



2022 Access Dental Plan Child Dental Satisfaction Survey Report

January 2023

Table of Contents

1. Executive Summary	1-1
Introduction	1-1
Key Drivers of Satisfaction	1-1
County Comparisons	1-3
Trend Analysis	1-3
2. Overview	2-1
Child Dental Satisfaction Survey	2-1
Survey Demographics	2-2
3. Reader's Guide	3-1
Dental Plan Performance Measures	3-1
How Child Dental Satisfaction Survey Results Were Collected	3-5
Sampling Procedures	3-5
Survey Protocol	3-5
How Child Dental Satisfaction Survey Results Were Calculated	3-6
Who Responded to the Survey	3-6
Child Member and Respondent Demographics	3-6
Rates and Proportions	3-6
County Comparisons	3-7
Trend Analysis	3-7
Weighting	3-8
Key Drivers of Satisfaction Analysis	3-8
Limitations and Cautions	3-9
Non-Response Bias	3-9
Causal Inferences	3-9
Lack of National Data for Comparisons	3-9
Survey Instrument	3-9
4. Results	4-1
Who Responded to the Survey	4-1
Child and Respondent Demographics	4-2
Rates and Proportions	4-4
County Comparisons	4-4
Global Ratings	4-5
Composite Measures	4-7
Individual Item Measures	4-9
Summary of Comparative Analysis Results	4-10
Trend Analysis	4-11
Global Ratings	4-11
Composite Measures	4-15
Individual Item Measures	4-18
Summary of Trend Analysis Results	4-20

Table of Contents

5. Recommendations.....	5-1
Key Drivers of Satisfaction	5-1
Recommendations for Quality Improvement	5-2
Drivers of Rating of Dental Plan	5-3
Drivers of Would Recommend Dental Plan	5-4
6. Survey Instrument	6-1

1. Executive Summary

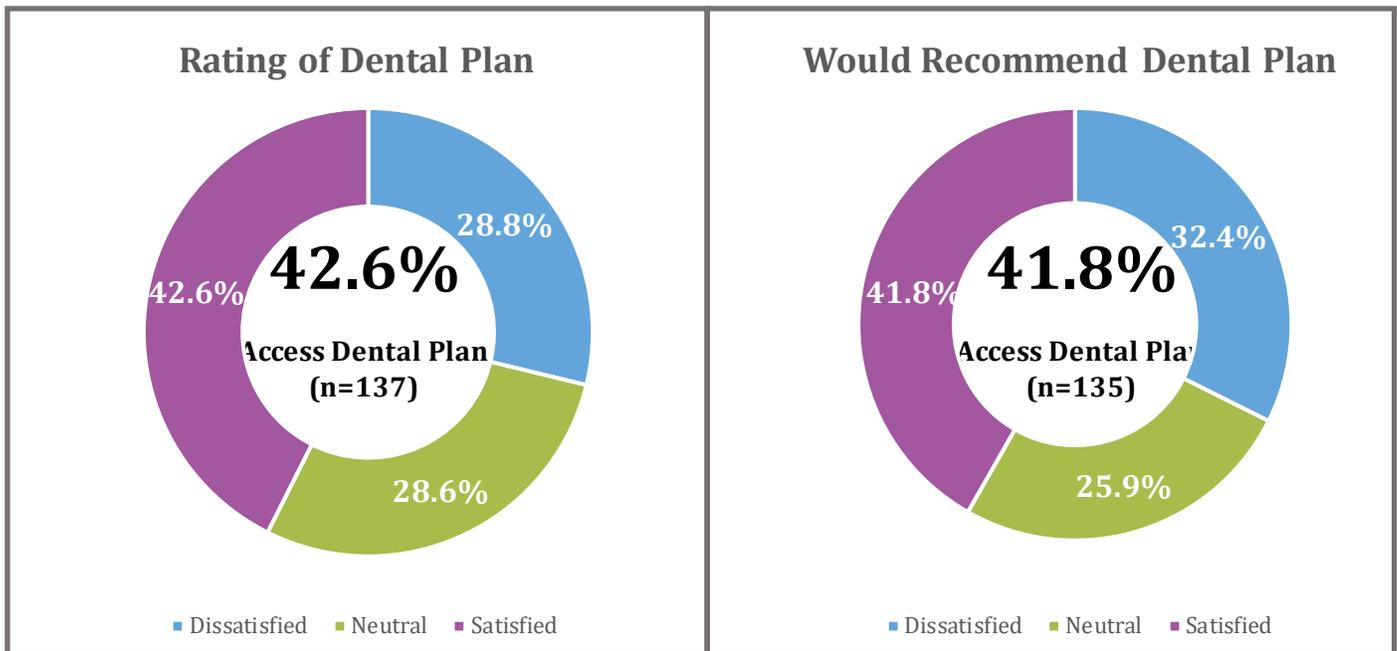
Introduction

Access Dental Plan contracted with SPH Analytics to administer and report the results of the Child Dental Satisfaction Survey as part of its process for evaluating the quality of dental services provided to child Medicaid members enrolled in its dental plan. The goal of the Child Dental Satisfaction Survey is to provide performance feedback that is actionable and will aid in improving overall member satisfaction. This report presents the 2022 survey results for Access Dental Plan at the plan aggregate and county levels.

Key Drivers of Satisfaction

SPH Analytics performed a “key drivers” of satisfaction analysis focused on two measures: the survey respondents’ overall rating of the dental plan (i.e., Rating of Dental Plan) and whether or not the survey respondent would recommend the dental plan to someone else (i.e., Would Recommend Dental Plan). Figure 1-1 depicts the reported satisfaction levels with each of these measures.

Figure 1-1 — Measures of Key Drivers of Satisfaction



The key drivers analysis was performed by determining if particular survey items (i.e., questions) strongly correlated with the Rating of Dental Plan and Would Recommend Dental Plan measures. These individual CAHPS items, which SPH Analytics refers to as “key drivers,” are driving levels of satisfaction with each of the two measures. Table 1-1 provides a summary of the key drivers identified for Access Dental Plan.¹⁻¹ These are areas that Access Dental Plan can focus on to improve overall member satisfaction.

Table 1-1 — Key Drivers of Satisfaction

Rating of Dental Plan	
Q13 Rating of child's regular dentist	CALL TO ACTION
Q10 Dentist explained things in a way that was easy for child to understand	CALL TO ACTION
Q24 Dental plan met all of child's dental care needs	CALL TO ACTION
Q22 Rating of dental care	CALL TO ACTION
Q12 How often satisfied with overall care provided to child by dentist	CALL TO ACTION
Q07 Dentist listened carefully to you	CALL TO ACTION
Q15 Dentists or dental staff helped child feel comfortable during dental work	CALL TO ACTION
Q19 Child got specialist appointment as soon as you wanted	MAINTAIN PERFORMANCE
Q29 Information provided by plan helped you find a dentist that you were happy with	MAINTAIN PERFORMANCE
Q32 Dental plan's customer service gave information/ help needed	MAINTAIN PERFORMANCE
Q30 Rating of how easy it was to find a dentist	MAINTAIN PERFORMANCE
Would Recommend Dental Plan	
Q13 Rating of child's regular dentist	CALL TO ACTION
Q15 Dentists or dental staff helped child feel comfortable during dental work	CALL TO ACTION
Q16 Dentists or dental staff explained what they were doing while treating child	CALL TO ACTION
Q24 Dental plan met all of child's dental care needs	CALL TO ACTION
Q22 Rating of dental care	CALL TO ACTION
Q07 Dentist listened carefully to you	CALL TO ACTION
Q12 How often satisfied with overall care provided to child by dentist	CALL TO ACTION
Q32 Dental plan's customer service gave information/ help needed	MAINTAIN PERFORMANCE
Q30 Rating of how easy it was to find a dentist	MAINTAIN PERFORMANCE
Q18 Child got to see a dentist as soon as you wanted when needing care right away	MAINTAIN PERFORMANCE
Q29 Information provided by plan helped you find a dentist that you were happy with	MAINTAIN PERFORMANCE

¹⁻¹ The key drivers of satisfaction are plan-level key drivers of satisfaction based on the survey results of the Los Angeles and Sacramento counties combined.

County Comparisons

In order to identify performance differences in member satisfaction between Access Dental Plan's Los Angeles County and Sacramento County, the results for each county were compared to each other using standard statistical tests.¹⁻² These comparisons were performed on the four global ratings, three composite measures, and three individual item measures. The detailed results of the comparative analysis are described in the Results section beginning on page 4-5.

Trend Analysis

This report does include trend analysis made between 2020, 2021, and 2022 survey years. This trend analysis was performed on the four global ratings, three composite measures, and three individual item measures. The detailed results of the trend analysis are described in the Results section beginning on page 4-11.

¹⁻² Caution should be exercised when evaluating county comparisons, given that population, county, and dental plan differences may impact results.

Child Dental Satisfaction Survey

The survey instrument selected was a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Dental Plan Survey.²⁻¹ The CAHPS Dental Plan Survey, currently available for the adult population only, was modified for administration to a child Medicaid population to create a Child Dental Satisfaction Survey. A sample of 3,300 eligible Access Dental Plan child Medicaid members in two counties, Los Angeles and Sacramento, were selected for the survey. The parents and caretakers of child Medicaid members enrolled in Access Dental Plan completed the surveys from November 8 to December 21, 2022.

The modified version of the CAHPS Dental Plan Survey (i.e., Child Dental Satisfaction Survey) yields 10 measures of satisfaction, including four global ratings, three composite measures, and three individual item measures:

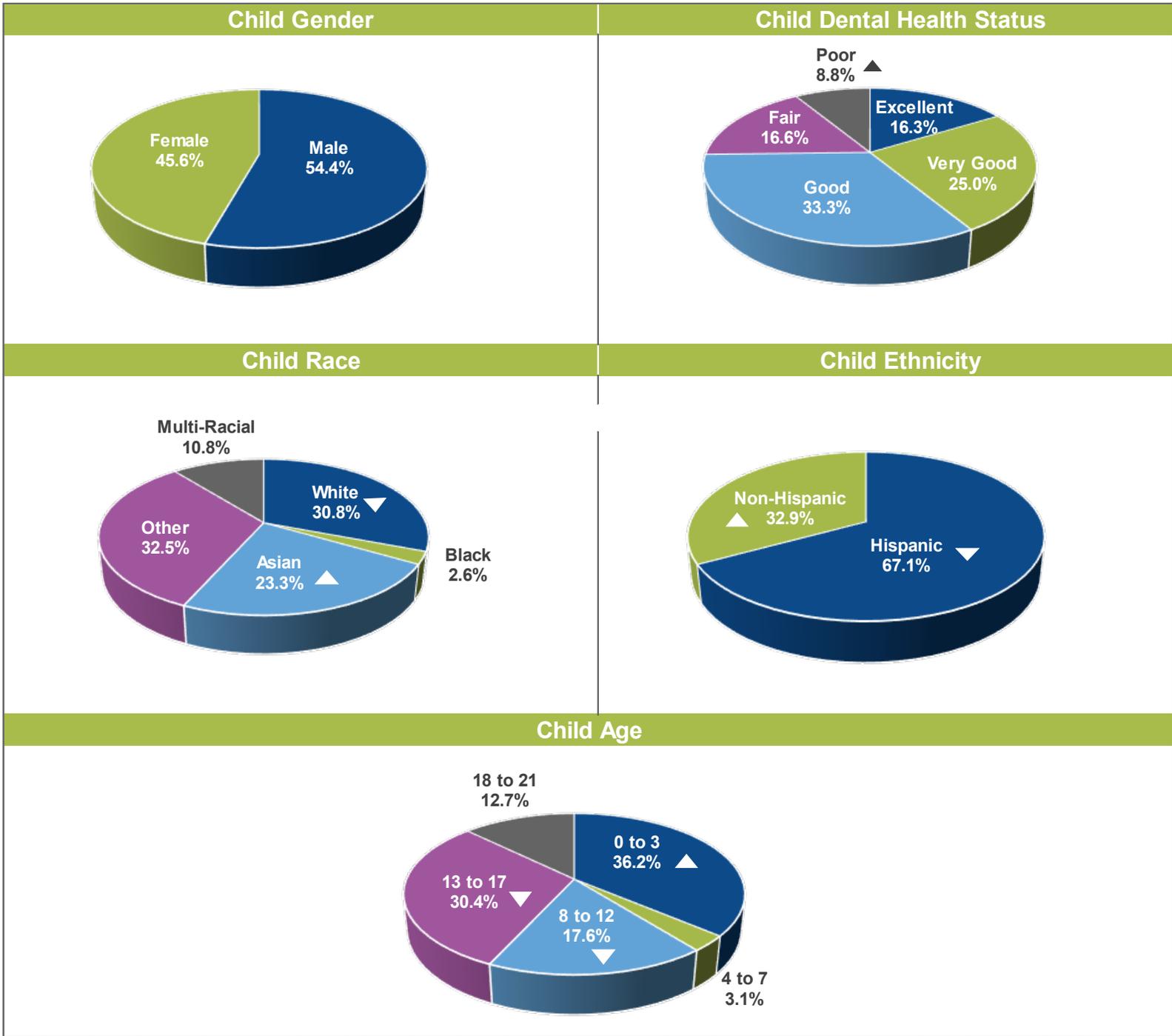
- « Rating of All Dental Care
- « Rating of Dental Plan
- « Rating of Finding a Dentist
- « Rating of Regular Dentist
- « Access to Dental Care
- « Care from Dentists and Staff
- « Dental Plan Services
- « Care from Regular Dentist
- « Would Recommend Regular Dentist
- « Would Recommend Dental Plan

²⁻¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

Survey Demographics

Figure 2-1 provides an overview of the Access Dental Plan child member demographics.

