

## Introduction

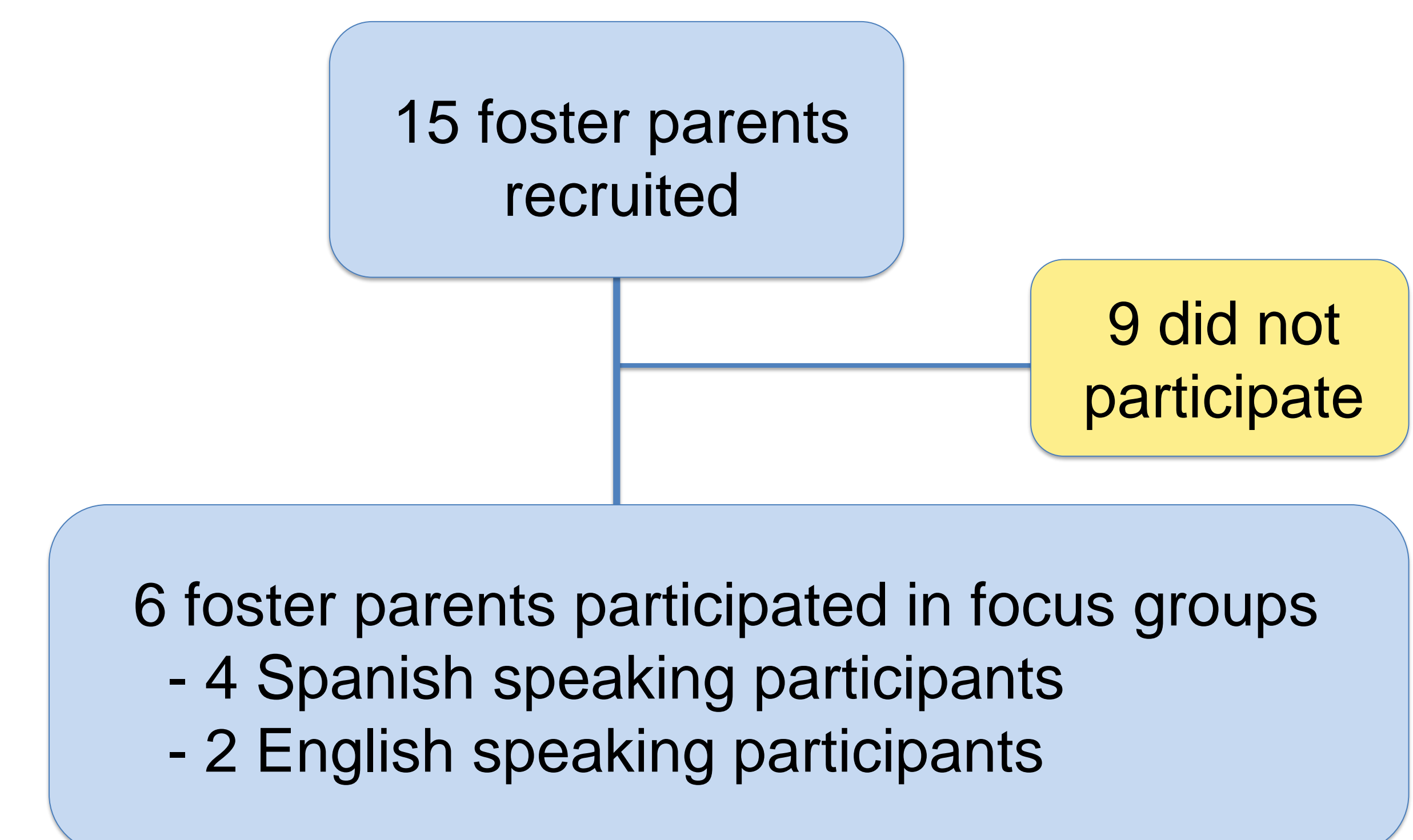
More than one third of foster children have at least one chronic medical condition,<sup>1</sup> and lack of routine dental care and dental caries are among the most common reasons for referral to a specialist for foster children. Dentists are generally unfamiliar with the structure, regulations, and intricacies of the child welfare system.<sup>2</sup>

