



Improving Access to Care Through Dental Screenings on Siblings

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PURPOSE

The purpose was to investigate whether screening young siblings in the waiting area of the dental clinic will encourage earlier dental visits and promote early intervention. Treatment needs in this young age group as well as subsequent potential income generated was evaluated. The parent's views regarding the need for early dental visits was also assessed.

BACKGROUND

According to a survey conducted from 1999-2004 (National Institute of Dental and Craniofacial Research), 42% of children aged 2-11 have caries in at least one primary tooth. Of children aged 2-5, 27.9% of the survey group had caries in primary teeth and 20.48% of the survey group had untreated dental caries. Efforts to improve preventative dentistry in this group would be beneficial.

Cruz et al. showed that dental screenings by pediatricians and subsequent referral to dental professionals helps to improve access to care (8). The current literature indicates that creating a dental home early in the child's life will increase the access to preventive dentistry which may reduce dental disease and improve the quality of life (11). There are no studies currently available that involve screenings of siblings and improving access to care.

At St. Barnabas Hospital, an effort is made to actively participate in the community to promote access to care and education. Pediatric medical residents are educated about establishing a dental home for their patients utilizing a website through St. Barnabas Hospital (www.toothpicks.info). Dental residents participate in school screenings, head start programs, and work with pediatricians in the surrounding area to increase awareness and education. Pediatric dental residents also rotate with pediatricians at St. Barnabas Hospital which helps to maintain an active referral system within the hospital.

This study evaluated if screening siblings can be an additional tool to promote early access and establishment of a dental home.

MATERIALS AND METHODS

Inclusion criteria for the study:

- 1.Children aged 6 months-5 years old
- 2.Child must never have had a previous dental visit
- 3.Child must be present in the clinic with legal guardian

Once accepted into the study, the child had a dental screening which consisted of visual examination of the mouth and oral structures. All identified dental needs were discussed with the legal guardian and recommendations were made regarding further care. All parents were advised to schedule an exam for their child. A four question (open-ended) survey was given to the legal guardian to determine why their child had not seen a dentist and if there are other children at home who fell into this same category.

Data was collected regarding the child's current dental conditions and presence of disease. The child's subsequent recalls and treatment were followed as well as the income generated from those visits.

RESULTS

One hundred and six surveys and dental screenings were completed from January 2012 to March 2013. Of the 106 children that were screened, 39 returned for an exam and/or treatment. The age range of children screened was 6 months to 5 years of age with an average age of 1.82 years. Eleven children were found to have clinical caries present on the day of the dental screening. Of those 11 with decay, 3 had treatment, 2 are scheduled for treatment, and 6 did not return to the clinic as advised.

The total production for the 39 children screened that returned to the clinic for exam and/or treatment was \$9,074.36 with an average production of 232.68 per patient. All children that were screened were insured through Medicaid.

According to the survey, the majority (46%) of parents reported that they thought their child was too young to have a dental exam. Many parents (15%) said there was no reason why they had not had a dental visit. Another reason for lack of dental visits was fear of the dentist or fear of how the child would behave at the dental appointment (9%). It was interesting to note that 2% of the responses report that a pediatrician advised them not to have a dental visit due to the patients young age.

DISCUSSION

Improving access to dental care for children and encouraging regular visits is critical in pediatric dentistry. Children who have a dental home are more likely to receive preventive and routine oral health care (11).

Parents were advised to return with their child for a complete dental exam as soon as possible after the dental screening was completed. Even though parents already brought another child to the dentist, only 37% returned for an exam or treatment with their younger child. The percent of children that returned to the clinic might have been increased if an appointment had been given for an exam instead of asking parents to make an appointment. It was found that 11 patients had clinical caries at the dental screening. This diagnosis increased the return rate to 45%. Determining why parents are still not establishing a dental home for the younger siblings may help us better communicate the need for early intervention. This may be attributed to many factors such as lack of perceived need despite the recommendations, or fear of how their very young child may act. Long term follow up of these children would be needed in order to determine what the barriers are to establishing a dental home at a young age.

