The project aimed to assess the current status of oral health and dental care for people with disabilities living in the state of Indiana. The goal of this survey was to determine the capacity and needs of dentists practicing in Indiana regarding the provision of dental care to patients with disabilities.

The survey was conducted online between July 21 to August 24, 2020. One hundred forty-two eligible respondents were included in the analysis. The following are highlights of the survey results:

- The majority of the respondents were male (72.6%) and identified as white (88.5%). The average age of the respondents was 55.6 years old. The majority of the dentists reported that their primary practices are located in the following counties: Marion (22.5%), Hamilton (10.6%), Allen (7.7%), St. Joseph (5.6%), and Lake (4.9%).
- Approximately three-fourths of dentists reported general practice as their primary practice (73.2% for general practice vs. 26.6% for specialty practice). The most common specialty services routinely performed by dentists included: pediatric dentistry (16.5%), prosthodontics (14.7%), oral and maxillofacial surgery (14.4%), periodontics (12.6%), and endodontics (11.7%).
- Three-fifths of the dentists reported that they planned to maintain their practice as is, in the next five years (59.0%), and more than a quarter planned to retire (26.9%). Of those dentists planning to retire, 75% of them were enrolled as Medicaid providers.
- Only two in five dentists reported that they are currently enrolled as Indiana Medicaid providers (40.9%). Of those dentists enrolled, nearly three fourths currently accept new Medicaid patients (74.1%).
- The three most selected reasons for dentists not enrolled as Medicaid providers or not accepting new Medicaid patients included low reimbursement rates (27%), broken appointments (e.g., late cancellations/rescheduling or no-shows) (17.6%), and complicated paperwork (14.8%).
- The great majority of dentists 'somewhat' agreed or 'definitely' agreed that they were comfortable about the provision of dental care to patients in various underserved population groups (e.g., individuals with substance use disorders, medically compromised individuals, children with sensory disabilities, etc.). The dentists reported that they felt least comfortable providing dental care to children with developmental disabilities (77.0%, 'somewhat agreed' and 'definitely agreed' combined), followed by children with sensory disabilities (82.7%), children with physical disabilities (84.3%), and adults with developmental disabilities (84.9%).

- Most of the dentists ‘somewhat’ agreed or ‘definitely’ agreed that they were prepared to treat patients in various underserved population groups. The dentists reported that they felt least prepared for providing dental care to children with developmental disabilities (77.6%, ‘somewhat agreed’ and ‘definitely agreed’ combined), followed by children with sensory disabilities (80.3%), children with physical disabilities (83.2%), and adults with sensory disabilities (84.0%).
- The dentists reported their experience in special care dentistry through the following educational activities: academic training including didactic or clinical education (16.0%); residency training (15.6%); or continuing education (19.3%). Approximately forty percent of the dentists reported their involvement in special care dentistry through clinical practice (37.9%).
- When asked about experience or training the dentists wished they had received in dental school regarding the provision of dental care to patients with disabilities, the following topics were mentioned most frequently: didactic learning; clinical experiences; sedation or anesthesia; and more hands-on training with patients with disabilities.
- The dentists selected the following three as the most common barriers to their provision of dental care to individuals with disabilities: patient behavior (23.0%), severity of disability (22.6%), and care is more time consuming (10.3%).
- The dentists reported the following topics as the most important ones for dental professionals to know regarding patients with disabilities: behavior management (23.5%), effective strategies for communicating with patients (15.1%), how to reduce patients’ anxiety (13.0%), and effective preparation for treating patients with disabilities in practice (10.5%). These four topics were also selected most frequently as training topics that the dentists expressed interest in if trainings were made available.
- When requested for comments about the current capacity and needs of the Indiana dental workforce to address the oral health needs of people with disabilities in Indiana, the following common themes became apparent: not enough dentists practicing special care dentistry including general dentists for adult dental care services and specialists; the need for sedation/anesthesia training and hospital-based care; low Medicaid reimbursement for treating people with disabilities; and the need for education and training for the provision of dental care to patients with disabilities.

Introduction

This report presents the results from an online survey of dentists with an active license to provide dental care in Indiana at the time of the survey. The survey was conducted by the Center for Health Equity at the Indiana Institute on Disability and Community at Indiana University Bloomington. This survey was a part of a larger oral health project that aimed to assess the current status of oral health and dental care for people with disabilities living in the state of Indiana. The goal of this survey was to determine the capacity and needs of the dentists practicing in Indiana regarding the provision of dental care to patients with disabilities.

Survey Instrument

For the development of the survey questionnaire, the project team conducted a literature review of the capacity and needs of the dentists regarding the delivery of dental care to patients with disabilities. The project staff also conducted key informant interviews with dental professionals in Indiana to gain a better understanding about the barriers and challenges they experienced in providing dental care to people with disabilities in the state. The results from the literature review and the key informant interviews guided the development of the survey of practicing dentists in Indiana. Lastly, the project staff tested the online survey on various devices (mobile phones, laptops, tablets, etc.) before the survey was disseminated. The final survey included 34 questions which were a mix of multiple-answer questions and open-ended questions.

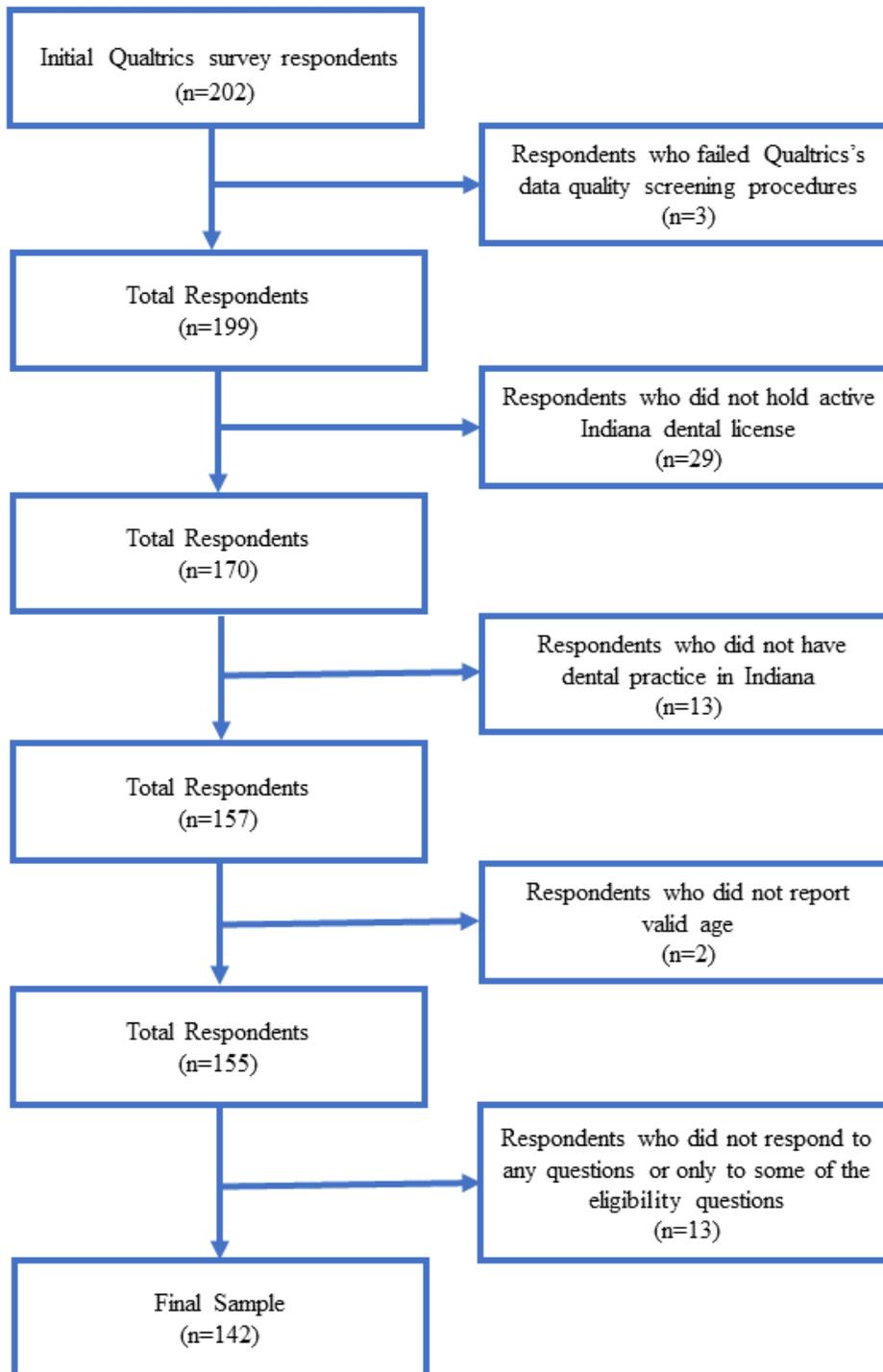
Participant Recruitment

Survey participants were recruited by direct email invitations sent by the Indiana University School of Dentistry (IUSD) to their alumni contacts list. Possible participants would have most likely received their dental education at IUSD in order to be a member of this curated alumni electronic mail list. It was possible that the invited participants might have shared the invitation with their colleagues who received their dental education out of state. The survey was conducted online using the Qualtrics survey tool between July 21 and August 24, 2020. The first invitation to complete the survey was sent to the IUSD alumni list on July 21, 2020, followed by a second invitation on August 3, 2020. The survey closed on August 24, 2020 after a final invitation and survey end announcement was sent to the alumni list on August 17, 2020.