Figure 2-1 — Child Member Demographics

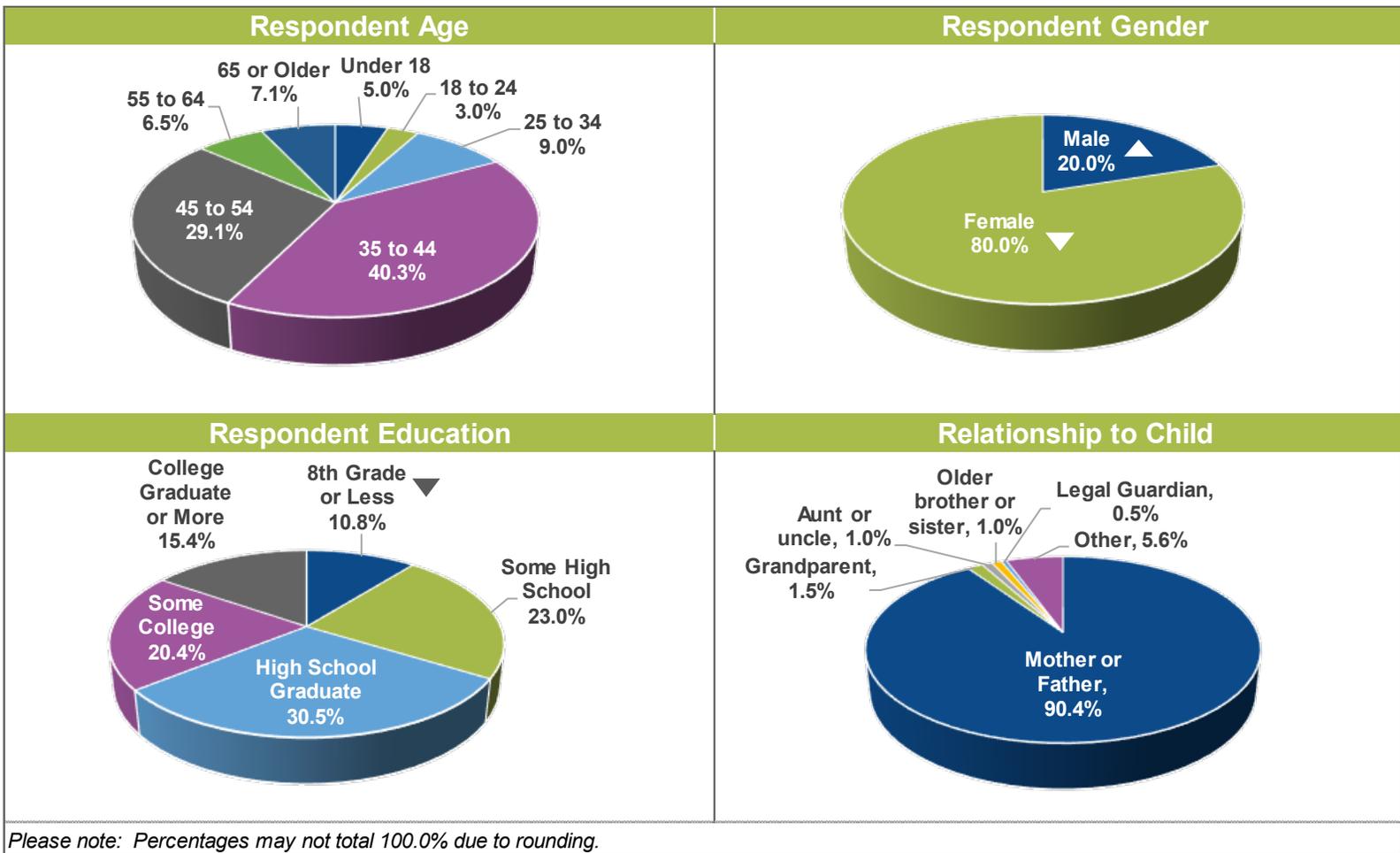


Please note: Percentages may not total 100.0% due to rounding.

Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Figure 2-2 provides an overview of the demographics of parents or caretakers who completed a Child Dental Satisfaction Survey on behalf of their child member.

Figure 2-2— Respondent Demographics



Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Dental Plan Performance Measures

The Child Dental Satisfaction Survey yielded 10 measures of satisfaction. These measures include four global rating measures, three composite measures, and three individual item measures. The global rating measures reflect overall satisfaction with regular dentists, dental care, ease of finding a dentist, and the dental plan. The composite measures are sets of questions grouped together to assess different aspects of dental care (e.g., “Care from Dentists and Staff” and “Access to Dental Care”). The individual item measures are individual questions that look at a specific area of care (e.g., “Care from Regular Dentist”).

Table 3-1 lists the global ratings, composite measures, and individual item measures included in the Child Dental Satisfaction Survey.

Table 3-1 – Child Dental Satisfaction Survey Measures

Global Ratings	Composite Measures	Individual Item Measures
Rating of Regular Dentist	Care from Dentists and Staff	Care from Regular Dentist
Rating of All Dental Care	Access to Dental Care	Would Recommend Regular Dentist
Rating of Finding a Dentist	Dental Plan Services	Would Recommend Dental Plan
Rating of Dental Plan		

Table 3-2 through Table 3-4 present the survey language and response options for the global ratings, composite measures, and individual item measures, respectively.

Table 3-2 — Global Ratings Question Language

Global Ratings	Response Categories
Rating of Regular Dentist	
13. Using any number from 0 to 10, where 0 is the worst <u>regular dentist</u> possible and 10 is the best <u>regular dentist</u> possible, what number would you use to rate your child's regular dentist?	0-10 Scale
Rating of All Dental Care	
22. Using any number from 0 to 10, where 0 is the worst <u>dental care</u> possible and 10 is the best <u>dental care</u> possible, what number would you use to rate all of the dental care your child received in the last 12 months?	0-10 Scale
Rating of Finding a Dentist	
30. Using any number from 0 to 10, where 0 is <u>extremely difficult</u> and 10 is <u>extremely easy</u> , what number would you use to rate how easy it was for you to find a dentist for your child?	0-10 Scale
Rating of Dental Plan	
34. Using any number from 0 to 10, where 0 is the worst <u>dental plan</u> possible and 10 is the <u>best dental</u> plan possible, what number would you use to rate your child's dental plan?	0-10 Scale

Table 3-3 — Composite Measures Question Language

Composite Measures	Response Categories
Care from Dentists and Staff	
6. In the last 12 months, how often did your child's regular dentist explain things about your child's dental health in a way that was easy to understand?	Never, Sometimes, Usually, Always
7. In the last 12 months, how often did your child's regular dentist listen carefully to you?	Never, Sometimes, Usually, Always
8. In the last 12 months, how often did your child's regular dentist treat you with courtesy and respect?	Never, Sometimes, Usually, Always
10. In the last 12 months, how often did your child's regular dentist explain things in a way that was easy for <u>your child</u> to understand?	Never, Sometimes, Usually, Always
11. In the last 12 months, how often did your child's regular dentist spend enough time with your child?	Never, Sometimes, Usually, Always

Composite Measures	Response Categories
15. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?	Never, Sometimes, Usually, Always
16. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child?	Never, Sometimes, Usually, Always
Access to Dental Care	
17. In the last 12 months, how often were dental appointments for your child as soon as you wanted?	Never, Sometimes, Usually, Always
18. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No ³⁻¹
19. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?	Never, Sometimes, Usually, Always ³⁻²
20. In the last 12 months, when your child went to an office or clinic to receive dental care, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment?	Never, Sometimes, Usually, Always
21. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?	Never, Sometimes, Usually, Always
Rating of Dental Plan	
23. In the last 12 months, how often did your child's dental plan cover all of the services you thought were covered?	Never, Sometimes, Usually, Always
24. In the last 12 months, did your child's dental plan meet all of his or her dental care needs?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No
25. In the last 12 months, did your child's dental plan cover what your child needed to get done?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No

³⁻¹ "My child did not have a dental emergency in the last 12 months" was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

³⁻² "I did not try to get an appointment with a specialist dentist for my child in the last 12 months" was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

Composite Measures	Response Categories
27a. In the last 12 months, how often did the toll- free number, Web site, or written materials provide the information you wanted about your child's dental plan? – Toll free number	Never, Sometimes, Usually, Always
27b. In the last 12 months, how often did the toll- free number, Web site, or written materials provide the information you wanted about your child's dental plan? – Web site	Never, Sometimes, Usually, Always
27c. In the last 12 months, how often did the toll- free number, Web site, or written materials provide the information you wanted about your child's dental plan? – Written materials	Never, Sometimes, Usually, Always
29. Did this information help you find a dentist for your child that you were happy with?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No
32. In the last 12 months, how often did customer service at your child's dental plan give you the information or help you needed?	Never, Sometimes, Usually, Always
33. In the last 12 months, how often did customer service staff at your child's dental plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always

Table 3-4 — Individual Item Measures Question Language

Individual Item Measures	Response Categories
Care from Regular Dentist	
12. In the last 12 months, how often were you satisfied with the overall care provided to your child by his or her regular dentist?	Never, Sometimes, Usually, Always
Would Recommend Regular Dentist	
14. Would you recommend your child's regular dentist to parents who are looking for a new dentist for their child?	Definitely Yes, Probably Yes, Probably No, Definitely No
Would Recommend Dental Plan	
35. Using any number from 0 to 10, where 0 is very unlikely and 10 is very likely, how likely would you be to recommend your child's dental to others?	0-10 Scale

How Child Dental Satisfaction Survey Results Were Collected

Sampling Procedures

SPH Analytics was provided a list of all eligible child Medicaid members enrolled in Access Dental Plan in Los Angeles and Sacramento counties for the sampling frame. A simple random sample of 3,300 child Medicaid members from two counties, Los Angeles and Sacramento, was selected for inclusion in the survey. SPH Analytics sampled child Medicaid members who met the following criteria:

- « Must be 21 years or younger and eligible for the California Medicaid dental care program as of March 31, 2022.
- « Must have a paid or denied dental claim during the last 12 months of the measurement year (April 1, 2021 to March 31, 2022).

No more than one member per household was selected as part of the random survey samples.

Survey Protocol

All sampled members were given multiple ways to share their feedback. They could complete a mailed a copy of the Child Dental Satisfaction Survey or new this year, they had the option of taking the survey online by either scanning a QR code or using the sphsurvey.com website and providing a private username and passcode. SPH Analytics tried to obtain updated addresses by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. All parents/caretakers of sampled child Medicaid members received an English or Spanish version of the survey based on sample language indicator. All non-respondents received a second survey mailing.

Table 3-5 shows the timeline used in the administration of the Child Dental Satisfaction Survey.

Table 3-5 – Child Dental Satisfaction Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the parent/caretaker of the child member.	0 days
Send a second questionnaire (and letter) to non-respondents 41 days after mailing the first questionnaire.	41 days
Close the survey field 80 days after mailing the first questionnaire.	80 days

How Child Dental Satisfaction Survey Results Were Calculated

SPH Analytics developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess member satisfaction. SPH Analytics combined results from Los Angeles and Sacramento counties to calculate the Access Dental Plan aggregate scores. This section provides an overview of the analyses performed.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible child Medicaid members of the sample. SPH Analytics considered a survey completed if at least one question was answered. Eligible child Medicaid members included the entire random sample minus ineligible child Medicaid members. Ineligible child Medicaid members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), had a language barrier, or were unreachable due to bad address information.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Random Sample} - \text{Ineligibles}}$$

Child Member and Respondent Demographics

The demographics analysis evaluated demographic information of child Medicaid members and respondents based on parents'/caretakers' responses to the surveys. The demographic characteristics of children included age, gender, race, ethnicity, and dental health status. Self-reported respondent demographic information included age, gender, level of education, and relationship to the child. Caution should be exercised when extrapolating the Child Dental Satisfaction Survey results to the entire population if the respondent population differs significantly from the actual population of the plan.

Rates and Proportions

SPH Analytics calculated question summary rates for each global rating and individual item measure, and global proportions for each composite measure. The scoring of the global ratings, composite measures, and individual item measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- « "9" or "10" for the global ratings.
- « "Always" or "Definitely Yes" for the composite measures and individual item measures.

For each CAHPS measure, responses were also classified into categories, and the proportion (or percentage) of respondents that fell into each response category was calculated. The following provides a description of the classification of responses for each measure.

For the global ratings, responses were classified into three categories:

- « Satisfied—9 to 10
- « Neutral—7 to 8
- « Dissatisfied—0 to 6

For the composite measures, responses were classified into three categories:

- « Satisfied—Always or Definitely Yes
- « Neutral—Usually or Somewhat Yes
- « Dissatisfied—Never/Sometimes or Definitely No/Somewhat No

The exception to this was Question 20 in the Access to Dental Care composite measure, where the response option scale was reversed so a response of “Never” was considered a top-box response and classified as Satisfied.

For the individual item measures, responses were classified into three categories:

- « Satisfied—Always or Definitely Yes
- « Neutral—Usually or Probably Yes
- « Dissatisfied—Never/Sometimes or Definitely No/Probably No

County Comparisons

SPH Analytics performed a comparative analysis of the Los Angeles and Sacramento counties’ rates to identify performance differences in member satisfaction between the two counties. A *t*-test was performed to determine whether there were statistically significant differences in rates between the two counties. This comparative analysis was performed for each of the global ratings, composite measures, and individual item measures. Statistically significant differences were noted with arrows. If the county performed statistically significantly higher than the comparative county, this was denoted with an upward (↑) arrow. Conversely, if the county performed statistically significantly lower than the comparative county, this was denoted with a downward (↓) arrow.¹⁻²

Trend Analysis

A trend analysis was performed for the Los Angeles and Sacramento counties’ rates to compare their current year scores to two years of trend data to determine whether there were significant differences. A *t*-test was performed to determine whether results in 2022 were statistically significantly different from results in 2021 and a similar test was performed to compare 2021 and 2020. Scores that were statistically significantly higher compared to the prior year are noted with upward (▲) triangles. Scores that were statistically significantly lower compared to the prior year are noted with downward (▼) triangles. Scores that were not statistically significantly different from the prior year are not noted with triangles.

¹⁻² Caution should be exercised when evaluating county comparisons, given that population, county, and dental plan differences may impact results.

Weighting

For purposes of the county comparisons and trend analysis, SPH Analytics calculated a weighted score for Access Dental Plan’s aggregate. The CAHPS scores for Access Dental Plan’s aggregate were weighted based on the total eligible child population for Los Angeles County and Sacramento County.

Key Drivers of Satisfaction Analysis

SPH Analytics performed an analysis of key drivers of satisfaction for the Rating of Dental Plan and Would Recommend Dental Plan measures. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care/service that will most benefit from QI activities. The analysis provides information on:

- 1) The relative importance of the individual issues (correlation to overall satisfaction measure).

Pearson correlation scores are calculated for 21 individual ratings (potential drivers) in relation to ratings of the overall satisfaction with the care/service provided by the Plan. The correlation coefficients are then used to establish the relative importance of each driver. The larger the correlation, the more important the driver.

- 2) The current levels of performance on each issue break down to percent satisfied [always and usually] or less than satisfied [sometimes and never].

