

**Kansas Mission of Mercy Dental Clinic Clients:
A Summary of Findings Based on Exit Surveys**

April 15, 2003

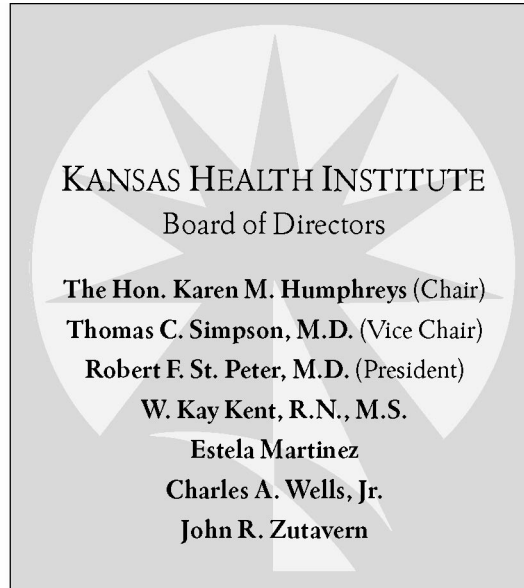
Prepared by the Kansas Health Institute for
The United Methodist Health Ministry Fund

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The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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Executive Summary

The Kansas Mission of Mercy free dental clinic, held at the Finney County Fairgrounds Exhibition Building in Garden City February 28, 2003 through March 2, 2003, collected exit surveys from 1,060 of 1,734 patients, a response rate of 61 percent. The survey asked which services patients had received, satisfaction with services, unmet needs and most recent service use, presence of a usual source of care, home ZIP code, travel mode to clinic, age, race, and ethnicity (see Appendix A for a copy of the survey).

The United Methodist Health Ministry Fund contracted with the Kansas Health Institute (KHI) to tabulate and summarize the survey data, in order to learn more about the patients served and to inform recommendations about future clinics. KHI staff contributing substantially to this analysis included Charles Betley, Pam Clay, and Kim Kimminau.

These tabulations of the exit survey data are intended to summarize the self-reported characteristics and experiences of Mission of Mercy dental clinic clients, not to evaluate the performance of the clinic. Patients who did not complete a survey may have differed from respondents in numerous ways, but there is no means to assess how any differences may have biased the results.

Key Findings

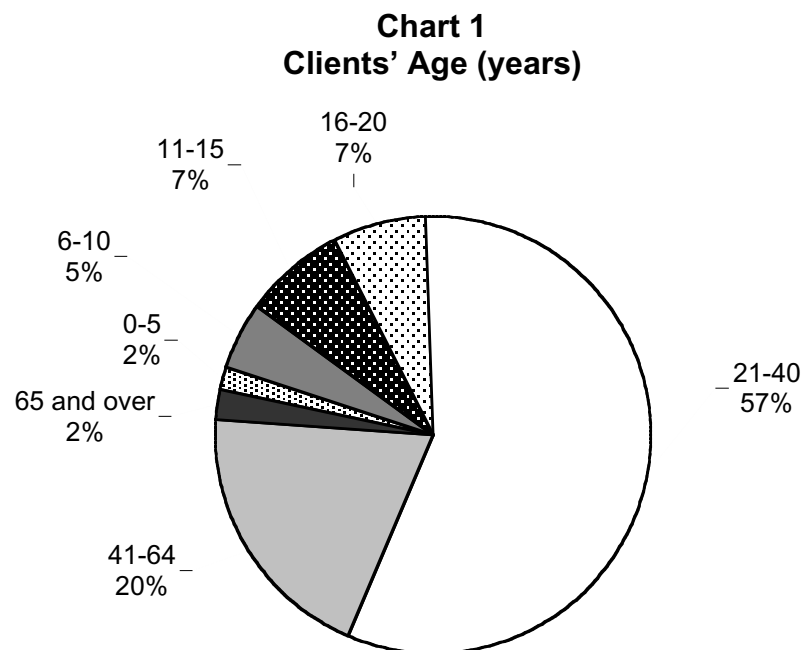
- Eighty percent of responding patients were adults, and nearly two-thirds were Hispanic.
- Unmet dental needs were widespread among the respondents. Only one in three children and one in four adults had a usual source of dental care.
- For two-thirds of patients, at least one year had elapsed since their last dental visit. The clinic offered nearly a quarter of the patients their first dental visit.
- Nearly half reported that someone in their household had suffered dental pain in the past year.
- Half of the patients were told they would need a follow-up visit.