It is interesting to note that the most common reason for lack of a dental visit was that parents thought their child was too young. It appears that we need to improve parent education on the correct timing for a dental visit, and stress the importance of developing a dental home.

CONCLUSIONS

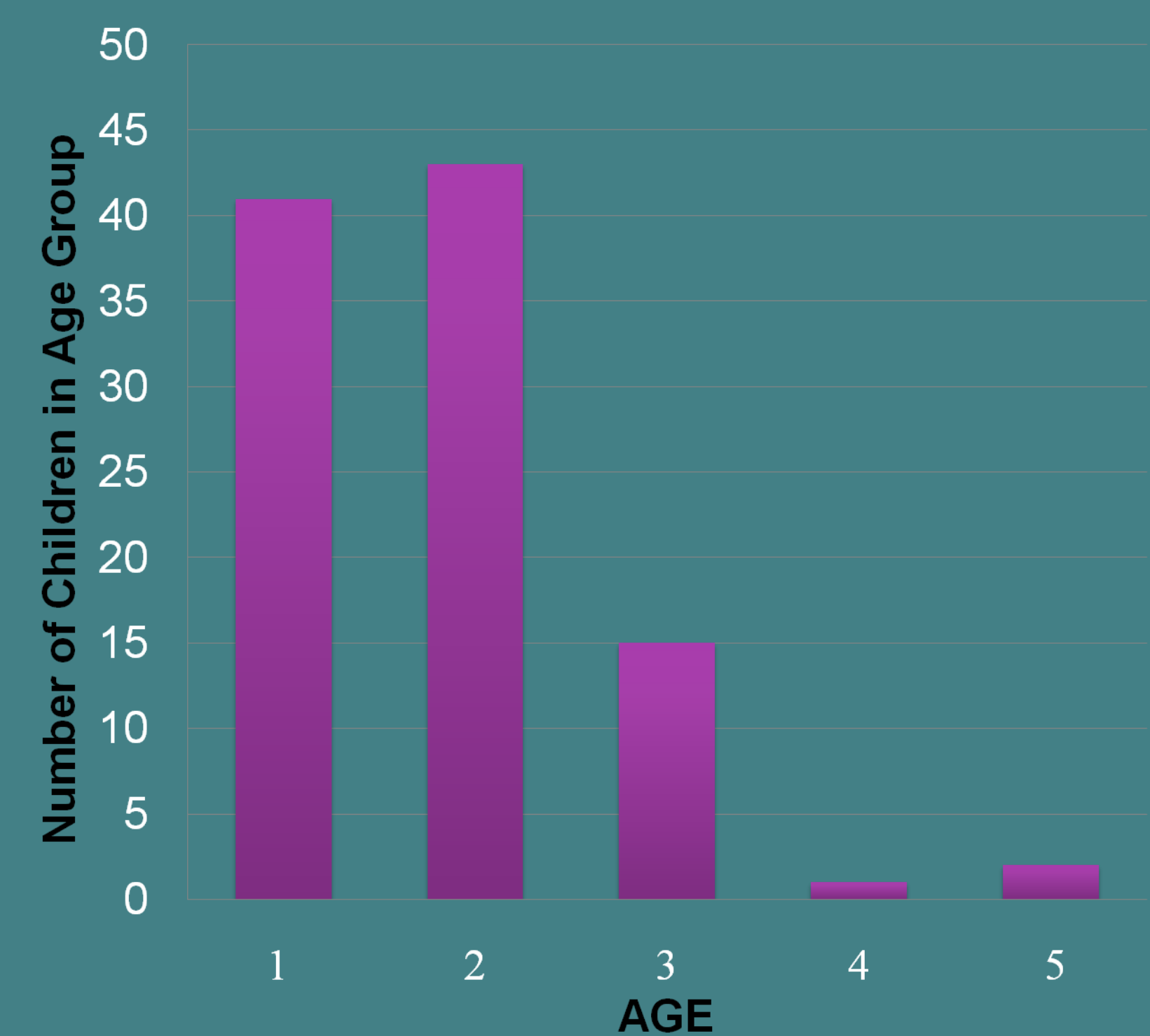
By actively asking parents about younger siblings in the waiting room we can help to educate them on the correct timing for a dental exam. If caries is present at the screening, we may detect it earlier and improve the long term outcome for the child. Dental screening of siblings in the waiting room should routinely be practiced within dental settings.