Those who are currently less than fully satisfied represent the “Room for Improvement,” or those who could be moved toward satisfaction if the performance on the issue was improved. “Room for Improvement” is calculated by taking the frequency of respondents who answered “Dissatisfied,” divided by the total answering the survey (n=145). This approach yields the percentage of the total sample that is affected by an attribute, allowing comparison across attributes that previously had varying percentage bases.

The information from the Key Driver Analysis can be used by the organization to prioritize and focus its efforts on those issues that are of higher importance and have lower performance levels.

High Correlation / High Room for Improvement...	CALL TO ACTION. The item is a driver of the overall measure and a substantial portion of the population is less than satisfied. If performance can be improved on this measure, more respondents will be satisfied, and overall satisfaction should reflect this.
High Correlation / Low Room for Improvement...	It is critical to MAINTAIN PERFORMANCE in this area. The majority is satisfied with the performance, and the item is clearly related to the overall measure.
Low Correlation / High Room for Improvement...	CONSIDER INVESTING effort to improve performance here. While the issue may have little bearing on the overall satisfaction, a substantial portion may be displeased with the performance.
Low Correlation / Low Room for Improvement...	NO ACTION REQUIRED in this area. Most are satisfied and the issue has little bearing on the overall measure.

Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. Access Dental Plan should consider these limitations when interpreting or generalizing the findings.

Non-Response Rate

The experiences of the survey respondent population may be different than that of non-respondents with respect to their dental care services. Therefore, Access Dental Plan should consider the potential for non-response bias when interpreting the Child Dental Satisfaction Survey results.

Casual Inferences

Although this report examines whether respondents report differences in satisfaction with various aspects of their child's dental care experiences, these differences may not be completely attributable to Access Dental Plan. The survey by itself does not necessarily reveal the exact cause of these differences.

Lack of National Data for Comparisons

Currently AHRQ does not collect survey results from the CAHPS Dental Plan Survey; therefore, national benchmark data were not available for comparisons.

Survey Instrument

The Child Dental Satisfaction Survey is a modified version of AHRQ's CAHPS Dental Plan Survey. The CAHPS Dental Plan Survey, currently available for the adult population only, was customized for administration to a child Medicaid population.

4. Results

Who Responded to the Survey

A total of 3,300 surveys were mailed to parents or caretakers of child Medicaid members enrolled in Access Dental Plan. A total of 60 and 85 surveys were completed from Los Angeles County and Sacramento County, respectively. The Child Dental Satisfaction Survey response rate was defined as the total number of completed surveys divided by all eligible child Medicaid members of the sample.

Table 4-1 shows the total number of child members sampled, the number of surveys completed, the number of ineligible child members, and the response rates for the Access Dental Plan aggregate (i.e., Los Angeles and Sacramento counties combined), and Los Angeles and Sacramento counties separately.

Table 4-1 – Total Number of Respondents and Response Rates

Plan Name	Sample Size	Completes	Ineligibles	Response Rate
Aggregate	3,300	145	157	4.61%
Los Angeles County	1,452	60	68	4.32%
Sacramento County	1,848	85	89	4.84%

Child Demographics

Table 4-2 depicts the demographic characteristics of children for whom a parent or caretaker completed a Child Dental Satisfaction Survey for the Access Dental Plan aggregate, as well as Los Angeles and Sacramento counties.

Table 4-2 – Child Demographics

	Aggregate	Los Angeles County	Sacramento County
Age			
0 to 3	36.2% ▲	35.1% ▲	36.8% ▲
4 to 7	3.1%	0.0%	5.3%
8 to 12	17.6% ▼	20.3%	15.8% ▼
13 to 17	30.4% ▼	33.8% ▼	28.1% ▼
18 to 21	12.7%	10.8%	14.0%
Gender			
Male	54.4%	45.3%	60.7%
Female	45.6%	54.7%	39.3%
Race			
Multi-Racial	10.8%	8.2%	12.5%
White	30.8% ▼	42.6% ↑	22.9% ▼
Black	2.6%	3.3%	2.1%
Asian	23.3% ▲	11.5% ▲	31.3% ▲ ↑
Other	32.5%	34.4%	31.3%
Ethnicity			
Hispanic	67.1% ▼	87.3% ↑	52.8% ▼
Non-Hispanic	32.9% ▲	12.7%	47.2% ▲ ↑
Dental Health Status			
Excellent	16.3%	22.4%	12.1%
Very Good	25.0%	26.3%	24.1%
Good	33.3%	31.6%	34.5%
Fair	16.6%	15.8%	17.2%
Poor	8.8% ▲	3.9%	12.1% ▲
<i>Please note: Percentages may not total 100% due to rounding.</i>			

Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Statistical Significance Note: ↑ indicates the county's score is statistically significantly higher than the comparative county.

↓ indicates the county's score is statistically significantly lower than the comparative county.

Respondent Demographics

Table 4-3 depicts the age, gender, education, and relationship to child of parents or caretakers who completed the Child Dental Satisfaction Survey for the Access Dental Plan aggregate, and Los Angeles and Sacramento counties.

	Aggregate	Los Angeles County	Sacramento County
Age			
Under 18	5.0%	4.9%	5.1%
18 to 24	3.0%	2.4%	3.4%
25 to 34	9.0%	9.8% ▲	8.5%
35 to 44	40.3%	32.9%	45.8%
45 to 54	29.1%	34.1%	25.4%
55 to 64	6.5%	6.1%	6.8%
65 or Older	7.1%	9.8%	5.1%
Gender			
Male	20.0% ▲	13.3%	24.6% ▲
Female	80.0% ▼	86.7%	75.4% ▼
Education			
8th Grade or Less	10.8% ▼	13.7%	8.8% ▼
Some High School	23.0%	23.3%	22.8%
High School Graduate	30.5%	31.5%	29.8%
Some College	20.4%	21.9%	19.3%
College Graduate or More	15.4%	9.6%	19.3% ▲
Relationship			
Mother or Father	90.4%	86.6% ▼	93.2%
Grandparent	1.5%	3.7%	0.0%
Aunt or uncle	1.0%	0.0%	1.7%
Older brother or sister	1.0%	0.0%	1.7%
Legal guardian	0.5%	1.2%	0.0%
Other	5.6%	8.5%	3.4%
<i>Please note: Percentages may not total 100% due to rounding.</i>			

Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Statistical Significance Note: ↑ indicates the county's score is statistically significantly higher than the comparative county.

↓ indicates the county's score is statistically significantly lower than the comparative county.

Rates and Proportions

SPH Analytics calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual item measure. The scoring of the global ratings, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- « “9” or “10” for the global ratings.
- « “Always” or “Definitely Yes” for the composite measures and individual item measures.

After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For each measure, responses were also classified into categories, and the proportion (or percentage) of respondents that fell into each response category was calculated. Caution should be exercised when interpreting results for those measures with fewer than 30 respondents. For additional information, please refer to the Rates and Proportions section in the Reader’s Guide starting on page 3-6.

County Comparisons

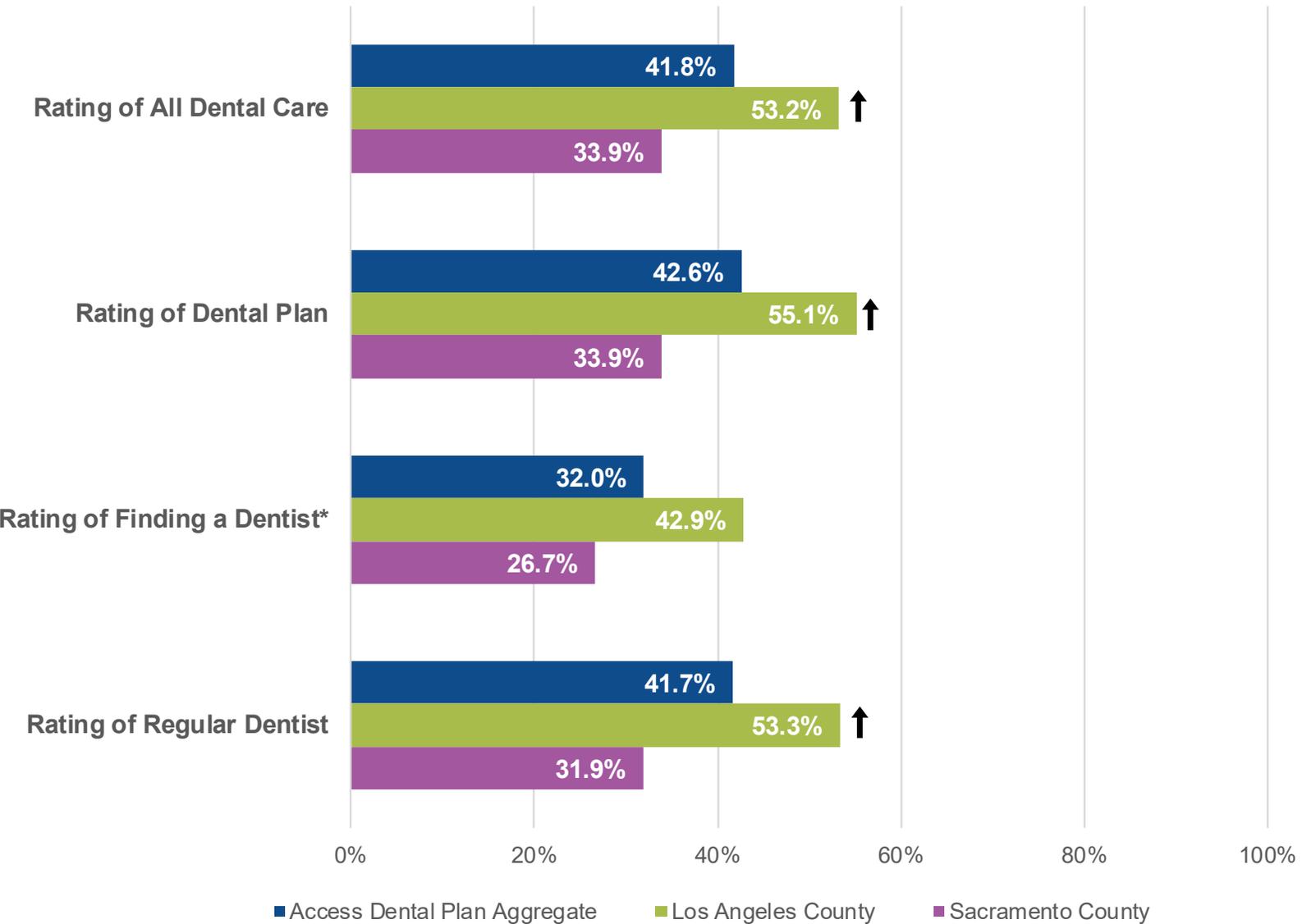
In order to identify performance differences in member satisfaction between the two counties, the counties’ top-box rates for each measure were compared to one another using standard tests for statistical significance. Statistically significant differences are noted in the figures by arrows. If the county performed statistically significantly higher than the comparative county, this is denoted with an upward (↑) arrow. Conversely, if the county performed statistically significantly lower than the comparative county, this is denoted with a downward (↓) arrow. Caution should be exercised when interpreting results for those measures with fewer than 30 respondents.¹⁻²

¹⁻² Caution should be exercised when evaluating county comparisons, given that population, county, and dental plan differences may impact results.

Global Ratings

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care on a scale of 0 to 10, with “0” being the worst and “10” being the best. Figure 4-1 shows the 2020 top-box rates for each of the global ratings for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Table 4-1 – Global Ratings: Top-Box Rates
 Proportion of Top-Box Responses (Percent)



Statistical Significance Note: ↑ indicates the county’s score is statistically significantly higher than the comparative county.
 ↓ indicates the county’s score is statistically significantly lower than the comparative county.

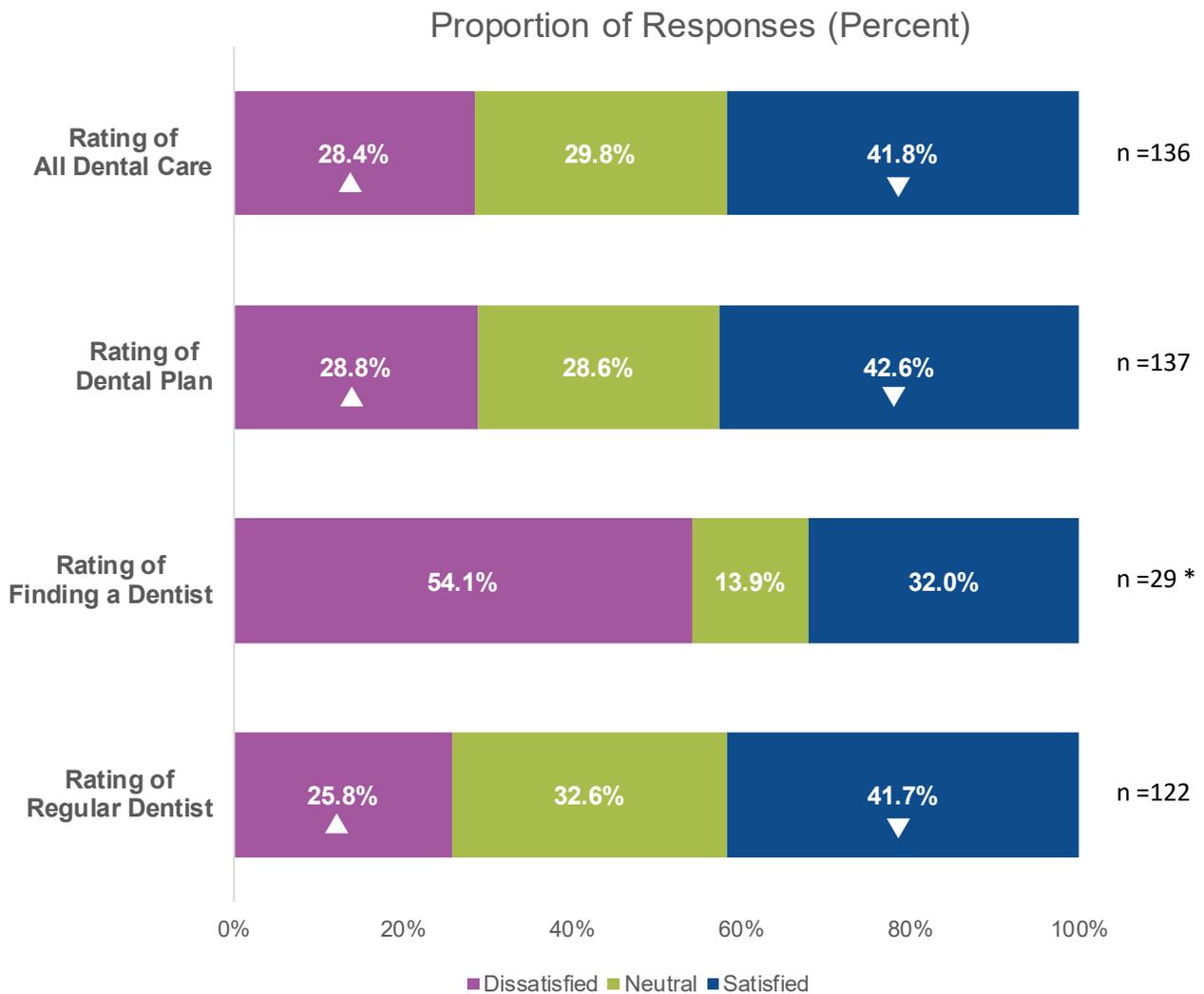
*Caution should be exercised when evaluating results with a small sample size.