Participants

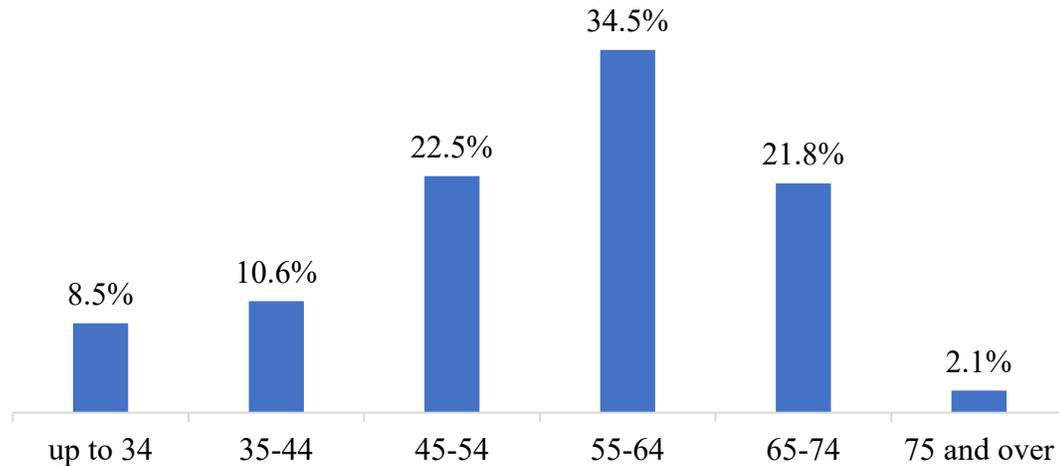
In order to participate in the survey, participants needed to meet the following inclusion criteria at the time of the survey: a) 18 years old and over; b) currently hold an active dental license issued by Indiana, and c) currently provide dental care to patients in Indiana. Throughout the data collection period, it was highlighted that participation was voluntary. A total of 202 initial responses were collected. Sample validity and data integrity were examined using the data quality screening procedures of Qualtrics (e.g., machine response, duplicate responses, response pattern, etc.). Qualtrics has fraud prevention and detection features that are recommended for an online data collection platform (Pozzar et al., 2020). After removing 60 ineligible respondents (e.g., no active Indiana dental license; no dental practice in Indiana; no response to any questions on the survey, etc.), the final sample size was 142. For description of the analytic sample selection process, see Figure 1.

Figure 1. Sample Selection Process



- The majority of respondents were male (72.6%) and identified as white (88.5%).
- The average age of respondents was 55.6 years old (median: 57, standard deviation: 11.9). The age range of respondents was 27 to 86 years old.

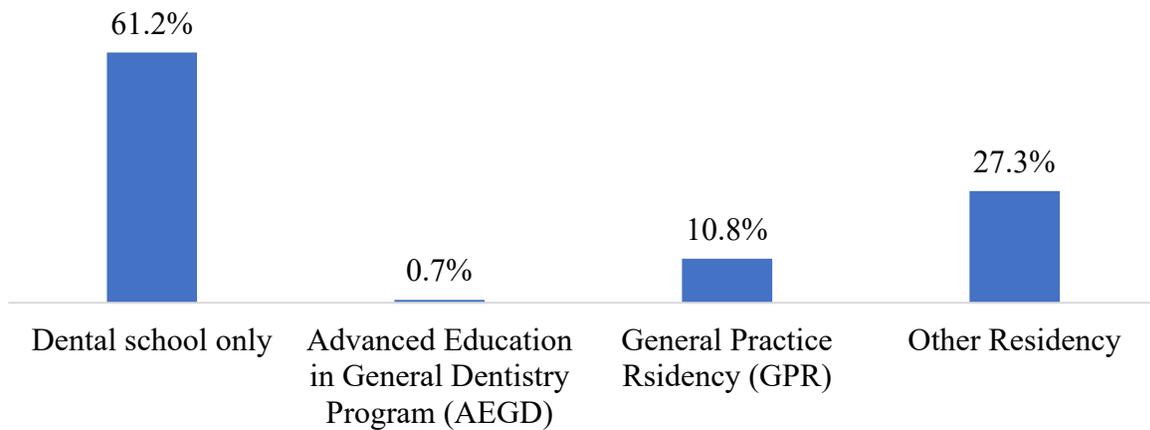
Figure 3. Age Distribution of Dentists



Practice and Training

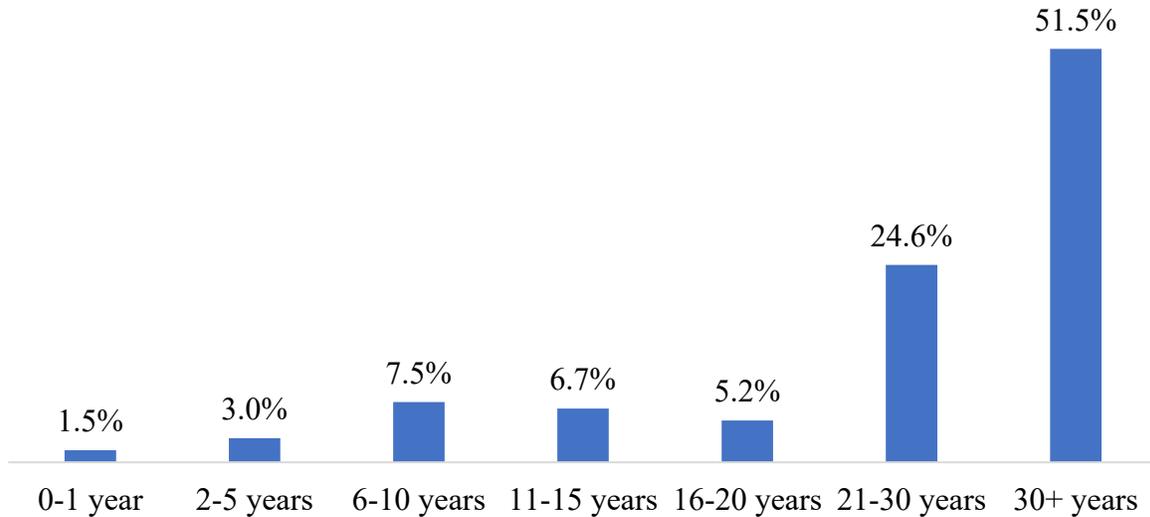
- Most of the dentists reported dental school (no residency program) as the highest level of dental training (61.2%). Nearly 11% completed a General Practice Residency (10.8%), and 27.3% completed some other residency program.

Figure 4. Highest Level of Dental Training



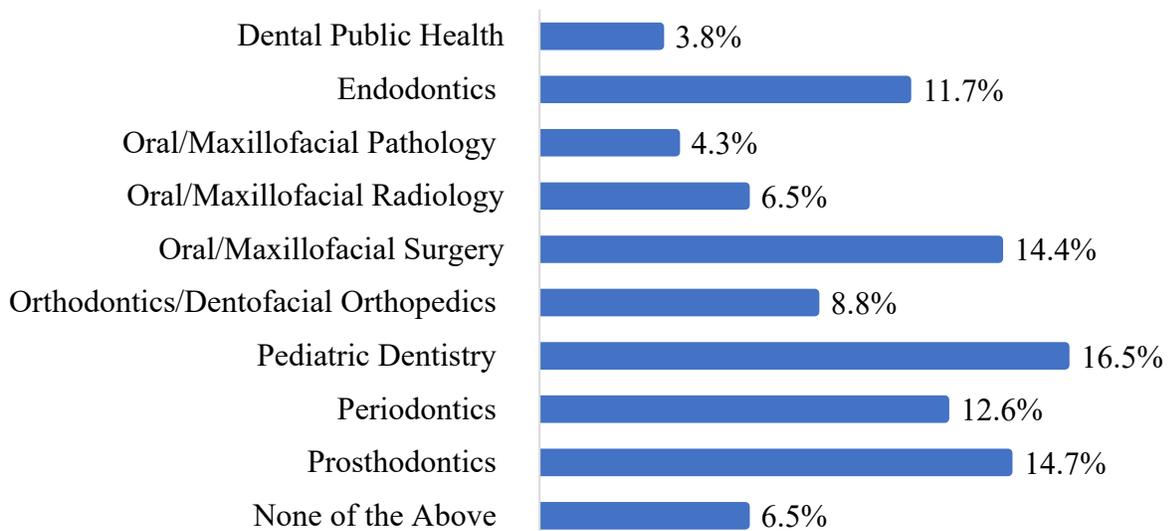
- A larger proportion of the dentists (76.1%) reported that they had actively practiced in the United States over 20 years (24.6% for 21-30 years and 51.5% for more than 30 years).