- Less than 20 percent of patients had dental insurance coverage, but some who had insurance commented that certain services were not covered in full or were unaffordable because of out-of-pocket costs.
- Although two-thirds of the patients came from the immediate area of Garden City, 12 percent traveled 50 miles or more to attend the clinic.
- More than 90 percent of respondents reported being “very satisfied” with the services received; less than 2 percent reported they were dissatisfied in any degree.

Client Demographics

Age

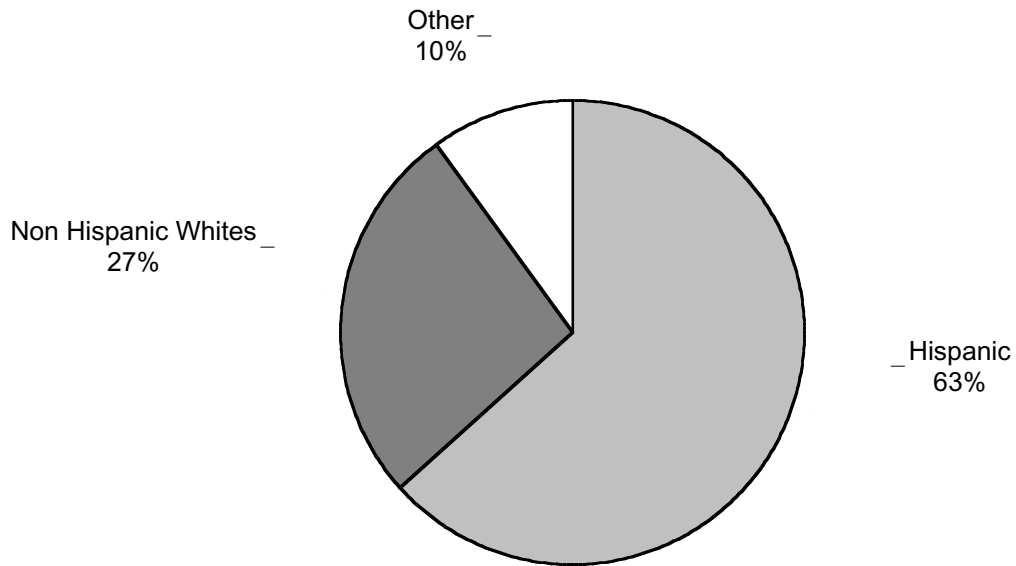
Seventy-seven percent of those served at the clinic were working-aged (21–64 years old) adults (Chart 1). Median age of patients was 28. The substantial number of older patients might be expected to have labor force experience, along with greater opportunities for access to employment-based dental insurance. Children served were most likely to be of the age when permanent teeth had erupted (11-20 years). Patients over age 65 made up only 2 percent of those served by the clinic, despite the absence of dental coverage under Medicare.



Race and Ethnicity

63 percent of the clients were Hispanic, 27 percent were White Non-Hispanics, and 10 percent were of other races (African-American, Asian/Pacific Islander, Native American, or other) (Chart 2).

**Chart 2
Clients' Race and Ethnicity**



The age distribution of clients was fairly similar across race and ethnic groups, although children were a somewhat larger proportion of Hispanic patients (Table 1).

