

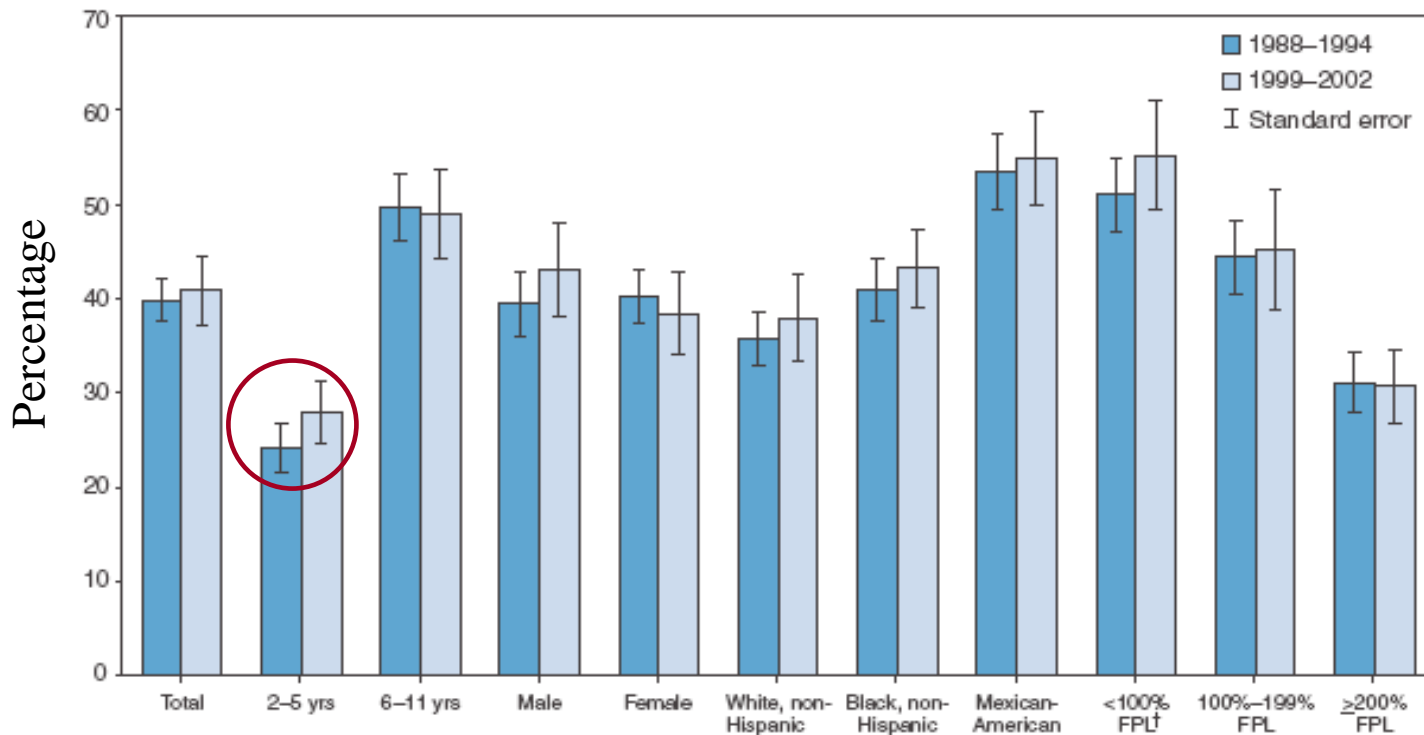


Barriers to Obtaining Needed Dental Treatment for Head Start Children in WA

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Introduction

- Most common chronic health problem in children
- 15% increase in dental caries among 2-5 year olds