Figure 5. Years in Practice



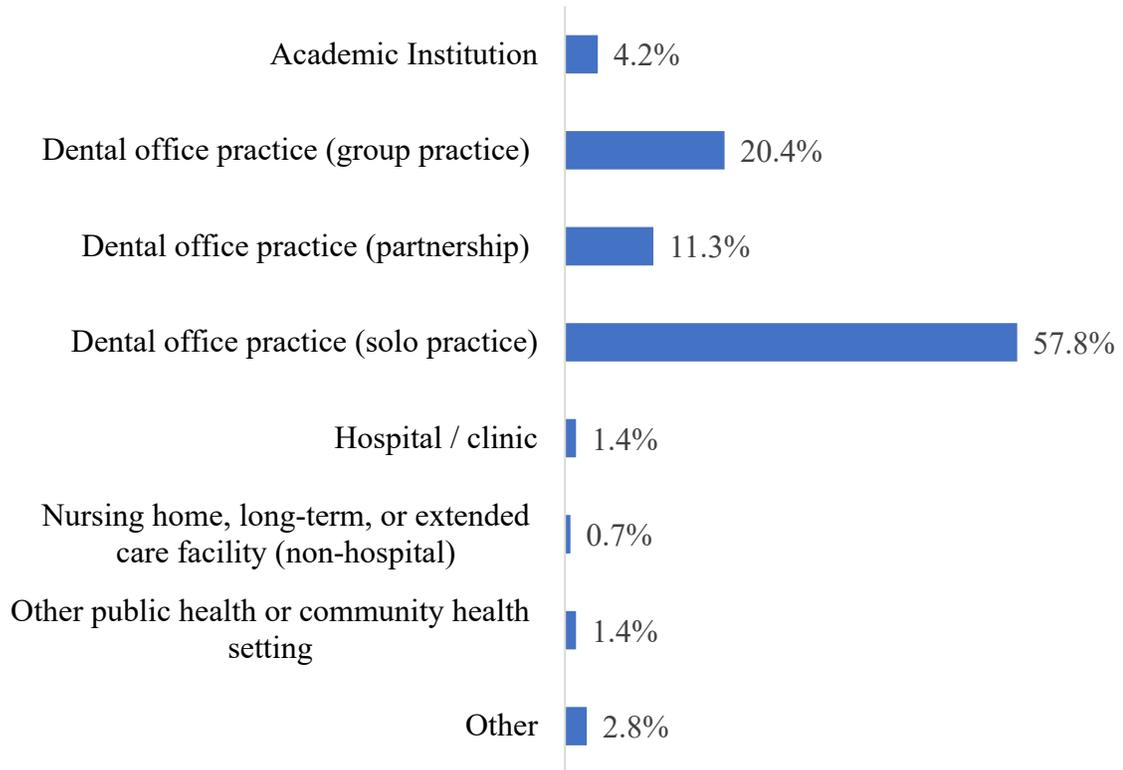
- A great majority of dentists reported general practice as their primary practice (73.2% for general practice vs. 26.6% for specialty practice). The most common specialty services routinely performed by dentists included the following: pediatric dentistry (16.5%), prosthodontics (14.7%), oral and maxillofacial surgery (14.4%), periodontics (12.6%), and endodontics (11.7%). See Figure 6.

Figure 6. Distribution of Specialty Services Routinely Performed



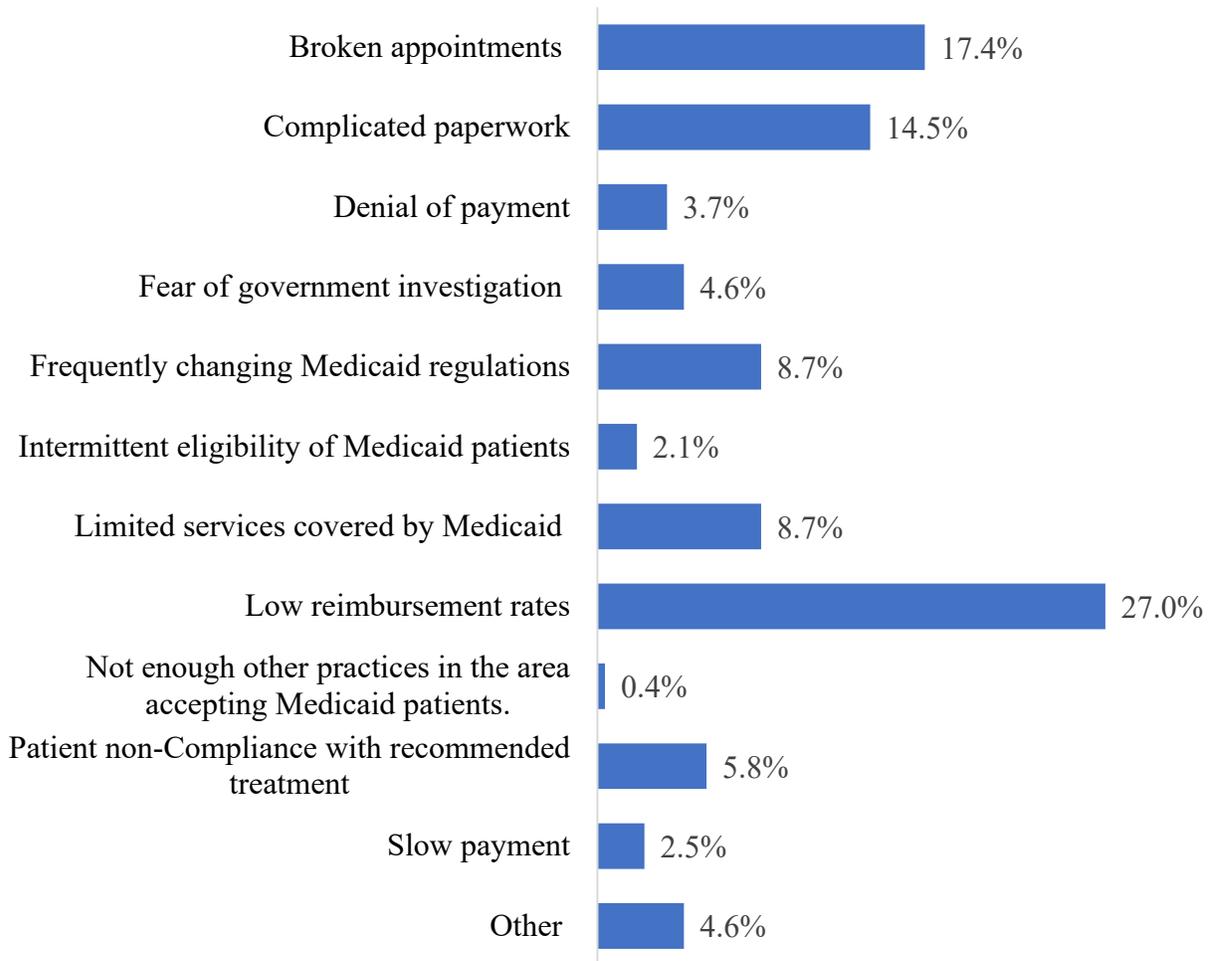
- Approximately nine in ten dentists (89.5%) reported dental office practice as their primary practice (57.8% for solo practice, 20.4% for group practice, and 11.3% for partnership). See Figure 7.

Figure 7. The Settings of Primary Dental Practices of Respondents



- Three-fifths of the dentists reported that they planned to maintain their practice as is, in the next five years (59.0%), and that more than a quarter planned to retire (26.9%). Of those dentists planning to retire, 75% of them were enrolled as Medicaid providers.
- Only two-thirds of the dentists are enrolled as Indiana Medicaid providers (40.9%). Of those enrolled, three-fourths are currently accepting new Medicaid patients (74.1%).
- The three most selected reasons for dentists NOT enrolled as Medicaid providers or NOT accepting new Medicaid patients included low reimbursement rates (27.0%), broken appointments such as late cancellations/rescheduling or no-shows (17.6%), and complicated paperwork (14.8%). See Figure 8.

Figure 8. Main Reasons for Not Enrolled as a Medicaid Provider or Not Accepting New Medicaid Patients



Dental Care for Underserved Populations

- The great majority of the dentists responded ‘somewhat’ agreed or ‘definitely’ agreed that they were comfortable about the provision of dental care to patients in various underserved population groups (e.g., individuals with substance use disorders, medically compromised individuals, children with sensory disabilities, etc.). The dentists reported that they felt least comfortable providing dental care to children with developmental disabilities (77.0%, ‘somewhat agreed’ and ‘definitely agreed’ combined), followed by children with sensory disabilities (82.7%), children with physical disabilities (84.3%), and adults with developmental disabilities (84.9%). For developmental disabilities, the following were listed as examples in the survey: intellectual disability, autism spectrum disorder (ASD), attention deficit and hyperactivity disorder (ADHD), cerebral palsy, and Down syndrome. Also, blind/low vision or deaf/hard of hearing were listed as examples of sensory disabilities. See Table 1.

Table 1. Dentists’ Comfort Level for Providing Dental Care to Underserved Populations

“Somewhat Agree” and “Definitely Agree”	
Underserved Population Group	Percent
Medically compromised individuals	96.8%
Adults with physical disabilities	92.9%
Individuals with substance use disorder	92.9%
Adults with sensory disabilities	89.0%
Adults with developmental disabilities	84.9%
Children with physical disabilities	84.3%
Children with sensory disabilities	82.7%
Children with developmental disabilities	77.0%

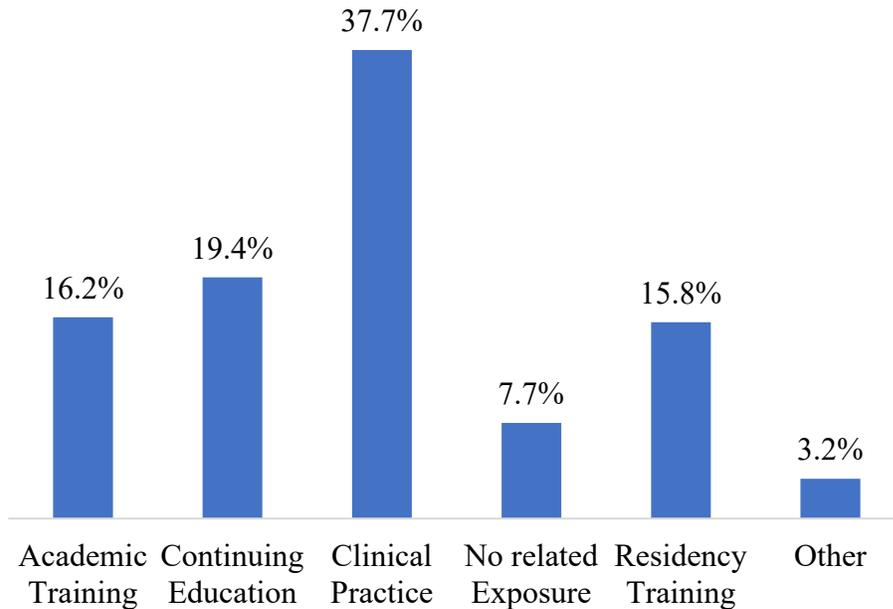
- Most of the dentists ‘somewhat’ agreed or ‘definitely’ agreed that they were prepared to treat patients in various underserved population groups. The dentists reported that they felt least prepared for providing dental care to children with developmental disabilities (77.6%, ‘somewhat agreed’ and ‘definitely agreed’ combined), followed by children with sensory disabilities (80.3%), children with physical disabilities (83.2%), and adults with sensory disabilities (84.0%). See Table 2.

