

Achieving Better Oral Health in a Foster/Kinship Care Population

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Purpose

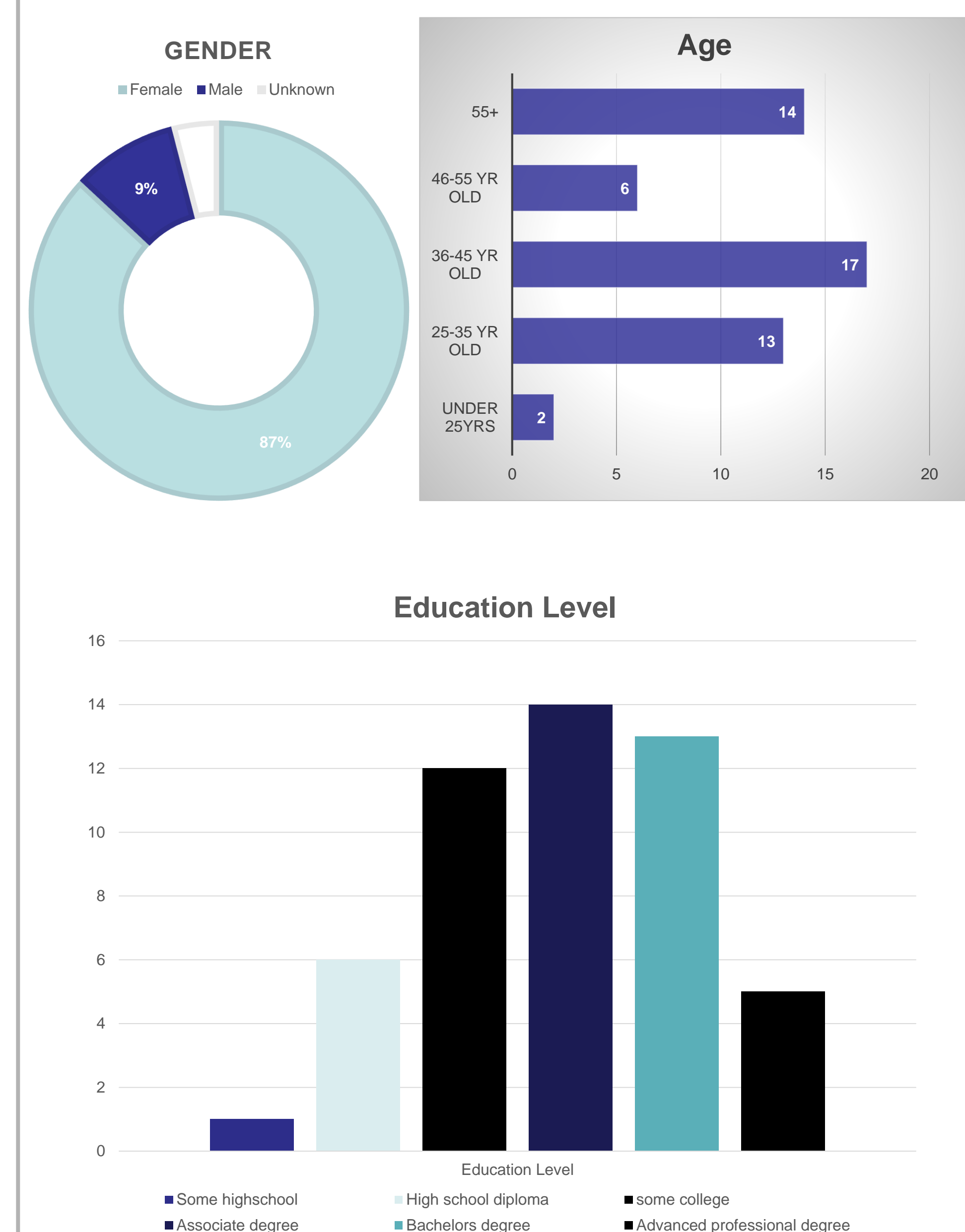
- The purpose of this study was to assess caregiver's knowledge and support of home oral health routines in a population of children in foster and kinship care.
- Additionally, this study examined caregivers' ability to provide preventive dental care instruction to children in foster and kinship care who were placed with them.

Methods

- Caregivers completed an IRB-approved 37-item questionnaire during scheduled appointments at the Comprehensive Health Evaluations for Cincinnati's Kids Foster Care Center. These measures include:
- Demographic information: specific to the caregiver and household
 - Dental health/history of caregiver
 - Caregiver knowledge of Children's oral health habits and providing oral hygiene care
 - Suggestions for dental professionals to help support caregivers :last question is open for comments/suggestions from caregivers to dental professionals on how they can best offer support.

Results

Caregiver Demographics



Data collected from 54 foster caregivers. Demographics showed eighty-seven percent of caregivers were female, fifty-one percent had either an Associate or Bachelor's degree and sixty-nine percent were above 36 years old.

Household Data

When asked to describe their household, 55% of caregivers identified as the sole caregiver for children, responsible for all daily routines.

One-third of providers (32%) had been foster providers for an average of six years and had cared for an average of seven children.

Caregivers had on average two foster/kinship children plus one biological child in their household at the time they completed surveys.

Survey Responses

“In the first week or two, I would never force a kid to brush their teeth or do it for them forcefully”

Caregivers identified barriers to oral hygiene for children placed with them as ‘The child has never brushed their teeth’ and ‘Child does not like to brush/refuses to let me brush’. Caregivers identified Late Childhood and Teenagers as most difficult age to support oral hygiene. Caregivers were neutral (32%) as to whether dental home visits would improve oral hygiene.

“Home visit with child present to help both caregiver and child with starting oral routine”

“In the case of problems, 15 minutes telehealth for guidance”

Background

- The Child Welfare Services policy states all children served by Medicaid are entitled to dental exams as part of Title V of the Social Security act.
- The majority of research on dental care for foster children focuses on utilization of services. While utilization is important another aspect is understanding what happens once they leave the dental office.
- Caregivers have a unique opportunity to promote oral health habits in children under their care, but are they confident and comfortable with doing that?

Conclusion

Foster caregivers demonstrated knowledge of oral health recommendations, but reported some challenges following recommendations for children placed in their home, particularly in late childhood and teenage age groups.

Additional education to caregivers on introducing teeth brushing for a new placement and supporting older children's oral health habits may be beneficial. More research is needed to understand the best setting for oral health education and support.