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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 care 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 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 and potential Vermont pediatric involvement with the RMCM was conducted.

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 Albburgh 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 a child’s visit. It has made such a difference for some families’ self confidence.”

School Nurse

“‘Local dentists’ are getting run over by the bus.”

Northeast Kingdom dentist

“I have the referrals visited in the past year

“Just had the RMCM come to school, the kids were walking around with huge smiles after the visit. They had not received dental care in so long I was amazed.”

Vermont Pediatrician

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

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

Do you wish your child could visit a dentist more often?

Conclusions

Pediatricians

• Responded positively to the RMCM in communities where there are few dentists

• 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.

Dentists

• 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

• Vermont exceeds Healthy Vermont 2010 oral health goals.

• Among National leaders in oral health outreach access and positive oral health outcomes for children of all incomes.

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

Communicate with local dentists

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

Raisess 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

References