Table 2. Dentists’ Level of Preparedness for Providing Dental Care to Underserved Populations

“Somewhat Agree” and “Definitely Agree”	
Underserved Population Group	Percent
Medically compromised individuals	94.5%
Individuals with substance use disorder	89.0%
Adults with physical disabilities	88.9%
Adults with developmental disabilities	84.2%
Adults with sensory disabilities	84.0%
Children with physical disabilities	83.2%
Children with sensory disabilities	80.3%
Children with developmental disabilities	77.6%

- The dentists reported their experience in special care dentistry through the following educational activities: academic training including didactic or clinical education (16.0%); residency training (15.6%); or continuing education (19.3%). Approximately forty percent of the dentists reported their involvement in special care dentistry through clinical practice (37.9%). The aforementioned categories are not mutually exclusive because the respondents were allowed to choose multiple answers. See Figure 9.

Figure 9. Experiences with Special Care Dentistry



- Exposure to special care dentistry while in dental school was closely split between didactic education (51.4%) and clinical education (47.1%). Of those who received didactic education, the majority reported their exposure through ‘a few lectures in a course’ (57.1%) or ‘minimal emphasis during a course’ (28.6%).
- When asked about experience or training the respondents wished they had received in dental school regarding the provision of dental care to patients with disabilities, the following topics were mentioned frequently: didactic learning; clinical experiences; sedation or anesthesia; and more hands-on training with patients with disabilities. It was noted that “any training would have been good” and that many emphasized the need for more hands-on, clinical training.

“More exposure clinically and didactically to patients with disabilities.”

“I would have liked more training with different levels of anesthesia...”

“Should have been a clinic to train students to deal with disabled patients. Should have been part of the regular curriculum.”

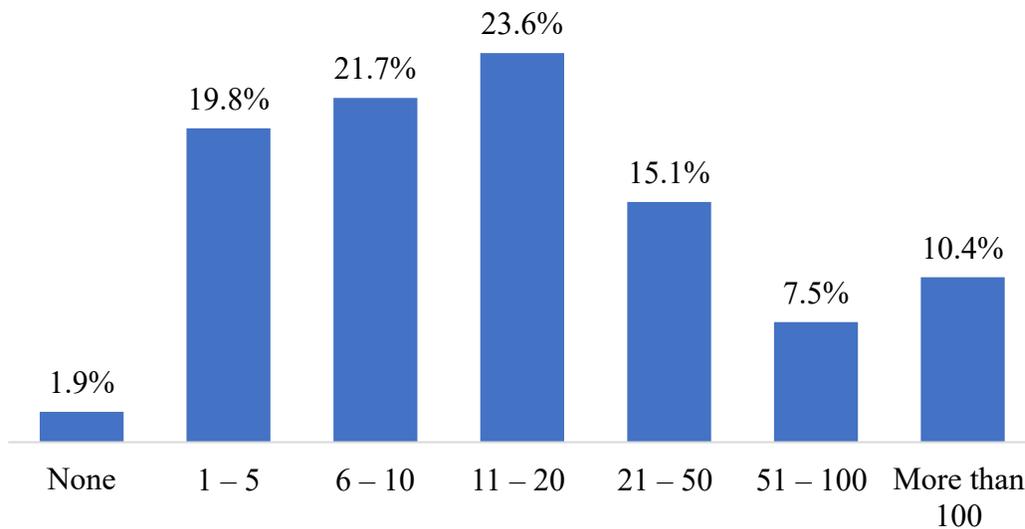
“More tactics that can be used in the dental setting to settle/make comfortable those with disabilities.”

“I had hands on experiences with CP patients, and some Cleft plate patients with moderate LD during dental school and orthodontic residency. These first hand experiences were instrumental in making me more comfortable with encountering

challenging patient anatomy, and or cooperation issues. If it is possible to expose students first hand to care of physically and mentally/emotionally challenged patients there is NO SUBSTITUTE!”

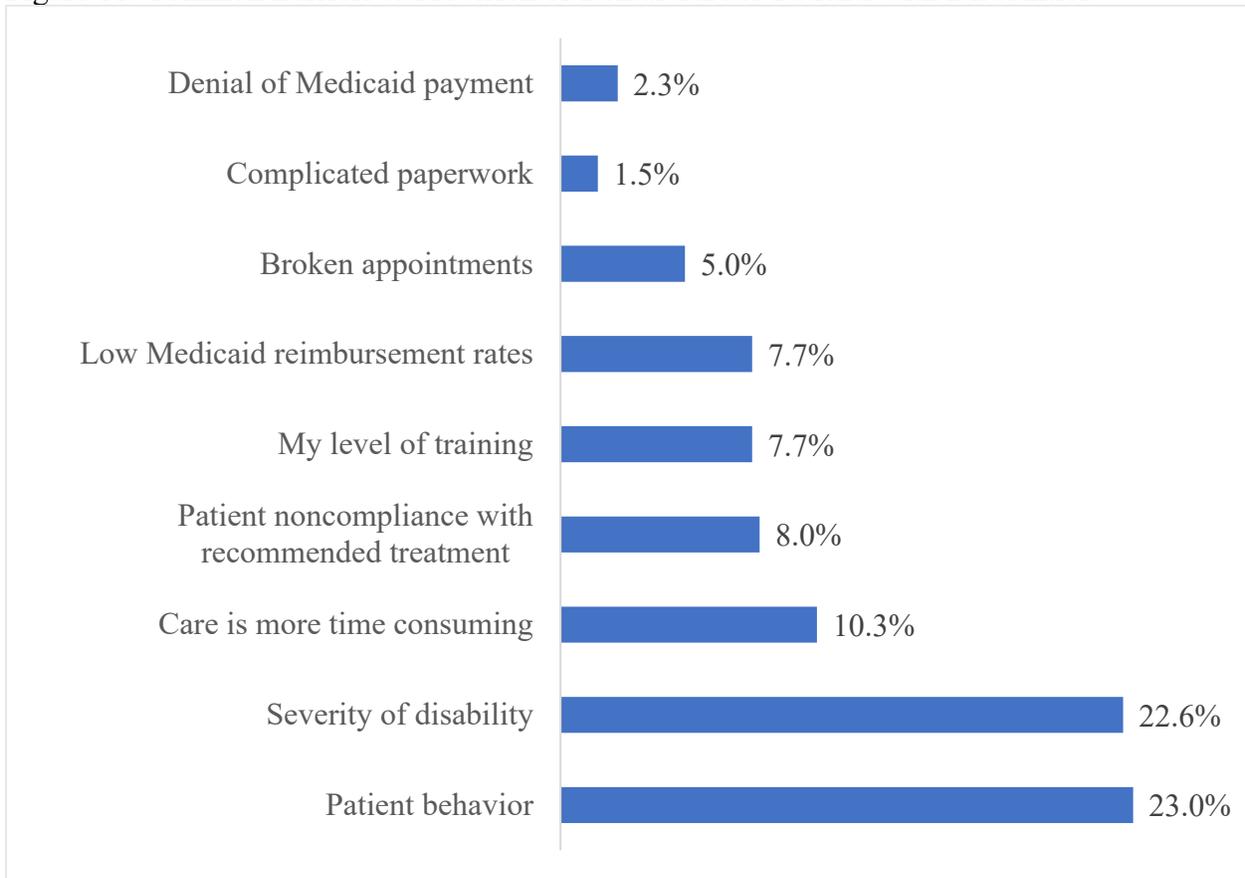
- When asked how many patients with disabilities respondents treated in the past 12 months, the majority of the dentists reported that they treated between 1 to 50 patients: 1 to 5 patients (19.8%), 6 to 10 patients (21.7%), 11 to 20 patients (23.6%), and 21 to 50 patients (15.1%). Only 1.9 percent of the dentists reported they had not seen patients with disabilities in the past 12 months. See Figure 10.

Figure 10. Number of Patients with Disabilities Respondents Treated in the Past 12 Months



- The three most common barriers in providing dental care to patients with disabilities were patient behavior (23.0%), severity of disability (22.6%), and care is more time consuming (10.3%). Medicaid-related challenges were noted: low Medicaid reimbursement rates (7.7%), denial of Medicaid payment (2.3%), complicated paperwork (2.3%), and slow Medicaid payment (0.4%). See Figure 11.