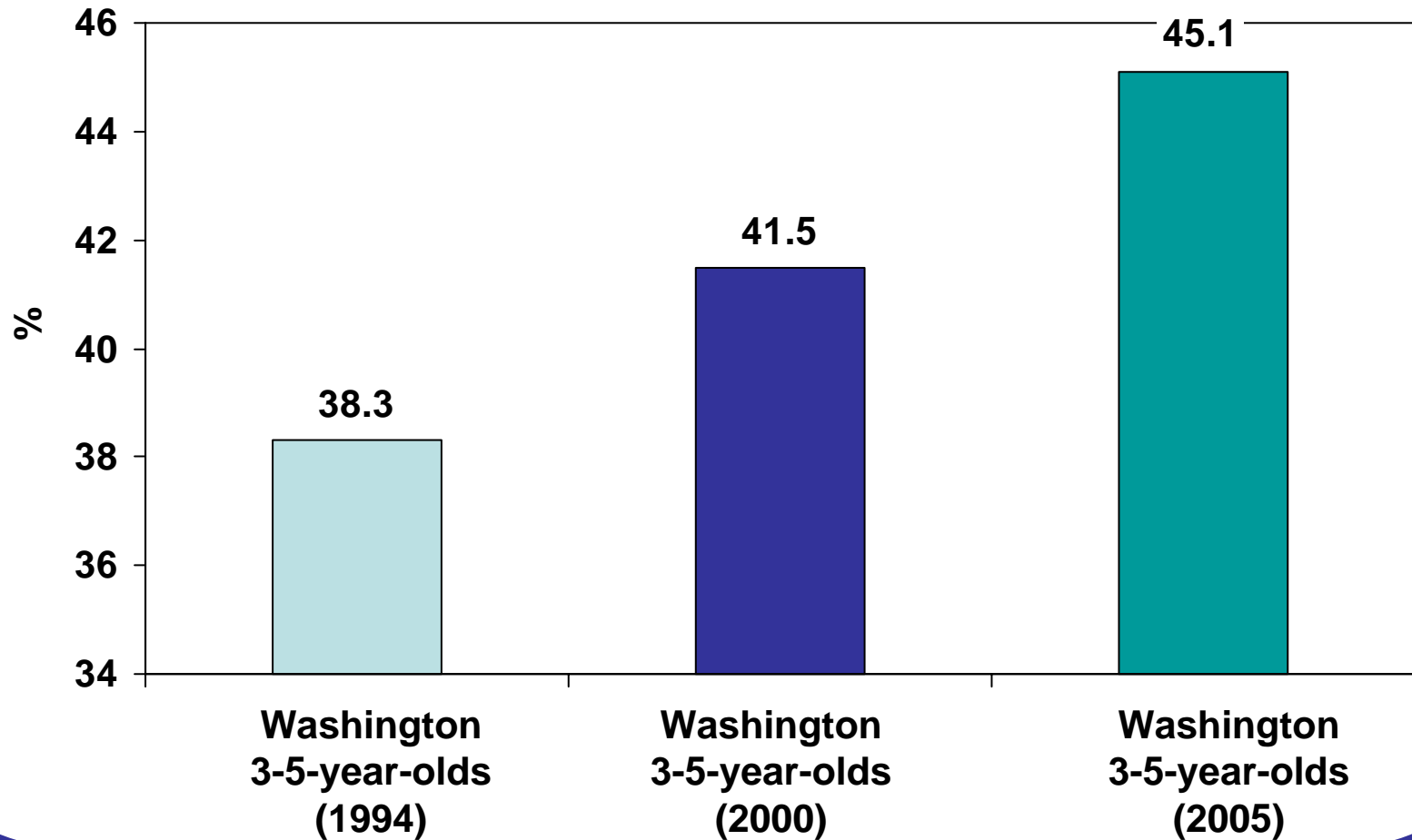
Introduction

- Low-income children compared to high-income children have:
 - 5x the prevalence of untreated dental caries
 - Half as frequent dental visits

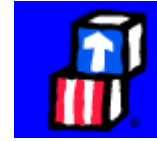


Introduction

Dental Caries in Washington



Head Start




- Comprehensive child development program
- Oral health is part of health component
- Dental exam within 90 days
- Staff assists families in accessing dental care
- Dental services usually covered by Medicaid
- High rates of dental caries

