

HARC VI 2014

Impact of Home Visits on Oral Health Literacy

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Early Childhood Caries

- ❖ Most common chronic disease
- ❖ Preventable
- ❖ Worsening



<http://dentalcareofcorona.blogspot.com>

Prevent Early Childhood Caries

- ❖ Brush daily
- ❖ Regular exams
- ❖ Timely treatment



“**Maternal health literacy** ... cognitive and social skills that determine the motivation and ability of women to use information [and services] in ways that promote and maintain their health and that of their children”

Renkert & Nutbeam 2001 Health Promotion International

Home Visitation

- ❖ Intervention to promote MCH
- ❖ PHN, MSW, paraprofessionals
- ❖ DOH, schools, insurers, independents
- ❖ 500,000 families

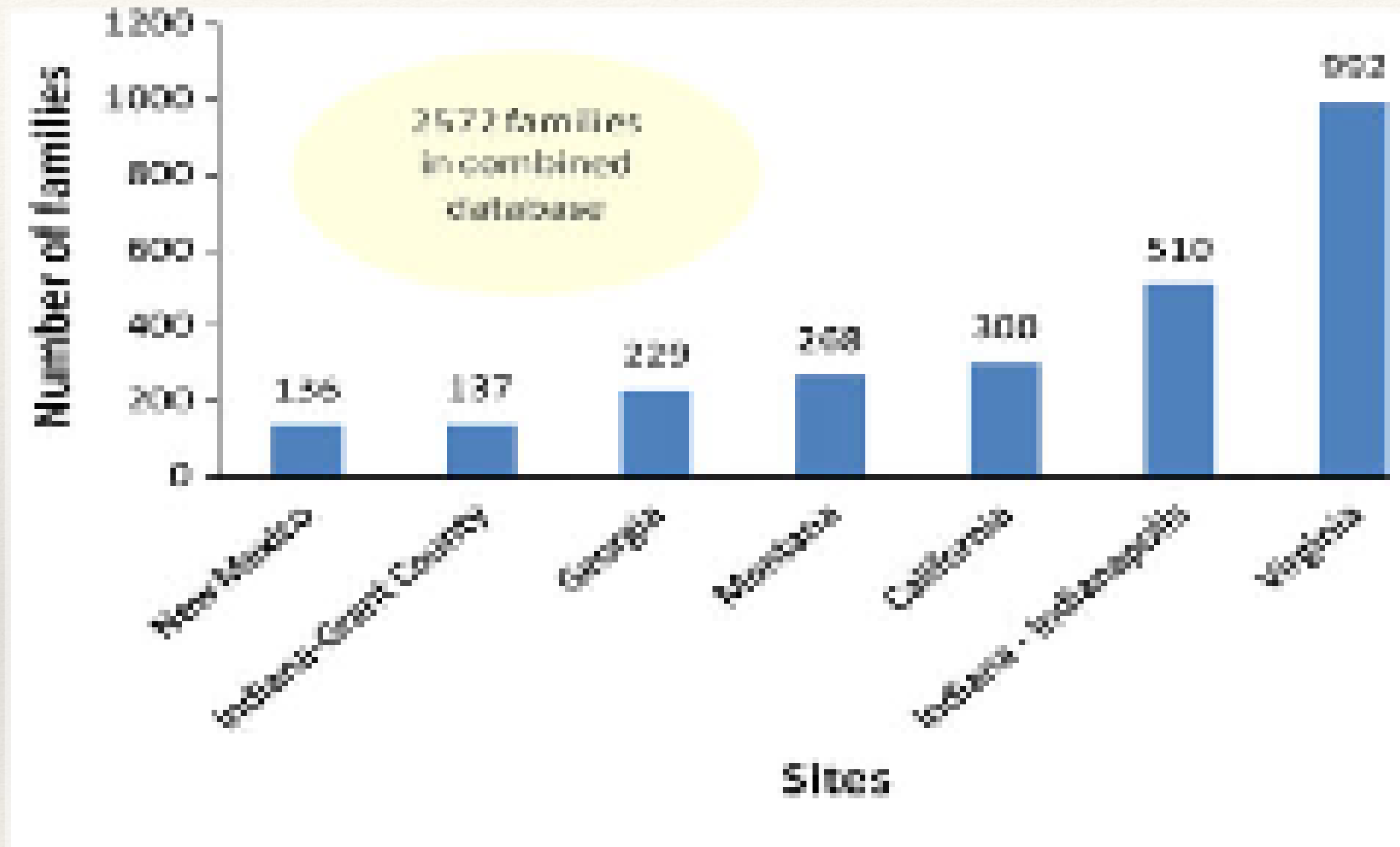


Photo via First 5 LA

Hypothesis

- ❖ **Home visiting can reduce risk of early oral disease**
 - ❖ empower mothers to use information & services
 - ❖ influence attitudes

