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Assessing Barriers to Community Pediatric Dental Needs

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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 2006, 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.

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 pediatric involvement with the RMCM was conducted.

Results
“We all noticed so many of our kids were walking around with huge smiles after Van’s visit. It has made such a difference for some families students’ self-confidence.”

School Nurse

From the Parent Survey

How could the Ronald McDonald Care Mobile best work with you to better serve your community?

From the Pediatrician Survey

Do you believe there is a use for the RMCM or a related program in your community?

Recommendations
Focus on high risk groups
• Target 1-5 year old population & those without a dental home

Broaden the scope and support of outreach efforts.
• Collaborate with pediatricians.
• Bridge connections between Care Mobile, community referrers (pediatricians, school nurses), and dentists

Expand beyond the direct care model
• 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

Communicate with local dentists
• 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

Rassess business plan when contract expires in 3 years
• Revisit the map of communities RMCM serves and current data on underserved areas
• Establish collaboration with state agencies
• Reduce overlap with existing strategies designed to reach underserved children

From the Dentist 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.

• Few dentists see absolutely no role for RMCM in Vermont.
• Dentists see value in education, screening, and referral services.

From the Parent Survey

• Broaden the scope and support of outreach efforts.
• Establish collaboration with state agencies
• Revisit the map of communities RMCM serves and current data on underserved areas

From the Pediatrician Survey

• Communicate with local dentists
• Focus on parent and child education and prevention
• Improve collaboration, communication, and intake process
• Broaden the scope and support of outreach efforts

From the Pediatrician Survey

• Focus on high risk groups
• Target 1-5 year old population & those without a dental home

Conclusion
The 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.

References
6. Vermont Oral Health Initiatives