

Patients Completed with Treatment from a Rural Cleft Team



NYU Langone Dental Medicine Postdoctoral
Residency Programs

Erin Asay^{1,2}; Jessica Webb^{1,2}

¹Children’s Village, Yakima, WA, Advanced, ²Advanced Education in Pediatric Dentistry, NYU Langone Health, Brooklyn, NY

INTRODUCTION

- Cleft lip and/or palate is the most common congenital craniofacial difference¹
- Patients with cleft lip and/or cleft palate face challenges with:
 - Feeding
 - Hearing
 - Speech
 - Nutrition
- Cleft lip and palate teams are critical to meet the complex needs of patients with cleft lip and palate²
- Travel distance can be a barrier to care in rural areas³
- Central Washington Cleft Lip and Palate Team serves patients with cleft lip and/or palate from 9 rural Washington counties

PURPOSE

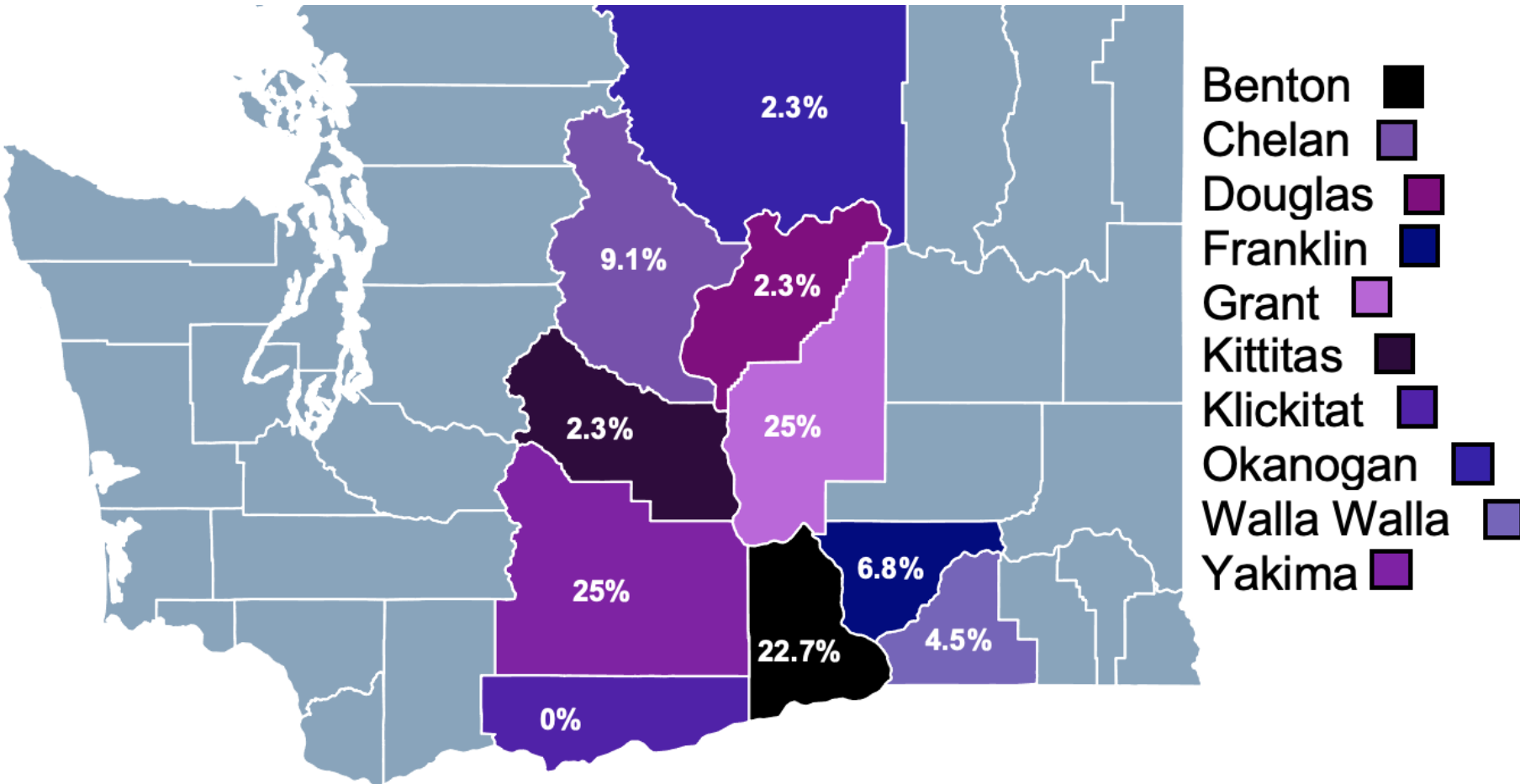
- Describe patients that graduated from the Central Washington Cleft Lip and Palate Team

