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Parental Perceptions of Oral Health and School-Based Dental Sealant Programs

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Introduction

Community Health Needs Assessment (University of Vermont Medical Center, 2013)

- Identified oral health in pediatric population as a primary concern¹
- Barriers to dental care cited: access, affordability, education

School-Based Sealant Program (SBSP)

- Dental sealants are an evidence-based method of cavity prevention²
- CDC strongly recommends delivery via SBSPs³
 - Few Vermont schools have such a program
- Vermont Medicaid State Plan amendment allows dental hygienists to bill without on-site dentist (2015)⁴
 - Unique opportunity to pilot an SBSP
- Pilot program implemented by the University of Vermont Medical Center Community Health Improvement
- Goal: sustainable model able to be replicated in Vermont schools

Pilot School Selection – Milton Elementary-Middle School (MEMS)

- Demographics representative of Vermont schools (46% free & reduced lunch program); school administration supportive of an SBSP; no existing dental education (“Tooth Tutor”) program per Vermont Office of Oral Health

Methods

Survey – distributed via students (hard copy) and school-wide e-mail

- Assessed barriers to dental care in this rural Vermont community
- Evaluated parental knowledge and attitudes regarding sealants and SBSPs
- Identified areas for future education and intervention

Statistical methods

- Descriptive analysis of overall response and subgroups, including those on Medicaid, those eligible for free lunch, and those without a dental home
- Independent sample T-tests to compare differences in means between groups

