## Parental knowledge and attitude change following caries counseling via telehealth

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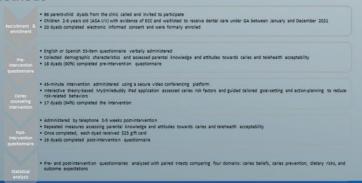
## Background

- Early childhood caries (ECC) affects nearly half of US children by kindergarten, causing symptoms and dysfunction
- Conventionally treated by pulp therapy, restorative materials and extractions, often under general anesthesia (GA) in the operating room (OR) at high expense and recurrence (53-79% in two years) because such treatment does not address underlying behavioral drivers of disease
- A tablet-based application has been shown to provide effective familylevel behavioral caries counseling when administered by community healthcare workers in-person
- As efforts are made to limit in-person visits during the pandemic, telehealth has improved access to quality and affordable care for patients while maintaining physical distancing for patient safety

## Purpose

To assess parental knowledge and attitude change following dental caries counseling using the MySmileBuddy via telehealth

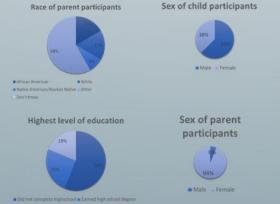
## Methods



## Survey Measures



# Findings Demographics

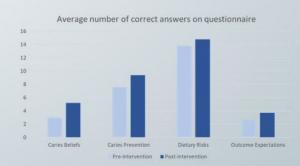


# Primary language of parent participants



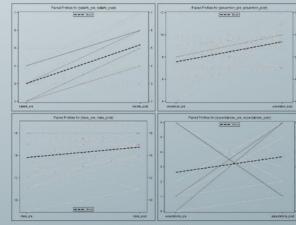
Only Spanish
 More Spanish than English
 More English than Spanish Only English
 Other

Age of parent participants	Number of participants
20-29	5
30-39	7
40-49	3
50-59	1



Caries belief (p<.0001) and caries prevention (p<.0459) domains significantly improved post-intervention. Change in dietary risks (p<.0511) and outcome expectation (p<.3713) domains were not statistically significant.

### Paired Profiles of Dyads



### Limitations

The small sample size limits ability to explore associations in the dataset and generalizability of findings. Time commitment required to participate and availability to answer and return phone calls limited recruitment and retention rates.

### Conclusions

Findings suggest caries counseling via telehealth effectively improves parental knowledge and attitudes about caries prevention. Additional research with a larger sample may better assess the intervention's ability to improve dietary risks and outcome expectations and ultimately enhance the oral health of children at high risk for caries.