Figure 11. Common Barriers to Provision of Dental Care to Patients with Disabilities



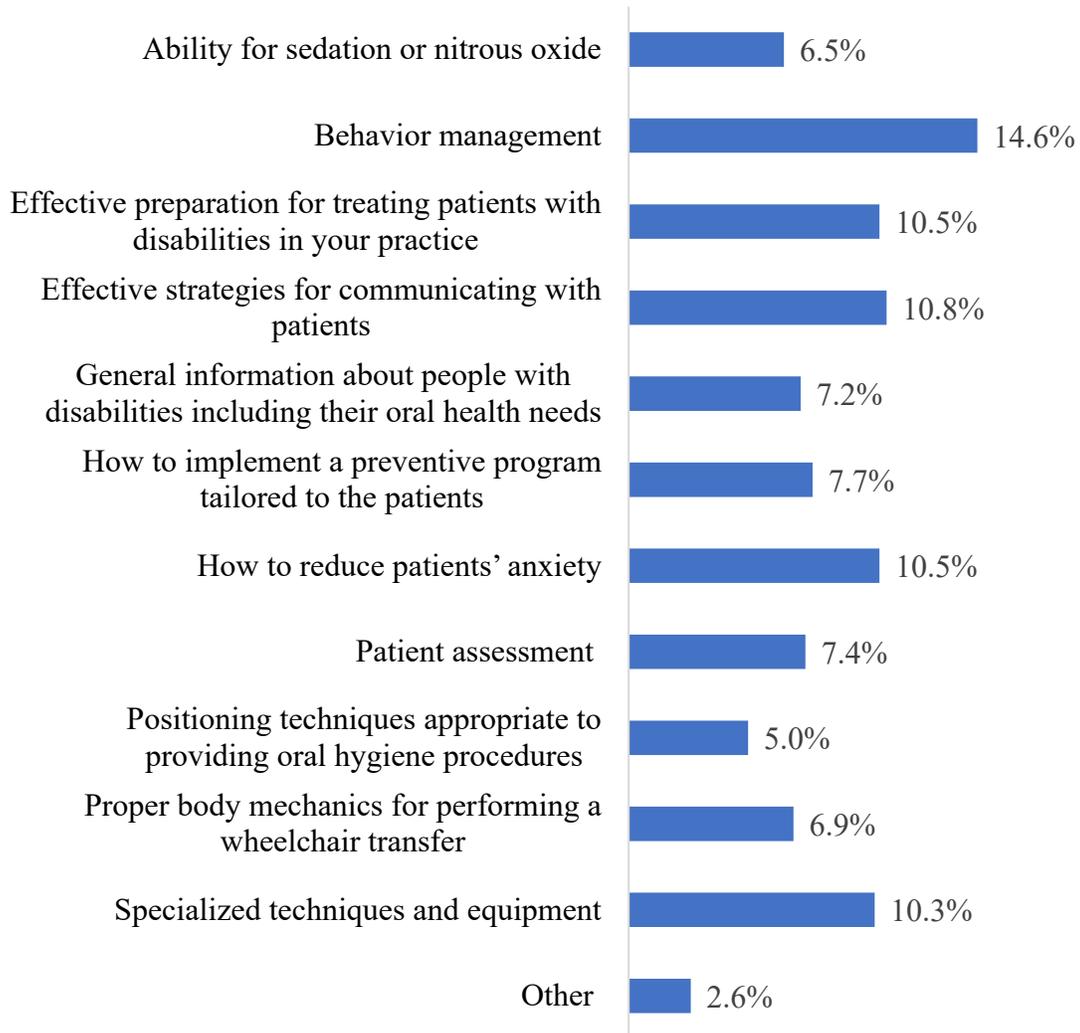
- The dentists reported the following topics as the most important ones for dental professionals to know regarding patients with disabilities: behavior management (23.5%), effective strategies for communicating with patients (15.1%), how to reduce patients' anxiety (13.0%), and effective preparation for treating patients with disabilities in practice (10.5%). See Figure 12.

Figure 12. Important Topics Dental Professionals Need to Know About Regarding People with Disabilities



- Most of the dentists were interested in learning about effective and respectful dental care services for people with disabilities (59.1%).
- If trainings were available to help them provide dental care to patients with disabilities, the dentists reported that they would like to learn more about the following topics: behavior management (14.6%), effective strategies for communicating with patients (10.8%), effective preparation for treating patients with disabilities in their practice (10.5%), and reducing patient's anxiety (10.5%). See Figure 13.

Figure 13. Training Topics Respondents Were Interested in Participating in Regarding People with Disabilities



- In terms of their practice facility, 9 in 10 dentists reported that their practice is accessible in regards to parking spaces (95.8%), entrances (94.1%), office spaces (94.7%), and dental equipment (88.2%). However, only one in four dentists (19.5%) reported that they provide Deaf patients with certified American Sign Language (ASL) interpreters with 35.6% reporting that none of their patients require such an accommodation.
- More than twenty percent of the dentists (22.5%) were NOT aware of the American Dental Association's Principles of Ethics and Code of Professional Conduct 2018 revision to Principle "4.A. Patient Selection" that prohibits dentists from refusing to accept patients into their practice, or deny dental service to patients because of their disabilities. Regarding the impact of the revision on their practice or protocols for dental care, 44% of the dentists reported that they had not made any changes to their practice or protocols, and that 52.7% reported that changes were not needed.

- When requested for comments about the current capacity and needs of the Indiana dental workforce to address the oral health needs of people with disabilities in Indiana, the following common themes became apparent: not enough dentists practicing special care dentistry including general dentists for adult dental care services and specialists; the need for sedation/anesthesia training and hospital-based care; low Medicaid reimbursement for treating people with disabilities; and the need for education and training for the provision of dental care to patients with disabilities.
 - a) Not enough dentists practicing special care dentistry including general dentists for adult dental care services and specialists

“The average dentist is NOT treating this population.”

“Most people with disabilities are on Medicaid or some form of government assistance. There are not enough providers and My office is overwhelmed and booked out so patients are not being seen in a timely manner!”

“Adult special needs dentistry is a real need and pediatric dentists shouldn’t be the only providers to care for these patients. They have adult needs and pediatric dentists aren’t always comfortable/able to provide this kind of treatment, especially if General Anesthesia is required to provide care. There is no place to refer those patients who need specialized care.”

“GP should refer to specialist that is better trained and more familiar for the safety and care of the patient.”

“There should be specialist with operative care catered to the adults. Pediatrics should be pediatrics and special needs specialist. Adult procedures should be reinforced during training and those docs should have the ability, equipment to do all general dental procedures. Many autistic, spectrum, cereb[r]al palsy, spastic disorders might need sedation or special management that general dentist do not have training in.”

- b) The need for sedation/anesthesia training and hospital-based dental care

“More sedation training”

“I have been providing care to disabled people for nearly 40 years. Our state has VERY LIMITED access to general anesthesia care due to poor Medicaid reimbursement. This results in the hospitals not wanting to provide surgical time due to poor reimbursement. [T]his results in wait times for surgical care that can be 8 to 12 months or even longer. And these patients must be transported frequently many hours from home to receive care.”

“We will soon see a crisis in access to hospital-based dental care for patients with disabilities in Indiana. Over the last two years we have lost several providers in Northern Indiana due to reimbursement cuts and hospital closings. Personally I have been refused access to Ambulatory Surgical Centers and hospitals due to the fact Medicaid reimbursement won’t meet the cost of each procedure at their facility.”

- c) Low Medicaid reimbursement for treating people with disabilities

“Increase in Reimbursement. This would allow Family Dentist to treat. Pediatric Dentist cannot see all these patients.”

“...Personally I have been refused access to Ambulatory Surgical Centers and hospitals due to the fact Medicaid reimbursement won’t meet the cost of each procedure at their facility.”

“I do not see why it is the dentist responsibility to bear all the financial burden for special needs patients. Medicaid reimbursement is terrible and doesn’t begin to cover recall frequency needed by these patients.”

- d) The need for education and training for the provision of dental care to patients with disabilities

“In my experience, I find that because folks are not very educated on people with disabilities they tend to be very ableist in behavior and language Myself included, at times. Hence, I think comprehensive education needs to be the first step. Right after, if not concurrently, educating the providers on techniques that enable them to confidently deliver the best care they can as if they were providing care to an able person is also paramount.”

“I, personally have no problem treating patients with disabilities in my practice except those which I cannot communicate with (not including deaf folks), those with behavioral problems, or those that might be a bit young (kids are tough enough), and those who don’t keep appointments.”

“Many autistic, spectrum, cerebral palsy, spastic disorders might need sedation or special management that general dentist do not have training in.”

“[W]ould like to know where to refer patients where they could remain in their wheelchairs which could be tilted back for dental treatment.”

Limitations

To our knowledge, this is the first comprehensive survey of licensed Indiana dentists regarding their capacity and needs in delivering dental care to individuals with disabilities. We collected the comprehensive information from dentists who had an active license and provided dental care in Indiana at the time of the survey, via a statewide online survey.

Nonetheless, several limitations should be considered in interpreting the findings of this report. First, this study used a convenience sample of 142 self-selected participants in the analysis; the participants were not randomly selected from the target population. Also, our sample size is small compared to 2,697 dentists with an active license and dental practice in 2018 (Dickinson et al., 2018). In collaboration with the Indiana University School of Dentistry (IUSD), we recruited the participants through the IUSD alumni list with three invitations, to increase survey participation. However, this survey was conducted during the COVID-19 pandemic. At the time, the Indiana dentists were busy re-opening their practice and seeing patients safely after the restriction placed on dental procedures because of the pandemic. In addition, our survey participants did not answer all the questions. So, we have a missing data issue which is ubiquitous in empirical research. Missing data were not imputed in our analysis; complete case analyses were conducted. These aforementioned limitations suggest that we may have selection bias. Approximately all the participants (98.1%) reported having seen patients with disabilities in the last 12 months. This strongly indicates that the findings of the survey should reflect the capacity and needs of licensed Indiana dentists who are currently engaged in special care dentistry, instead of those of all licensed, practicing Indiana dentists.

Despite the aforementioned potential limitations, our report provides valuable information about the capacity and needs of Indiana dentists in addressing the oral health needs of Hoosiers with disabilities. More specifically, their training and practice for the provision of dental care to people with disabilities; and their dental care services for individuals with various types of disabilities including barriers to and needs for the provision of dental care to the underserved population. Our findings can help lay the foundation for planning efforts to increase dentists' clinical and cultural competence in providing quality dental care to individuals with disabilities in Indiana.