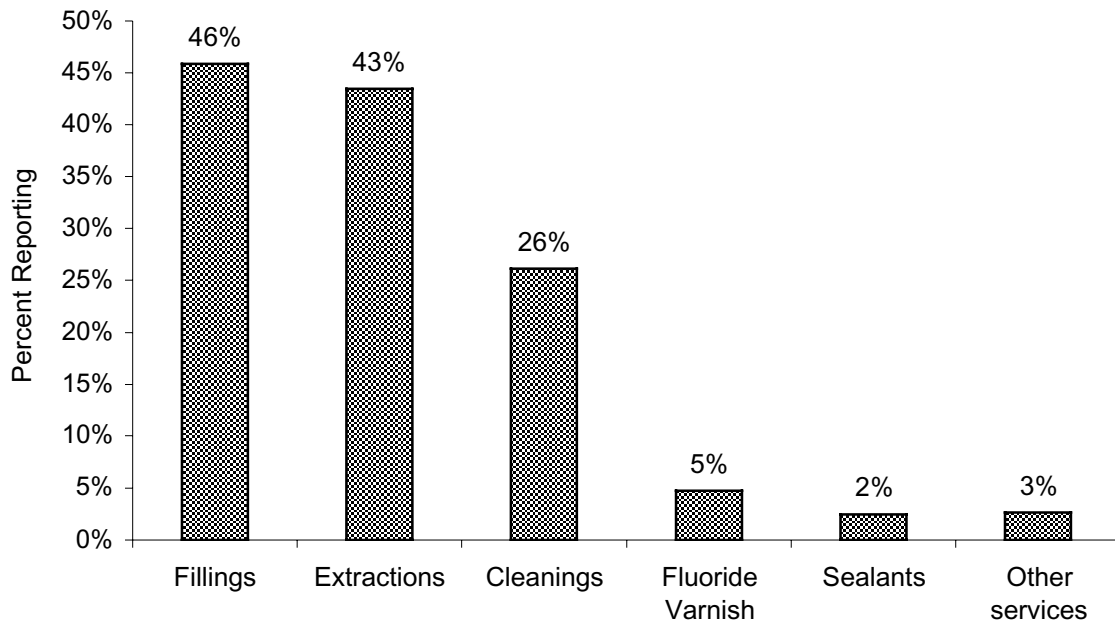
**Table 1
Patient's Age Distribution by Race and Ethnicity**

Age	Hispanic (n=613)	Non-Hispanic White (n=259)	Other (n=84)
0-5	2.0%	0.4%	3.6%
6-10	5.2%	4.6%	6.0%
11-15	8.5%	5.0%	6.0%
16-20	7.7%	6.6%	2.4%
21-40	57.4%	57.1%	52.4%
41-64	17.8%	23.2%	26.2%
65+	1.5%	3.1%	3.6%

Measures of Services Used

The most common services reported by clinic patients were fillings and extractions, with over 45 percent receiving fillings and nearly as large a proportion having extractions (Chart 3). Twenty-three percent of patients reported receiving multiple services, although the survey form made it difficult to determine whether or not multiple services represent different services for a single individual or for different family members. Among the other services reported were several root canals and denture adjustments.