For each global rating question, responses were classified into one of three response categories:

- « Responses of 0 to 6 were classified as **Dissatisfied**.
- « Responses of 7 to 8 were classified as **Neutral**.
- « Responses of 9 to 10 were classified as **Satisfied**.

Figure 4-2 shows the proportion of respondents for each response category for Access Dental Plan’s aggregate scores.

Figure 4-2 – Global Ratings: Proportion of Responses



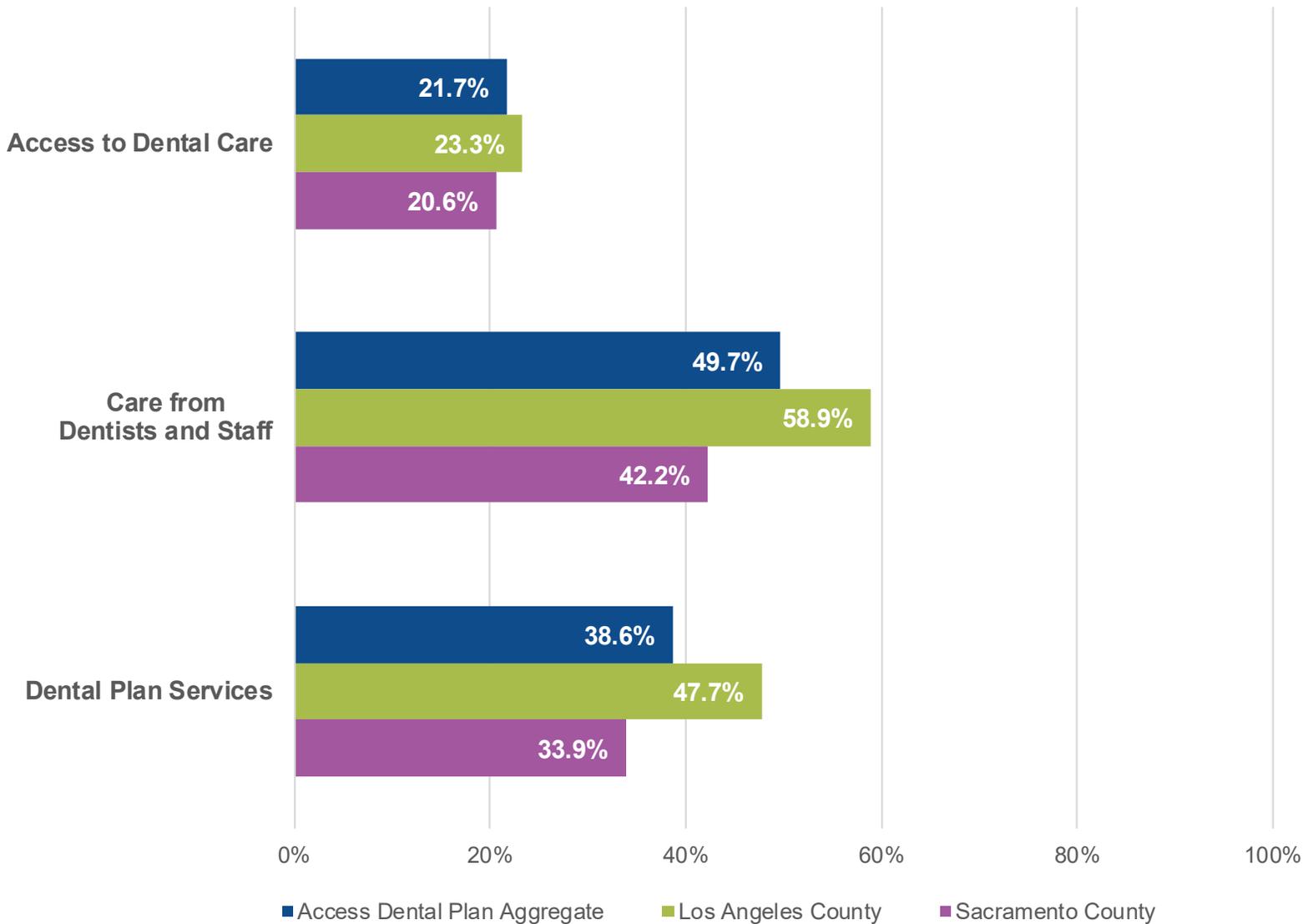
Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

*Caution should be exercised when evaluating results with a small sample size.

Composite Measures

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care, and responses to these questions were combined to calculate composite measures. A top-box response of “Never” was used for Question 20 of the Access to Dental Care composite measure. Figure 4-3 shows the 2020 top-box rates for the composite measures for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-3 – Composite Measures: Top-Box Rates
 Proportion of Top-Box Responses (Percent)



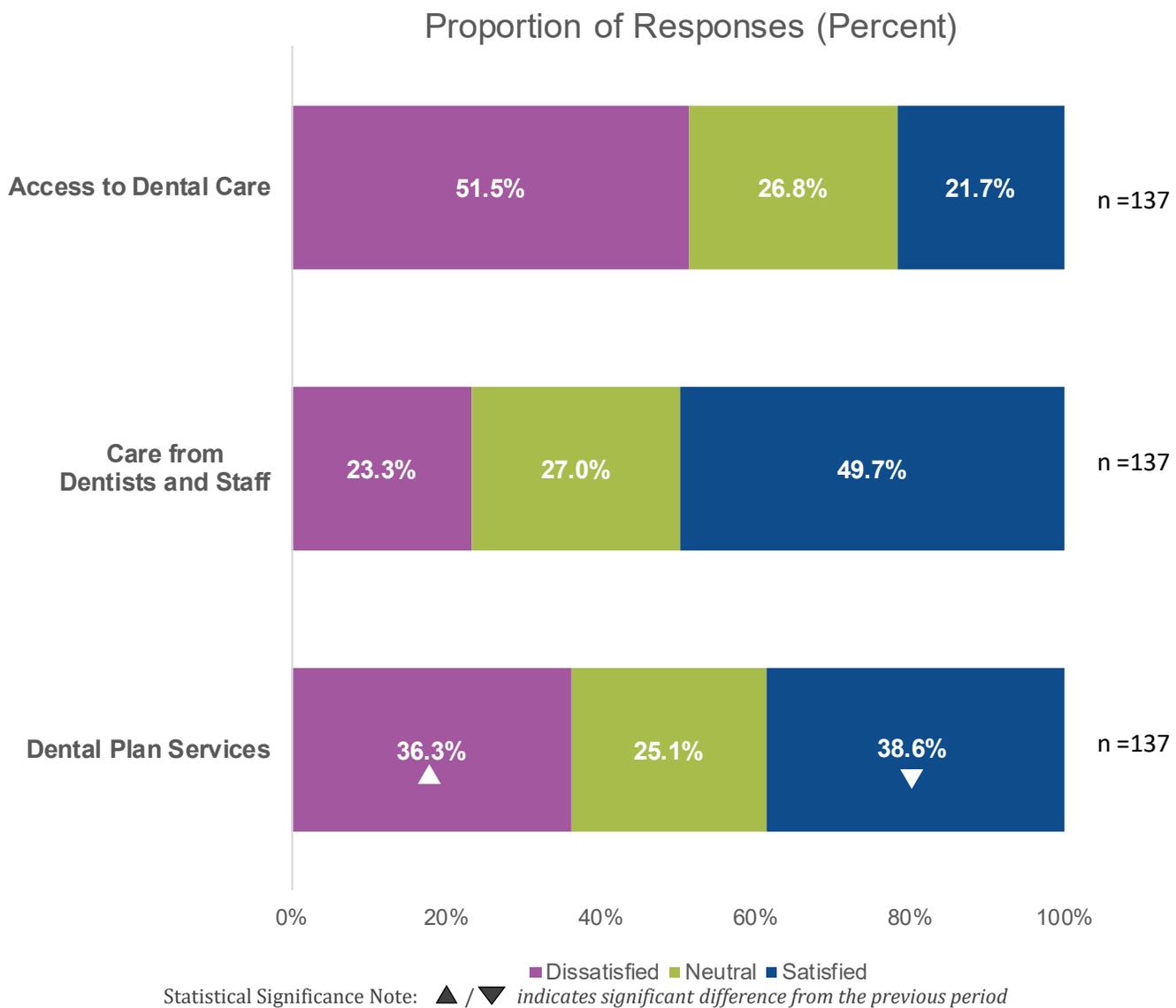
Statistical Significance Note: ↑ indicates the county’s score is statistically significantly higher than the comparative county.
 ↓ indicates the county’s score is statistically significantly lower than the comparative county.

For each composite measure question, responses were classified into one of three response categories:

- « Responses of “Never/Sometimes” or “Definitely No/Somewhat No” were classified as **Dissatisfied**.
- « Responses of “Usually” or “Somewhat Yes” were classified as **Neutral**.
- « Responses of “Always” or “Definitely Yes” were classified as **Satisfied**, with one exception. A response of “Never” was classified as **Satisfied** for Question 20 of the Access to Dental Care composite measure

Figure 4-4 shows the proportion of respondents for each response category for Access Dental Plan’s aggregate scores.

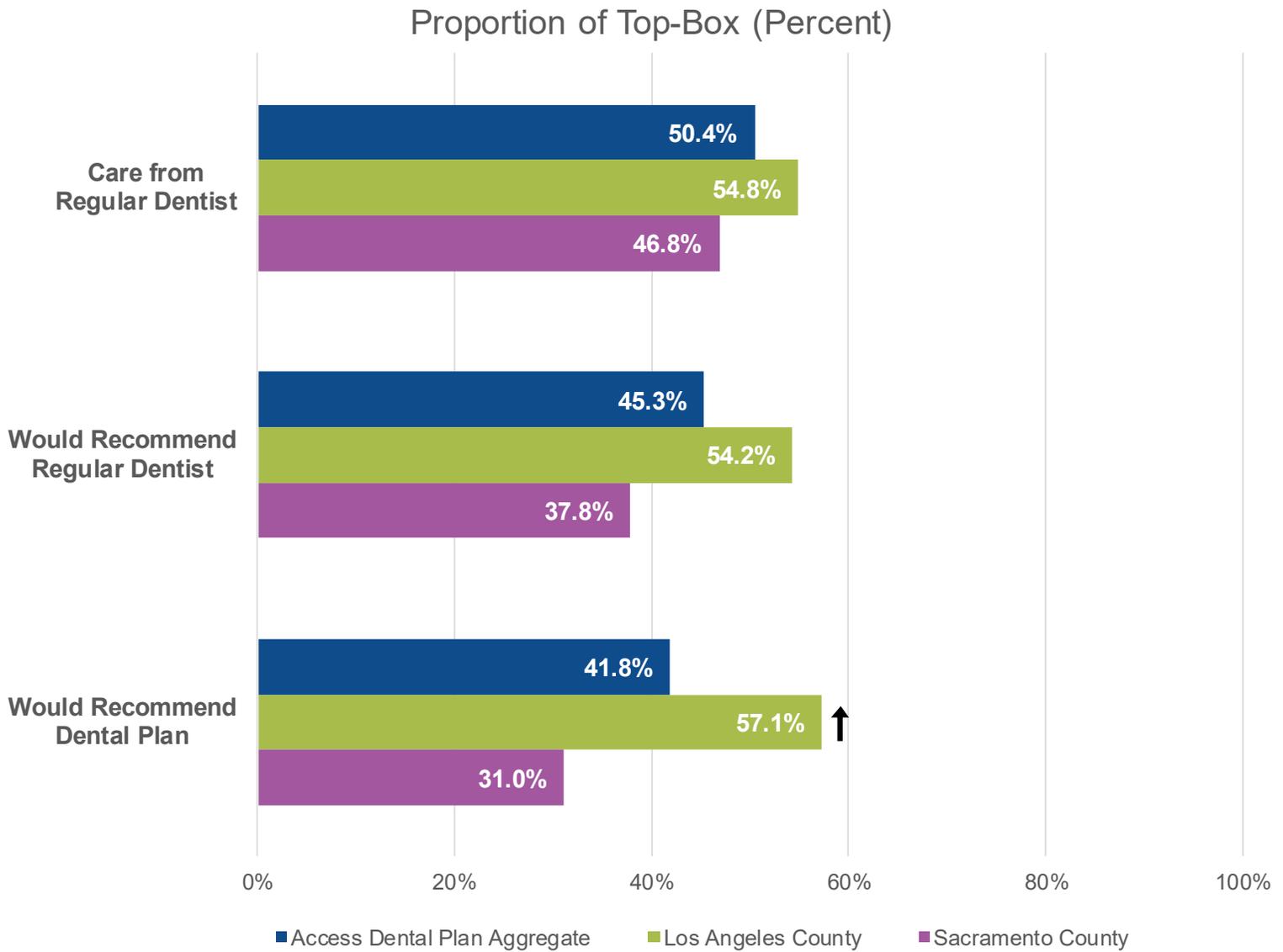
Figure 4-4 – Composite Measures: Proportion of Responses



Individual Item Measures

Parents or caretakers of child Medicaid members were asked three questions to assess their satisfaction with the overall dental care provided by their child’s regular dentist, and whether they would recommend their child’s regular dentist or their child’s dental plan to other parents or people. Figure 4-5 shows the 2020 top-box rates for the individual item measures for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-5 – Individual Item Measures: Top-Box Rates