Common Barriers

- Cost of care
- Lack of providers willing to treat children on Medicaid
- Arranging appointments
- Transportation

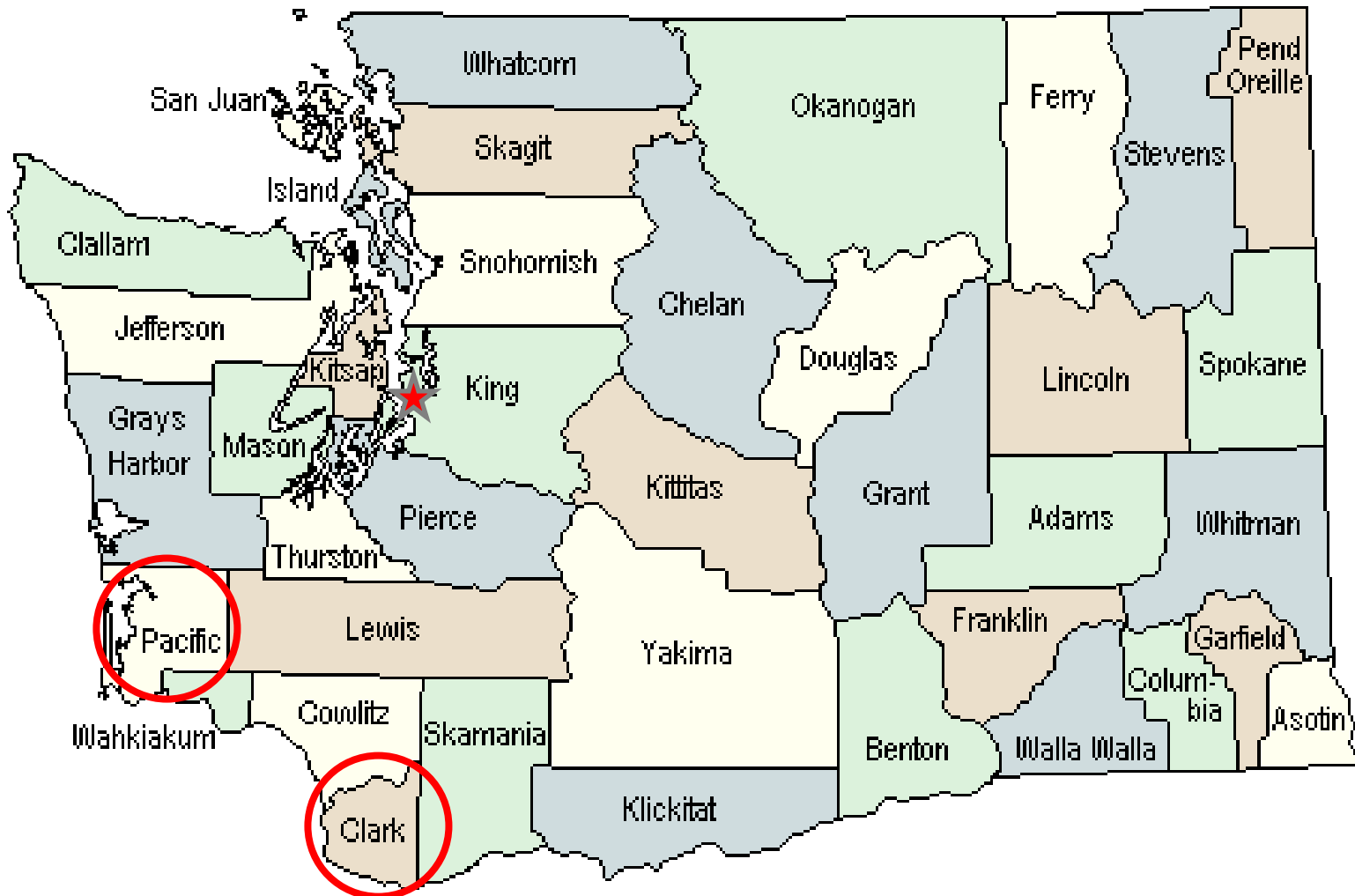


Available Services

- Head Start 
- Medicaid Insurance
- Access to Baby and Child Dentistry (ABCD)
 - Improves access to care
 - Trains general dentists
 - Offers enhanced reimbursement for dental procedures



