

Caregiver's Accuracy in Assessing Child's Oral Health Disease and What Influences Seeking Care

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Background/Introduction

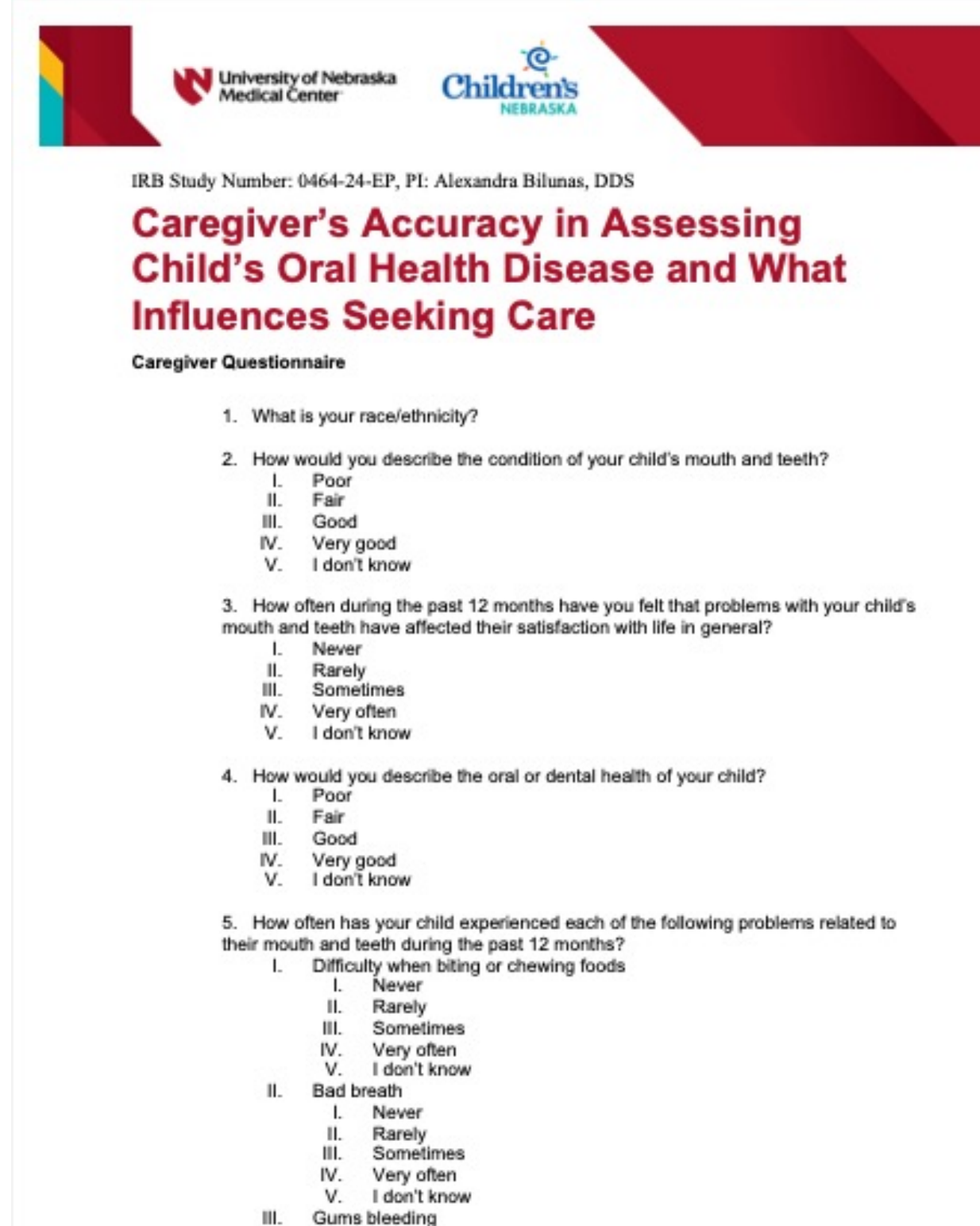
- Caries is the leading chronic disease of childhood¹.
- A caregiver's ability to accurately assess their child's oral status is important to the overall prognosis of care².
- Caregivers are the primary source of health instruction for children².
- We hypothesize that caregivers will perceive the child's oral health status to be better than determined clinically.

Objective/Purpose

- The purpose of this project is to determine how caregiver's perception of their child's oral health correlates with a clinical exam and what other factors may influence seeking care.