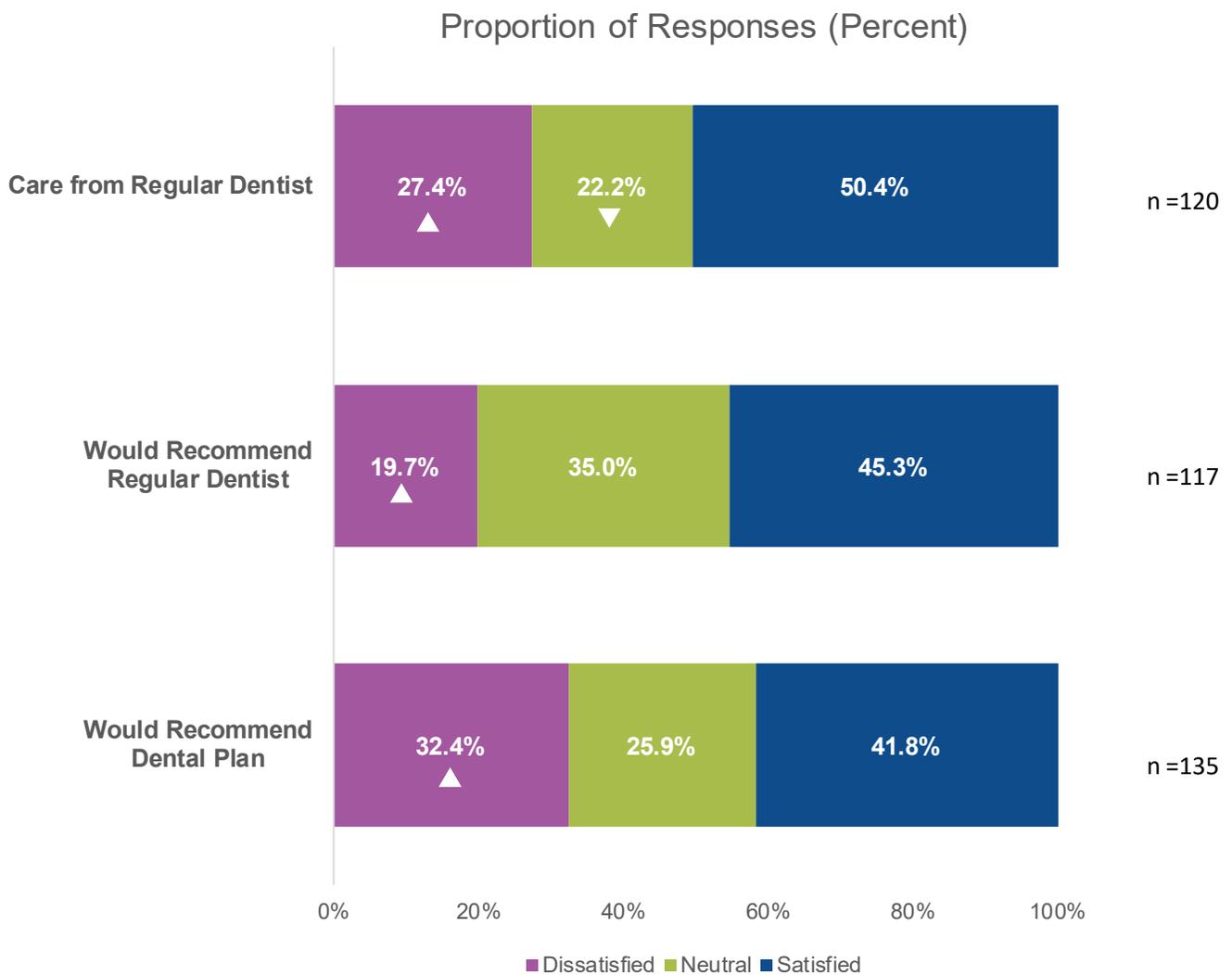
Statistical Significance Note: ↑ indicates the county’s score is statistically significantly higher than the comparative county.
 ↓ indicates the county’s score is statistically significantly lower than the comparative county.

For each individual item measure question, responses were classified into one of three response categories:

- « Responses of “Never/Sometimes” or “Definitely No/Somewhat No” were classified as **Dissatisfied**.
- « Responses of “Usually” or “Probably Yes” were classified as **Neutral**.
- « Responses of “Always” or “Definitely Yes” were classified as **Satisfied**.

Figure 4-6 shows the proportion of respondents for each response category for Access Dental Plan’s aggregate scores.

Figure 4-6 – Individual Item Measures: Proportion of Responses



Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Trend Analysis

Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2020 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with black downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 are not noted with triangles.

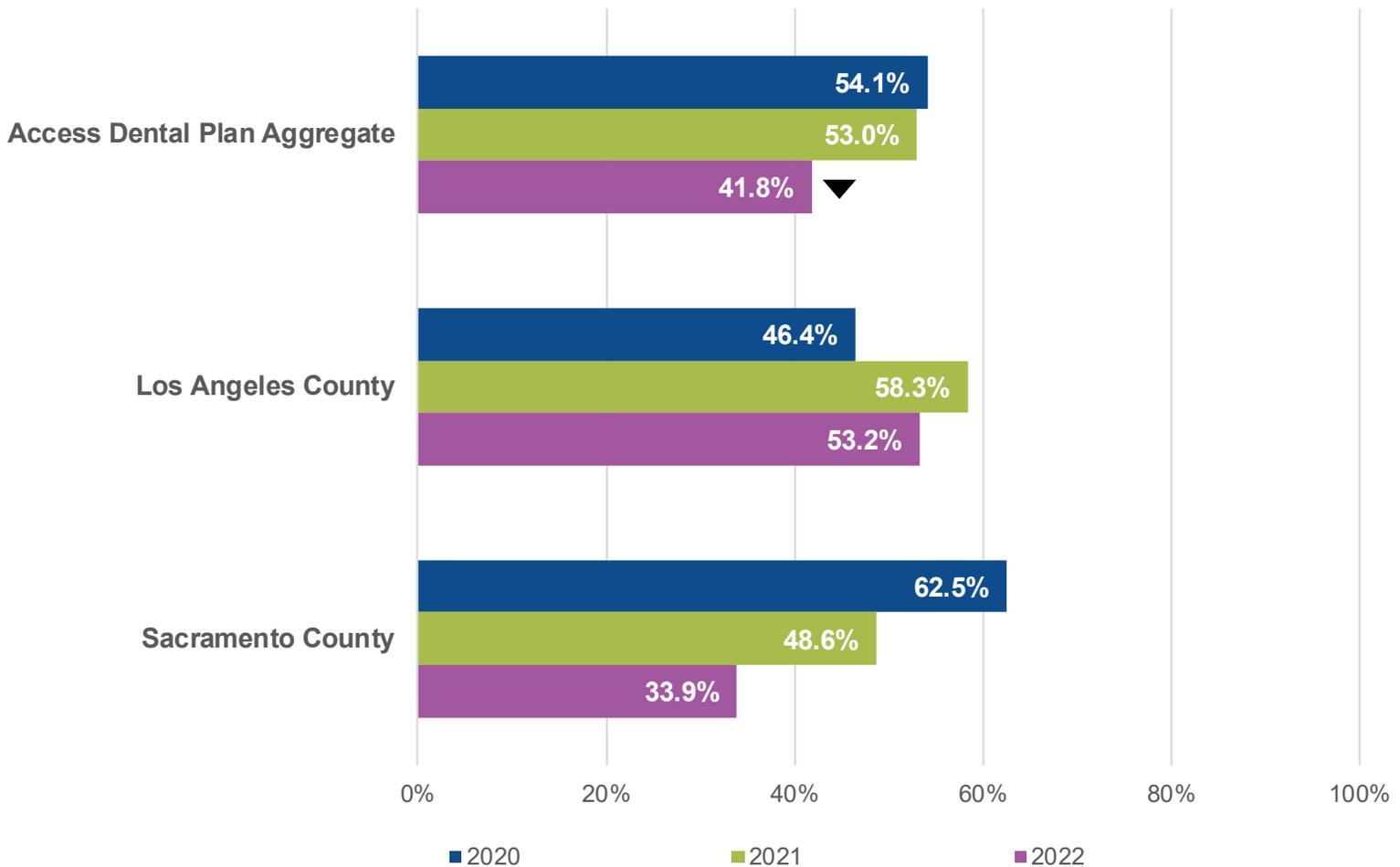
Global Ratings

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care on a scale of 0 to 10, with “0” being the worst and “10” being the best.

Rating of All Dental Care

Figure 4-7 shows the 2018, 2019 and 2020 Rating of All Dental Care top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-7 – Rating of All Dental Care: Top-Box Rates
Proportion of Top-Box (Percent)

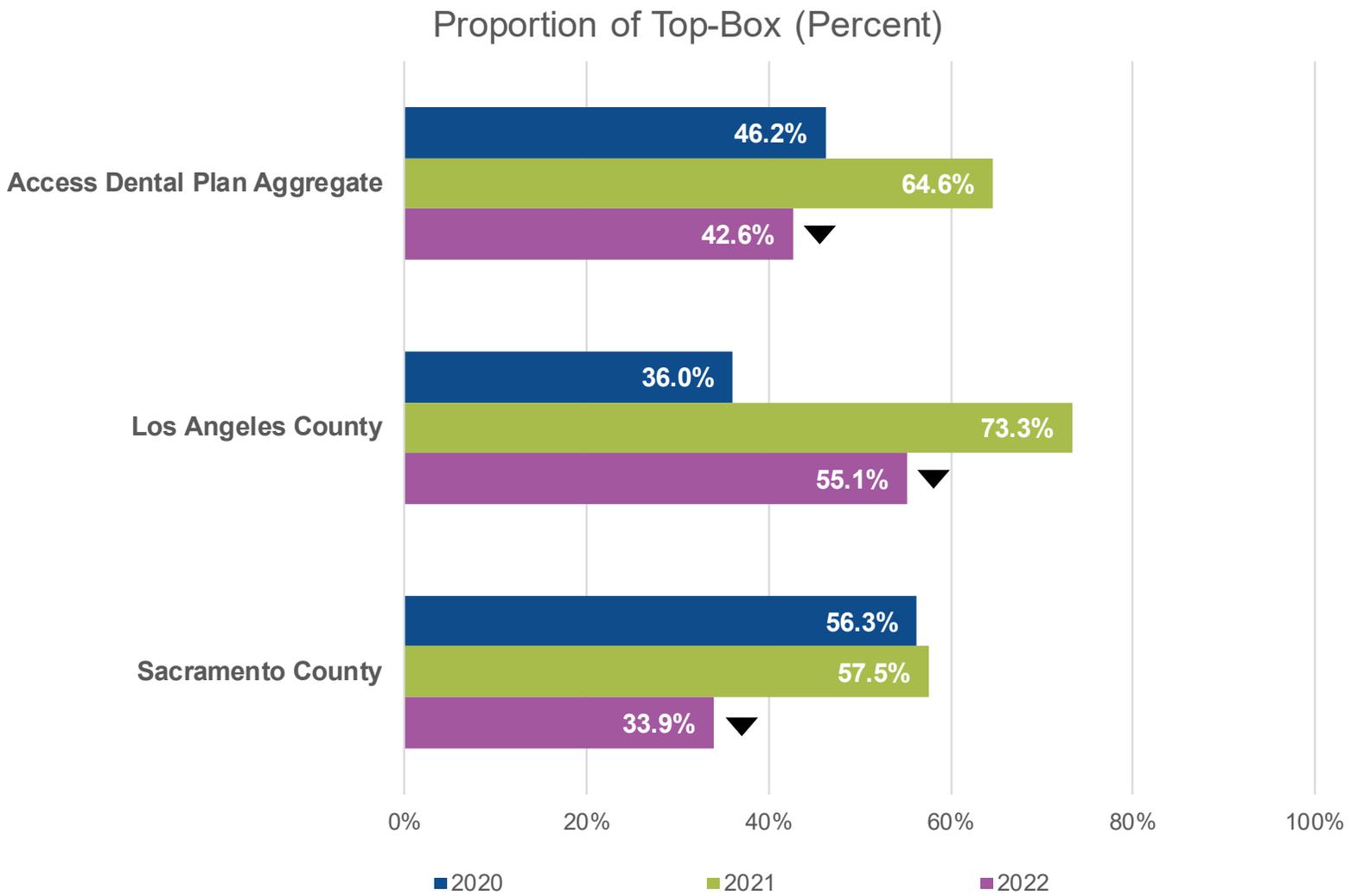


Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Rating of Dental Plan

Figure 4-8 shows the 2018, 2019 and 2020 Rating of Dental Plan top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-8 – Rating of Dental Plan: Top-Box Rates



