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

Laura Donnelly

Peter Evans

Ian Grant

Allicia Imeda

Daniel Kula

See next page for additional authors

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Authors

Laura Donnelly, Peter Evans, Ian Grant, Allicia Imeda, Daniel Kula, Clare Park, Hao Fang Wu, Julie Cole, Kristin Fontaine, and Wendy Davis

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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