Methods

- Caregiver questionnaire alongside an intra-oral clinical exam
- Questions adapted from the ADA's Health Policy Institute
- The 15-question survey queried demographics, household income, insurance coverage, reasons for seeking dental care, and the estimated number of carious teeth
- Patients aged 1-12 yrs
- DMFT score collected from patient's odontogram post-exam
- Odds ratios with a 95% confidence interval used to identify statistically significant correlations between questionnaire responses and number of DMFT



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Caregiver Questionnaire

1. What is your race/ethnicity?
2. How would you describe the condition of your child's mouth and teeth?
I. Poor
II. Fair
III. Good
IV. Very good
V. I don't know
3. How often during the past 12 months have you felt that problems with your child's mouth and teeth have affected their satisfaction with life in general?
I. Never
II. Rarely
III. Sometimes
IV. Very often
V. I don't know
4. How would you describe the oral or dental health of your child?
I. Poor
II. Fair
III. Good
IV. Very good
V. I don't know
5. How often has your child experienced each of the following problems related to their mouth and teeth during the past 12 months?
I. Difficulty when biting or chewing foods
II. Bad breath
III. Gums bleeding
I. Never
II. Rarely
III. Sometimes
IV. Very often
V. I don't know

Figure 1. Caregiver questionnaire

Results

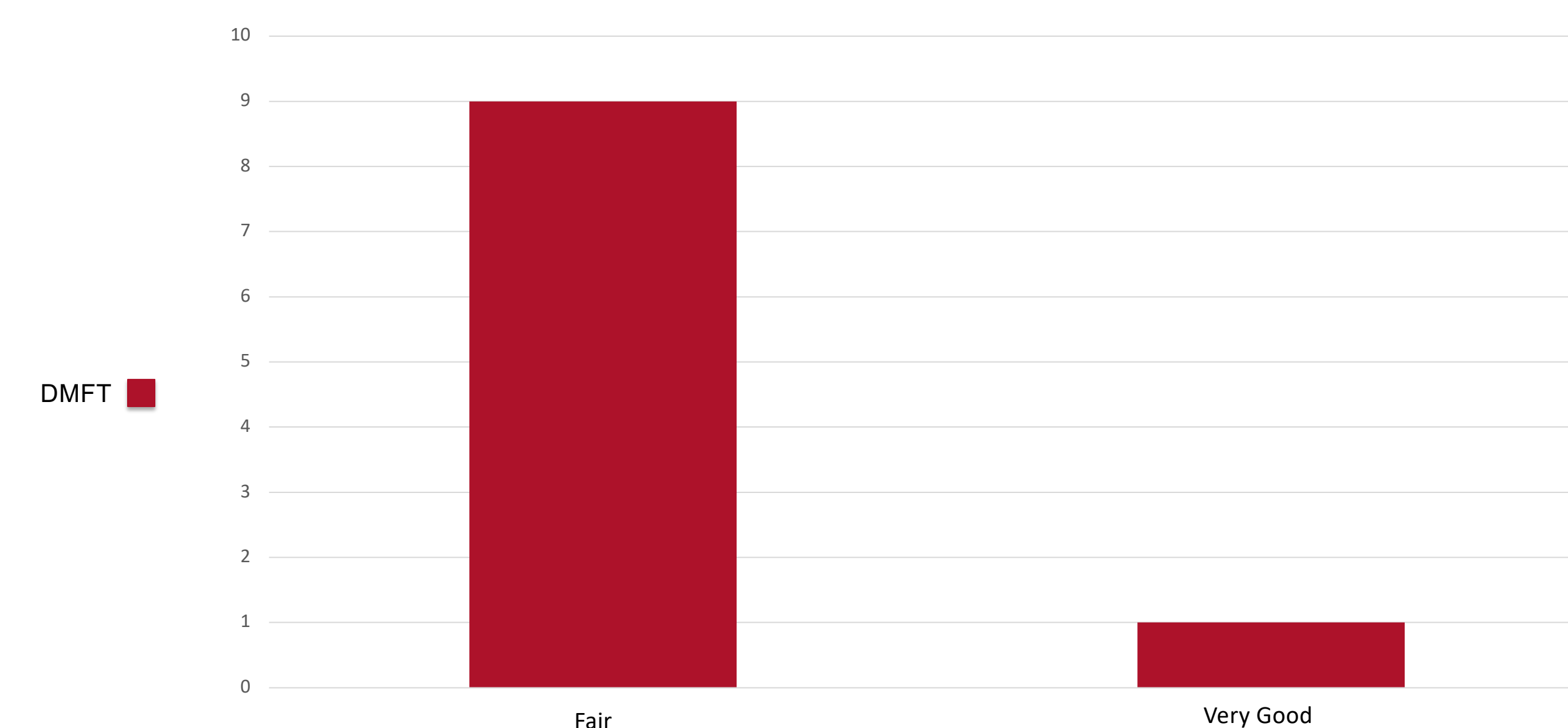


Figure 2. Intra-oral conditions vs median DMFT. (P=0.029)

