

An illustration at the top of the slide shows two hands, one from the left and one from the right, holding a heart. The heart is composed of three interlocking puzzle pieces: a blue piece on the left, a yellow piece in the center, and a red piece on the right. The background is a light blue gradient with soft, wavy lines.

UCLA Pritzker Center Innovation Grant

Unique Oral Health Challenges Encountered by
Foster Families

UCLA Team



Dr. Francisco
Ramos-Gomez

Principal Investigator



Dr. Zachary Anderson

Pediatric Dental
Resident, Project
Manager



Helen Lindau, MPH

Project Assistant

Partnership with Children's Institute Inc.

Todd Sosna, Ph.D

Chief Program Officer

Ian Ryen

Director of Impact
Investment

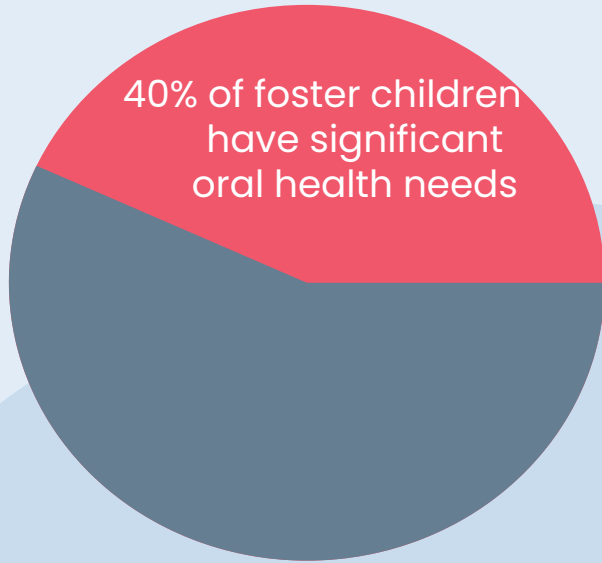
Devonna
Hernandez

Health & Nutrition
Manager



children's
institute

Background



Oral Health = Overall Health

Lack of routine care and dental caries were the most common reason for referral to a specialist for foster children who were older than 3 years old.

Lack of Research

There is very little research or evidence to develop recommendations regarding dental health care coordination for foster children

Research Question

What are the unique oral health challenges faced by foster families in accessing oral health care?



There are currently no
established guidelines
concerning the unique dental
issues facing foster children

Known Issues



Nutrition

Lack of routine dental care, oral hygiene habits, and meal patterns



Consent

Difficulty identifying who has authority to consent for health care on behalf of the child, especially when considering surgery or sedation procedures



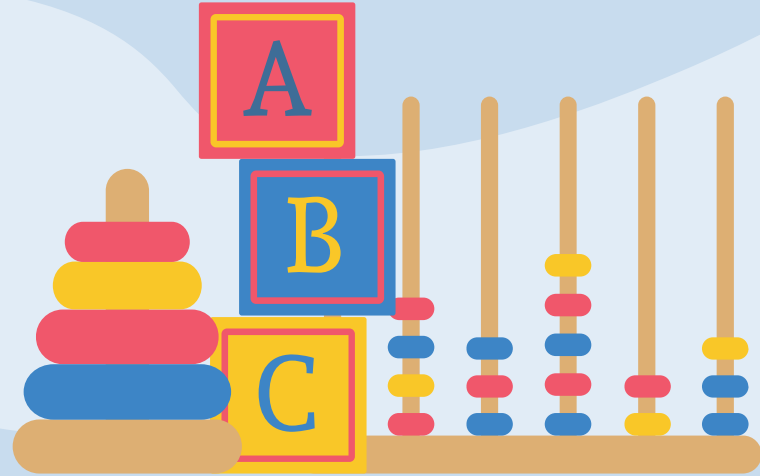
Dental Home

Child has never been to a dentist

Dentists unfamiliar with the needs of foster children

Objectives:

This qualitative study will aim to better understand the issues foster parents face in accessing dental health care for their foster children and highlight the major issues they face.



Design and Methods:

Foster parents will be asked to participate in small, online focus groups asking about their experiences accessing and utilizing dental health care services

The focus group discussions will be transcribed and the most common issues identified to create an educational curriculum.



Focus Groups

- Participants recruited by Children's Institute, Inc.
 - Spanish speakers: 9 recruited, 7 scheduled
 - English speakers: 7 recruited, 5 scheduled
- May 12, 2021: 4 Spanish speaking participants
- May 17, 2021: 2 English speaking participants
- Conducted virtually via Zoom
- About one hour in length each
- Followed a detailed discussion guide
 - Access to care, home care, delivery of dental services, open-ended questions
- Both transcribed, Spanish focus group translated into English

Themes from the Focus Groups

- Finding a dentist
- Dental insurance
- Dietary habits
- Oral hygiene routines
- Dental treatment received
- Consent for dental treatment
- Oral health trainings (for the parents)
- Foster care paperwork related to dental care
- Attitudes towards dental offices and providers
- Ways to improve delivery of dental care to foster children
- Experiences related to the COVID-19 pandemic
- Race and diversity within the dental office

Additional Topics

Differences in experiences depending on:

- The age at which the child came into foster care
- The relationship between the parent and the child
 - Kinship vs. traditional foster care

Data Analysis

- Code book created to outline the themes and topics of discussion found within the focus groups
- Apply the codes using Dedoose

Code Book

Foster Oral Health Study Focus Groups

PURPOSE: The purpose of these focus groups was to gather some feedback to better understand the issues foster parents face in accessing dental health care for their foster children and highlight the major issues they face.

