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2-4-2011

Assessing Barriers to Community Pediatric Dental Needs

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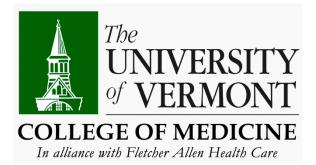
Anson, Elisabeth; Burley, Aaron; Couture, Samantha; Irving, Katherine; Morris, Stephen; Whitney, Darryl; Fenimore, Pam; and Jemison, Jill, "Assessing Barriers to Community Pediatric Dental Needs" (2011). *Gallery of Public Health Projects, University of Vermont College of Medicine*. Book 61.

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Assessing Barriers to Community Pediatric Dental Needs Elisabeth Anson¹, Aaron Burley¹, Samantha Couture¹, Katherine Irving¹, Stephen Morris¹, Darryl Whitney¹, Pam Fenimore², Jill Jemison¹

University of Vermont College of Medicine¹ and Ronald McDonald House²

Introduction

Oral health is an often overlooked aspect of healthcare with many effects on an individual's well-being. Dental caries is the most common chronic disease in children, and most dental problems are preventable. Barriers to accessing dental care for low income children include: oral health beliefs of parents, transportation issues, and difficulty locating providers who accept Medicaid (1, 2). Investigation of the pediatrician's role showed an increase in dental visits among children who were recommended for care by their primary care providers (3).

Recent data indicates that 67.1% of Vermont Medicaid enrolled children received dental care within one calendar year(4). While indicating a gap in services, this is the highest rate in the U.S. A comprehensive national survey found that 85% of Vermont children received preventive care in the past year(5), while recent state data shows that 18% of Vermont children on Medicaid and 16% of children overall have untreated dental decay (6). In 2009, The Ronald McDonald House Charities, along with the Health Center of Plainfield, implemented the Vermont Ronald McDonald Care Mobile (RMCM), a traveling dental clinic providing dental care for

Vermont's underserved children. In one year, the RMCM visited 15 Vermont schools and treated 214 children, only 9% of the 2400 children projected. The RMCM currently serves sites in three Counties: Grand Isle, Orange, and Lamoille. The objective of our study was to investigate barriers to access to Dental care among Vermont children, with particular regard to the RMCM. The underutilization of the RMCM was assessed by researching current data on Vermont oral health and by surveying overall attitudes toward both the RMCM and pediatric dental care in Vermont.

Towns the RMCM visited in the past year





Methods

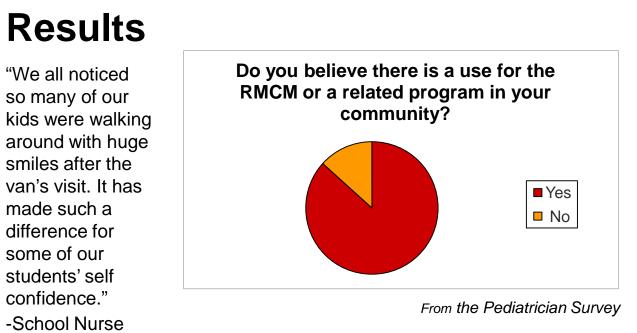
A combination of surveys and standardized interviews were used to collect data for this project:

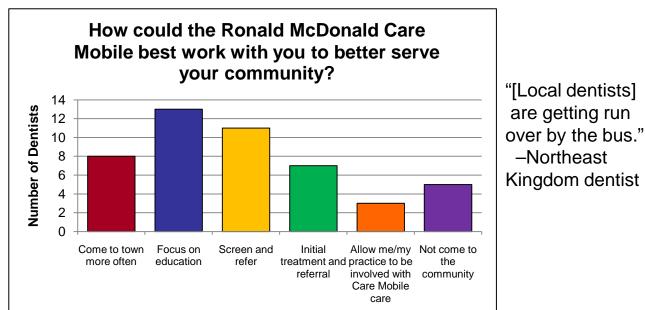
•A survey assessing satisfaction with the RMCM and general attitudes toward pediatric dental care was distributed to all parents at Alburgh Elementary and Bradford Elementary schools. Survey questions focused on children's current and past dental care, use of the RMCM, satisfaction with RMCM dental services, and opinions about the Mobile's visits to school settings.

•A standardized telephone interview was conducted with each school nurse at the school sites visited by the RMCM. Familiarity, satisfaction, and areas for improvement with the RMCM were assessed.

•A survey assessing attitudes toward the RMCM and opinions of availability of pediatric dental care in Vermont was distributed to Vermont dentists. A telephone interview was also conducted with a Vermont dentist discussing her experiences with the RMCM services.

•The RMCM and its services were presented to Vermont pediatricians at the Vermont Chapter of the American Academy of Pediatrics' Fall Meeting. A survey assessing pediatric dental care in Vermont and potential Vermont pediatrician involvement with the RMCM was conducted.





From the Dentist Survey

"My "local" dentist is over 30 minutes away. There are 2 dentists in town taking new patients...[We] need more dentists in town." -Parent

Conclusions

Do you wish your child could visit a dentist more often? Yes ■No

From the Parent Survey

 Responded positively to the RMCM in communities where there are few dentists for children under 5 years. They are in high support of the RMCM as long as parent education and finding a dental home for children are key components.

Dentists

Pediatricians

- Few dentists see absolutely no role for RMCM in Vermont.
- Dentists see value in education, screening, and referral services. Parents
- Those that have used the RMCM are satisfied with the service.
- The vast majority of parents at the two schools surveyed who did not use the RMCM have a dental home for their children.

RMCM

- RMCM was successful in reaching a large proportion of underserved children in target schools, but was underutilized overall due to small total target population and other strong outreach measures already in place. School Nurses
- Impressed with dental services provided by the RMCM and that the program is gaining momentum as word spreads.

Vermont Oral Health Initiatives

- health outcomes for children of all incomes.



Recommendations

Focus on high risk groups

- Collaborate with pediatricians.
- Expand beyond the direct care model

Communicate with local dentists

- on underserved areas
- underserved children

References

low-income caregivers. Am J Public Health. 2005 Aug;95(8):1345-51. what caregivers think. Am J Public Health. 2002 Jan;92(1):53-8. children. Pediatrics. 2010 Aug;126(2):e435-41. 4. Pew Center On the States. The Cost of Delay: State Dental Policies Fail One in Five Children, 2010. Pew Charitable Trusts, Washington, DC the Nation. 2005

 Vermont exceeds Healthy Vermonter 2010 oral health goals. Among National leaders in oral health outreach access and positive oral

 Target 1-5 year old population & those without a dental home Broaden the scope and support of outreach efforts.

• Bridge connections between Care Mobile, community referrers (pediatricians, school nurses), and dentists

Focus on parent and child education and prevention

Improve collaboration, communication, and intake process

• Streamline the registration process and forms

• Employ a social worker to travel ahead and coordinate care

• Determine from dentists the needs of specific communities

• Begin staff-initiated scheduling of follow-up visits with a local dentist and confirm care was received

Reassess business plan when contract expires in 3 years • Revisit the map of communities RMCM serves and current data

Establish collaboration with state agencies

Reduce overlap with existing strategies designed to reach

1. Kelly SE, Binkley CJ, Neace WP, Gale BS. Barriers to care-seeking for children's oral health among 2. Mofidi M, Rozier RG, King RS. Problems with access to dental care for Medicaid-insured children:

3. Beil HA, Rozier RG. Primary health care providers' advice for a dental checkup and dental use in

5. U.S. Department of Health and Human Services. The Oral Health of Children: A Portrait of States and