Study setting



Inclusion Criteria

- English or Spanish speaking caregivers whose children were:
 - Enrolled in Head Start centers in Pacific or Clark counties during the 2005-6 year
 - Insured by Medicaid while in Head Start
 - Diagnosed as needing dental treatment

Methods

- Head Start staff identified and recruited caregivers
- Guided telephone interviews
- Interview constructs:
 - Logistical Barriers
 - System Barriers
 - Personal Barriers
 - Child Characteristics



Constructs

- Logistical Barriers
 - Finding a dentist, transportation
- System Barriers
 - Qualities of Child's Dental Provider
 - e.g. My child's dentist listens carefully to me.
- Personal Barriers
 - Parental self-efficacy
 - e.g. I don't have time to help brush his/her teeth everyday.
 - Parental dental anxiety
 - e.g. If you were about to have a tooth drilled, how would you feel?

Study participants

- 154 Head Start enrollees needed dental treatment (29%)
- 147 were eligible
- 110 were contacted
- 32 agreed to participate
- 30 interviews were analyzed

Analysis Plan

- Groups assigned based on Head Start data:
 - Child received no treatment (n=7)
 - Child received some treatment (n=16)
 - Child completed treatment (n=7)
- Descriptive analysis
- Open-ended questions analyzed for themes

Logistical Barriers

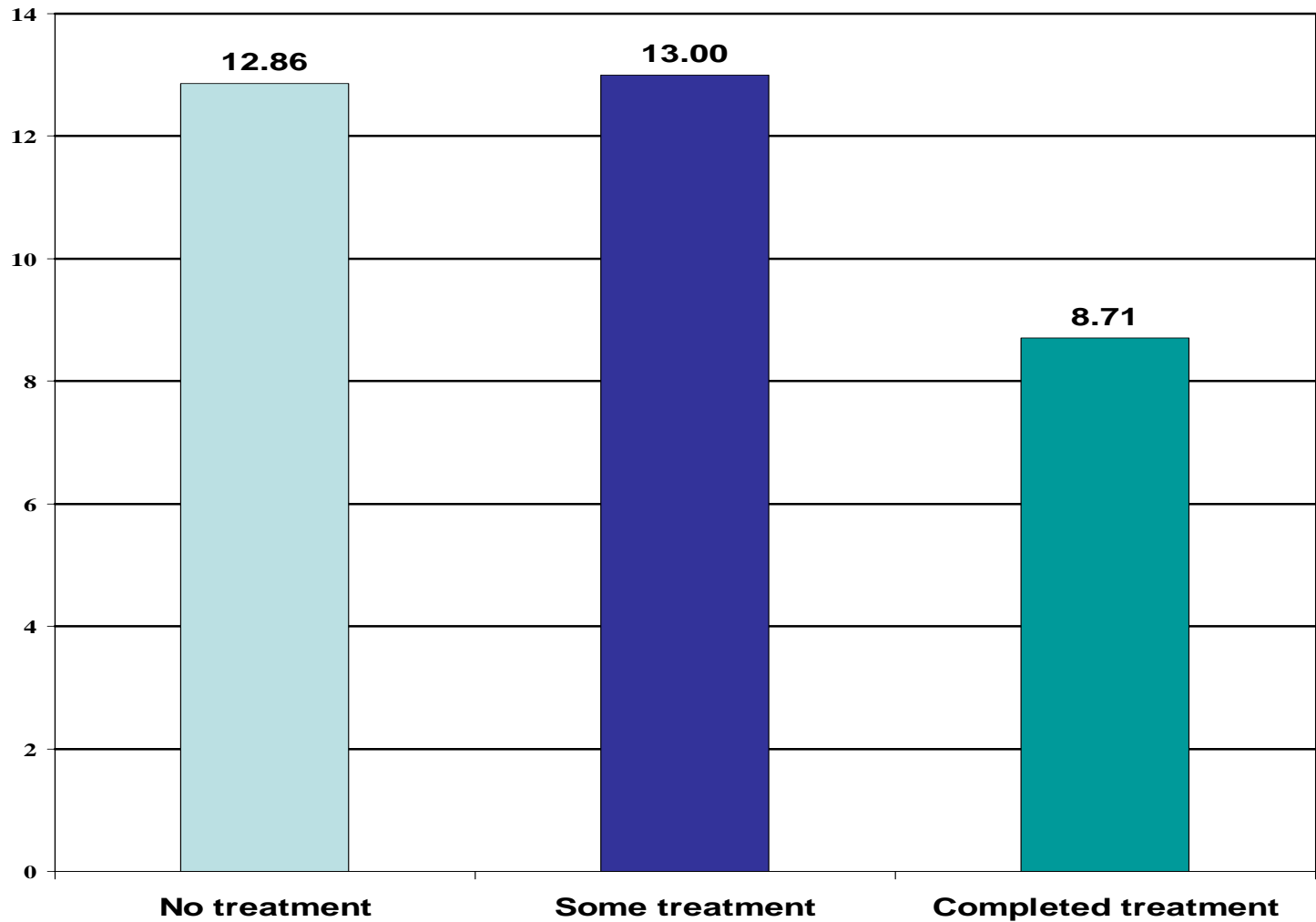
- Few logistical barriers reported
- Transportation: not reported as a barrier
- #1 barrier: Finding a dentist