Completing dental screenings on siblings may also help in building a practice and increasing income generated. In this study, we generated \$9074.36 of income and also increased the number of active patients seeking care.

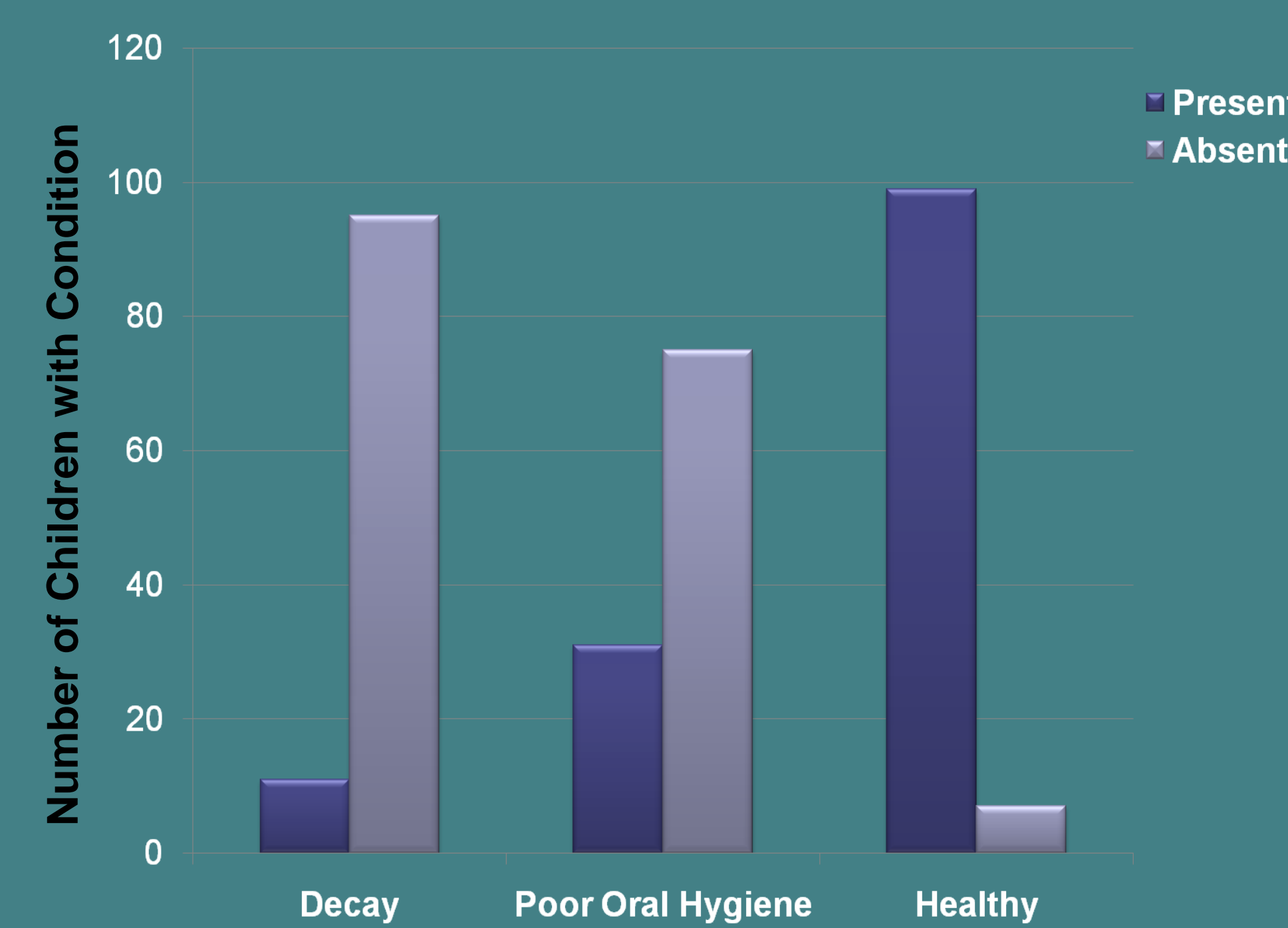
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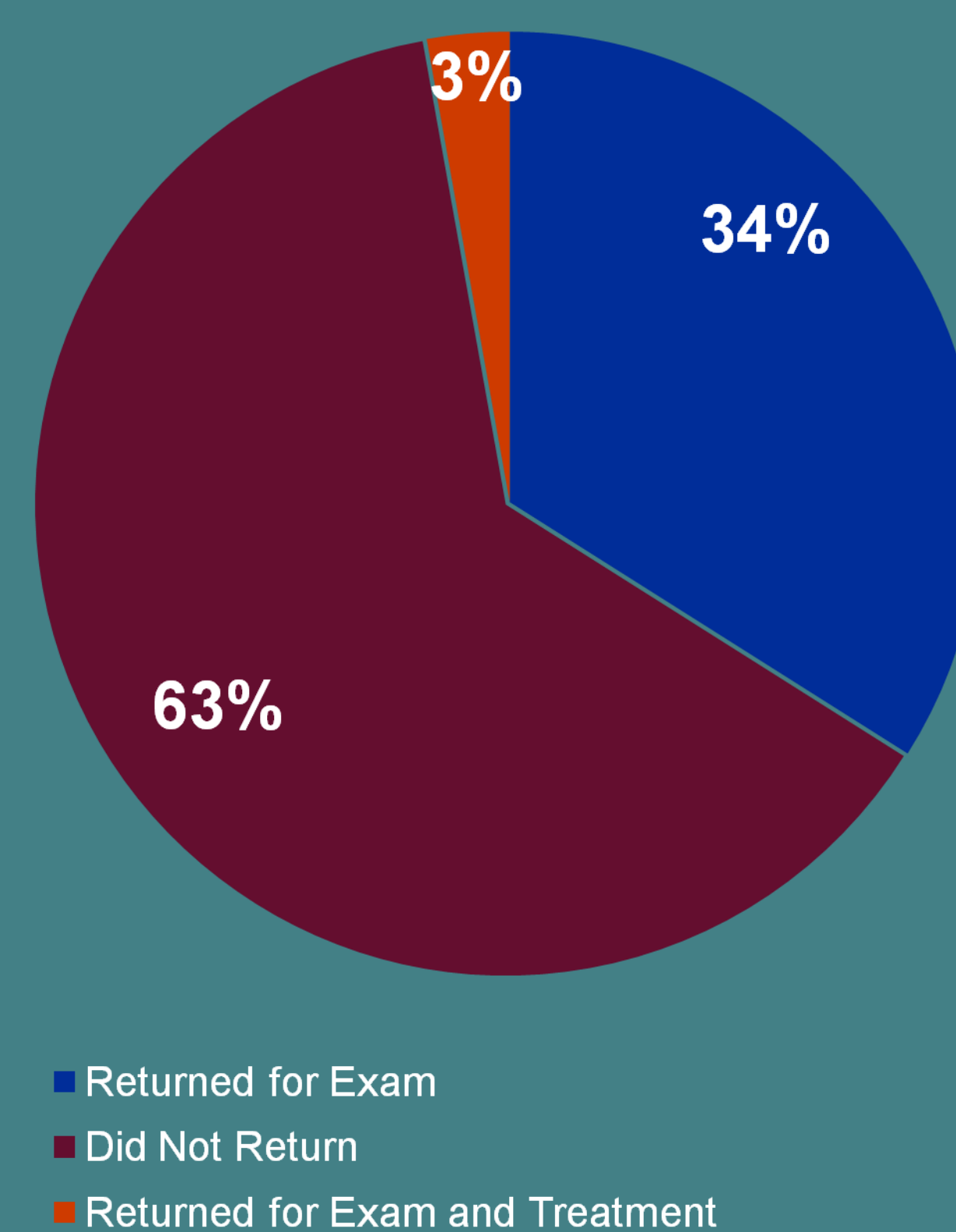
Age Distribution



Findings at Screening



Patients that Returned to Clinic



Reason for Lack of Dental Visit