There are currently no guidelines from the American Academy of Pediatric Dentistry (AAPD) or the American Dental Association (ADA) concerning the unique dental issues facing foster children. Furthermore, there is a lack of research and evidence to develop recommendations regarding dental health care coordination for foster children, and research that is completed in pediatric dentistry often excludes foster children.<sup>3</sup>

***The purpose of this pilot study is to discover the unique oral health challenges faced by foster children under the age of 6 and to ultimately create guidelines for all dentists to follow when treating children in foster care.***

## Materials & Methods

- Foster parents of children under age 6 identified by Children’s Institute, Inc.
- Focus groups facilitated by a moderator in English and Spanish
- Transcripts analyzed using Dedoose



## Results

**Table 1** – Codes analyzed using Dedoose and examples from focus group transcripts

Themes	Codes	Examples
<b>Home Practices</b>	Oral hygiene	"My foster children were not used to brushing their teeth."
	Diet	"They were used to eating a lot of junk food, so I said, "Okay, no. We cannot take it all away at once, because we can't, because they are used to that." Little by little I changed their diet."
	Foundational knowledge	"I wish I would've known about, you know, the milk how sweet it is, it rots the teeth."
	Establishing routines	"The more she sees me brushing, flossing, using mouth wash, rinsing, making sure that after dinner, even if I'm not brushing my teeth, I do take my toothbrush and just roll it around to get the food off, like her seeing me do that engages her to do that, and so it promotes a habit of good hygiene."
<b>Delivery of Care</b>	Dentist and office space	"The area for the kids, a table, some blocks, or something would be, you know...beneficial."
	Dental treatment	"Her teeth that were bad, since they are their baby teeth, they extracted them, and they put some amalgam fillings to protect the space for the other teeth that will come in."
	Suggestions	"I think dentists should be a little bit more understanding with foster children when they have dental problems because since they are not used to certain dental treatments, they get frustrated and even more so if the children have any problems, such as my little girl with post-traumatic stress."
<b>Access to Care</b>	Finding a dentist	"So that's how I found it. And it wasn't, it wasn't hard."
	Paperwork	"Since we are foster parents, we have to submit all the paperwork to be granted the right to begin the process. First the anesthesia, second, the treatment that they are going to do, identification and all the papers that we are asked for."
	COVID-19 pandemic	"I waited so long to bring them back in because he probably could've fixed the situation before it got this bad. But I was too, you know, paranoid to even go anywhere."
	Scheduling and wait times	"I haven't gotten a call back stating that they were fully operational at the place that I wanted to go to."
	Race	"I've noticed that when I go to the dentist I don't see a lot of African American people at the dentist."
	Social workers	"She is so helpful...if I need anything, I have any questions, I can just call her and she's right on it to help me."
	Consent	"Because the kids do have a lawyer and all that has to be approved, if you are doing any surgery, like everything, has to be approved by the judge, everything."

## Conclusion

**Home Practices:** Lack of foundational oral health knowledge and challenge of establishing routines

**Delivery of Care:** Desire for dentists to be better equipped at providing care to younger children and children with post-traumatic stress

**Access to Care:** Common barriers to dental care included administrative paperwork, the COVID-19 pandemic, and scheduling wait times.

**Limitations to the study** include the low number of focus group participants (6 total). The number of focus group participants was limited to the number of eligible and interested individuals who CII was able to recruit. Moreover, finding dates and times that could accommodate the busy and widely differing schedules of several participants proved to be challenging. In turn, this prevented over half of the interested recruited parents from participating.

Another limitation to this study is the low representation of traditional foster agreements in the focus groups. Five out of the six focus group participants had a kinship foster agreement, meaning that these five individuals were related to their foster children. More feedback from parents in traditional foster agreements could potentially highlight more of the common issues foster families face, including the introduction of new dietary and hygiene routines, or the psychosocial impact of a child entering a foreign environment.

Despite these limitations, the foster parents who did join the focus groups demonstrated active and engaged participation, providing substantial feedback and insight into the issues addressed. Future research involving more subjects is necessary to draw conclusions on the unique oral health care challenges faced by foster families.

## References

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