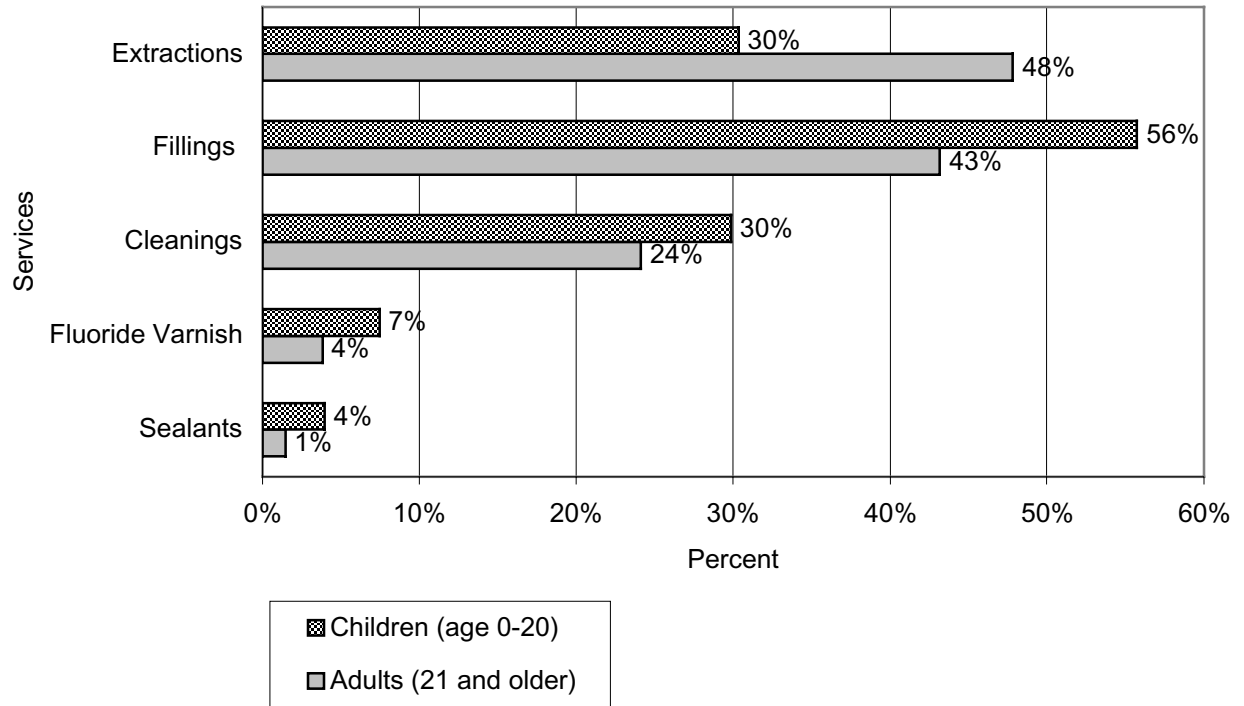
Chart 3
Services Reported by Clients*



*Respondents could indicate more than one service.

Preventive and restorative dental services were more frequently reported for children than for adults (Chart 4). It may be noteworthy that 30 percent of children received extractions, although closer scrutiny of clinical records would be necessary to determine how many of these extractions represented dental disease occurring in permanent teeth.

**Chart 4
Services Reported by Age Group***



*Respondents could indicate more than one service.

Measures of Dental Care Need

The clients of the Mission of Mercy Clinic reported having substantial measures of unmet dental needs, although these varied somewhat among demographic characteristics (Table 2). More children than adults have a usual source of care, and had some insurance coverage for their services. However, few respondents (less than 6 percent) indicated their type of insurance coverage, making it difficult to know patients' exposure to out-of-pocket costs. Among those who did cite their source of coverage, however, a number did comment that cost-sharing obligations were a burden.

Adults were told that they would need to seek additional dental care after the clinic more frequently than children. Seventy-five percent of all clients who were told they needed more care had no usual source of care. Although white clients were more likely to have a usual source of dental care, they were also more likely to report that a household member experienced dental pain in the previous year.

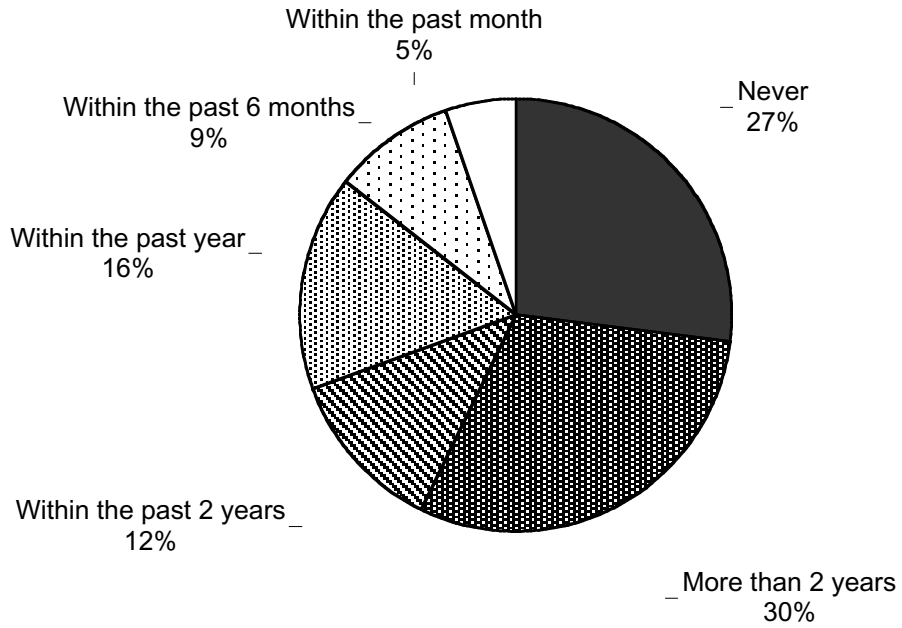
Table 2
Measures of Dental Care Need

Patient Demographics	Survey Questions on Dental Care Needs			
	Have a usual source of care	Told they need more care	Have dental insurance	Someone in household had dental pain in past year
Age Group				
Children (0-20)	32%*	32%*	20%*	45%
Adults (21 and older)	25%*	47%*	12%*	50%
Race/Ethnicity				
White	35%*	47%	13%	61%*
All Non-White (Hispanic and other)	24%*	43%	15%	45%*
Hispanic	24%*	42%	16%	44%*