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Appendix

Oral Health Project – Dentists Survey Results

1. Do you currently hold an active dental license issued by Indiana?

Type	Frequency	Percent
Yes	142	100.0%

2. Do you currently provide dental care to patients in Indiana?

Type	Frequency	Percent
Yes	142	100.0%

3. What is the five-digit Zip Code for your primary practice location?

Distribution of Respondents by Counties

Type	Frequency	Percent
Allen	11	7.7%
Bartholomew	4	2.8%
Clay	1	0.7%
Daviess	2	1.4%
Delaware	4	2.8%
Dubois	1	0.7%
Elkhart	3	2.1%
Franklin	2	1.4%
Fulton	1	0.7%
Gibson	3	2.1%
Hamilton	15	10.6%
Hancock	1	0.7%
Hendricks	3	2.1%
Henry	1	0.7%
Howard	1	0.7%
Huntington	1	0.7%
Jackson	1	0.7%
Jefferson	2	1.4%
Jennings	1	0.7%
LaGrange	1	0.7%
Lake	7	4.9%
LaPorte	1	0.7%

Lawrence	1	0.7%
Marion	32	22.5%
Marshall	2	1.4%
Monroe	5	3.5%
Montgomery	3	2.1%
Noble	3	2.1%
Porter	5	3.5%
Putnam	1	0.7%
St. Joseph	8	5.6%
Steuben	1	0.7%
Sullivan	1	0.7%
Tippecanoe	4	2.8%
Tipton	1	0.7%
Vanderburgh	3	2.1%
Vigo	3	2.1%
Warrick	1	0.7%
White	1	0.7%
Total	142	100.0%

4. What is your age?

Type	Frequency	Percent
Up to 34	12	8.5%
35 to 44	15	10.6%
45 to 54	32	22.5%
55 to 64	49	34.5%
65 to 74	31	21.8%
75 and over	3	2.1%
Total	142	100.0%
<i>Mean: 55.6</i> <i>Standard deviation: 11.9</i> <i>Minimum: 27</i> <i>Maximum: 86</i> <i>Median: 57</i>		

Practice and Training

5. Please indicate your primary type of practice.

Type	Frequency	Percent
General practice	104	73.2%
Specialty Practice	38	26.6%
Total	142	100.0%

6. Please select the type(s) of specialty services that you routinely perform. (Check **ALL** that apply.)

Type	Frequency	Percent
Dental Public Health	17	3.8%
Endodontics	52	11.7%
Oral and Maxillofacial Pathology	19	4.3%
Oral and Maxillofacial Radiology	29	6.5%
Oral and Maxillofacial Surgery	64	14.4%
Orthodontics and Dentofacial Orthopedics	39	8.8%
Pediatric Dentistry	73	16.5%
Periodontics	56	12.6%
Prosthodontics	65	14.7%
None of the Above	29	6.5%
Total	443	100.0%
Missing	7	

7. Which of the following best describes the setting of your current primary practice in Indiana?

Type	Frequency	Percent
Dental office practice (solo practice)	82	57.8%
Dental office practice (group practice)	29	20.4%
Dental office practice (partnership)	16	11.3%
Hospital / clinic	2	1.4%
Federal government hospital / clinic including military	0	0%
Health center (community health center / federally qualified health center [FQHC] / FQHC look-alike)	0	0%
Long-term care / nursing home / extended care facility (non-hospital)	1	0.7%
County / local health department	0	0%
Other public health / community health setting	2	1.4%

School health service	0	0%
Correctional facility clinic	0	0%
Academic Institution	6	4.2%
Teledentistry	0	0%
Other	4	2.8%
Total	142	100.0%
Other:		
<ul style="list-style-type: none"> • locum tenens • employed by office • solo in DSO • Hygiene exams only 		

8. Are you currently enrolled as an Indiana Medicaid provider?

Type	Frequency	Percent
Yes	58	40.9%
No	84	59.2%
Total	142	100.0%

9. Are you currently accepting new Indiana Medicaid patients at any or all of your practice locations?

Type	Frequency	Percent
Yes	43	74.1%
No	15	25.9%
Total	58	100.0%

10. What are the **main** reasons you are NOT enrolled as a Medicaid provider, or you are NOT accepting new Medicaid patients? (Choose up to **THREE** answers.)

Type	Frequency	Percent
Complicated paperwork	35	14.5%
Low reimbursement rates	65	27.0%
Intermittent eligibility of Medicaid patients	5	2.1%
Denial of payment	9	3.7%
Slow payment	6	2.5%
Frequently changing Medicaid regulations	21	8.7%
Not enough other practices in the area accepting Medicaid patients	1	0.4%
Fear of government investigation (e.g., chart audits)	11	4.6%
Limited services covered by the Indiana Medicaid program	21	8.7%

Patient non-compliance with recommended treatment	14	5.8%
Broken appointments (e.g., late cancellation/re-scheduling or no show-up)	42	17.4%
Other [<i>specified below</i>]	11	4.6%
Total	241	100.0%
<p><i>Other:</i></p> <ul style="list-style-type: none"> • I couldn't choose only 3 WAY too many of these apply! • The program damages Oral Health • Lack of patient appreciation • Waiting on paperwork to get approved • More than 3 of the above • Full practice • practice full • office policy not mine • I was working in our local community health center until last fall I have been a Medicaid provider for 20 years I have chosen not to be a provider in my private practice so that I wasn't competing for the same patient population that our local CHC needs to stay open I did not want a conflict of interest • Medicaid doesn't pay for ortho • all of the above, it's a "game" I don't like playing, the plan dictates the dentistry rather than the need 		

11. Please indicate your highest level of training in dentistry. (Check ALL that apply.)

Type	Frequency	Percent
Dental School – No residency completed	85	61.2%
Residency – Advanced Education in General Dentistry Program (AEGD)	1	0.7%
Residency – General Practice Residency (GPR)	15	10.8%
Residency – Other [<i>specified below</i>]	38	27.3%
Total	139	100.0%
Missing	8	
<p>Other types of residencies noted:</p> <ul style="list-style-type: none"> • pediatric dentistry • Pediatric Dentistry and Orthodontics • Prosthodontics • Periodontics • Pediatric dentistry • Masters in Orthodontics (MSD) • Periodontics • Oral and Maxillofacial Surgery • pediatric dentistry • MS, Orthodontics 		

- Endodontics
- Periodontics
- Prosthetics
- Pediatric Dentistry
- Pediatrics
- OMS
- Pediatric Dentistry
- pediatrics
- Oral and Maxillofacial Surgery
- Endodontics
- Pediatric Dentistry
- Pediatrics
- Oral and maxillofacial pathology
- Oral and Maxillofacial Surgery
- Endodontics
- Endodontics
- Certificate/MSD in Periodontics
- MAGD
- Oral and Maxillofacial Surgery
- Orthodontics
- Dental Hygiene
- Pediatrics
- Oral and Maxillofacial Surgery
- certificate in prosthodontics & maxillofacial prosthodontics
- graduate endodontics
- Pediatric Dentistry
- Orthodontics

12. Where did you complete your dental education that first qualified you for your U.S. dental license?

Type	Frequency	Percent
Indiana	131	97.8%
Another state	3	2.2%
Another Country (not U.S.)	0	0%
Total	134	100.0%
Missing	8	

13. How many years have you actively practiced dentistry in the United States?

Types	Frequency	Percent
0 – 1 years	2	1.5%
2 – 5 years	4	3.0%
6 – 10 years	10	7.5%
11 – 15 years	9	6.7%
16 – 20 years	7	5.2%
21 – 30 years	33	24.6%
More than 30 years	69	51.5%
Total	134	100.0%
Missing	8	

14. Which of the following best describes your plan for your dental practice in the next five years?

Type	Frequency	Percent
I plan to maintain the practice as is	79	59.0%
I plan to increase patient care hours	11	8.2%
I plan to reduce patient care hours	6	4.5%
I plan to move the practice to another location in Indiana	2	1.5%
I plan to move the practice out of state	0	0%
I plan to retire	36	26.9%
Total	134	100.0%
Missing	8	

Dental Care for Underserved Populations

15. In terms of your comfort level, please indicate the extent to which you **agree** with the following statements. (Choose ONE answer for each statement.)

I feel comfortable providing dental care to individuals with substance use disorder.		
Type	Frequency	Percent
Definitely Agree	72	56.7%
Somewhat Agree	46	36.2%
Somewhat Disagree	5	3.9%
Definitely Disagree	4	3.1%
Total	127	100.0%
Missing: 15		

I feel comfortable providing dental care to medically compromised individuals.		
Type	Frequency	Percent
Definitely Agree	74	58.7%
Somewhat Agree	48	38.1%
Somewhat Disagree	3	2.4%
Definitely Disagree	1	0.8%
Total	126	100.0%
Missing: 16		

I feel comfortable providing dental care to children with sensory disabilities (e.g., blind/low vision or deaf/hard of hearing).		
Type	Frequency	Percent
Definitely Agree	51	40.2%
Somewhat Agree	54	42.5%
Somewhat Disagree	12	9.4%
Definitely Disagree	10	7.9%
Total	127	100.0%
Missing: 15		

I feel comfortable providing dental care to adults with sensory disabilities.		
Type	Frequency	Percent
Definitely Agree	66	52.0%
Somewhat Agree	47	37.0%
Somewhat Disagree	7	5.5%
Definitely Disagree	7	5.5%
Total	127	100.0%
Missing: 15		

I feel comfortable providing dental care to children with physical disabilities.		
Type	Frequency	Percent
Definitely Agree	65	51.2%
Somewhat Agree	42	33.1%
Somewhat Disagree	14	11.0%
Definitely Disagree	6	4.7%
Total	127	100.0%
Missing	15	

I feel comfortable providing dental care to adults with physical disabilities.		
Type	Frequency	Percent
Definitely Agree	73	57.5%
Somewhat Agree	45	35.4%
Somewhat Disagree	5	3.9%
Definitely Disagree	4	3.1%
Total	127	100.0%
Missing	15	

I feel comfortable providing dental care to children with developmental disabilities.		
Type	Frequency	Percent
Definitely Agree	59	46.8%
Somewhat Agree	38	30.2%
Somewhat Disagree	20	15.9%
Definitely Disagree	9	7.1%
Total	126	100.0%
Missing	16	

I feel comfortable providing dental care to adults with developmental disabilities.		
Type	Frequency	Percent
Definitely Agree	59	46.8%
Somewhat Agree	48	38.1%
Somewhat Disagree	13	10.3%
Definitely Disagree	6	4.8%
Total	126	100.0%
Missing	16	

16. In terms of your professional preparation, please indicate the extent to which you feel **prepared** for the following statements. (Choose ONE answer for each statement.)

