



Barriers and Facilitators to Dental Care for Head Start Children

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BACKGROUND

Low-income Children Have Greatest Dental Needs

Poor dental health impacts children's growth, function, behavior, and school readiness. Sadly, low-income children experience the greatest amount of dental disease and fewest dental visits, even though they have the highest rates of dental insurance coverage (Medicaid and SCHIP). Thus, sources other than cost must serve as barriers. This study sought to identify factors which might prevent or facilitate adequate dental care.

KEY QUESTIONS

- Q1) What role do research-identified barriers to dental care (e.g., cost, access, transportation, and lack of dental knowledge) play in the dental experiences of low-income families?
- Q2) Why do Head Start families who have dental insurance (Medicaid) not utilize dental services?
- Q3) What helps promote utilization of pediatric dental services?

METHOD

Four focus groups, with 33 female caregivers, at four Orange County Head Start Centers, were conducted. Half were in Spanish, although the majority of participants were Latina (88%). Audio was recorded and transcribed verbatim. Three researchers kept detailed field notes and research debriefing meetings were held immediately after each group.

Participant Characteristics (N=33)	
RACE	
Hispanic/Latina	29 (88%)
African American	2 (6%)
Caucasian/White	2 (6%)
EDUCATION	
Elementary	2 (6%)
Some High School	5 (15%)
High School/GED	16 (48%)
Some College or Higher	10 (30%)
AGE (YEARS)	34 (9.05)
NUMBER OF CHILDREN	2.7 (1.4)

Participants were:
mothers (30)
grandmothers (2)
great-grandmother (1)

Analysis

Data were analyzed using a top-down, bottom-up coding procedure. Literature-supported topics were identified and used for analysis, as was a grounded theory approach in which themes emerged from the data.

	Mean (SD)	Range
AGE (YEARS)	34 (9.05)	21-57
NUMBER OF CHILDREN	2.7 (1.4)	1-6

RESULTS

Q1: Top-Down (Literature-identified) Barriers

Common barriers in the research literature of access, transportation, cost, and lack of dental knowledge, although discussed in every focus group, were not barriers to utilization of services by any of the participants. Participants demonstrated strong knowledge of the importance of dental care and had access to dentists.

Rosa: Medi-Cal sends us where we can go. There are several places and you choose where.

Q2: Quality of Care as the Greatest Barrier

Most caregivers had taken their child to a dentist at least once and 23 (70%) received treatment and discussed that experience. Of these 23, 18 (78%) had a negative experience and some reported not returning to a dentist due to the traumatizing quality of care they received.

RESTRAINTS 11 (61%)

Children were held down (tied) with restraints, pillowcases, or physically held down by an adult

Martha: *she fell one time playing and she had cracked a tooth way up at the gum so they had to go in and pull it. They put her actually...put her arms in a pillowcase and had her sit in the chair like this so she couldn't move her arms, and then somebody sat on her legs. So she was like really scared to death at the dentist to go in.*

Paula: *she was terrified because she was tied up.*

DEVELOPMENTALLY INAPPROPRIATE 11 (61%) Dentists were not child-centered

Carla: *(when child resisted treatment) dentist said, "No, no stop doing work on her. We are going to sedate her completely." And there I realized that they weren't well prepared to work with children.*

Irma: *I didn't know so I took her to a general dentist. And he treated her horribly but in the end they would fix her teeth...with the second, she never let them...So they didn't want to see her anywhere. Because they would try to tie her up and she wouldn't let them. Definitely, no. They would say, "Here is your daughter take her somewhere else."*

EXCLUDING CAREGIVERS 7 (38%)

Caregiver was separated from child or treatment was not explained

Diana: *So I was waiting there, they're like,... "Wait until they come out," I said, "No, I'm going in." And I went in, and my daughter's all tied up. She was tied up... "Don't worry, you can hear her crying." And she was tied up, and the dentists, were like, talking...and my daughter...she wasn't even crying no more and she was like, purple,...So I took her.*

Natalia: *They told us, "Okay, we could fix it,"... "it's not going to take long."...and so when she came out, the four teeth from the front were missing, and...*

Interviewer: *They didn't tell you they were going to take them out?*

Natalia: *No. No. And when she came out, like, I got like, "What happened?"... "Oh, the doctor took another emergency evaluation." So I didn't know if that was right.*

OVER-DRUGGING 5 (28%)

Children were given heavy doses of "drowsy juice" to where they could not move their limbs

Estela: *It was a liquid that she took. She could only move her eyes. And it made me sad...But afterwards, at home, it was terrible...She wanted to walk but she couldn't and then she wanted to run...or play and she couldn't. I had to hold her in my arms or sit with her. But, they fall...I put her in the swing...Then she fell and she couldn't stand.*

Difference by Race in Quality of Care for Those Needing Treatment

RACE	N=23	Positive Experience		Negative then Positive Experience
		Positive Experience	Negative Experience	Positive Experience
Hispanic/Latina	19	1 (5%)	12 (63%)	6 (32%)
African American	2	2 (100%)	0	0
Caucasian/White	2	2 (100%)	0	0

Q3: Quality of Care as the Greatest Facilitator

Of the caregivers who received treatment for their children, 11 had positive experiences (6 had previous negative experiences).

DEVELOPMENTALLY APPROPRIATE 9 (82%) Dentist, office, and staff were child-centered

Salma: *They're really good with kids...they've even got a little play area...it's really good.*

Gloria: *I go in there with her and talk to the doctor. She's really friendly.*

INCLUDED CAREGIVERS 8 (73%)

Parent/s not separated from children and treatment is explained

Elda: *What most attracted me to it was that they let me go in.*

Amalia: *The whole time, the assistant was explaining to my son what they were going to do. The doctor, too.*

DISCUSSION

Using a qualitative approach that enabled non-English speaking and illiterate caregivers to participate, this study identified a unique and important set of barriers and facilitators. Quality of care impacted returning and the likelihood of taking other children to the dentist. More Latinas seemed to have traumatic experiences, however, the trauma was not related to the type of treatment received but to the way the treatment was administered. The disparity in care seemed to lie with being separated from the child, whether the dentist was "good" with children, and if treatment was explained.

FUTURE DIRECTIONS

- To explore important barriers and facilitators to care, future research should:
- Talk with caregivers not enrolled in an educational program like Head Start
 - Include male caregivers and participants who speak other languages
 - Explore the impacts of child-centered dentistry
 - Use a larger sample

IMPLICATIONS

Interventions should educate low-income families about their rights and what developmentally appropriate care entails. Dentists should improve communication with and increase cultural understanding of the communities they serve and disparities in quality of care should be investigated.