Barriers to Care for Children with Orofacial Clefts at a Quaternary Care Pediatric Hospital

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INTRODUCTION

• Orofacial clefts (OFCs) are among the most prevalent congenital conditions in the United States, presenting ongoing challenges for affected children and their families

• These challenges extend beyond the initial surgical repair and often require multiple surgeries, as well as continued care related to feeding, speech and language development, and dental or orthodontic treatment

• Access to comprehensive care for children with OFCs can be hindered by factors such as insufficient insurance coverage, geographic barriers to cleft teams, and disparities in healthcare resources

Aim: to identify the barriers to care and satisfaction with treatment access among caregivers of children with OFCs at a quaternary care pediatric hospital

MATERIALS AND METHODS

• University of Pittsburgh Institutional Review Board classified this study as exempt (STUDY24080058)

• 23-question survey was administered to parents or guardians of OFC patients at the University of Pittsburgh Children's Hospital over a four-month period

• Questionnaire collected information about parental demographics and assessed potential barriers to care

• Descriptive statistics were used to analyze the data

RESULTS

Table 1: Demographics

Relationship to Patient	Mother Father Other	69% 26% 5%
Marital Status	Married Single Divorced Other	73% 17% 6% 4%
Race	White Other	96% 4%
Employment Status	Full Time Part Time Stay at Home/Caregiver Other	57% 20% 19% 4%

Table 1: Study demographics (n = 89)

RESULTS

Fig 1. Type of Insurance Coverage

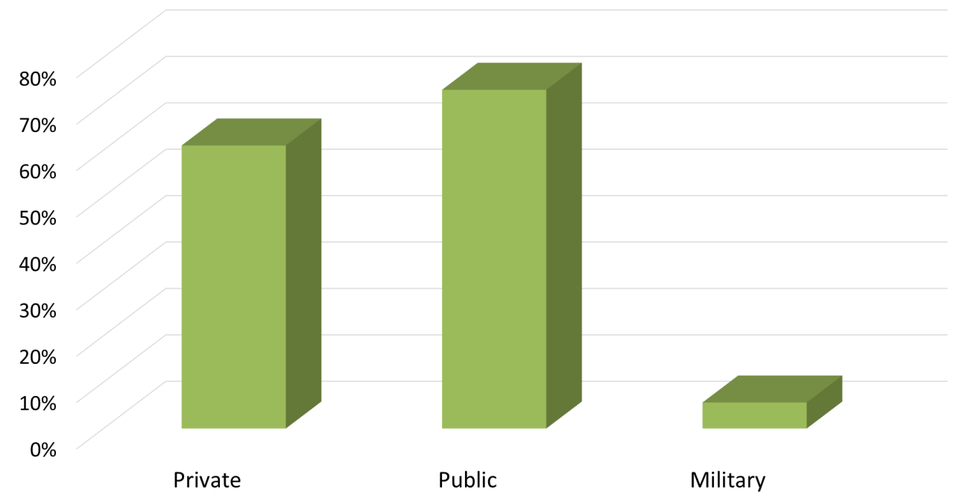


Figure 1: Patient insurance coverage (n = 89)

Fig 2. Is it difficult to find a specialist in your area?

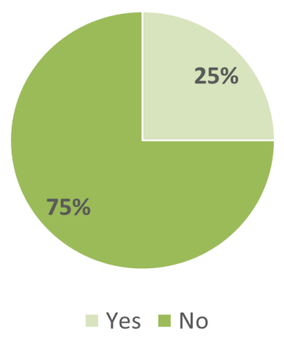


Fig 3. Distance in miles traveled to craniofacial specialist

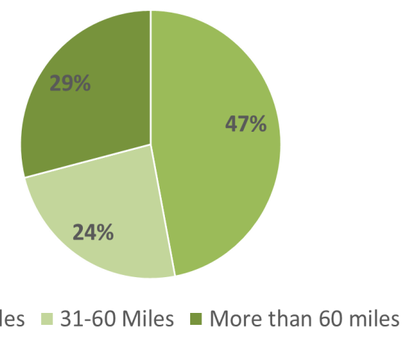


Figure 2,3: Responses related to barriers to care (n = 89)

Fig 4. Is there a specialty that is the most difficult to get an appointment for care?

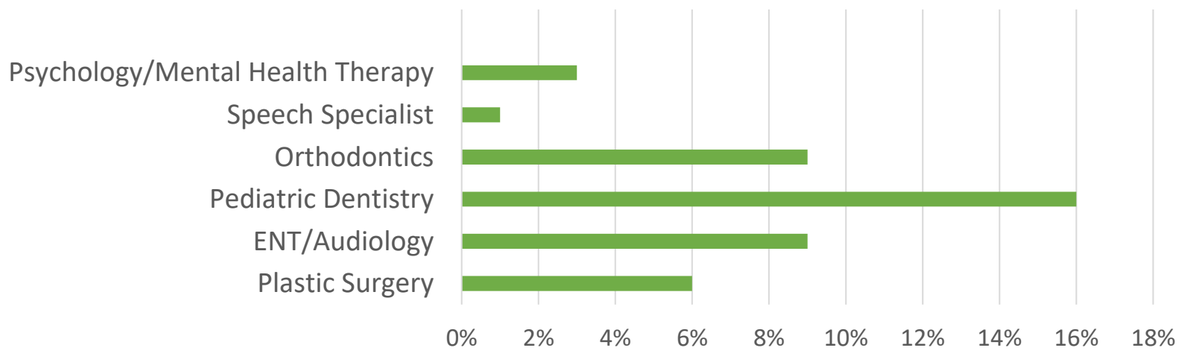


Figure 4: Specialty that is the most difficult to get an appointment (n = 89)

CONCLUSION

1. Overall, parents/guardians report satisfactory access to their child's craniofacial care team
2. Some families report difficulties finding craniofacial specialists in the area they reside
3. This study highlights key findings that families face in accessing timely and comprehensive care
4. Understanding these findings will inform strategies to improve healthcare delivery, reduce disparities, and better meet the needs of children with OFCs and their families