



Dental Care for CSHN through School-Based Programs: Before and After COVID-19

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Introduction/Background

- Children with special health care needs (CSHN) present with many structural barriers to dental treatment that include transportation, school absence policies, discriminatory treatment, and difficulty locating providers who accept Medicaid. ^[1]
- School-based dental care programs have been proven effective in providing access to dental care in underserved communities through decreasing decay, increasing restorations, and decreasing treatment urgency. ^[2]
- The Bringing Smiles Comprehensive Care (BSCC) program was established in 2017 and has helped provide accessible and sustainable comprehensive dental care to children who are unlikely or unable to seek services elsewhere.
- The BSCC program extended its dental services in 2018 to CSHN in the NYC District 75 P94 schools through a desensitization model relevant to their unique needs and characteristics in order to provide preventative care and navigate families to settings where patients' extensive dental needs could be met.

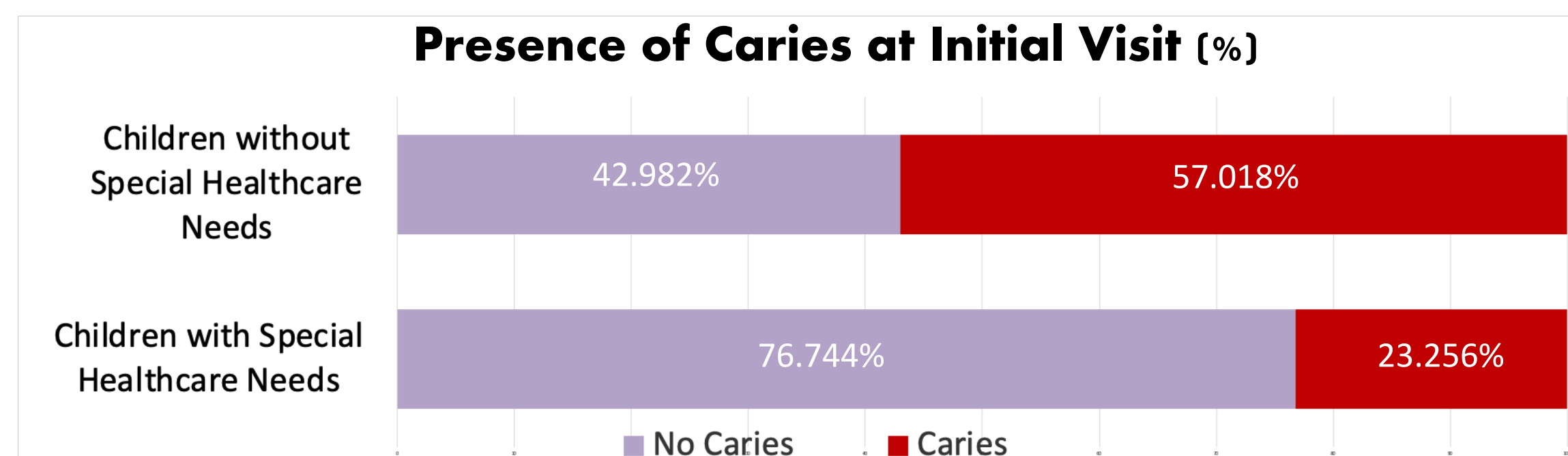
Objectives

- To determine if BSCC has impacted two cohorts of children, one with special healthcare needs and one without, differently in the following areas: Oral health status, Access to dental care, Parental perceived barriers.
- To determine whether the COVID-19 pandemic has impacted access to care in patients who rely on NYUCD BSCC for their dental care.
- To determine if there are differences between the two cohorts in perceived barriers for obtaining dental care within the school-based dental clinic.

Methods

- IRB approval gained. DOHMH reported no need for review.
- A retrospective chart review was carried out comparing patients with and without special health care needs enrolled and treated in two school-based dental programs overseen by the BSCC program.
- Study population: Children 5-13 years old enrolled in the BSCC program from September 1, 2018 to December 31, 2021.
- Information extrapolated and reviewed: demographics, enrollment years, re-enrollment status, parental perceived barriers, the impact of COVID-19, SHN diagnosis, and oral health status at the start of each school year
- Parental perceived barriers were gathered during re-enrollment phone calls for the 2021-2022 school year. Other data was taken from consents and charts.
- 170 charts were recorded into REDCap. 13 were excluded for not meeting the inclusion criteria. 157 subjects were analyzed, 43 CSHN and 114 children without special needs. A chi-squared test was used to compare the two groups.