METHODS

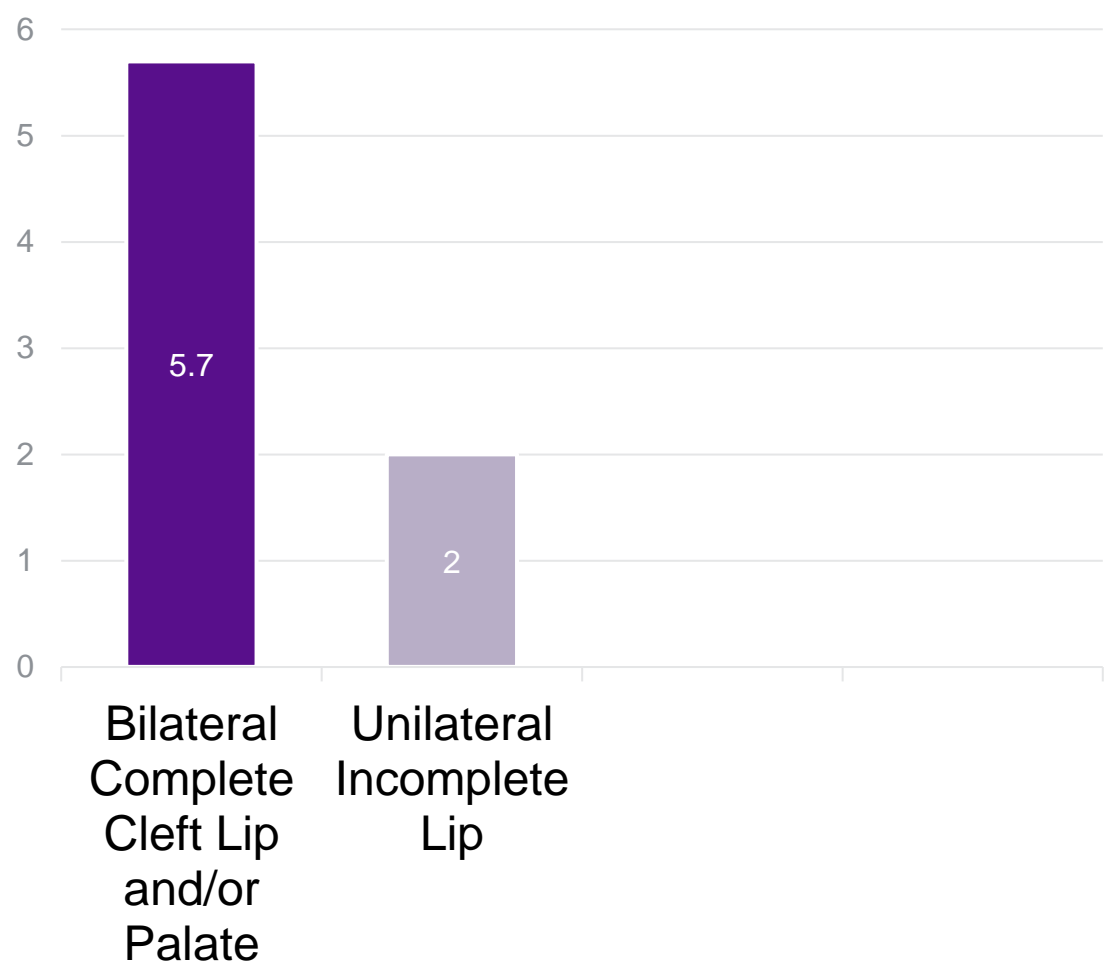
- Records were reviewed for all patients that completed recommendations of the Central Washington Cleft Lip and Palate Team from 2010-2020
- Data collected included:
 - Age
 - Sex
 - Ethnicity
 - County of residence
 - Cleft diagnosis
 - Surgical history
 - Co-existing conditions