I am prepared to provide dental care to individuals with substance use disorder.		
Type	Frequency	Percent
Definitely Agree	67	52.8%
Somewhat Agree	46	36.2%
Somewhat Disagree	8	6.3%
Definitely Disagree	6	4.7%
Total	127	100.0%
Missing	15	

I am prepared to provide dental care to medically compromised individuals.		
Type	Frequency	Percent
Definitely Agree	74	58.3%
Somewhat Agree	46	36.2%
Somewhat Disagree	6	4.7%
Definitely Disagree	1	0.8%
Total	127	100.0%
Missing	15	

I am prepared to provide dental care to children with sensory disabilities (e.g., blind/low vision or deaf/hard of hearing).		
Type	Frequency	Percent
Definitely Agree	49	38.6%
Somewhat Agree	53	41.7%
Somewhat Disagree	16	12.6%
Definitely Disagree	9	7.1%
Total	127	100.0%
Missing	15	

I am prepared to provide dental care to adults with sensory disabilities.		
Type	Frequency	Percent
Definitely Agree	57	45.6%
Somewhat Agree	48	38.4%
Somewhat Disagree	14	11.2%
Definitely Disagree	6	4.8%
Total	125	100.0%
Missing	17	

I am prepared to provide dental care to children with physical disabilities.		
Type	Frequency	Percent
Definitely Agree	55	44.0%
Somewhat Agree	49	39.2%
Somewhat Disagree	14	11.2%
Definitely Disagree	7	5.6%
Total	125	100.0%
Missing	17	

I am prepared to provide dental care to adults with physical disabilities.		
Type	Frequency	Percent
Definitely Agree	61	48.4%
Somewhat Agree	51	40.5%
Somewhat Disagree	11	8.7%
Definitely Disagree	3	2.4%
Total	126	100.0%
Missing	16	

I am prepared to provide dental care to children with developmental disabilities.		
Type	Frequency	Percent
Definitely Agree	50	40.0%
Somewhat Agree	47	37.6%
Somewhat Disagree	16	12.8%
Definitely Disagree	12	9.6%
Total	125	100.0%
Missing	17	

I am prepared to provide dental care to adults with developmental disabilities.		
Type	Frequency	Percent
Definitely Agree	53	42.1%
Somewhat Agree	53	42.1%
Somewhat Disagree	13	10.3%
Definitely Disagree	7	5.6%
Total	126	100.0%
Missing	16	

17. What experience have you had related to special care dentistry? (Check **ALL** that apply.)

Type	Frequency	Percent
Academic Training including didactic or clinical education in dental school	39	16.0%
Residency Training	38	15.6%
Continuing Education	47	19.3%
Clinical Practice	92	37.9%
Other	8	3.3%
No related Exposure	19	7.8%
Total	243	100.0%
Other: <ul style="list-style-type: none"> • 20 years as a director of an ACPA Cleft palate/Craniofacial clinic team • Member of Special Care Dentistry Association • Associate of Pediatric Dentist first 5 years out of school • Hospital residency • ability to sedate patients • I received training for iv sedation • Military overseas hospital training • child with delays 		

18. How were you exposed to special care dentistry while you were in dental school? (Check **ALL** that apply.)

Type	Frequency	Percent
Didactic Education	36	51.4%
Clinical Education	33	47.1%
Other [<i>specified below</i>]	1	1.4%
Total	70	100.0%
Missing	103	
Other: <ul style="list-style-type: none"> • CE 		

19. If academic didactic training provided exposure to special care dentistry, how much time was devoted to this topic?

Type	Frequency	Percent
Minimal emphasis during a course	10	28.6%
A few lectures during a course	20	57.1%
An entire course	4	11.4%
More than one course	1	2.9%
Total	35	100.0%
Missing	1	

20. What experience or training do you wish you had received in dental school regarding the provision of dental care to patients with disabilities?

- none
- Could always do more, but there is only so much time in the curriculum
- Team approach
- practical clinical exposure
- I had hands on experiences with CP patients, and some Cleft plate patients with moderate LD during dental school and orthodontic residency. These first hand experiences were instrumental in making me more comfortable with encountering challenging patient anatomy, and or cooperation issues. If it is possible to expose students first hand to care of physically and mentally/emotionally challenged patients there is NO SUBSTITUTE!
- Sedation
- Hospital-based care
- More sedation experience
- I think it was adequate Mostly experience with people over my career helps with future patients
- Just more training in general
- I was prepared
- Minimal exposure & experience while in school
- Any training would have been good
- Should have been a clinic to train students to deal with disabled patients
Should have been part of the regular curriculum
- More patient experiences
- How Medicaid works
- Limited observation at Riley Hospital clinic
- General anesthesia o sedation

- I would have liked more training with different levels of anesthesia, though it is possible to get the higher levels on ones own, like so many other situations Undergrad Dental School is for teaching basic dental functions and from there one can go in which ever direction he/she wishes, whether grad school or the many different training "institutes" or mentoring directions I personally thought I got a GREAT general education from IU, and I have branched out from there on my own Which was just fine !
- I think a paid residency program should be required for at least one year after dental school. This program should expose new dentists to a wide variety of career options, including treatment of the disabled
- More direct patient treatment
- More didactic education regarding substance abuse disorders and treating patients with mild developmental disabilities and anxiety
- Direct Care
- More exposure clinically and didactically to patients with disabilities
- I believe that an externship in dental school or a clinical rotation may have given a student some insight into treatment, but may be outside of the scope of dental school curriculum I think it would require a more intensive course of study like a residency
- Spend more time on didactic training
- I felt there was adequate coverage of the topic. Just like all patients, the more you are exposed in the real dental environment, the more comfortable you are with treating these type of patients
- More clinical experience
- Limited
- Better training in dental school for treating adults with special health care needs
- None
- N/A
- more exposure to clinical situations
- A rotation in a special clinical environment or time spent with a mentor would have been helpful
- Multiple OR General dentistry cases
- More classes directed towards this topic
- clinical and didactic mostly clinical exposure and also best practices on who to refer Resources on locations and networking to those that are trained and prefer practices skewed for these patients
- there should be a place at the school that takes care of the disabled population
- My education gave me a great foundation in which to build upon My education was well balanced
- More tactics that can be used in the dental setting to settle/make comfortable those with disabilities
- any training would be helpful
- Basic understanding of common behavior pattern side as for treating

- I definitely wish that training were required in dental school to discuss potential situations and treatment options for caring for all individuals. It would also be helpful to have a required clinical rotation with addressing patients who are disabled
- Having experience treating patients with disabilities and then discussions about best practices for providing optimal treatment for these patients
- what to do & how to do it
- Better ways to treat them mentally
- Hands on
- Nothing specific
- More hands on training
- believe most of experience is clinical
- Would have helped to have some clinical experiences and some training as to what some of the general expectations of treating patients with the different disabilities

21. Approximately how many patients with disabilities did you see **in the last 12 months?**
(Do **NOT** include your volunteer dental service.)

Type	Frequency	Percent
None	2	1.9%
1 – 5	21	19.8%
6 – 10	23	21.7%
11 – 20	25	23.6%
21 – 50	16	15.1%
51 – 100	8	7.5%
More than 100	11	10.4%
Total	106	100.0%
Missing	36	

22. When providing care to people with disabilities, how often do you find it difficult to interact with them?

Type	Frequency	Percent
Always	5	5.0%
Usually	5	5.0%
Sometimes	83	83.0%
Never	7	7.0%
Total	100	100.0%
Missing	42	

23. What issues created the greatest barrier to your provision of dental care to individuals with disabilities? (Choose up to **THREE** answers.)

Types	Frequency	Percent
Patient behavior	60	23.0%
Type of disability <i>[specified below]</i>	9	3.4%
Severity of disability	59	22.6%
Co-occurring medical conditions <i>[specified below]</i>	6	2.3%
Patient non-compliance with recommended treatment	21	8.0%
Broken appointments (e.g., late cancellation/re-scheduling or no show-up)	13	5.0%
Complicated paperwork	4	1.5%
Denial of Medicaid payment	6	2.3%
Low Medicaid reimbursement rates	20	7.7%
Slow Medicaid payment	1	0.4%
My level of training	20	7.7%
Office staff training	5	1.9%
Concern about liability issues	4	1.5%
Care is more time consuming	27	10.3%
Accommodations for communication <i>[specified below]</i>	2	0.8%
Other <i>[specified below]</i>	3	1.1%
I encounter NO barriers in the provision of care	1	0.4%
I never saw patients with disabilities in practice	0	0%
Total	261	100.0%
Missing	39	

Types of disability:

- Physical limitations to access areas of anatomy and or motor issues that prevent the patient from cooperating
- Ability to take care of teeth during treatment
- Severe autism or severe developmental
- Dementia, cerebral palsy
- physical- sometimes extremely hard for patients to get in and out of dental chair
- Autism
- Bipolar disorder

Co-occurring medical conditions:

- anything that might compromise their health in an outpatient setting
- Anxiety, depression, bipolar, diabetes, polypharmacy, etc

Accommodations for communication:

- Inability to sometimes communicate directly with the patient and having to go through an intermediary or caregiver in patients other than the deaf population makes me question what the level of consent/assent is for the patient

<p><i>Other:</i></p> <ul style="list-style-type: none"> • The systematic elimination of access to hospital-based facilities by limitation of reimbursement • Some pts need a higher level of sedation • Care giver compliance
--

24. Regarding patients with disabilities, which of the following are most important for dental professionals to know? [Choose up to **THREE** answers.]