*Chi-square test shows statistically significant differences at the p<.05 level

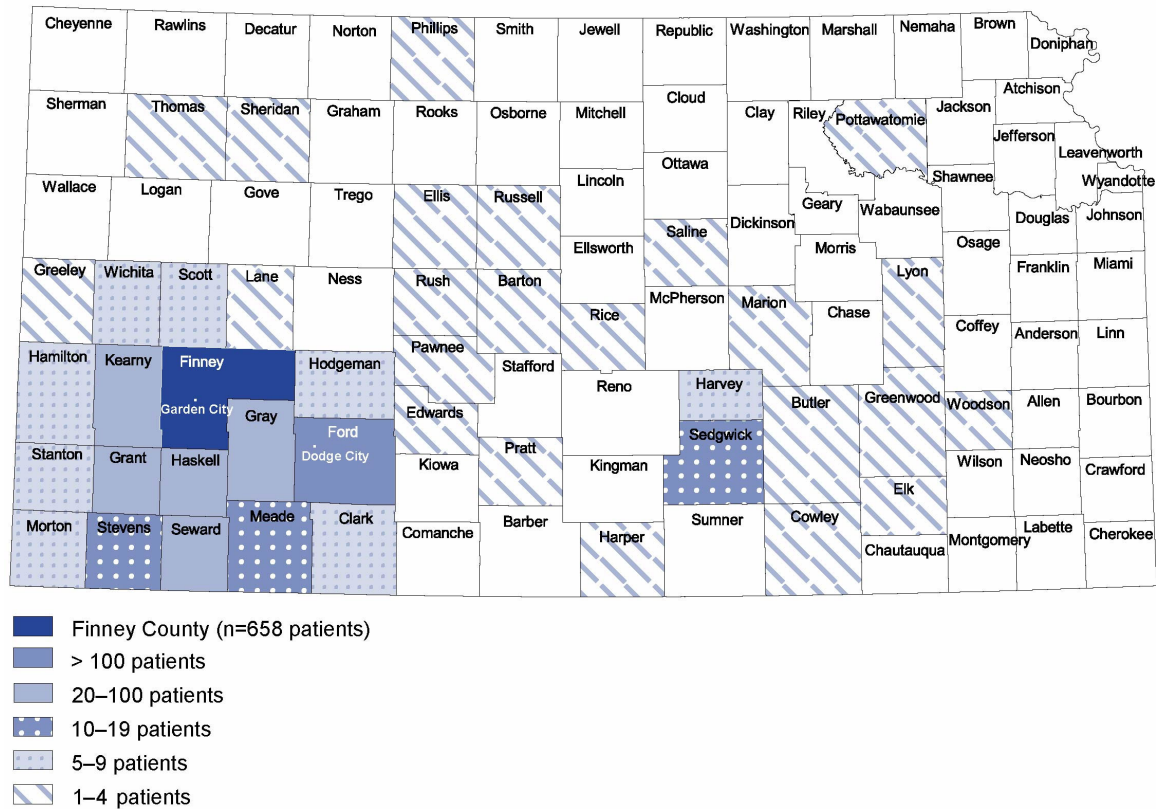
Further evidence of unmet need was the low proportion of individuals who had last visited a dentist within the recommended interval of 6 months (Chart 5). In fact, 57 percent of individuals reported 2 or more years since having last visited a dentist, or reported they had never visited a dentist.