ADDING: We will apply all applicable codes, using Dedoose. Codes were defined to enable a coding approach, meaning multiple codes can be applied to the same excerpts. Some codes are topical/categorical, and in some instances specific distinct codes should ALSO be applied.

FOCUS GROUPS:

Participants: Foster Parents

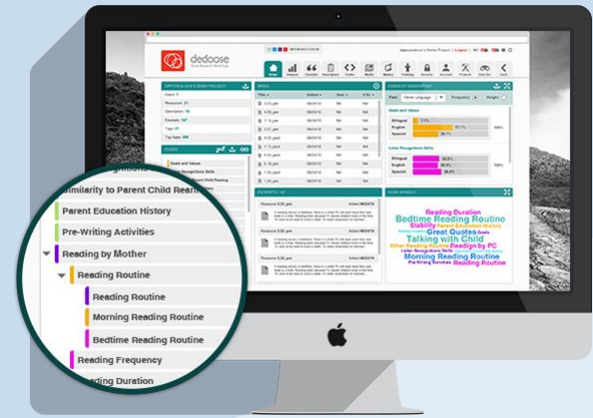
CODES	DESCRIPTION & NOTES
Positive	Any reports of structural or interpersonal factors that promote oral health among their foster children. This includes any mentions related to at home diet and oral routine development, people who have been helpful in accessing care, and positive interactions with the dentist. This also includes disclosure of adaptive behaviors or perspectives that contributed to a positive experience.
Negative	Any reports of structural or interpersonal factors that hinder oral health for foster children. This includes long wait times for appointments or approvals, having to get court approval for surgeries, or not seeing representation in the dental office.
Trauma	Any disclosure of previously diagnosed psychopathology or traumatic experiences the youth has experienced. This includes discussion of previous negligent parents, how children have developed anxiety and the ways it manifests in receiving care, and post traumatic stress disorder and how this affects their oral health and ability to access adequate and satisfactory care.
Home	These codes are specific to the children's oral health behaviors at home and outside of the dentist office.
Oral Hygiene habits	Any reports of the kids oral hygiene practices at home including brushing, flossing, and mouthwash use.
Dietary habits	Any reports about what the kids eat or drink regularly.

Oral habits	Any oral habits the kids have that are not dietary or hygiene related. This includes finger sucking, use of pacifiers, putting foreign objects in their mouth, and biting on things.
Limited Foundational Knowledge	Any instance where participants reported having limited knowledge related to promoting or altering oral health. This also includes initial limited perspectives that contribute to oral health.
Oral health training	Any training foster parents did or did not receive on oral health prior to becoming a foster parent. This includes reports of instances where participants expressed a desire to attend training programs or desires that programs were made more accessible by dentists.
Establishing Routines	Any instance where participants mentioned establishing oral health routines with youth. This includes building routines and practices associated with diet, brushing teeth, going to the dentist and mouthwash. It also includes replacing maladaptive habits.
Old habits	Any instance where participants mentioned what the children used to eat or how they used to take care of their oral health before being moved to their current foster parents care.
Delivery of Care	These codes are specific to the dentist office and experience itself
Dentist and office space	Anything pertaining to how the office space was for the kids or how the dentist interacted with the foster youth. This includes a lack of toys in the office space, dentists being kind and gentle, and a need for dentists to be understanding of foster care children and their unique circumstances.
Dental treatment	Any reports of previous dental treatment that the children received or needed in the future. This includes caps, cavities, cleanings, and regular check ups.
Access	These codes are specific to the structural and personal factors that contributed to the ease or difficulty of receiving adequate and satisfactory dental care
Finding a dentist	Any instance where participants disclosed how they found a dentist for their foster kids. This includes using the dentist they already had, talking to friends for recommendations, and

	finding one while walking. This also includes any mention of outside agents who contributed to the process.
Dental insurance	Any mention of their experience accessing and utilizing insurance, waiting for approvals, filling out dental insurance paperwork
Foster care paperwork	Any instance where participants reported the additional paperwork required to complete in order for the foster care youth to receive treatment. This includes any mention of filling out additional paperwork, and any assistance they did or did not receive through this process.
COVID-19 pandemic	Any instance participants mentioned how COVID-19 affected their ability to receive treatment. This includes people not going to the dentist because of COVID-19, dental problems that could have been prevented during COVID-19, changed wait times, and difficulty rescheduling due to the pandemic.
Race	Any instance where participants mentioned how their racial/ethnic identity contributed to a unique experience, positive or negative, related to receiving treatment.
Scheduling and wait times	Anytime the parents mentioned waiting on administrative approvals, calls back from the dental office, or any other wait times related to receiving treatment. This also includes when foster care parents reported not being able to make decisions about major surgeries or treatments.
Social Worker	Any instance where participants mentioned their experience working with a social worker. This includes when social workers shared information related to available resources or provided support in other ways directly or indirectly to the participant.

