

INTRODUCTION

- ~500,000 children are in foster care nationwide, with 30% under age five¹.
- Foster children have reduced dental access despite higher treatment needs than peers¹, and are classified as a vulnerable population by the AAPD².
- AAP recommends that children in foster care should have a medical exam within 72 hours and a dental exam within 30 days of placement into a foster home³.
- Maintaining continuity of care, documentation of medical history and informed consent present challenges due to placement instability⁴.

OBJECTIVE

The objective of this survey was to determine the knowledge, level of experience and formal education of pediatric dentists working with foster children.

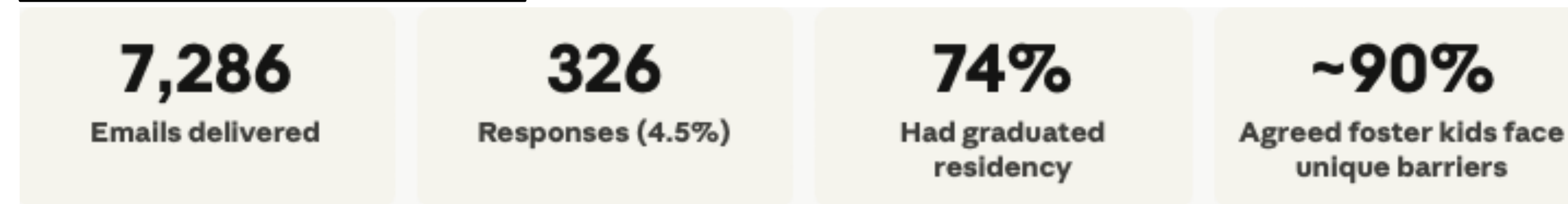
METHODS

This cross-sectional study consisted of an 11-item questionnaire sent out via email to pediatric dentists who are members of the AAPD including residents, program directors, and practicing dentists. The survey was hosted by SurveyMonkey to meet security standards for the transmission of online data. Transport layer security protocol was used to encrypt and transmit data which are frequently backed up in an encrypted storage. Two reminder emails were sent one and two weeks after the initial invitation.

SURVEY

RESULTS

Figure 1: Overview



Knowledge

Figure 2: Do Foster Children Have Limited Follow-up After Their Initial Exam?

