

The Health Home Model: Family-Centered Dental Care for Children with Special Health Care Needs

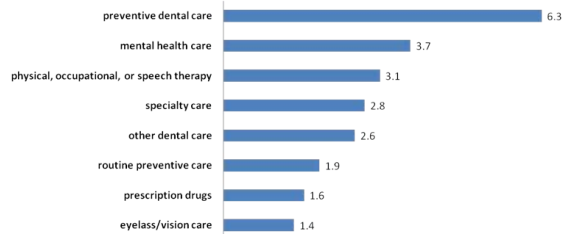
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MCH Concern

- Children with Special Health Care Needs (CSHCN) are at
 - increased risk for chronic physical, developmental, behavioral, or emotional conditions
 - require health and related services of a type or amount beyond that required by children generally.
- 13.9% of US children have special health care needs
- 21.8% of US households with children include at least one child with a special health care need [1]
- CSHCN are at increased risk for
 - enamel irregularities
 - gum infections
 - oral infection
 - delayed tooth eruption
 - severe malocclusion
 - early childhood caries [2]
- In very young children, tooth removal and significant dental treatment requires additional risks of conscious sedation and general anesthesia; high treatment costs [3]
- Most common unmet health care need CSHCN = preventive dental care, affecting an estimated 755,581 children [1]

Percent of CSHCN with Reported Health Services Needed but Not Received [1]



What We Do Not Know

- No research on prevalence of early childhood caries in very young CSHCN
- No parent-driven, Family-Centered Health Home model
- Should the Medical Home and the Dental Home merge into a patient-centered/family-centered Health Home.

What We Know

- Children 2 – 5 y/o experienced a 15.2% increase in untreated tooth decay between 1988 - 1994 and 1999 - 2004. [4]
- Children are at markedly increased risk of oral diseases if parents
 - poor
 - less than a high school education
 - Hispanic, American Indian, or Alaskan Natives.
 - no health and/or dental insurance
 - rural residence
 - lack regular source of dental care [5]
- Decay experience is a strong predictor of future decay. [6]

Why a Health Home?

- CSHCN Medical Home attendance is associated with significantly lower odds of unmet dental care needs. [7]
- American Academy of Pediatrics Medical Home Model of care
 - accessible
 - family-centered
 - continuous
 - comprehensive
 - coordinated
 - compassionate
 - culturally competent [8]
- American Academy of Pediatric Dentistry Dental Home policy
 - every child has a Dental Home by age 12 months [9] [10]
- Movements are emerging pushing the Medical Home and Dental Home towards each other. [11]

Medical Home ↔ Dental Home → Family-Centered Health Home



AAP Photos

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Proposed Study

- Research Question:** What are the preferences (ratings of importance) of parents of CSHCN regarding the Dental Home, a place in which their children may receive quality dental care?
- Design :** Key informant survey of family leaders in the national advocacy organizations Family Voices and Family to Family
- Method:** Anonymous internet survey with questions created from the definitions of Medical and Dental Home, and from MCHB Indicators of Progress, and National Survey of CSHCN.
- Sample Questions:** (Rate importance)
- Dental provider is sensitive to a family's cultural background, including beliefs, rituals, and customs.
 - Dental provider is knowledgeable about and capable of working with CSHCN.

MCH Implications

Parents of CSHCN were instrumental in the development of the AAP guidelines for the Medical Home. As medical providers receive more training in oral health promotion, it is likely they will also identify more patients with oral disease accentuating the difficulty CSHCN experience in accessing dental care. Survey results would help the dental community develop strategies for improving very young CSHCN access to primary oral health care via the Family-Centered Health Home model, a health care delivery collaboration of medicine and dentistry.

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