AHRQ-NIH Database



32% AA

29% white

18% Latino

20% unknown

Life Skills Progression

22. Child Dental Care Scale

Score	Description	Judgment of Scoring
0	Not asked. Not answered. Not applicable. Score of 0 may indicate child has not yet developed teeth, or that Medicaid child OH services are not available	0 scores are not included in analysis
1	No dental home or care with serious ECC. Poor hygiene	No regular source of care. Multiple observed caries. No regular brushing.
2	No dental home or care with some ECC and inadequate treatment/hygiene	No regular source of care. Observed early stage caries. Inadequate brushing.
3	Has dental home and hygiene but late treatment of ECC	Identified source of care. Parent brushes child's teeth at least once a day. ECC treated but late
4	Has dental home. Some preventive care/timely treatment of ECC	Parent brushes child's teeth at least once a day, obtains some preventive care
5	Has dental home. Regular preventive care and timely treatment	All above. No ECC. No "baby bottle mouth"

Score: 2.5
Target: > 4

Baseline Scores: Child Dental Care

Score	Description	Number (%) at baseline
1	No dental home or care, with serious ECC. Poor hygiene	104 (10%)
2	No dental home or care, with some ECC and inadequate treatment/hygiene	166 (16%)
3	Has dental home and hygiene, but late treatment of ECC	165 (15.9%)
4	Has dental home. Some preventive care/timely treatment	368 (35.4%)
5	Has dental home. Regular preventive care and timely treatment	237 (22.8%)

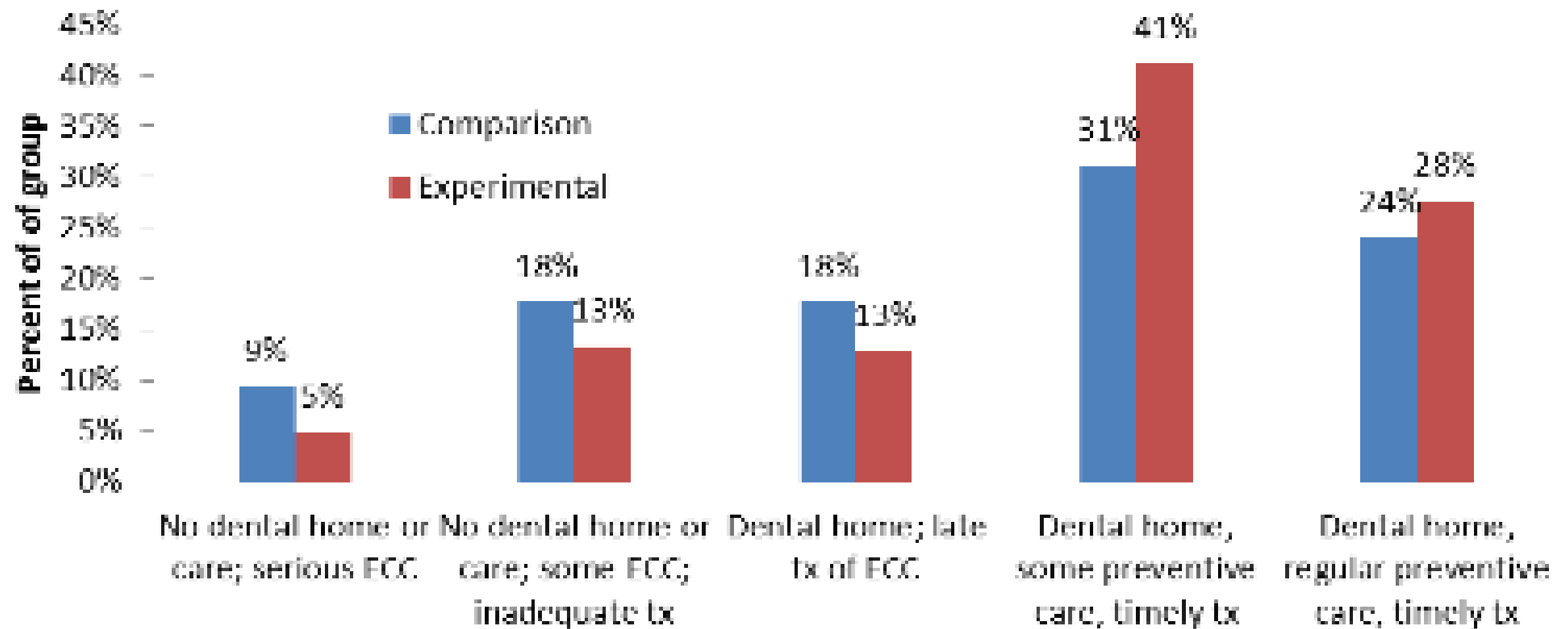
Total

1040 (100%)