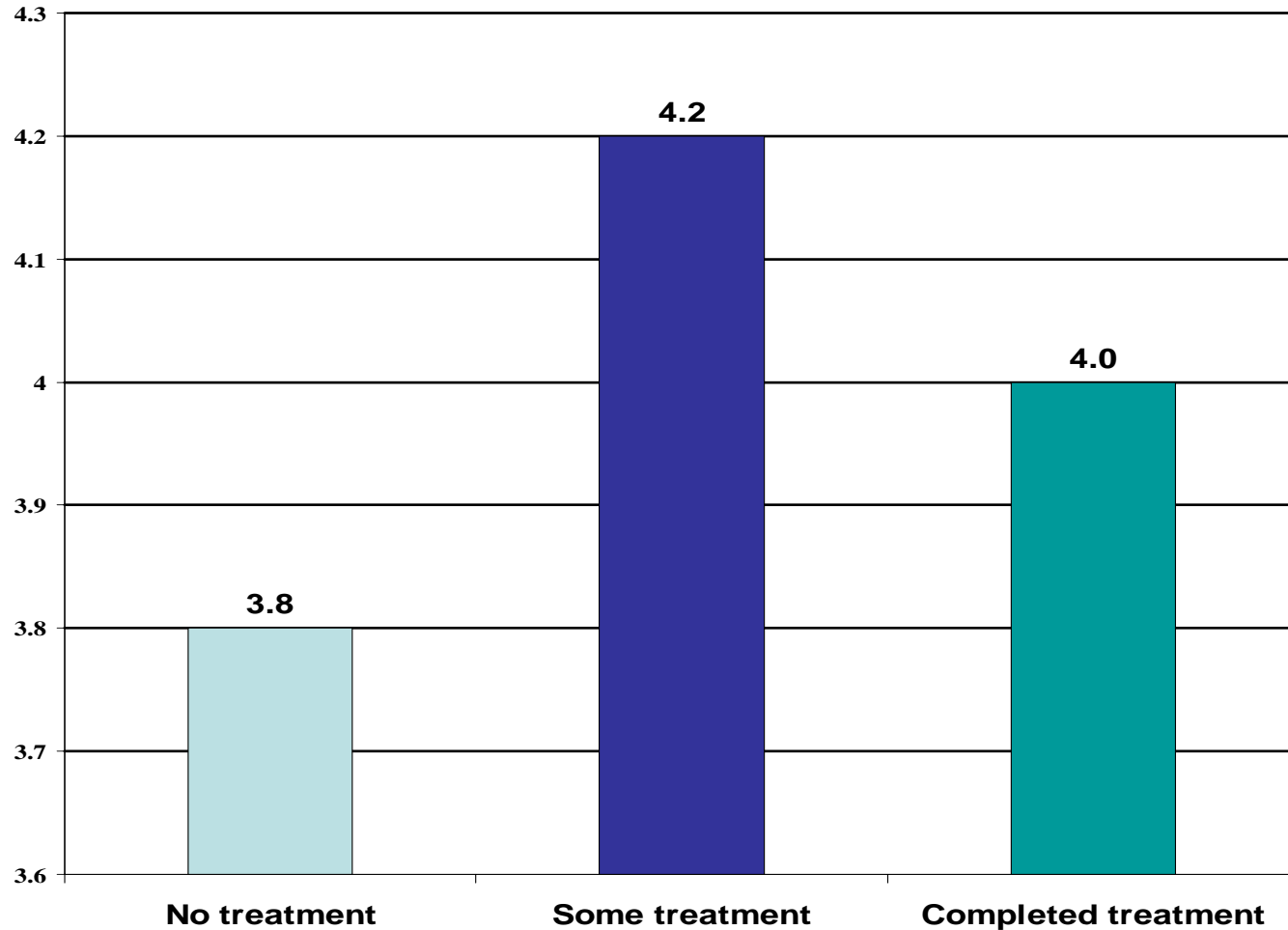
Systems Barriers: Dental

Qualities of Dental Providers (Always/Usually)	No treatment (N=6)	Some treatment (n=16)	Completed treatment (n=7)
Makes me feel welcome	71.4%	87.5%	100%
Shows respect for what I have to say	57.1%	75.1%	100%
Explains things clearly	57.1%	68.8%	100%
Listens carefully	57.1%	62.5%	100%

Personal Barriers: Dental Anxiety



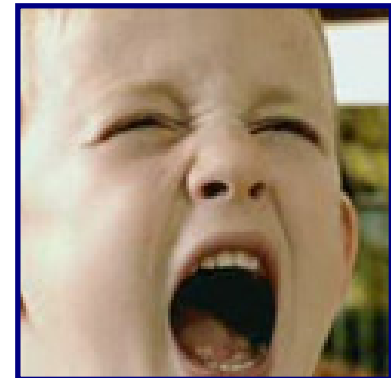
Personal Barriers: Self-efficacy



Child Characteristics

- Child behavior or fear

*“Her behavior puts me off on wanting to do it,
[take my child to the dentist] so I
postpone and procrastinate.”*



Limitations

- Contacting caregivers
- Time lapse
- Number of participants
- ABCD program relatively new



Conclusion

- Some children do not complete needed dental treatment because of:
 - Previous poor experiences with dental providers
 - Personal barriers including low parental toothbrushing self-efficacy and high dental anxiety
 - Child behavior or fear

Implications for Head Start

- Expand oral health education to parents
 - Dental anxiety
 - Parental self-efficacy
- Familiarize children with dental clinic setting and dental providers
 - Field trips
 - Read books about the dentist
 - Play time



Implications for ABCD and Dentists

- ABCD program
 - ↑ Advertising
- Dentists
 - Accept Medicaid patients
 - Improve communication skills
 - Make caregivers feel welcome
 - Show respect
 - Explain things clearly
 - Listen carefully



Summary

- Addressing systems and personal barriers may help:
 - Head Start meet its oral health goals
 - Children receive the dental care they need



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