Type	Frequency	Percent
Specialized techniques and equipment	23	8.1%
How to implement a preventive program tailored to the patients	22	7.7%
How to reduce patients' anxiety	37	13.0%
Behavior management	67	23.5%
Effective strategies for communicating with patients	43	15.1%
Positioning techniques appropriate to providing oral hygiene procedures	9	3.2%
Proper body mechanics for performing a wheelchair transfer	8	2.8%
General information about people with disabilities including their oral health needs	20	7.0%
Effective preparation for treating patients with disabilities in practice	30	10.5%
Patient assessment	21	7.4%
Other [<i>specified below</i>]	5	1.8%
Total	285	100.0%
Missing	42	
<p><i>Other:</i></p> <ul style="list-style-type: none"> • Medical complications that DO NOT conflict with dentistry • be prepared to spend extra time with the patient and their support/families • We have worked thru many of the problems listed above We use to see many disabled individuals with our sedation • liability • Ways to patient under the constraints of Medicaid payment! 		

25. Are you interested in learning about how to provide effective and respectful dental care services to people with disabilities?

Type	Frequency	Percent
Yes	68	59.1%
No	47	40.9%
Total	115	100.0%
Missing	27	

26. If training were available to help you provide dental care to patients with disabilities, what would you like to learn more? (Check ALL that apply.)

Type	Frequency	Percent
Specialized techniques and equipment	43	10.3%
How to implement a preventive program tailored to the patients	32	7.7%
How to reduce patients' anxiety	44	10.5%
Behavior management	61	14.6%
Effective strategies for communicating with patients	45	10.8%
Positioning techniques appropriate to providing oral hygiene procedures	21	5.0%
Proper body mechanics for performing a wheelchair transfer	29	6.9%
General information about people with disabilities including their oral health needs	30	7.2%
Effective preparation for treating patients with disabilities in your practice	44	10.5%
Patient assessment	31	7.4%
Ability for sedation or nitrous oxide	27	6.5%
Other [<i>specified below</i>]	11	2.6%
Total	418	100.0%
Missing	40	

Other:

- I'm comfortable now
- Been doing it for over 30 years, there is no cookbook approach it's all experience and figuring out the best way for each patient
- None
- Excited this is being discussed!!!!
- My special interest is hospital-based dentistry
- Sedation Training
- very comfortable already have been treating disabled patients since residency was completed
- We need Medicaid to change their rules for severely disabled individuals we can not provide the services they need with what they pay even considering that it was a public service I was willing to be under paid but it became too much for us I have been wanting to find someone that cared so we could explain that Medicaid needs to reimburse differently for these people My decision to not treat these people any more was when Medicaid asked for reimbursement of over 1000 dollars for services we provided for a disabled person
- This late in my practice life, I would not be interested in further training in this area
- better access to general anesthesia care is a major problem in our state
- How to get fair payment for services rendered for disability issues Medicaid is the problem because they won't pay for proper treatment

27. Is your primary practice facility accessible regarding the following? (Choose ONE answer for each statement.)

Parking Spaces		
Type	Frequency	Percent
Yes	114	95.8%
No	5	4.2%
Total	119	100.0%
Missing	23	

Entrances		
Type	Frequency	Percent
Yes	112	94.1%
No	7	5.9%
Total	119	100.0%
Missing	23	

Office Spaces		
Type	Frequency	Percent
Yes	107	94.7%
No	6	5.3%
Total	113	100.0%
Missing	29	

Dental Equipment		
Type	Frequency	Percent
Yes	105	88.2%
No	14	11.8%
Total	119	100.0%
Missing	23	

28. Does your primary practice facility provide deaf patients with certified American Sign Language (ASL) interpreters?

Type	Frequency	Percent
Yes	23	19.5%
No	53	44.9%
No patient requires such accommodation	42	35.6%
Total	118	100.0%
Missing	24	

29. Are you aware of the 2018 revision to Principle “4.A. Patient Selection” of the American Dental Association’s (ADA) Principles of Ethics and Code of Professional Conduct that prohibits dentists from refusing to accept patients into their practice, or deny dental service to patients because of their disabilities?

Type	Frequency	Percent
Yes	93	77.5%
No	27	22.5%
Total	120	100.0%
Missing	22	

30. Has the revision led to change in your dental practice or protocols for dental care to patients with disabilities?

Type	Frequency	Percent
Yes	3	3.3%
No	40	44.0%
Changes were not needed	48	52.7%
Total	91	100.0%
Missing	51	

31. Please provide any comments about the current capacity and needs of the dental workforce in Indiana in order to address the oral health needs of **people with disabilities in Indiana**:

- As a pediatric dentist and an orthodontist, we need help with adult dentists seeing adult special needs patients and with orthodontists see special needs patients, especially cleft lip/palate
- Locations, some areas don’t even have dentists for normal people
- The average dentist is NOT treating this population I am now at the dental school and we have discussed doing a CE course on this subject I am excited you are doing this survey!!
- We will soon see a crisis in access to hospital-based dental care for patients with disabilities in Indiana. Over the last two years we have lost several providers in Northern Indiana due to reimbursement cuts and hospital closings. Personally I have been refused access to Ambulatory Surgical Centers and hospitals due to the fact Medicaid reimbursement won’t meet the cost of each procedure at their facility.

I provide treatment to those that cannot be managed in a traditional dental setting, These are the patients that need treatment most Very few of these patients are verbal and can’t express the pain they may be feeling.

I have met with State legislators and have had families and agencies that care for this patient population write letters and emails to the Governor's office but have never had a response.

- More sedation training
- None
- Medicaid is a HUG E barrier on all levels!
- POA needs to accompany patient to the office to complete an accurate health history, provide support for the patient during the treatment, schedule future visits & be available for transportation to future visits
- Current problems in recruiting and maintaining staff make delivery of dental services for all patients difficult
- I, personally have no problem treating patients with disabilities in my practice except those which I cannot communicate with (not including deaf folks), those with behavioral problems, or those that might be a bit young (kids are tough enough), and those who don't keep appointments
- Increase in Reimbursement. This would allow Family Dentist to treat. Pediatric Dentist cannot see all these patients
- In my experience, I find that because folks are not very educated on people with disabilities they tend to be very ableist in behavior and language. Myself included, at times. Hence, I think comprehensive education needs to be the first step. Right after, if not concurrently, educating the providers on techniques that enable them to confidently deliver the best care they can as if they were providing care to an able person is also paramount
- I believe there are patients in Indiana that would benefit from a clinic specifically designed to help with people with disabilities. Sedation could be used to help these people get the necessary dental treatment they need
- GP should refer to specialist that is better trained and more familiar for the safety and care of the patient
- I have found that the pedodontists no longer wish to see children with disabilities once they reach 18. As a general dentist with no nitrous oxide or sedation training, our office is not equipped to handle certain procedures on patients such as autism patients who are not cooperative for operative procedures. This has been extremely frustrating. I also feel that if the government hired dentists to periodically go to nursing homes and see ALL of the patients who are not receiving regular dental care, that would be a way to screen for severe problems such as acute infections. I believe the same thing would be helpful for the government to provide mobile dental vans/buses to go to underserved communities and/or schools to screen/treat those individuals. Since access is often a problem and low reimbursements discourage private practitioners from wanting to participate, I believe the government should employ dentists as a salaried position with perhaps some bonus incentive to treat some of these populations
- would like to know where to refer patients where they could remain in their wheelchairs which could be tilted back for dental treatment

- My small town office isn't fully accessible yet we manage to care for those that need help
- I do not see why it is the dentist responsibility to bear all the financial burden for special needs patients. Medicaid reimbursement is terrible and doesn't begin to cover recall frequency needed by these patients
- I have routinely provided care to physically and mentally challenged patients for 40 years. It is a rewarding part of my practice, but I am getting to old to continue some procedures. Special needs patients are sometimes beyond my physical limits
- I can not pay for interpreting at my expense
- We need more training and better reimbursement
- There should be specialist with operative care catered to the adults. Pediatrics should be pediatrics and special needs specialist. Adult procedures should be reinforced during training and those docs should have the ability, equipment to do all general dental procedures. Many autistic, spectrum, cerebral palsy, spastic disorders might need sedation or special management that general dentist do not have training in. As much as I see Down's patients, light autism and adhd I still refer if management is behavioral procedural, if I can get them in the chair, or near it and get radiographs and so the work I treat special needs and medical compromised. However, I am sure a pediatric/special needs trained specialist would be more effective and smooth with the process as long as they are doing full spectrum services for their adults
- I have been providing care to disabled people for nearly 40 years. Our state has VERY LIMITED access to general anesthesia care due to poor medicaid reimbursement. This results in the hospitals not wanting to provide surgical time due to poor reimbursement this results in wait times for surgical care that can be 8 to 12 months or even longer. And these patients must be transported frequently many hours from home to receive care
- we use a translating service via facetime calls to communicate
- Adult special needs dentistry is a real need and pediatric dentists shouldn't be the only providers to care for these patients. They have adult needs and pediatric dentists aren't always comfortable/able to provide this kind of treatment, especially is General Anesthesia is required to provide care. There is no place to refer those patients who need specialized care
- Most people with disabilities are on Medicaid or some form of government assistance. There are not enough providers and My office is overwhelmed and booked out so patients are not being seen in a timely manner!

Demographic Information

32. Are you of Hispanic, Latino/a/x, or Spanish origin?

Type	Frequency	Percent
Yes	0	0%
No	115	100.0%
Total	115	100.0%
Missing	27	

33. Which one or more of the following would you say is your race? (Check ALL that apply.)

Type	Frequency	Percent
White	108	88.5%
Black or African American	4	3.3%
Asian	5	4.1%
American Indian or Alaska Native	1	0.8%
Native Hawaiian or Pacific Islander	2	1.6%
Other [<i>specified below</i>]	2	1.6%
Total	122	100.0%
Missing	27	
Other:		
<ul style="list-style-type: none"> • Human! • NA 		

34. What gender do you identify as?

Type	Frequency	Percent
Male	85	72.6%
Female	31	26.5%
Other	1	0.9%
Total	117	100.0%
Missing	25	