**Chart 5
Previous Dental Services**

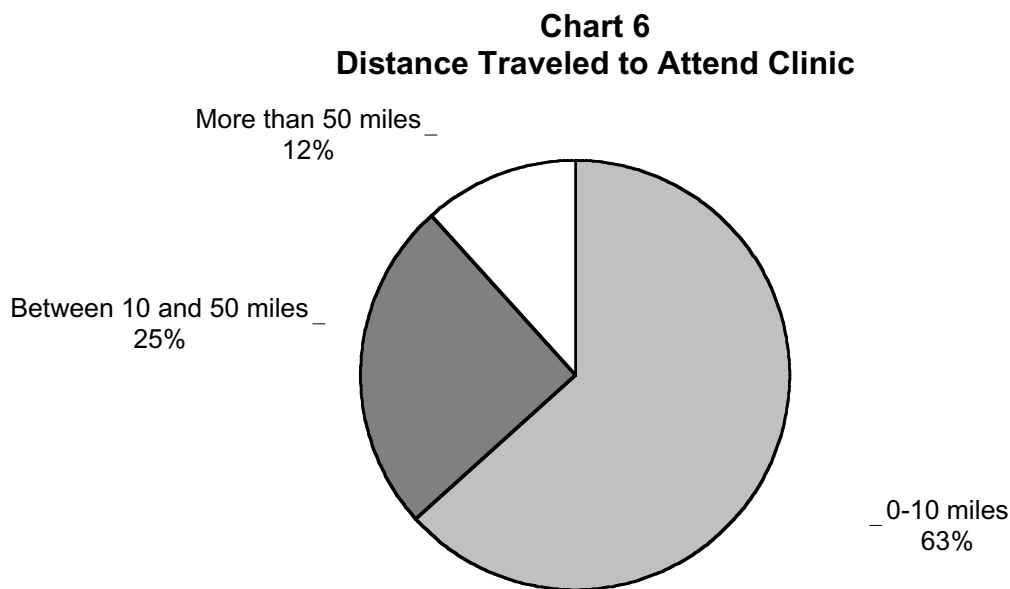


Another measure of need is the patient’s willingness to travel to the clinic to receive services. The map shows the geographic distribution of patients served by their reported county of residence.

Patients’ Counties of Residence



Although over 63 percent of the clients resided in Finney County, where Garden City is located, and patients may have attended the clinic incidental to traveling to Finney County for other reasons, a number commented that they traveled several hours to attend the clinic or arranged overnight stays. Twelve percent of patients traveled more than 50 miles to attend the clinic (Chart 6).



Distance traveled did not vary with client age, although non-Hispanic patients tended to travel farther than Hispanic patients.¹ Evidence is mixed whether clients with more severe needs were willing to travel farther to the clinic. Travel distance was not significantly associated with the number of services provided. On the other hand, distance is weakly but significantly correlated with other indicators of need such as past dental pain, the need for follow-up dental care, and absence of a usual source of care.²

Although the survey asked patients' mode of travel, little could be determined from this question. Many respondents interpreted the question to describe travel with friends or family. Among those who responded with their transportation mode, the overwhelming

¹ The Spearman rank-order correlation coefficient of miles traveled with non-Hispanic patients ($r=0.28$) is significantly different from 0.0 at $p<0.05$.

² Spearman rank-order correlation coefficients of miles traveled with no source of care ($r=0.06$), need for follow-up care ($r=0.11$), and pain among members of the household ($r=0.14$), are significantly different from 0.0 at $p<0.05$.

number (nearly 99 percent) drove to the clinic, although patients also mentioned walking, train, bus, and a group-sponsored van.

Satisfaction

The vast majority of respondents (91 percent) reported that they were “very satisfied or happy” with the services. However, only 61 percent of all patients who received services completed a survey, and less satisfied patients might have been less likely to have taken the time to complete a survey.

Representative comments expressed gratitude for the services, satisfaction with providers’ friendliness and gentleness, and requests for a repeat clinic. However, among the comments were requests for the lines to move more quickly, that paperwork or tests be prepared in advance and information conveyed to providers, and that an appointment system or notice of wait time be provided.

Limitations of Data and Survey

These tabulations of the exit survey data are intended to summarize the self-reported characteristics and experiences of Mission of Mercy dental clinic clients, rather than to evaluate the clinic’s performance as a whole. Additional information, including input from providers and sponsors, should be considered in order to judge the success of this clinic and to plan for future events.

If additional clinics are planned, the survey instrument itself could be improved to obtain better data on client experiences. One improvement would be to distinguish among different family members, either by using separate surveys or a form with a check-off table for multiple family members. If sponsors are concerned about how travel affects patient access, multiple choices among travel modes or a question about travel time could be added.