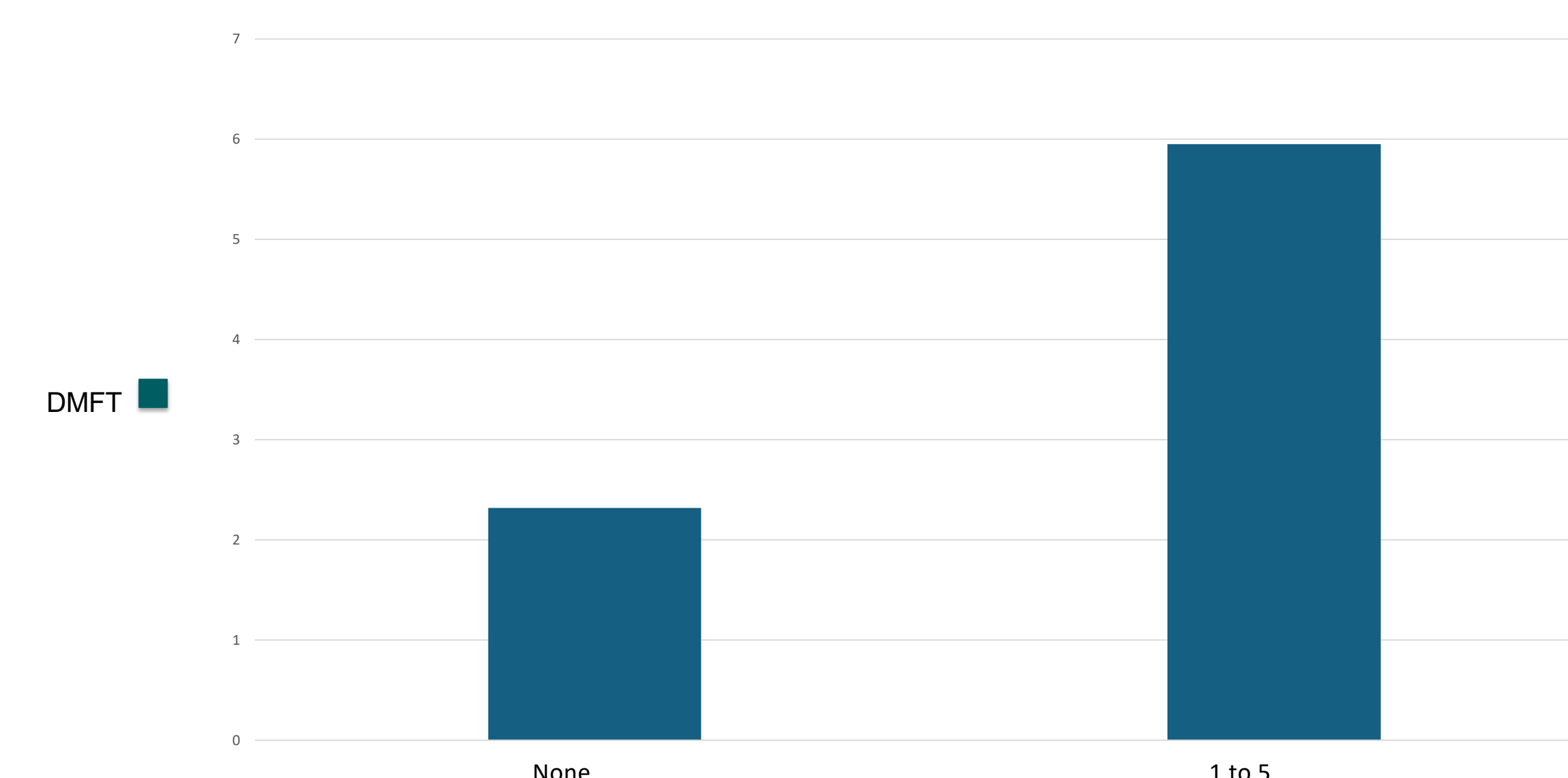


Figure 3. Caregiver estimate vs mean DMFT.

- 39 survey responses were fully completed and utilized for analysis.
- Regarding the number of cavities present, caregivers who responded "none" and "1-5" were correlated with higher DMFT means of 2.32 and 5.95, respectively.
- 61% of children (N=24) had visited a dentist in the last 12 months.
- 85% of caregivers (N=33) had a high school education or beyond.
- 85% of caregivers watch their child brush (N=33).
- Caregivers felt either somewhat confident (n=18) or very confident (n=21) in educating their child about oral health.