Pattern of Change

Score at Baseline	Improvement	No change	Regression
1. No dental home or care with serious ECC. Poor hygiene	78%	22%	0% (floor)
2. No dental home or care with some ECC and inadequate treatment/hygiene	63%	29%	8%
3. Has dental home and hygiene but late treatment of ECC	42%	49%	9%
4. Has dental home. Some preventive care/timely treatment	28%	55%	17%
5. Has dental home. Regular preventive care and timely treatment	0% (ceiling)	69%	31%

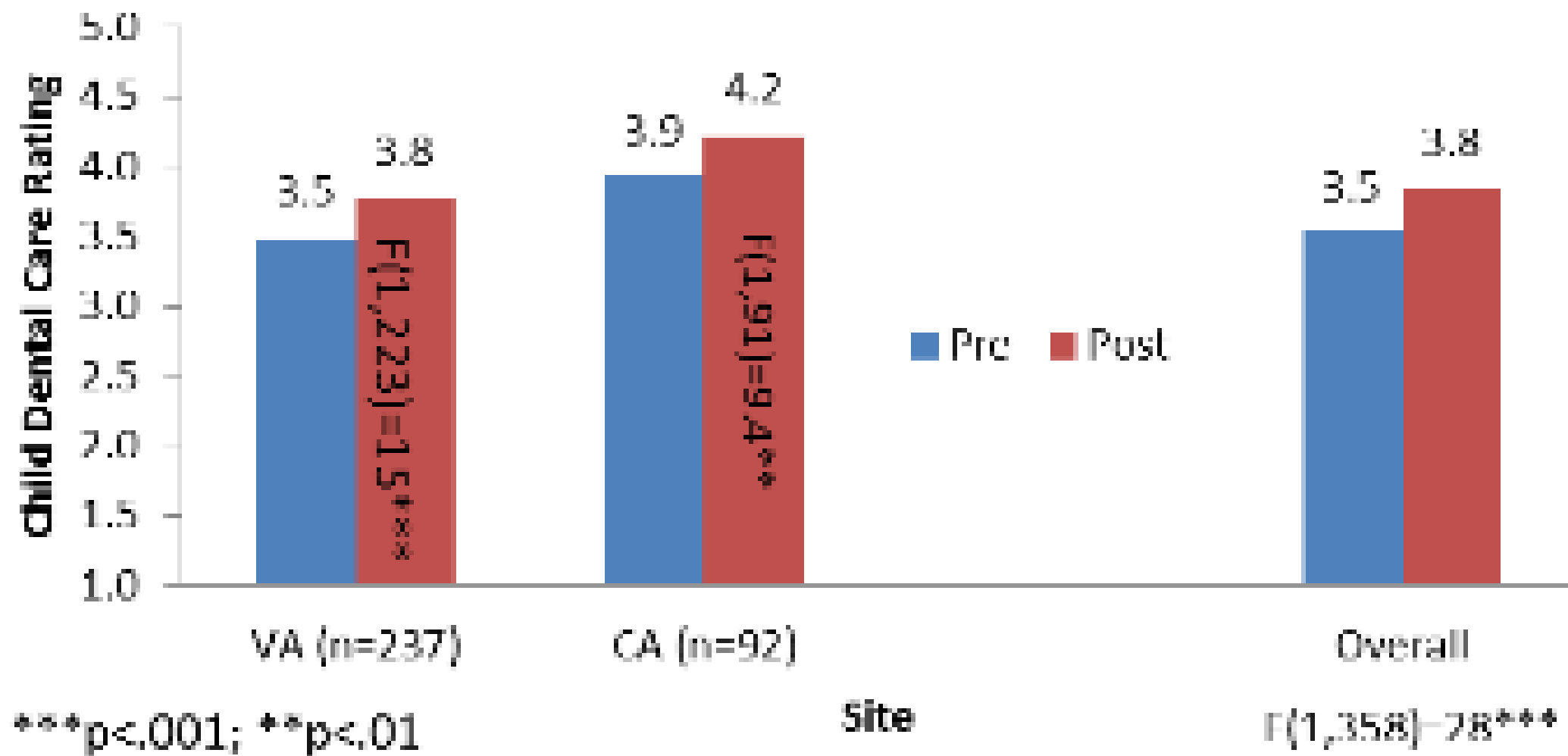
Matched comparison confirms findings



$F(1,899)=12; p<.001$

Child Dental Care

Patterns of Change Differ by Race



Conclusions

- ❖ Parents: good managers of child oral health
- ❖ Home visiting: effective channel
- ❖ LSP Child Dental Care: authentic measure



Future Research

- ❖ Gather data from 400+ programs using the LSP
- ❖ National picture of poverty population
- ❖ Cost-benefits analysis
- ❖ Disparities