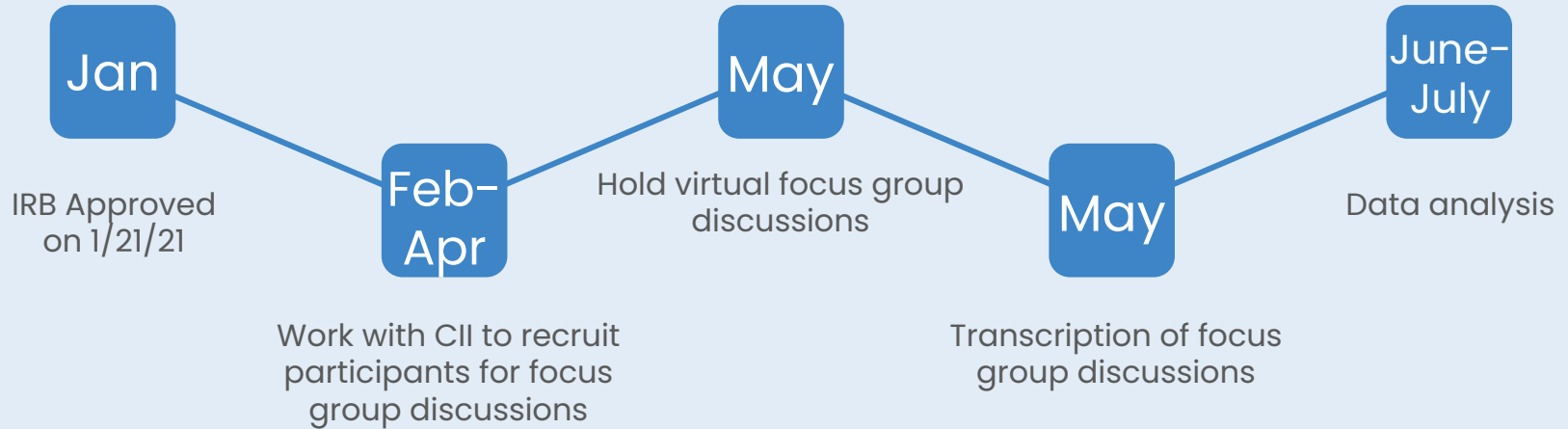
In Progress

- Analyzing the data with Dedoose
 - English focus group has been coded
 - Spanish focus group coding in process
- Framework analysis
 - To identify major themes and synthesize findings
 - To develop and share visual representations of findings
- Writing a paper on the findings of the study



Timeline

(2021)



Findings may help contribute to:

- Future training guidelines regarding dental care for foster youth for future dentists and residents
- Meaningful dissemination of information from dentists to foster care parents to promote access to care and oral health among youth
- Considerations for the development of a potential class on oral health for new foster care parents to promote access to care and oral health among youth
- Considerations for dental offices to allocate extra time and efforts to facilitate the unique needs of foster families

Goals

- Creation of an official oral health policy regarding the care of foster children such as those already in practice in pediatric medicine.
- Universal protocols for treating foster children in the dental environment as well as the standardization of teaching methods in dental schools and residency programs.



Potential Impact

This research will aim to correct the omission of an oral health policy in dental care of foster children and deliver recognition as a substantial health care issue.

References

- “Adoption & Foster Care Statistics | Children’s Bureau | ACF.”
- Simms, Dubowitz, and Szilagyi, “Health Care Needs of Children in the Foster Care System.”
- Halfon, Mendonca, and Berkowitz, “Health Status of Children in Foster Care: The Experience of the Center for the Vulnerable Child.”
- Robin Chernoff, MD et al., “Assessing the Health Care Status of Foster Children Entering Foster Care.Pdf.”
- Schor, “The Foster Care System and Health Status of Foster Children.”
- Leslie et al., “Comprehensive Assessments for Children Entering Foster Care.”
- Robin Chernoff, MD et al., “Assessing the Health Care Status of Foster Children Entering Foster Care.Pdf.”
- COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, and COMMITTEE ON ADOLESCENCE, and COUNCIL ON EARLY CHILDHOOD, “Health Care Issues for Children and Adolescents in Foster Care and Kinship Care.”
- Simms, Dubowitz, and Szilagyi, “Health Care Needs of Children in the Foster Care System.”
- Forkey and Szilagyi, “Foster Care and Healing from Complex Childhood Trauma.”
- Steele and Buchi, “Medical and Mental Health of Children Entering the Utah Foster Care System.”
- Muirhead et al., “How Do Foster Carers Manage the Oral Health of Children in Foster Care?”