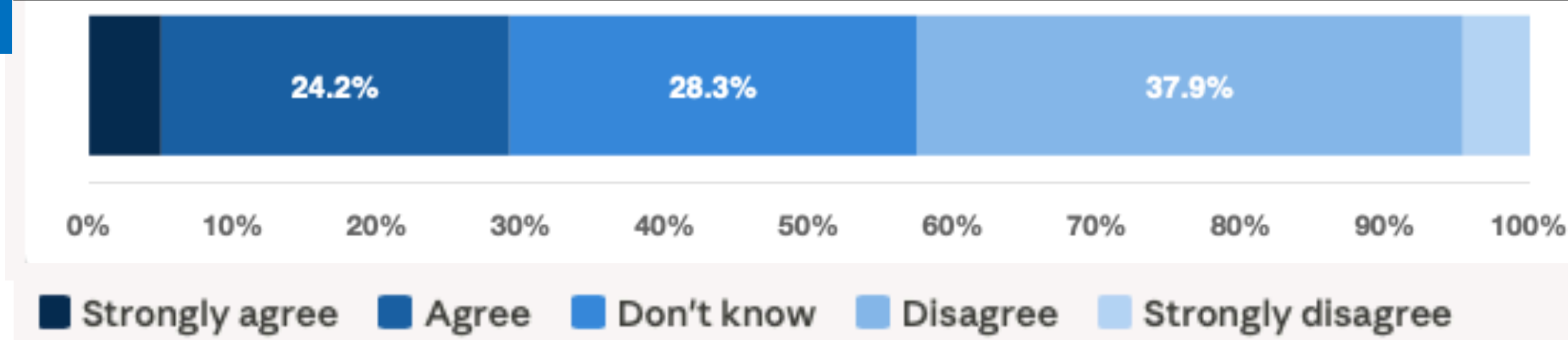


Figure 3: General Understanding

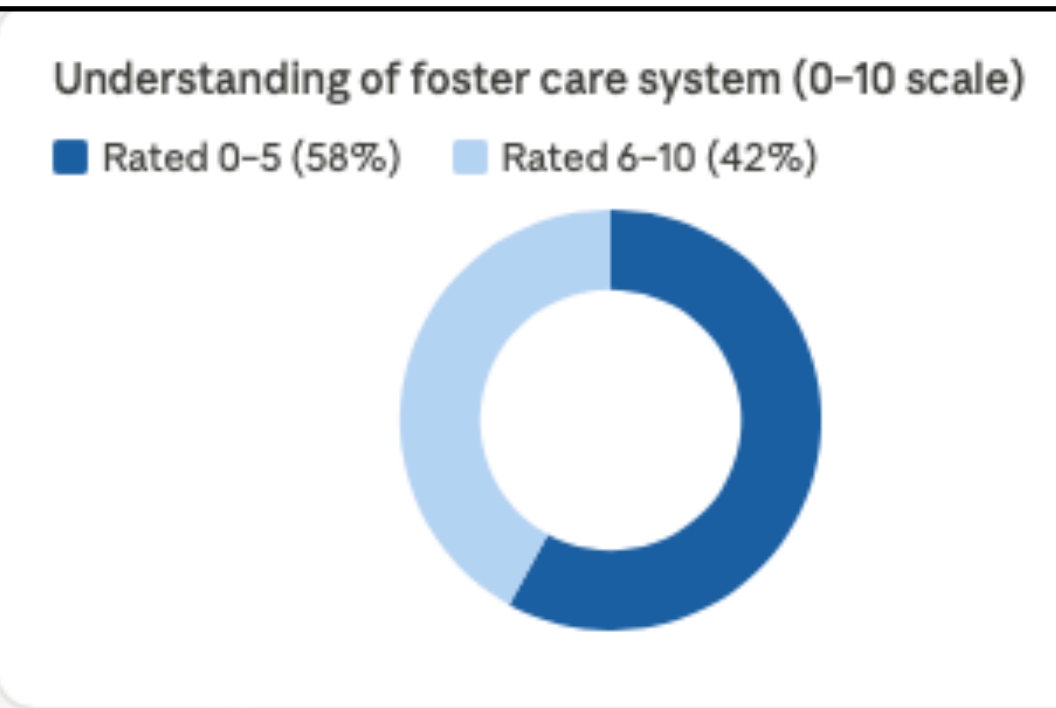
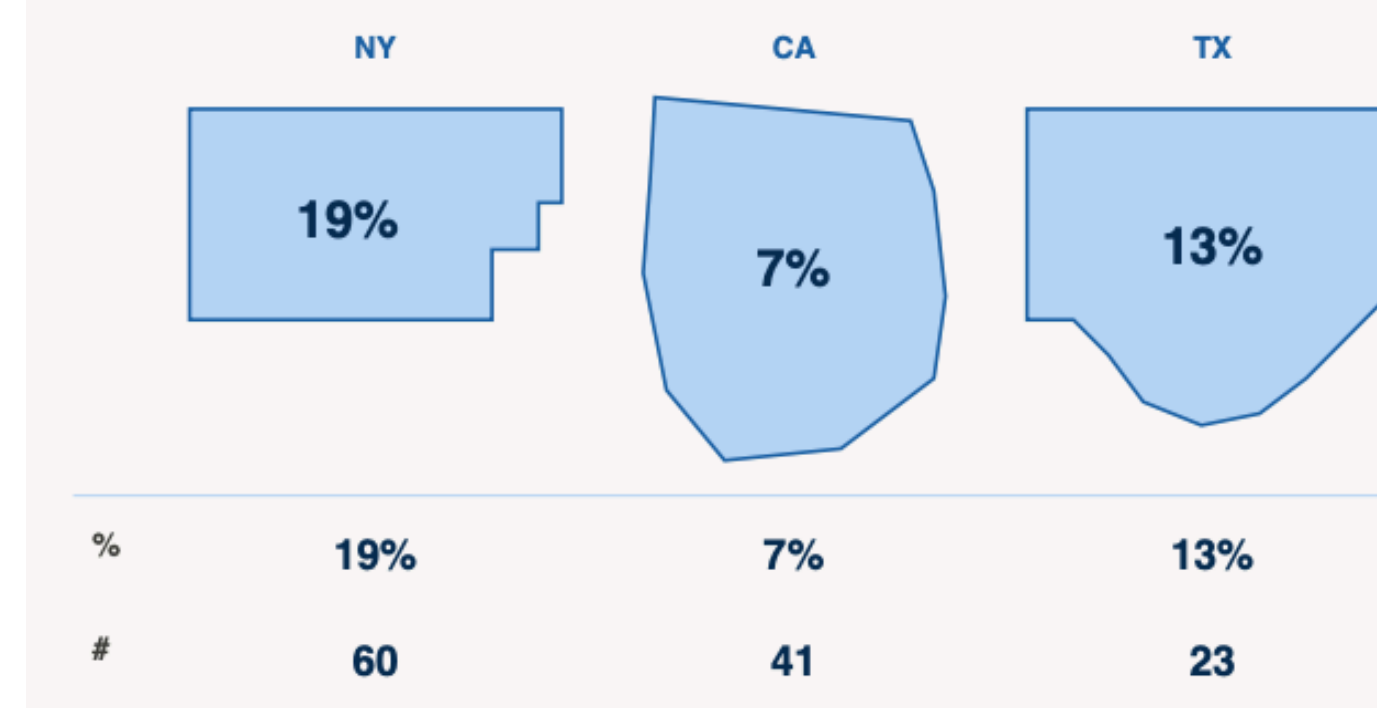