RESULTS

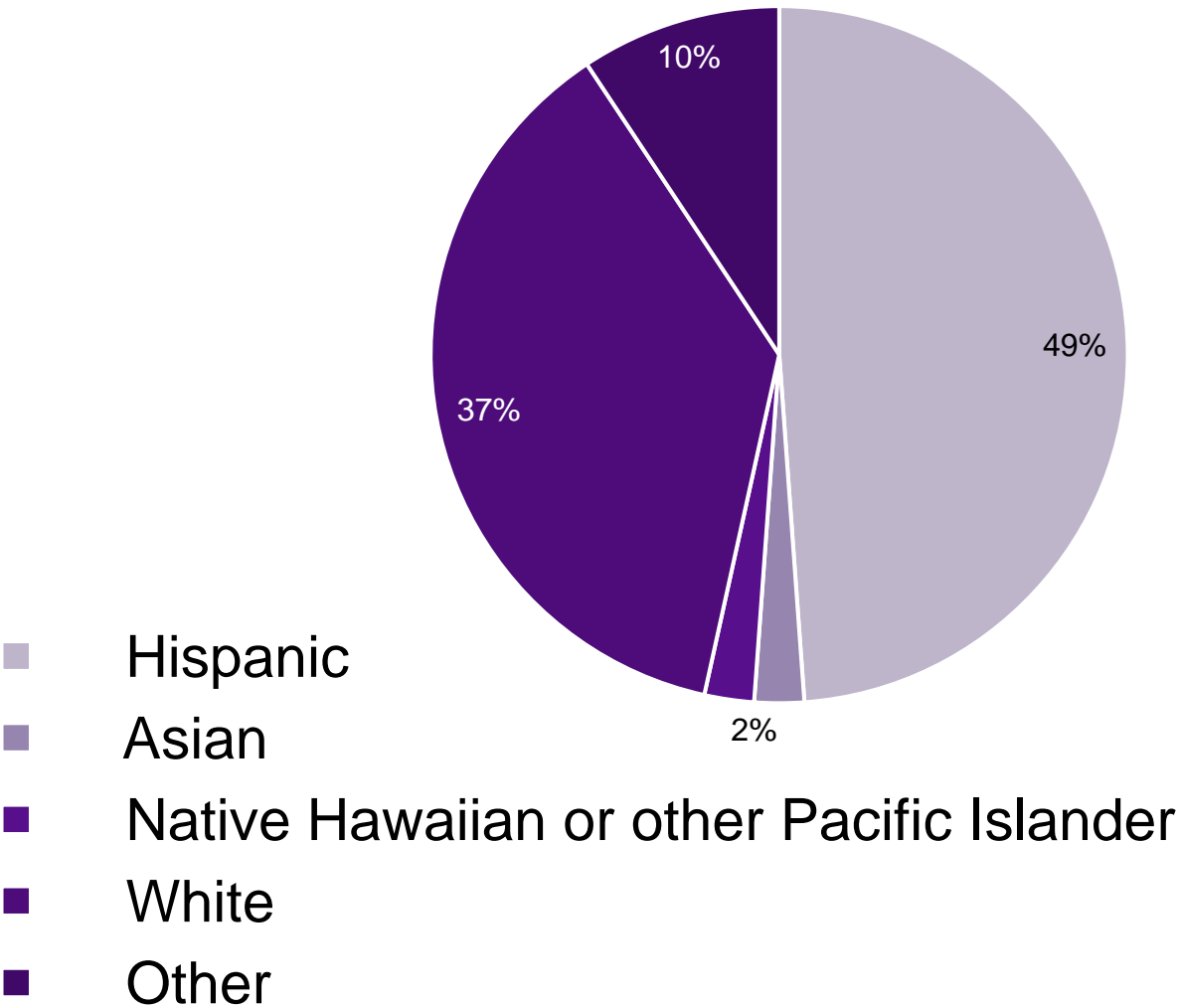
Counties of Residence



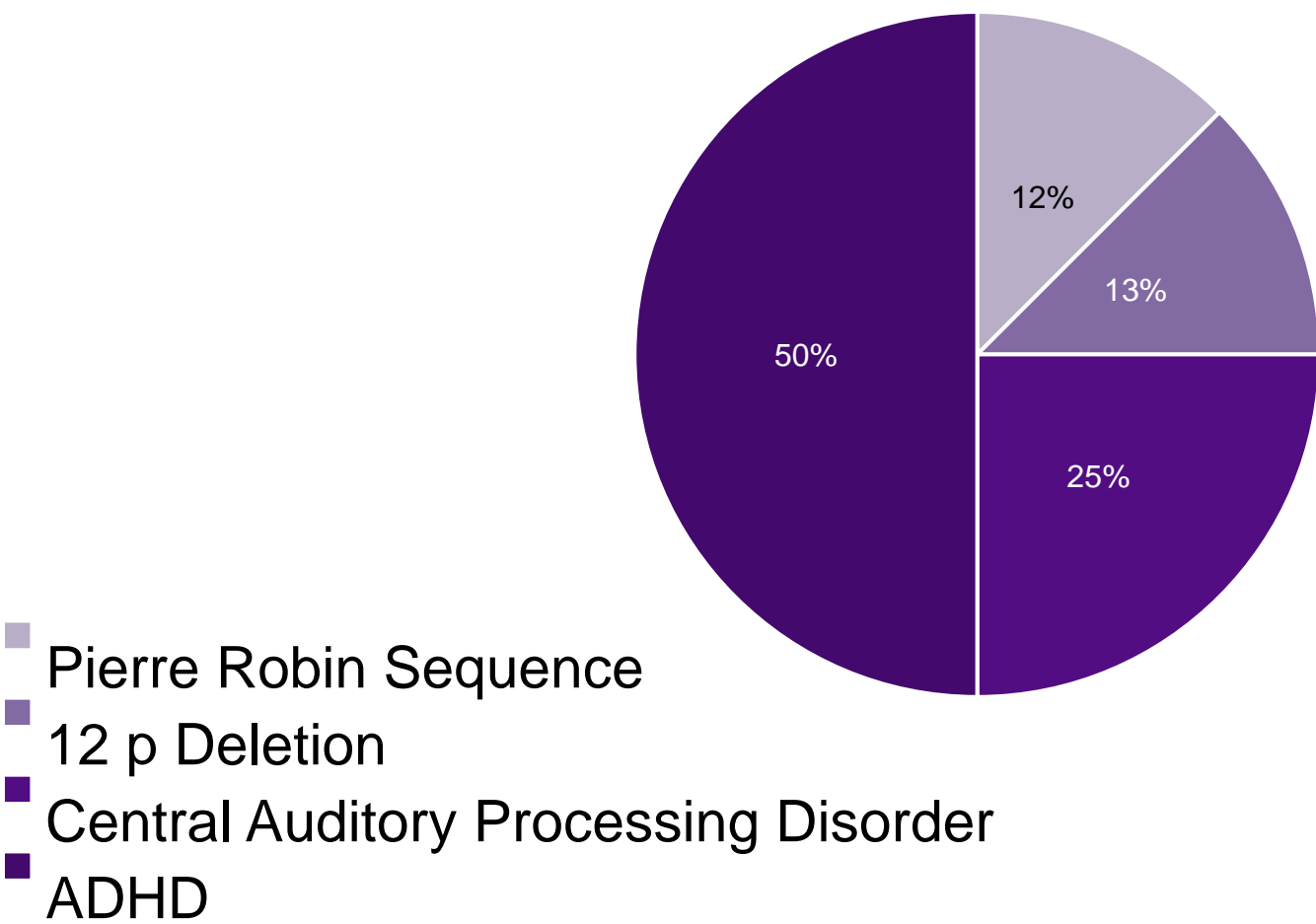
Average Number of Surgeries



Patient Ethnicity



Patient Co-existing Conditions



RESULTS

- Patients from 10 Central Washington counties
- 20% of patients had at least 1 other condition
- ADHD was most common co-existing condition
- 71% of patients were male
- Average number of surgeries was 3.6
- 15.1 was mean age
- Majority of patients were Hispanic

LIMITATIONS

- Small sample size
- Limited generalizability

CONCLUSIONS

- The Central Washington Cleft Lip and Palate Team has a unique patient composition and wide geographic boundaries
- Most patients that have completed recommendations by the Central Washington Cleft Lip and Palate Team are Hispanic males
- Yakima, Benton and Grant Counties were the majority counties of residence
- Future research is needed to continue to monitor and improve outcomes

REFERENCES

1. American Cleft Palate-Craniofacial Association. Parameters for Evaluation and Treatment of Patients with Cleft Lip/Palate or Other Craniofacial Anomalies. Chapel Hill, NC: The Maternal Health Bureau, Health Resources and Services Administration, Available at “[http.acpa-cpf.org](http://acpa-cpf.org)” Accessed October 1, 2020
2. American Academy of Pediatric Dentistry. Policy on the Management of Patients with Cleft Lip/Palate and Other Craniofacial Anomalies. The Reference Manual of Pediatric Dentistry. Oral Health Policy. 2019:473-474
3. Peck CJ, Parsaei Y, Lattanzi J, Gowda AU, Yang J, Lopez J, Steinbacher DM. The Geographic Availability of Certified Cleft Care in the United States: A National Geospatial Analysis of 1-Hour Access to Care. J Oral Maxillofac Surg. 2021 Aug;79(8):1733-1742.