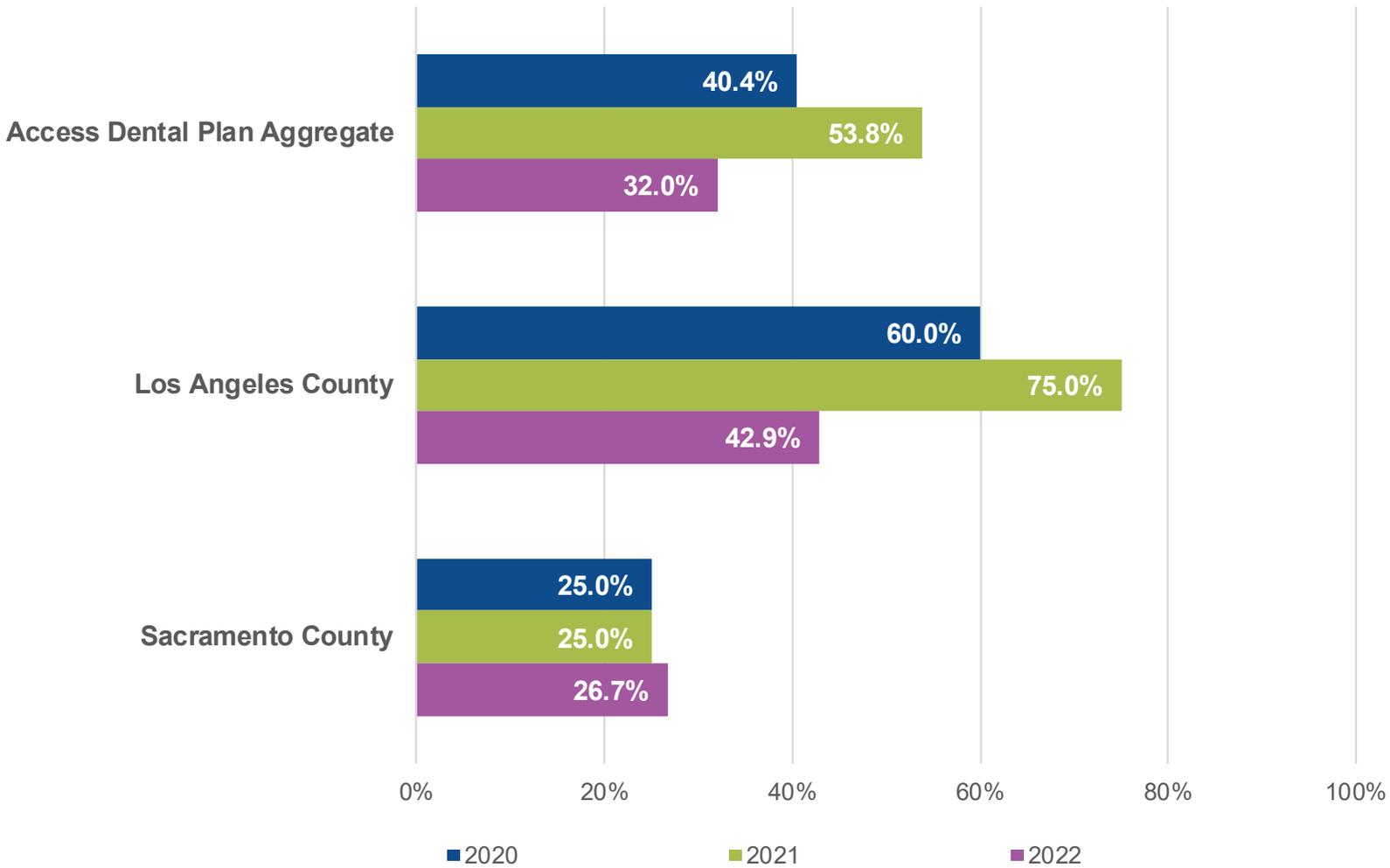
Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Rating of Finding a Dentist

Figure 4-9 shows the 2018, 2019 and 2020 Rating of Finding a Dentist top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-9 - Rating of Finding a Dentist: Top-Box Rates

Proportion of Top-Box (Percent)



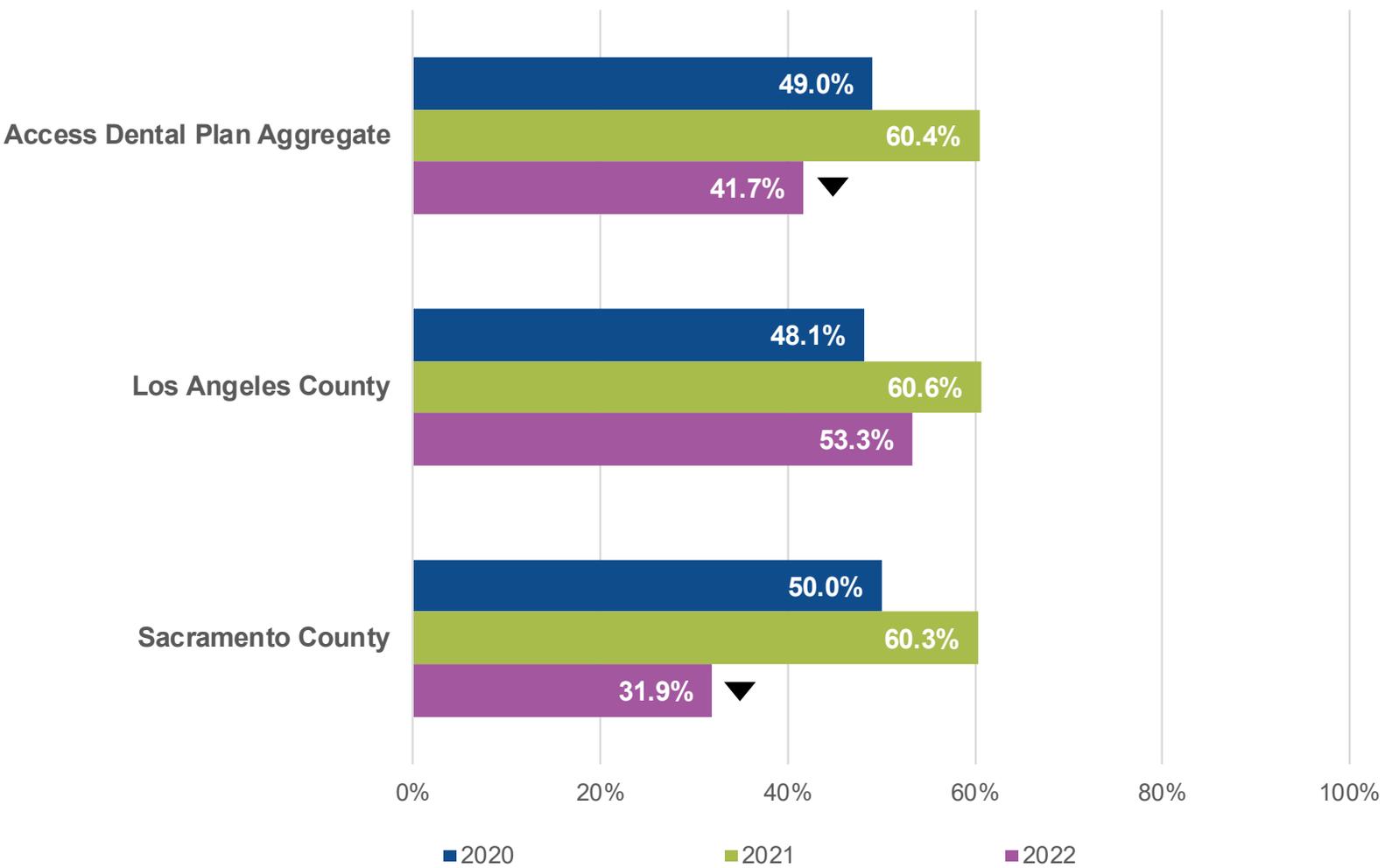
Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Rating of Regular Dentist

Figure 4-10 shows the 2018, 2019 and 2020 Rating of Regular Dentist top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-10 - Rating of Regular Dentist: Top-Box Rates

Proportion of Top-Box (Percent)



Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

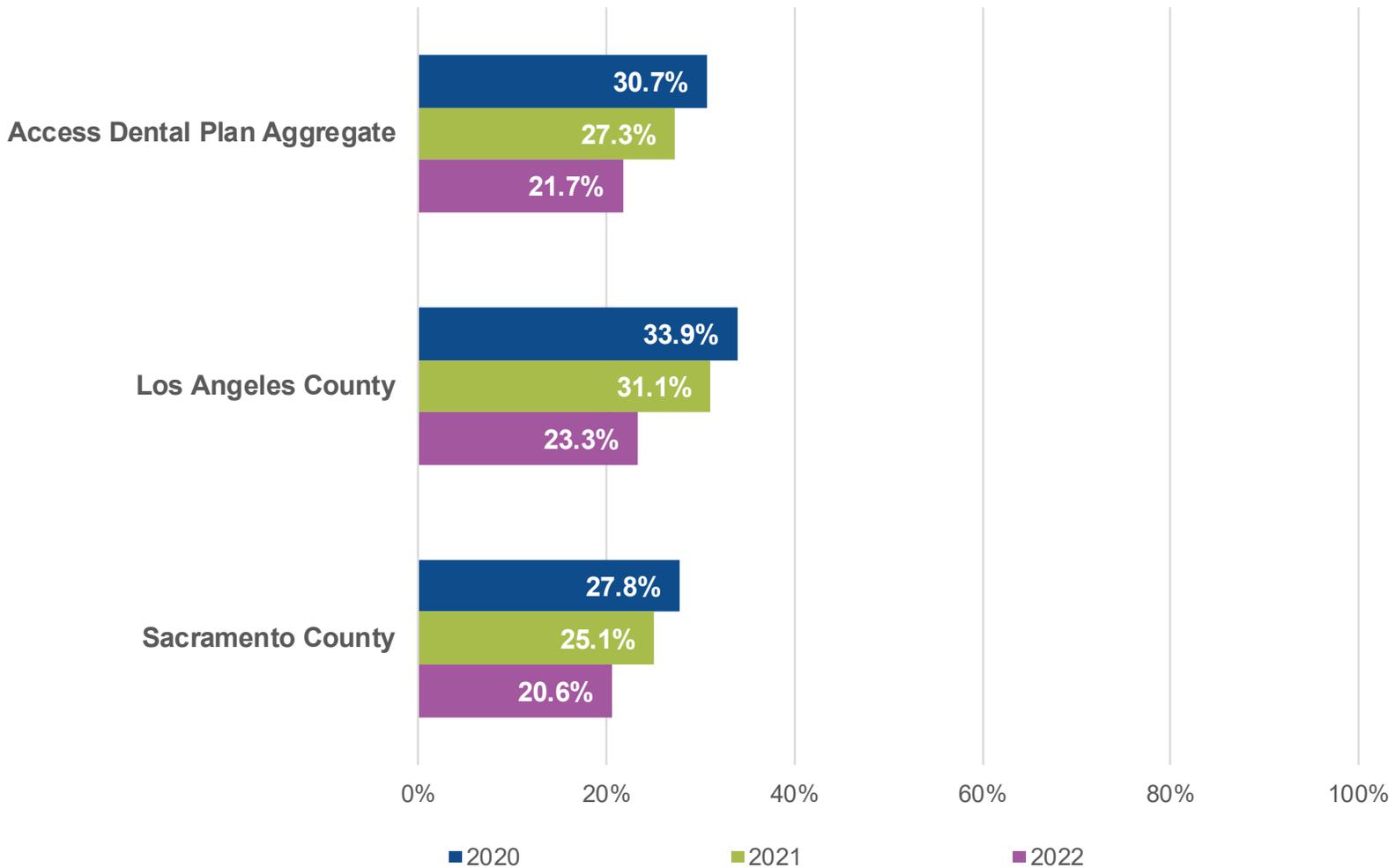
Composite Measures

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care, and responses to these questions were combined to calculate composite measures.

Access to Dental Care

Figure 4-11 shows the 2018, 2019 and 2020 Access to Dental Care top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-11 – Access to Dental Care: Top-Box Rates
Proportion of Top-Box (Percent)

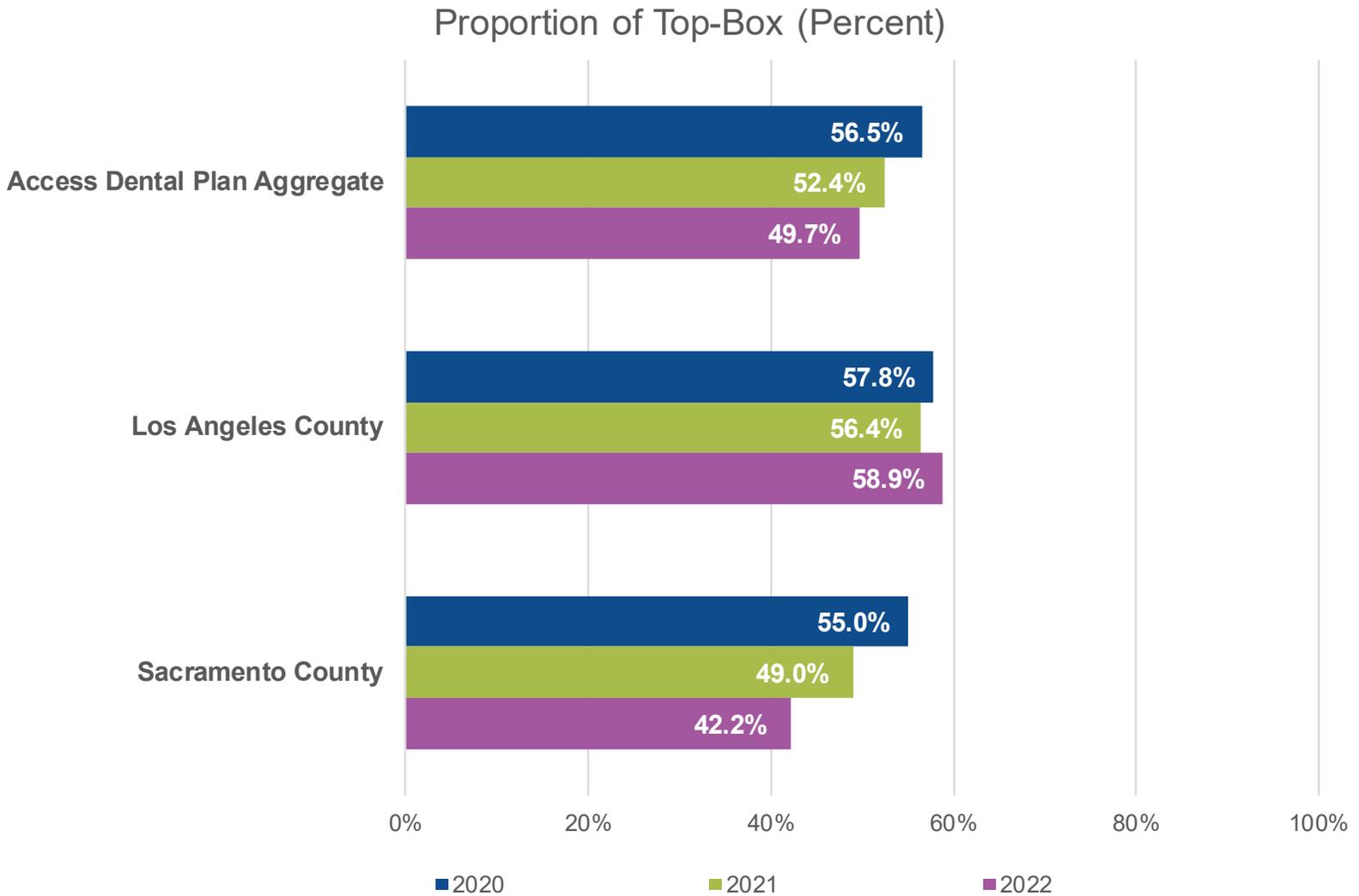


Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Care from Dentists and Staff

Figure 4-12 shows the 2018, 2019 and 2020 Care from Dentists and Staff top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-12 - Care from Dentists and Staff: Top-Box Rates