Figure 4: Top Three States

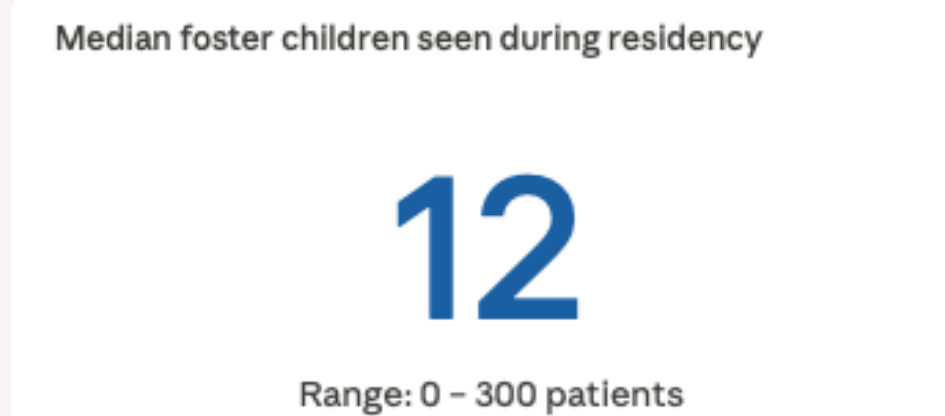


Experience

Figure 6: Conversation with Attending



Figure 7: Number Seen



Education

Figure 8: Number of Lectures

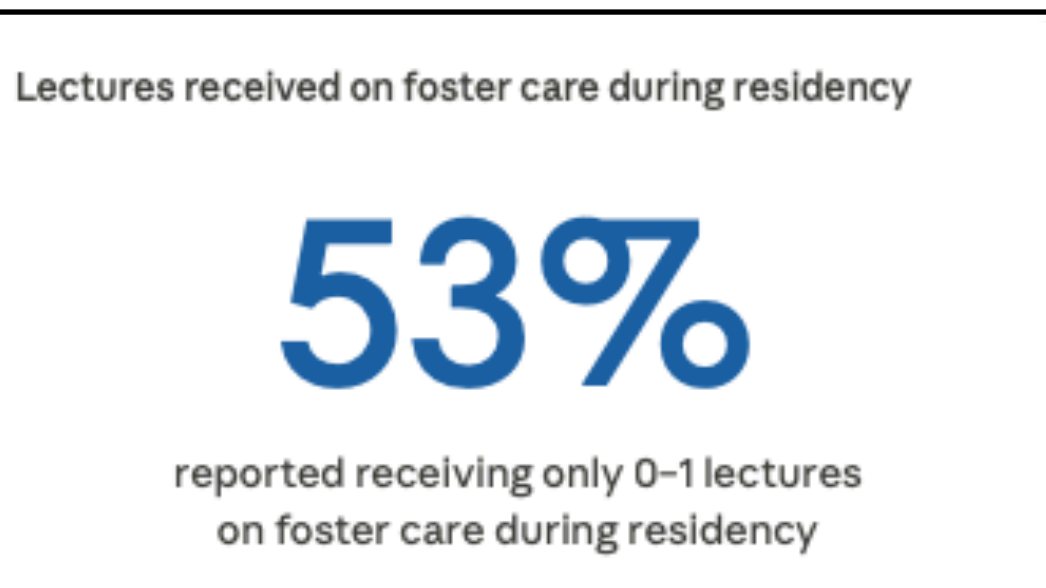
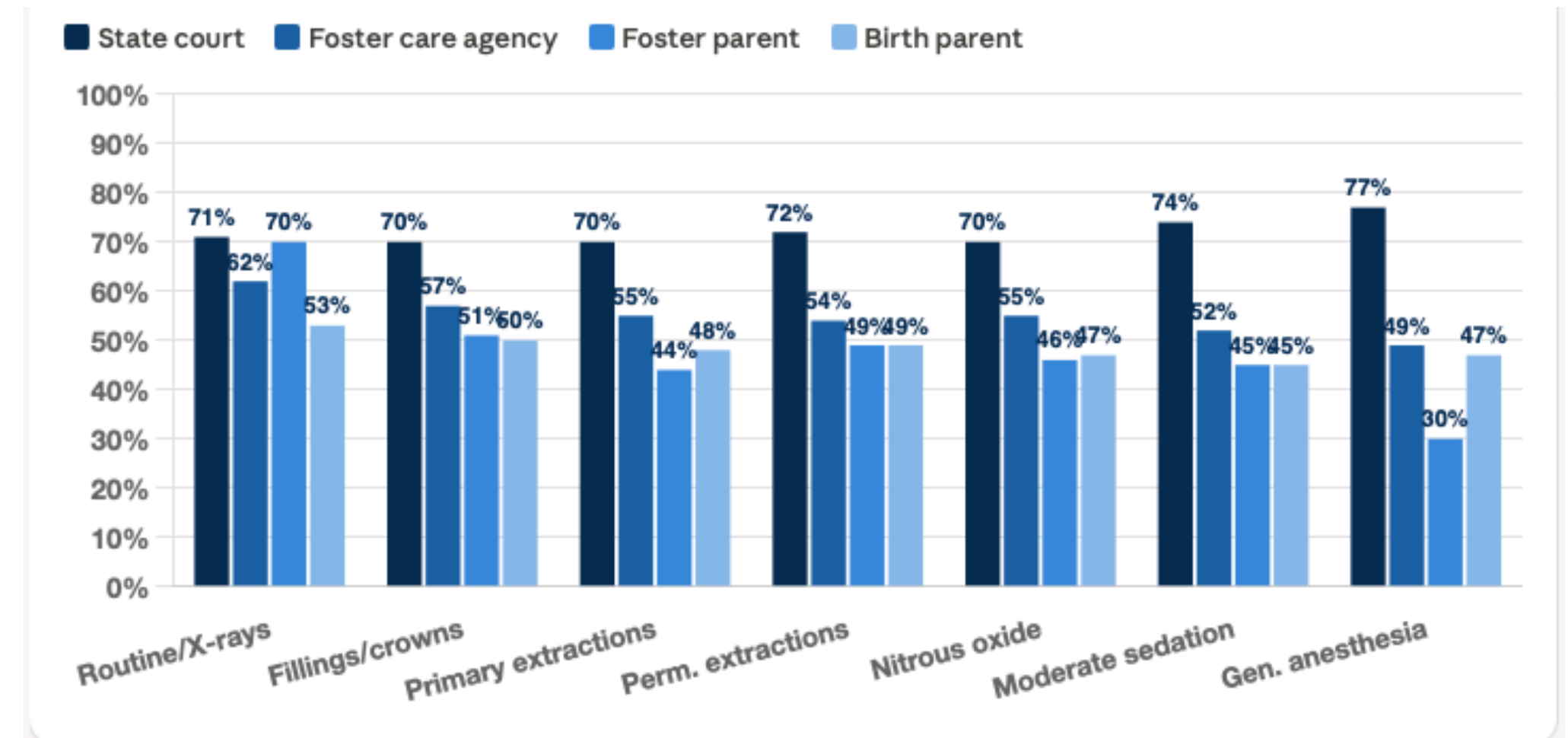


Figure 9: More Lectures



Figure 5: Who Has Authority to Give Consent? (% Respondents)



DISCUSSION

- 90% agreed that foster children face unique barriers (Fig 1), but there was no consensus about lack of follow up after initial visits (Fig 2).
- There was no difference in any responses between participants in the top 3 states (p=0.091) (Fig 4).
- Consent authority was attributed more to state courts/care agencies than birth/foster parents (Fig 5).
- For the 30% of participants who said that foster care parents can give consent for GA (Fig 5), there was no difference between residents and practitioners (p=0.933).
- There was no difference in the number of foster children seen (Fig 7) between Hospital/University/Combined programs (p=0.305).
- Participants had few lectures on foster care (Fig 8) and the majority believe additional courses would be valuable (Fig 9).
- Limitations: Small sample size/response rate, state differences in authority to provide consent, and recall bias.

CONCLUSION

This is the first study to our knowledge to evaluate knowledge, experience, and education among pediatric dentists about foster care. This study confirms previous findings that foster children face unique oral health barriers. These results demonstrate the need for more formal education. Future studies are warranted in terms of the role of dental curricula in facilitating knowledge.

REFERENCES