Results

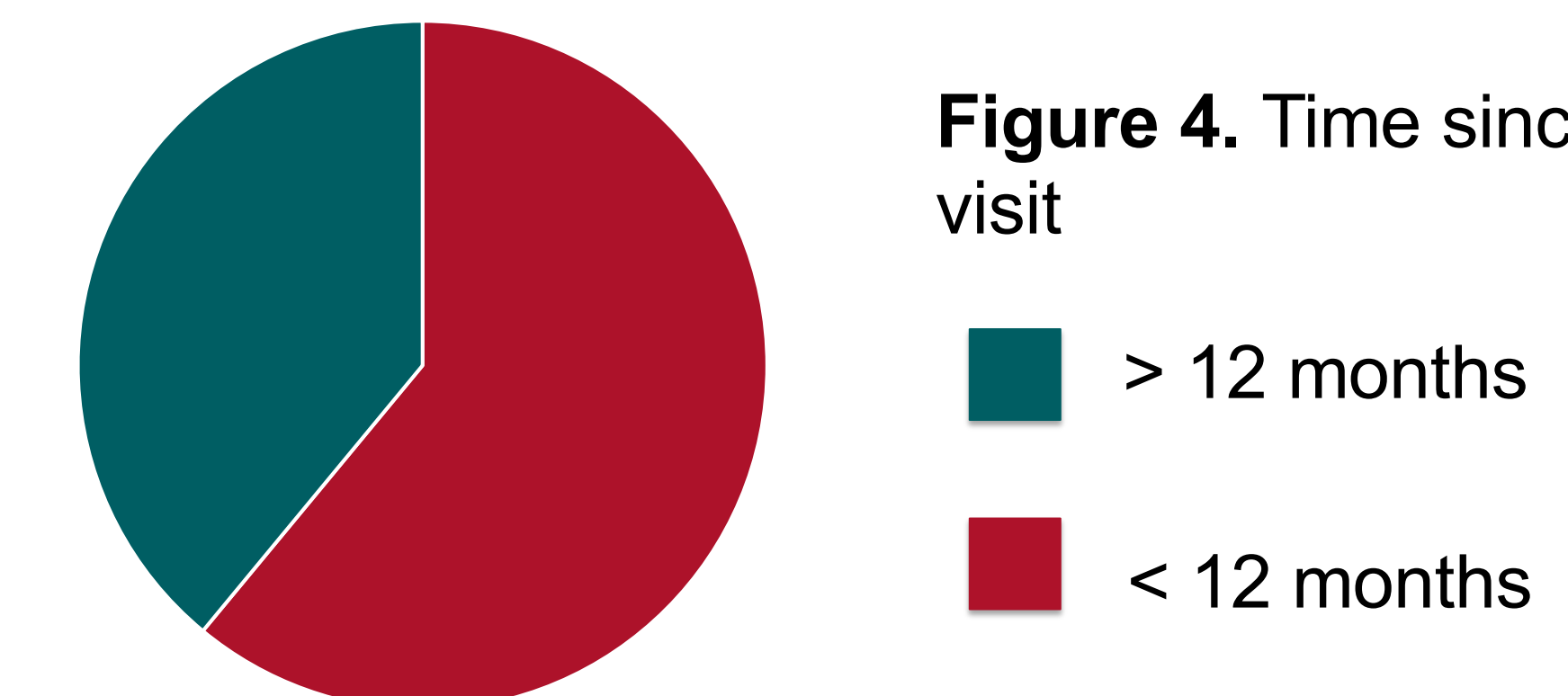


Figure 4. Time since child's last dental visit

Conclusion

- In conclusion, parents were able to accurately categorize the overall condition of their child's oral health but may be underestimating the total number of carious teeth.
- The majority of caregivers of patients at Children's Omaha and in Lincoln
 - Had a high school diploma or higher education
 - Felt confident educating their child about oral health
 - Watch their child brush their teeth
- Although caregivers can recognize good vs bad dental health, these findings indicate the need for an emphasis on caries prevention prior to progression of the disease.
- With a greater number of subjects, more powerful correlations could be drawn between caregiver perception and DMFT.

References

1. Health Policy Institute. "Oral Health and Well-Being in the United States." *Oral Health and Well-Being in the United States* | American Dental Association, 2015, www.ada.org/resources/research/health-policy-institute/coverage-access-outcomes/oral-health-and-well-being.
2. Khodadadi E, Niknahad A, Sistani MM, Motalebnejad M. Parents' Oral Health Literacy and its Impact on their Children's Dental Health Status. *Electron Physician*. 2016 Dec 25;8(12):3421-3425. doi: 10.19082/3421. PMID: 28163858; PMCID: PMC5279976.