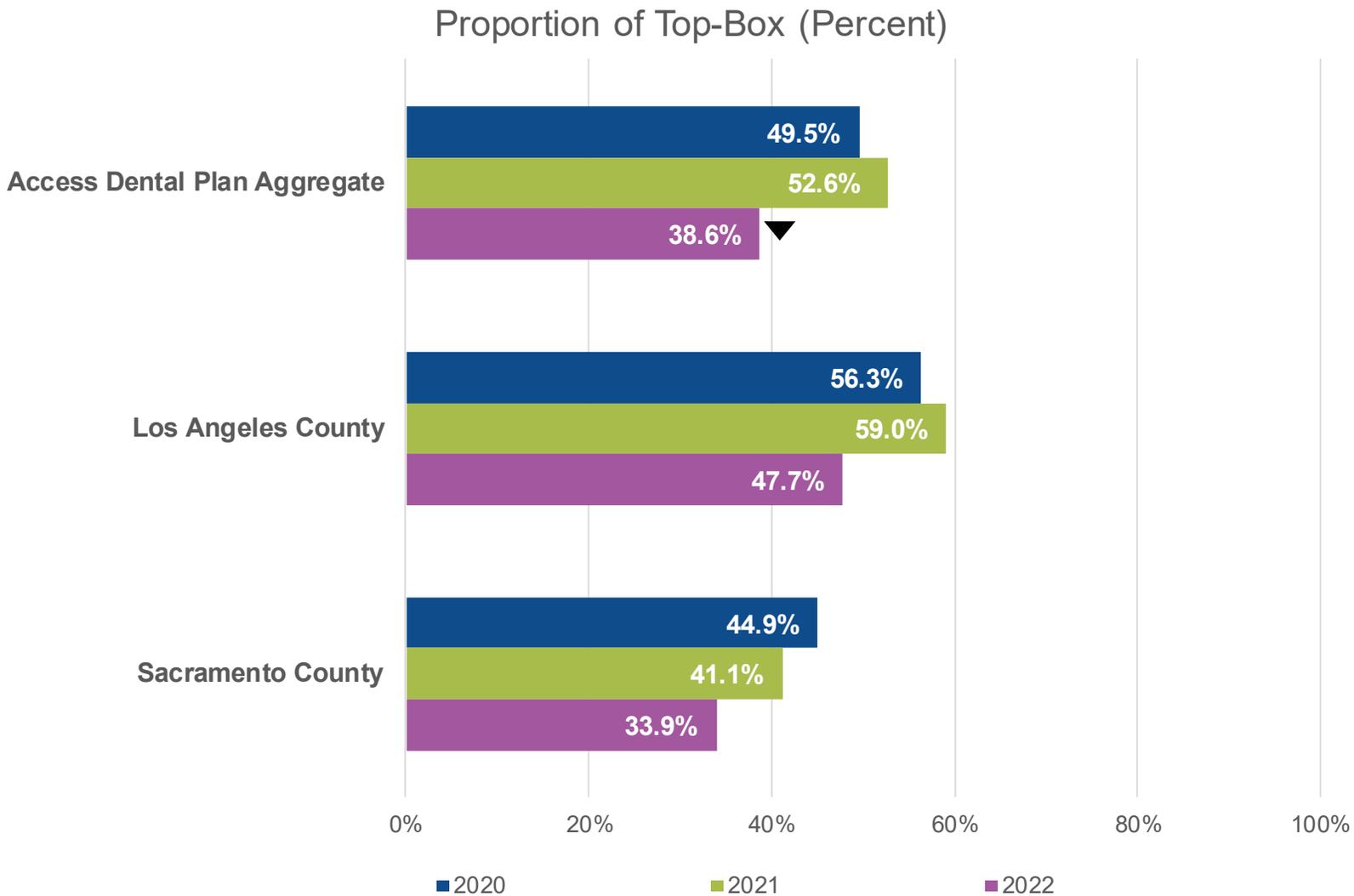


Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Dental Plan Services

Figure 4-13 shows the 2018, 2019 and 2020 Dental Plan Services top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-13 – Dental Plan Services: Top-Box Rates



Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

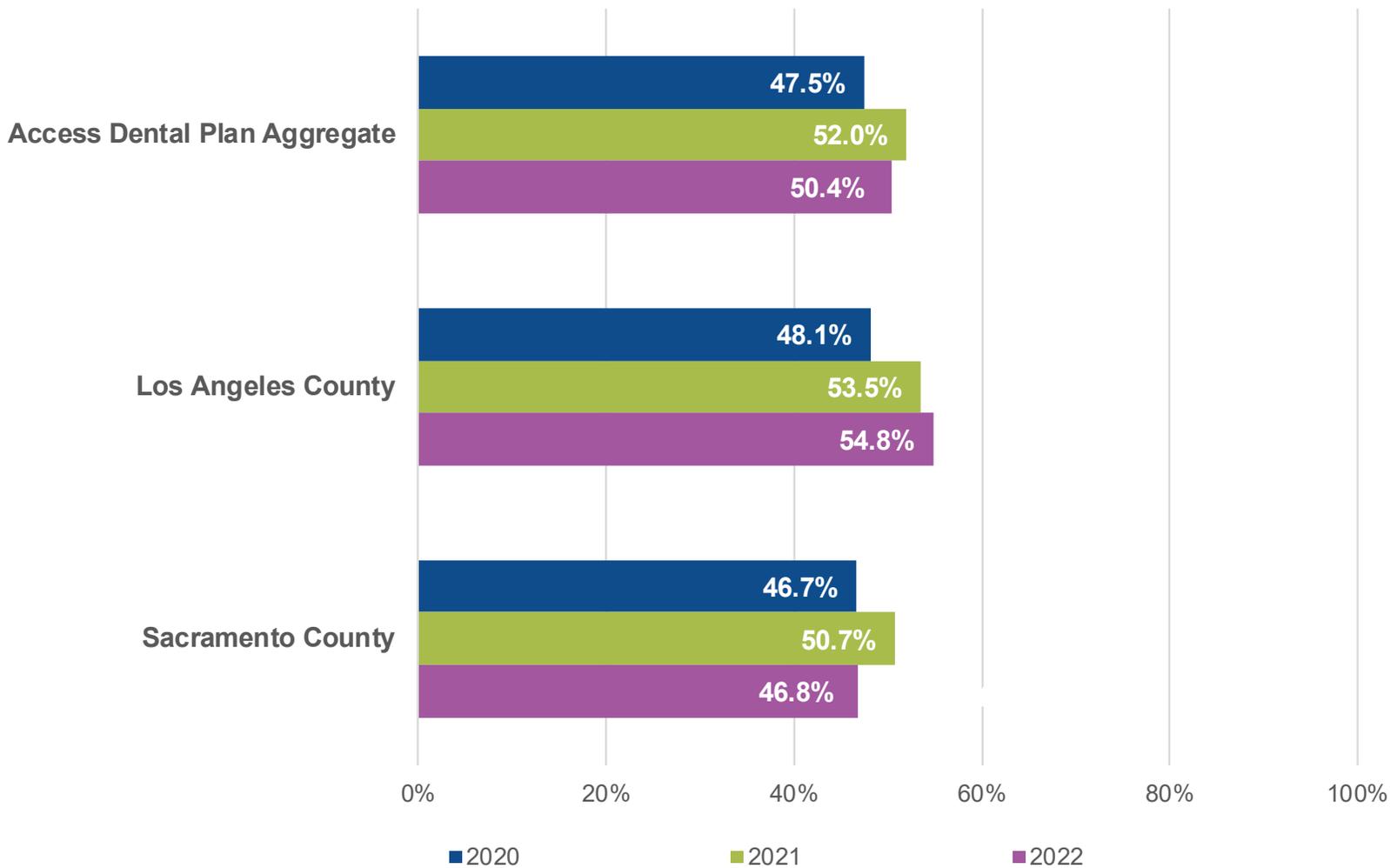
Individual Item Measures

Parents or caretakers of child Medicaid members were asked three questions to assess their satisfaction with the overall dental care provided by their child’s regular dentist, and whether they would recommend their child’s regular dentist or their child’s dental plan to other parents or people.

Care from Regular Dentist

Figure 4-14 shows the 2018, 2019 and 2020 Care from Regular Dentist top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-14 – Care from Regular Dentist: Top-Box Rates
Proportion of Top-Box (Percent)

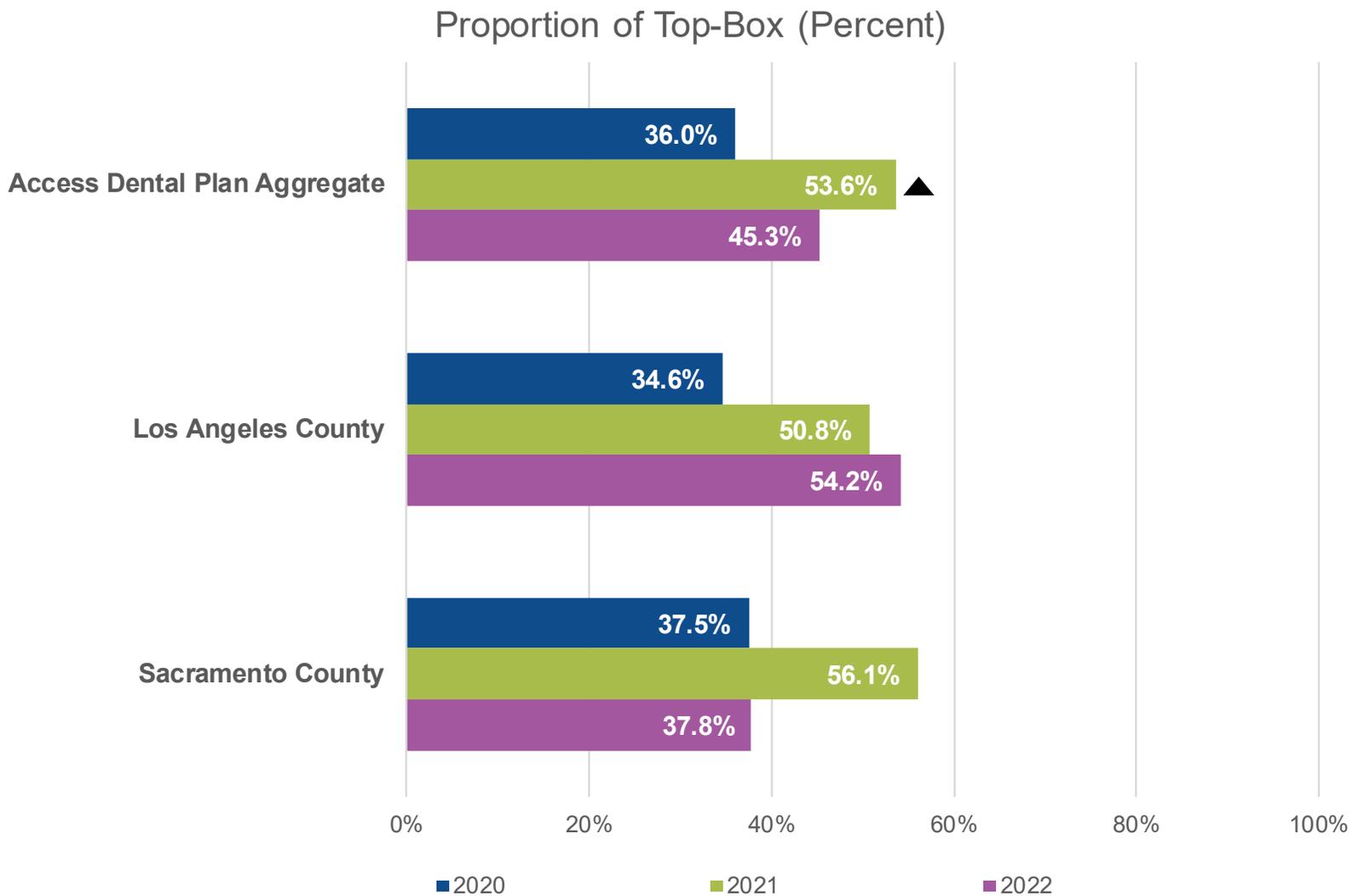


Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Would Recommend Regular Dentist

Figure 4-15 shows the 2018, 2019 and 2020 Would Recommend Regular Dentist top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-15 – Would Recommend Regular Dentist: Top-Box Rates

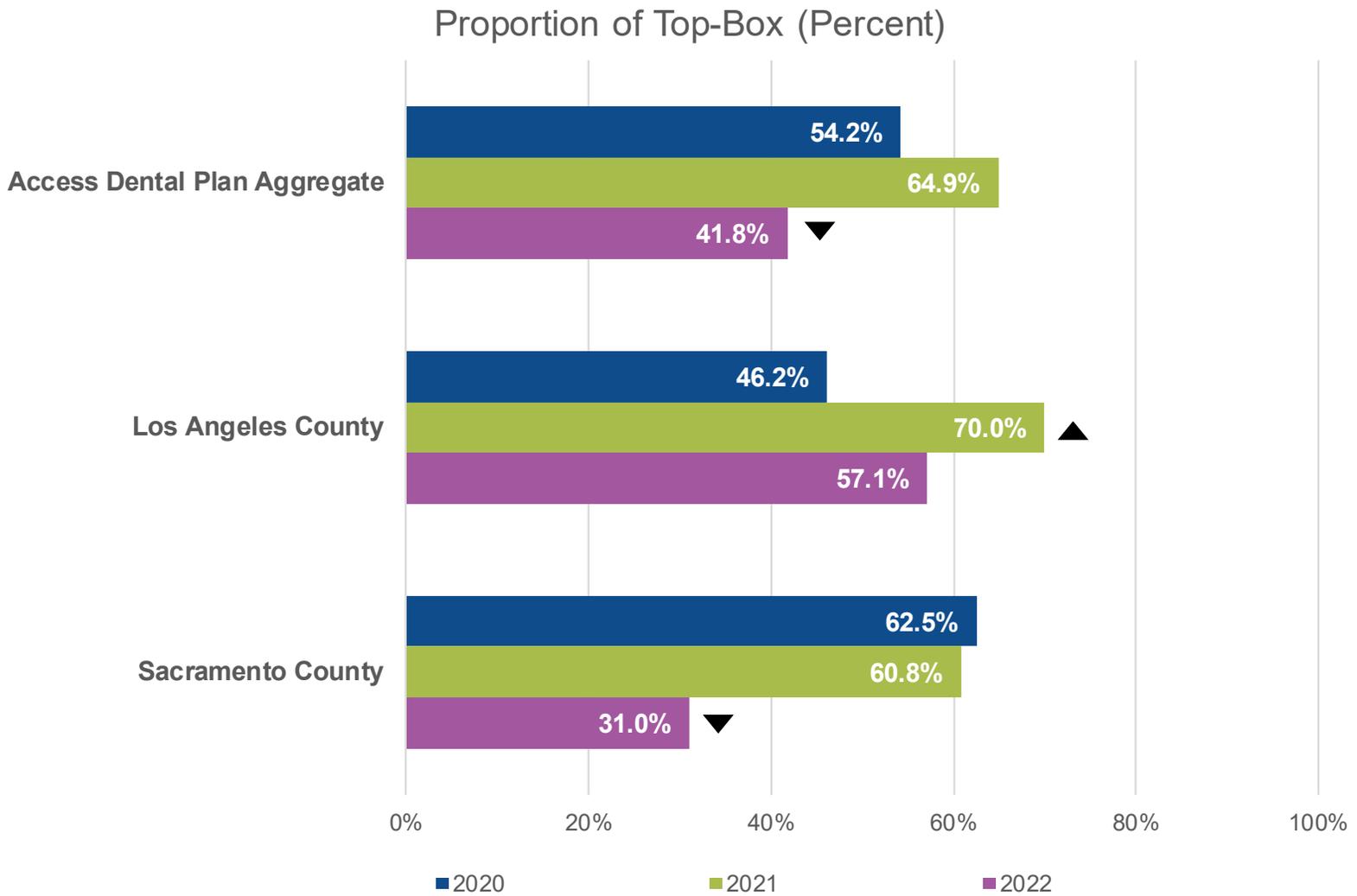


Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Would Recommend Dental Plan

Figure 4-16 shows the 2018, 2019 and 2020 Would Recommend Dental Plan top-box rates for the Access Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-16 – Would Recommend Dental Plan: Top-Box Rates