Results



Parental Report of Sensory and Communication Differences

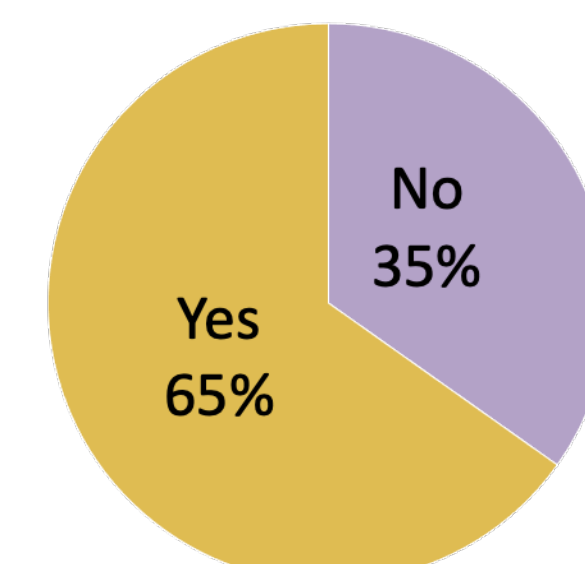
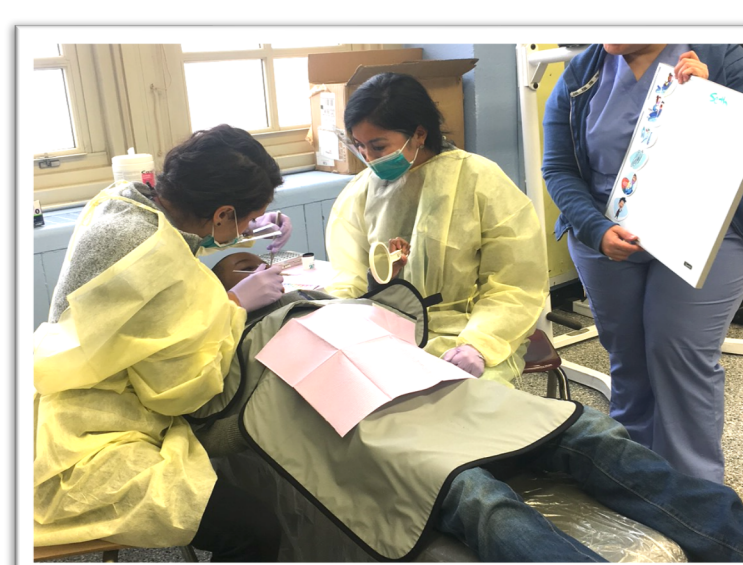