Oral Health Education

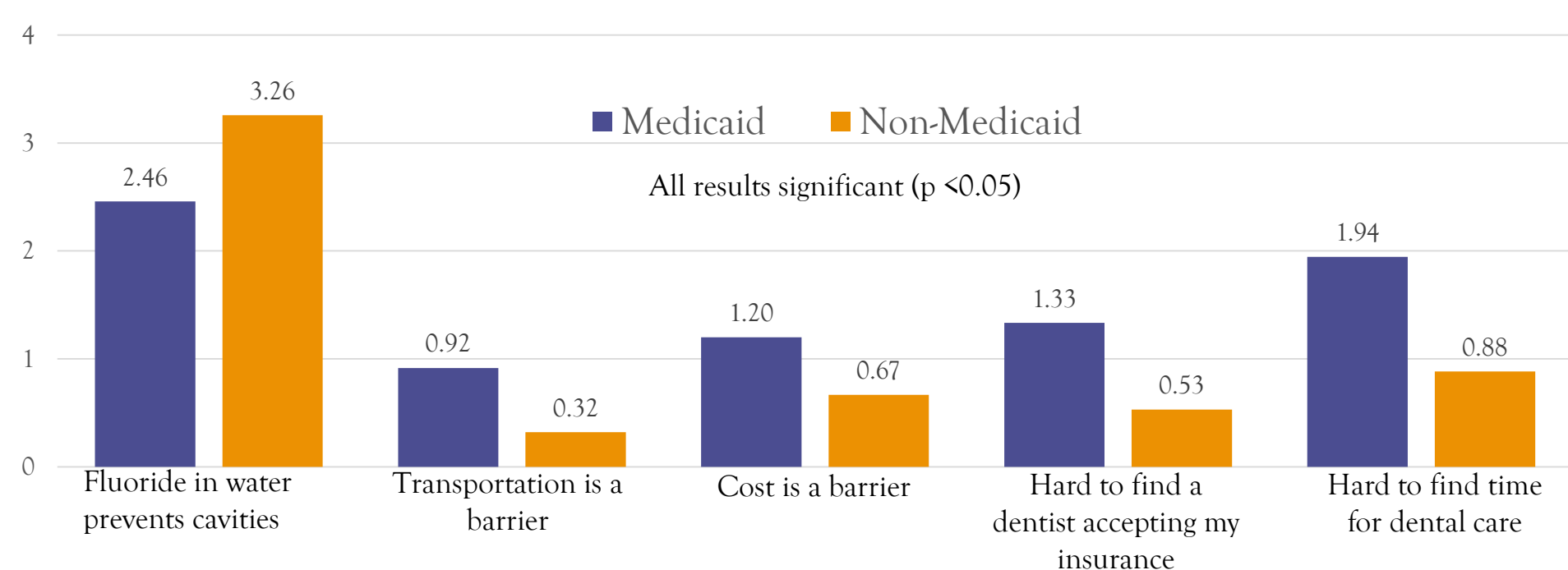
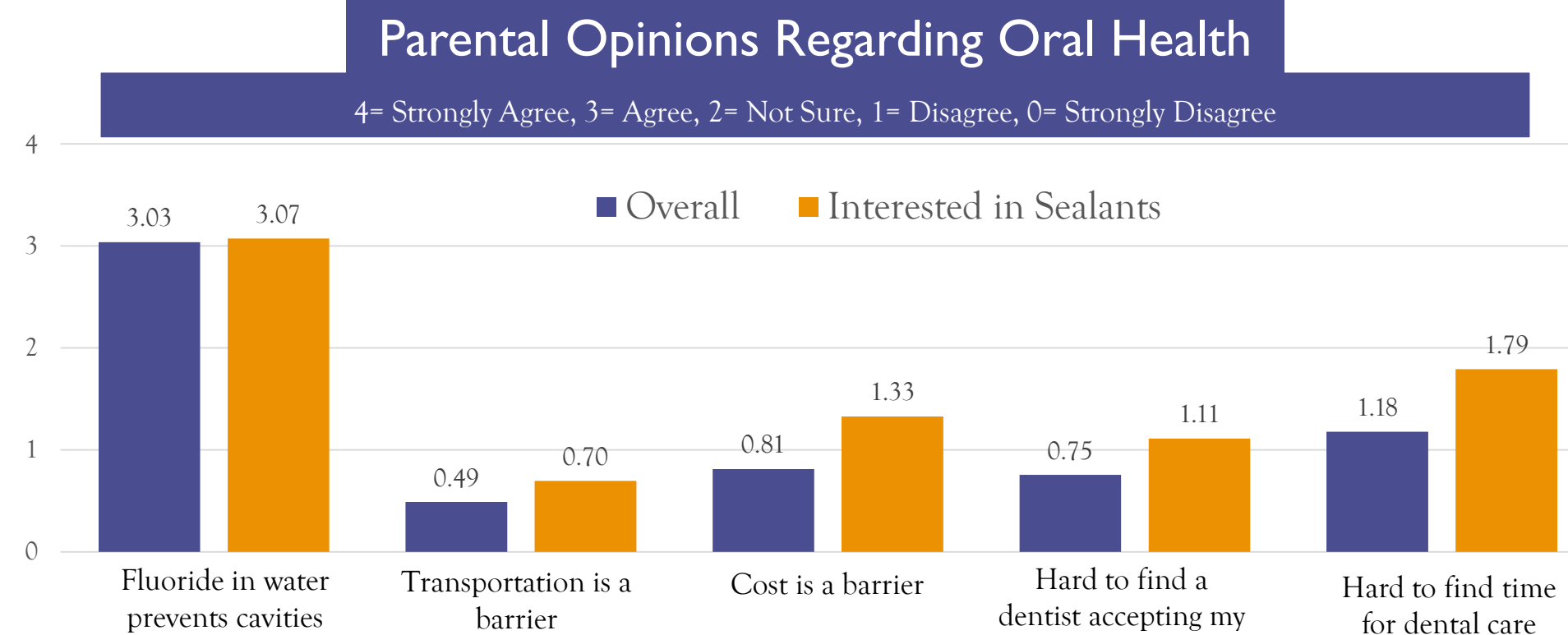
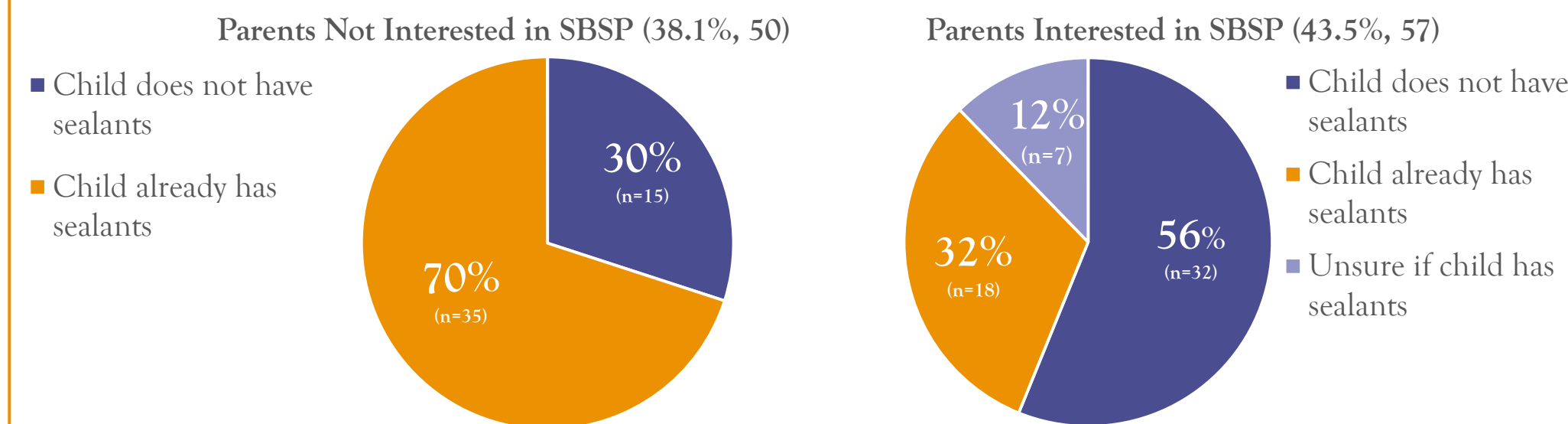
- Age-appropriate presentation to 108 second-graders about oral health
- Interactive activity to teach brushing and flossing techniques
- Stressed importance of habits to improve oral health



Results

131 parents responded, representing 204 children

Demographics	%	n	% interest in SBSP (n)
Children eligible for free/reduced lunch	17.7	23	60.9% (14)
Does not have a dental home	7.7	10	80.0% (8)
Medicaid-funded dental care	27.7	36	50.0% (18)



Reasons for Refusal

- “It is not the school's responsibility to provide any services for children other than to provide them a well-rounded education”
- “I would prefer to be there with them and to only have one dentist consistently working with my children”

Discussion & Conclusions

Key Survey Findings

- Barriers to dental care were more pronounced in those who were:
 - Eligible for free lunches at school
 - Paying for dental care through Medicaid
 - Without a dental home
- Parents in these groups expressed as much or more interest in an SBSP compared with parents not in these groups
- Those who expressed less support for the statement “fluoride in drinking water prevents cavities” were equally likely to be interested in an SBSP as others
- 43.5 % of parents were amenable to an SBSP
 - Majority of uninterested parents had children who previously received sealants and had dental homes



Courtesy of Country Dental

Limitations

- Response rate of 20%
- Survey could not be linked to individuals who enrolled in the SBSP pilot
- Could not objectively measure the oral health of respondents' children

Conclusions & Future Directions

- Engagement of local stakeholders (school faculty, administration, parents, dentists, public health officials) essential for success
- Suggest evaluating perceptions at schools with “Tooth Tutors” (dental education programs) to determine receptivity to SBSPs

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