Statistical Significance Note: ▲ / ▼ indicates significant difference from the previous period

Key Drivers of Satisfaction

SPH Analytics performed an analysis of key drivers of satisfaction for the Rating of Dental Plan and Would Recommend Dental Plan measures. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care/service that will most benefit from QI activities. The analysis provides information on:

1) The relative importance of the individual issues (correlation to overall satisfaction measure).

Pearson correlation scores are calculated for 21 individual ratings (potential drivers) in relation to ratings of the overall satisfaction with the care/service provided by the Plan. The correlation coefficients are then used to establish the relative importance of each driver. The larger the correlation, the more important the driver.

2) The current levels of performance on each issue break down to percent satisfied [always and usually] or less than satisfied [sometimes and never].

Those who are currently less than fully satisfied represent the “Room for Improvement,” or those who could be moved toward satisfaction if the performance on the issue was improved. “Room for Improvement” is calculated by taking the frequency of respondents who answered “Dissatisfied,” divided by the total answering the survey (n=145). This approach yields the percentage of the total sample that is affected by an attribute, allowing comparison across attributes that previously had varying percentage bases.

The information from the Key Driver Analysis can be used by the organization to prioritize and focus its efforts on those issues that are of higher importance and have lower performance levels.

Table 5-1 – Key Drivers of Satisfaction

High Correlation / High Room for Improvement...	CALL TO ACTION. The item is a driver of the overall measure and a substantial portion of the population is less than satisfied. If performance can be improved on this measure, more respondents will be satisfied, and overall satisfaction should reflect this.
High Correlation / Low Room for Improvement...	It is critical to MAINTAIN PERFORMANCE in this area. The majority is satisfied with the performance, and the item is clearly related to the overall measure.
Low Correlation / High Room for Improvement...	CONSIDER INVESTING effort to improve performance here. While the issue may have little bearing on the overall satisfaction, a substantial portion may be displeased with the performance.
Low Correlation / Low Room for Improvement...	NO ACTION REQUIRED in this area. Most are satisfied and the issue has little bearing on the overall measure.

Table 5-2 – Recommendations

Rating of Dental Plan	
Q13 Rating of child's regular dentist	CALL TO ACTION
Q10 Dentist explained things in a way that was easy for child to understand	CALL TO ACTION
Q24 Dental plan met all of child's dental care needs	CALL TO ACTION
Q22 Rating of dental care	CALL TO ACTION
Q12 How often satisfied with overall care provided to child by dentist	CALL TO ACTION
Q07 Dentist listened carefully to you	CALL TO ACTION
Q15 Dentists or dental staff helped child feel comfortable during dental work	CALL TO ACTION
Q19 Child got specialist appointment as soon as you wanted	MAINTAIN PERFORMANCE
Q29 Information provided by plan helped you find a dentist that you were happy with	MAINTAIN PERFORMANCE
Q32 Dental plan's customer service gave information/ help needed	MAINTAIN PERFORMANCE
Q30 Rating of how easy it was to find a dentist	MAINTAIN PERFORMANCE
Would Recommend Dental Plan	
Q13 Rating of child's regular dentist	CALL TO ACTION
Q15 Dentists or dental staff helped child feel comfortable during dental work	CALL TO ACTION
Q16 Dentists or dental staff explained what they were doing while treating child	CALL TO ACTION
Q24 Dental plan met all of child's dental care needs	CALL TO ACTION
Q22 Rating of dental care	CALL TO ACTION
Q07 Dentist listened carefully to you	CALL TO ACTION
Q12 How often satisfied with overall care provided to child by dentist	CALL TO ACTION
Q32 Dental plan's customer service gave information/ help needed	MAINTAIN PERFORMANCE
Q30 Rating of how easy it was to find a dentist	MAINTAIN PERFORMANCE
Q18 Child got to see a dentist as soon as you wanted when needing care right away	MAINTAIN PERFORMANCE
Q29 Information provided by plan helped you find a dentist that you were happy with	MAINTAIN PERFORMANCE

Table 5-3 – Key Drivers of Rating of Dental Plan

Rating of Dental Plan	Correlations	Room for Improvement
Q30 Rating of how easy it was to find a dentist	0.916	14%
Q22 Rating of dental care	0.788	55%
Q13 Rating of child's regular dentist	0.759	48%
Q12 How often satisfied with overall care provided to child by dentist	0.711	40%
Q32 Dental plan's customer service gave information/ help needed	0.708	14%
Q15 Dentists or dental staff helped child feel comfortable during dental work	0.668	53%
Q24 Dental plan met all of child's dental care needs	0.664	43%
Q07 Dentist listened carefully to you	0.655	39%
Q10 Dentist explained things in a way that was easy for child to understand	0.642	31%
Q29 Information provided by plan helped you find a dentist that you were happy with	0.635	12%
Q19 Child got specialist appointment as soon as you wanted	0.631	18%
Q16 Dentists or dental staff explained what they were doing while treating child	0.609	46%
Q17 Dental appointments as soon as wanted	0.606	69%
Q18 Child got to see a dentist as soon as you wanted when needing care right away	0.554	19%
Q33 Dental plan's customer service staff treated you with courtesy and respect	0.535	8%
Q06 Dentist explained things in a way that was easy to understand	0.531	40%
Q08 Dentist treated you with courtesy and respect	0.529	26%
Q11 Dentist spent enough time with child	0.522	54%
Q25 Dental plan covered what your child needed to get done	0.510	43%
Q23 Dental plan covered all of the services you thought were covered	0.489	47%
Q27a Toll free number provided information you wanted about dental plan	0.366	14%
Q20 Spent more than 15 minutes in waiting room before being seen for appointment	0.333	79%
Q27c Written materials provided the information you wanted about dental plan	0.323	18%
Q21 Someone told you why there was a delay in being seen/ how long the delay would be	0.222	55%
Q27b Web site provided the information you wanted about dental plan	-0.181	18%

Note: Room for Improvement is calculated by taking the frequency of respondents who answered “Neutral,” or “Dissatisfied,” divided by the total answering the survey (n=145). This approach yields the percentage of the total sample that is affected by an attribute, allowing comparison across attributes that previously had varying percentage bases.

 = High Room for Improvement

Table 5-4 – Key Drivers of Would Recommend Dental Plan

Would Recommend Dental Plan	Correlations	Room for Improvement
Q30 Rating of how easy it was to find a dentist	0.924	14%
Q29 Information provided by plan helped you find a dentist that you were happy with	0.801	12%
Q22 Rating of dental care	0.761	55%
Q32 Dental plan's customer service gave information/ help needed	0.713	14%
Q13 Rating of child's regular dentist	0.691	48%
Q15 Dentists or dental staff helped child feel comfortable during dental work	0.650	53%
Q12 How often satisfied with overall care provided to child by dentist	0.644	40%
Q24 Dental plan met all of child's dental care needs	0.643	43%
Q07 Dentist listened carefully to you	0.603	39%
Q18 Child got to see a dentist as soon as you wanted when needing care right away	0.597	19%
Q16 Dentists or dental staff explained what they were doing while treating child	0.579	46%
Q17 Dental appointments as soon as wanted	0.537	69%
Q11 Dentist spent enough time with child	0.537	54%
Q10 Dentist explained things in a way that was easy for child to understand	0.533	31%
Q19 Child got specialist appointment as soon as you wanted	0.519	18%
Q06 Dentist explained things in a way that was easy to understand	0.511	40%
Q33 Dental plan's customer service staff treated you with courtesy and respect	0.501	8%
Q08 Dentist treated you with courtesy and respect	0.473	26%
Q25 Dental plan covered what your child needed to get done	0.457	43%
Q27c Written materials provided the information you wanted about dental plan	0.385	18%
Q23 Dental plan covered all of the services you thought were covered	0.356	47%
Q20 Spent more than 15 minutes in waiting room before being seen for appointment	0.337	79%
Q21 Someone told you why there was a delay in being seen/ how long the delay would be	0.147	55%
Q27a Toll free number provided information you wanted about dental plan	0.124	14%
Q27b Web site provided the information you wanted about dental plan	-0.142	18%

Note: Room for Improvement is calculated by taking the frequency of respondents who answered “Neutral,” or “Dissatisfied,” divided by the total answering the survey (n=145). This approach yields the percentage of the total sample that is affected by an attribute, allowing comparison across attributes that previously had varying percentage bases.

 = High Room for Improvement

6. Survey Instrument

This section provides a copy of the Child Dental Satisfaction Survey instrument administered to Access Dental Plan child Medicaid members.

access dental

CAHPS® Dental Plan Survey

SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *If Yes, Go to Question 1*
 No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-588-1659.

1. Our records show that your child is now in

Access Dental.

Is that right?

- Yes → *If Yes, Go to Question 3*
 No

2. What is the name of your child's dental plan?
(Please print)

3. In the last 12 months, did your child go to a dentist's office or clinic for care?

- Yes
 No → *If No, please stop and return this survey in the postage-paid envelope. Thank you.*

YOUR CHILD'S REGULAR DENTIST

4. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?

- Yes
 No → *If No, Go to Question 15*

5. Has your child seen their regular dentist in the last 12 months?

- Yes
 No, my child has seen someone else
→ *Go to Question 15*

6. In the last 12 months, how often did your child's regular dentist explain things about your child's dental health in a way that was easy to understand?

- Never Usually
 Sometimes Always

7. In the last 12 months, how often did your child's regular dentist listen carefully to you?

- Never Usually
 Sometimes Always

8. In the last 12 months, how often did your child's regular dentist treat you with courtesy and respect?

- Never Usually
 Sometimes Always

9. Is your child able to talk with his or her regular dentist about his or her dental care?

- Yes
 No → *If No, Go to Question 11*

10. In the last 12 months, how often did your child's regular dentist explain things in a way that was easy for your child to understand?

- Never Usually
 Sometimes Always

11. In the last 12 months, how often did your child's regular dentist spend enough time with your child?

- Never Usually
 Sometimes Always



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12. In the last 12 months, how often were you satisfied with the overall care provided to your child by his or her regular dentist?

- Never Usually
 Sometimes Always

13. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your child's regular dentist?

Worst regular dentist possible										Best regular dentist possible					
0	1	2	3	4	5	6	7	8	9	10					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

14. Would you recommend your child's regular dentist to parents who are looking for a new dentist for their child?

- Definitely yes Somewhat no
 Somewhat yes Definitely no

YOUR CHILD'S DENTAL CARE IN THE LAST 12 MONTHS

So far, the questions on this survey have been about your child's regular dentist. The next set of questions asks about any dental care your child had in the last 12 months, including dental care with their regular dentist or with someone else.

15. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?

- Never Usually
 Sometimes Always

16. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child?

- Never Usually
 Sometimes Always

17. In the last 12 months, how often were dental appointments for your child as soon as you wanted?

- Never Usually
 Sometimes Always

18. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?

- My child did not have a dental emergency in the last 12 months
 Definitely yes Somewhat no
 Somewhat yes Definitely no

19. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?

- I did not try to get an appointment with a specialist dentist for my child in the last 12 months
 Never Usually
 Sometimes Always

20. In the last 12 months, when your child went to an office or clinic to receive dental care, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment?

- Never Usually
 Sometimes Always
 → Go to Question 22

21. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?

- Never Usually
 Sometimes Always

22. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care your child received in the last 12 months?

Worst dental care possible										Best dental care possible					
0	1	2	3	4	5	6	7	8	9	10					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

37. What is your child's age?

Less than 1 year old

--	--

years old (write in)

38. Is your child male or female?

Male
 Female

39. Is your child of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino
 No, Not Hispanic or Latino

40. What is your child's race? (Please mark one or more).

White
 Black or African-American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Other

41. What is your age?

Under 18
 18 to 24
 25 to 34
 35 to 44
 45 to 54
 55 to 64
 65 to 74
 75 or older

42. Are you male or female?

Male
 Female

43. What is the highest grade or level of school that you have completed?

8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

44. How are you related to the child?

Mother or father
 Grandparent
 Aunt or uncle
 Older brother or sister
 Other relative
 Legal guardian
 Someone else

45. Did someone help you complete this survey?

Yes
 No → **Thank you. Please return the completed survey in the postage-paid envelope.**

46. How did that person help you? (Mark one or more)

Read the questions to me
 Wrote down the answers I gave
 Answered the questions for me
 Translated the questions into my language
 Helped in some other way

Thank you for participating in our survey!
 Please mail the survey back in the enclosed postage-paid, self-addressed reply envelope or send to:
 SPH Analytics • P.O. Box 985009
 Ft. Worth, TX 76185-5009

If you have any questions, please call 1-800-588-1659.