Figure 2: Sensory Differences for CSHN

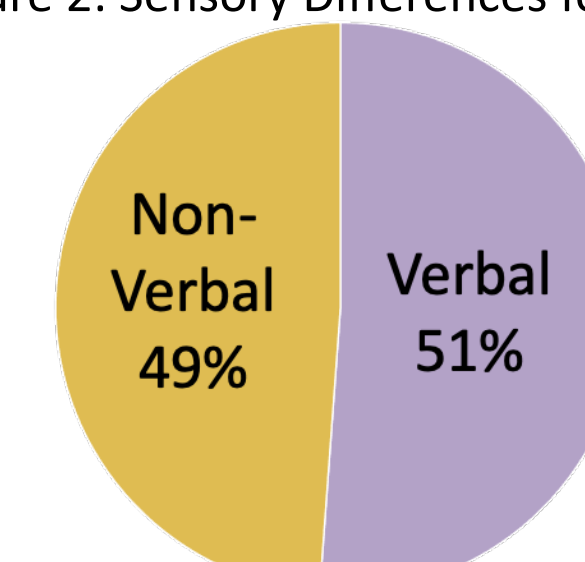
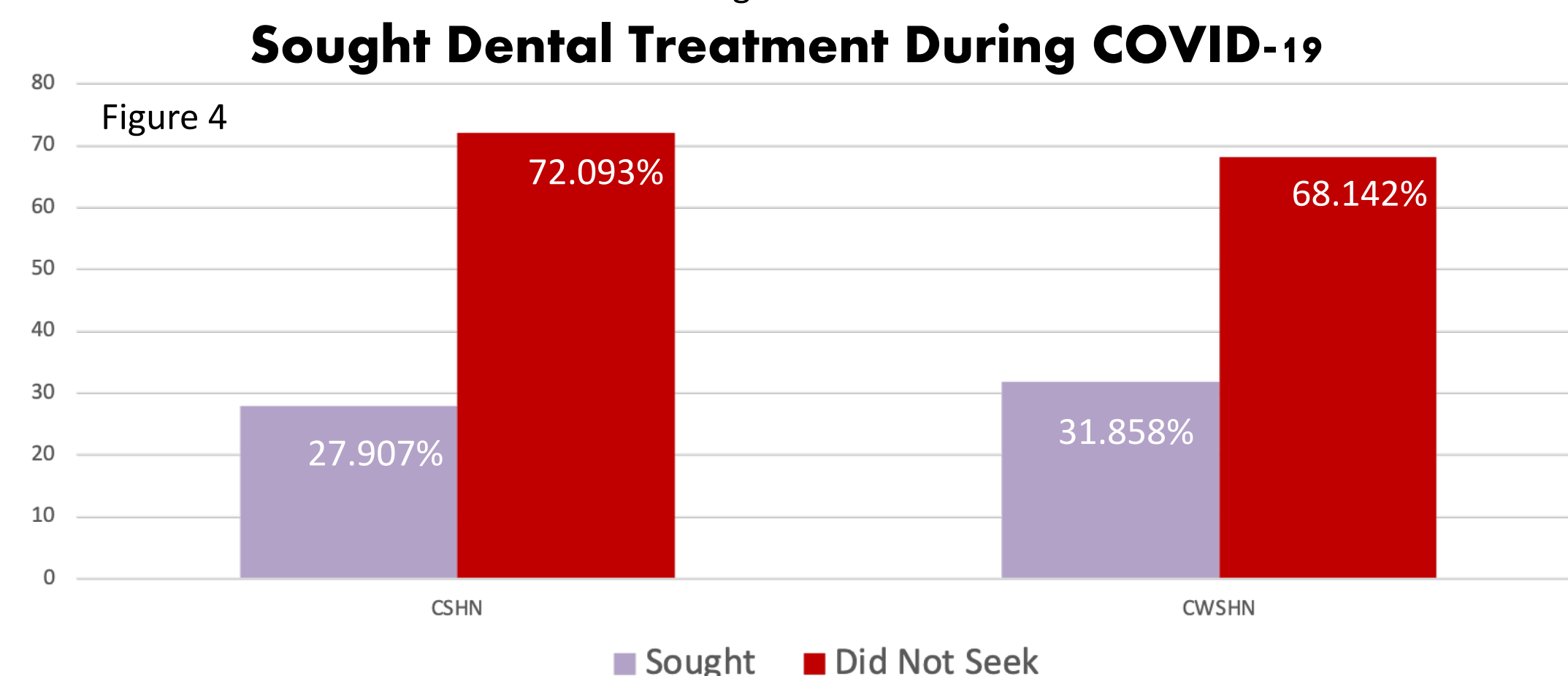


Figure 3: Communication Differences for CSHN



- 72% of CSHN** did not seek dental treatment while the BSCC program was at a halt. This was greater but was not statistically different when compared to children without special health care needs.
 - 83% of CSHN** only had to contact one dentist.
- Most parents reported that they had to wait **greater than 7 days** for an appointment.

Discussion/Conclusion

Caries at Initial Visit:

- CSHN were found to have a lower presence of caries at the initial visit in comparison to children without special healthcare needs. ($p < 0.001$)
- Though the caries prevalence was lower in the CSHN population, the BSCC program determines caries risk for each child as an individual.
- The program navigates families of CSHN to a place where their dental needs could be met (NYU 9W Pediatric Clinic, NYU 8W Oral Health Center for People with Disabilities, or the operating room at Bellevue Hospital).

Parental Perception:

- Many parents reported that they believe most providers do not feel comfortable or are not prepared to treat patients with special health care.
- Two parents mentioned that some providers have charged them for a behavioral treatment charge.

Effects of COVID-19 Pandemic:

- Parent reported that they were waiting to see the "school dentist".
- Of the patients who did see a dentist, many parents reported that they sought treatment at the 9W pediatric dental clinic at NYU or the pediatric dental clinic at Bellevue Hospital.
- The BSCC program is increasing access to care for this population.

Sensory and Communication:

- Sensory and communication differences reported presents an additional barrier to dental care in the school-based setting.
- The BSCC program has adopted many sensory and communication tools that help provide preventative care to this population.
- Desensitization models were integrated through the exposure of a **Dental Social Story**, that is read prior to dental visits by a P94 Speech therapists, and a **visual scheduling chart** utilized during dental visits.
- Leveraging technology, such as cordless handpieces (eliminating sound and vibration sensitivities), mirror lights (eliminating light sensitivities), and lead aprons/weighted blankets (reducing anxiety and producing a "calming effect") are some of the tools used in our program.

References

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- Carpino R, Walker MP, Liu Y, Simmer-Beck M. 2016. Assessing the Effectiveness of a School-Based Dental Clinic on the Oral Health of Children Who Lack Access to Dental Care. The Journal of School Nursing. 33(3):181–188. doi:10.1177/1059840516671784.