

Correlates of Oral Health Fatalism in Families of Children Seeking Dental Care

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BACKGROUND

Caregivers' perceptions of their young children's oral health status are uniquely valuable when considering childhood oral health because vulnerability to early childhood caries has been linked to family- and parent-level factors.¹⁻³ Dental caries continues to be highly prevalent in the US, beginning for many in early childhood and continuing throughout life⁴. The oral health impacts of psychosocial factors such as stress and anxiety have been previously studied in caregivers, but little knowledge is available regarding oral health fatalism (OHF).

METHODS

- Survey distributed in a children's hospital dental clinic, dental surgery center, and four private practices
- Inclusion criteria were primary caregivers of children presenting for dental care
- Data was collected from Nov. 2021 – Feb. 2022
- Outcome:** OHF tested by answering "Strongly Agree" or "Agree" to the statement "**All children eventually develop dental cavities**"

RESULTS

Demographics:

- 332 total respondents
- 270 females, 62 males

Race:

- 58.4% White
- 29.5% Black or African American
- 6% Other
- 4.5% Asian

Insurance:

- 67.5% Medicaid or public insurance
- 32.8 % private insurance

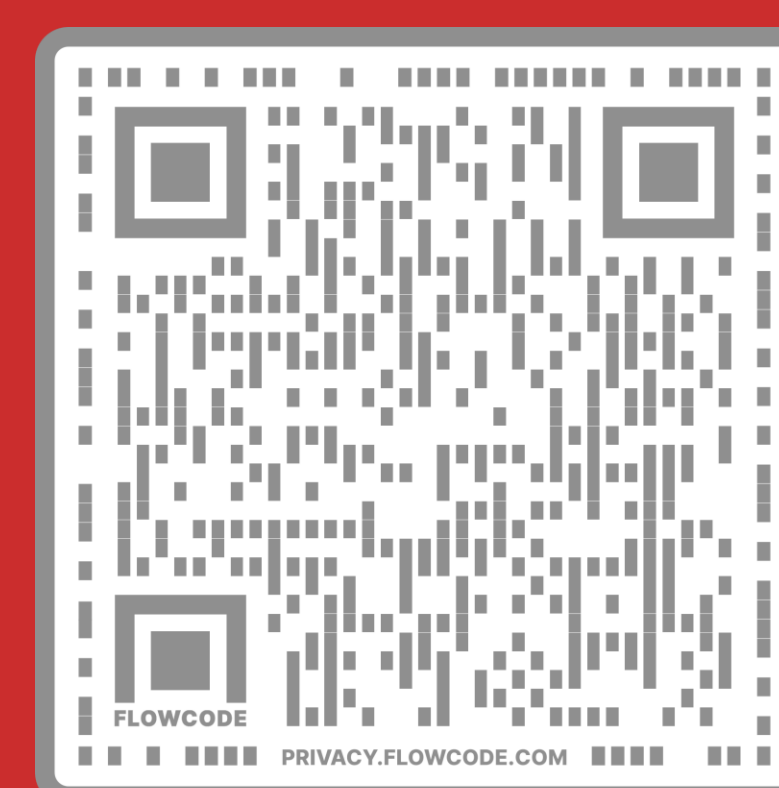
Clinic location:

- 59.9% Clinic
- 15% Dental Surgery Center
- 14.5% Private Practice 1
- 9.9% Private Practice 2

DISCUSSION

- Targeted interventions may lead to improved dental behavior and parental oral health self-efficacy.
- Is there a provider effect on OHF? Further research is needed to explore this potential.

Oral health fatalistic beliefs were endorsed by those who utilize Medicaid, those who speak a non-English language at home, and male caregivers



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Table 1. Association between socio-demographic characteristics and high OHF

	Odds Ratio	95% CI		P-value
Dental insurance				
Medicaid vs. not Medicaid	2.30	1.34	4.11	0.003
Parent gender				
Female vs Male	0.54	0.30	0.96	0.03
Parent race				
Other vs White	3.26	1.46	7.33	0.004
Black vs White	1.28	0.74	2.20	0.38
Asian vs White	2.03	0.65	5.93	0.20
Language				
English vs. non-English	0.27	0.12	0.60	0.002
Parent education				
Associate's Degree and above vs. High school and below	0.62	0.38	1.02	0.06
Child age	0.99	0.93	1.05	0.68
Number of children	0.97	0.83	1.13	0.74
Age of the oldest child	0.98	0.95	1.01	0.30

Table 2. Associations with high OHF after adjusting for socio-demographic factors (insurance, parent gender, parent race, language, parent education, and child age)

	Odds Ratio	95% CI		P-value
How would you describe your child's overall dental health?				
Good vs. excellent	1.80	0.81	4.35	0.17
Fair vs. excellent	3.28	1.43	8.11	0.01
Poor vs. excellent	3.36	1.11	10.36	0.03
Has your child ever had a cavity?				
No vs. Yes	0.43	0.21	0.84	0.02
Not Sure vs. Yes	0.97	0.36	2.49	0.95
I have learned that what is going to happen will happen.				
No vs. Yes	0.43	0.25	0.72	0.002
There is no sense in planning a lot; if something good is going to happen, it will.				
No vs. Yes	0.43	0.23	0.80	0.01

LIMITATIONS

- Cross-sectional study design -- unable to determine if fatalistic beliefs can change over time
- Survey only distributed to caregivers who could read in English language