

CHILDREN WITH SPECIAL CARE NEEDS: AN INTERDISCIPLINARY MODEL FOR IMPROVING ORAL HEALTH IN POOR CHILDREN,

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The utilization of comprehensive dental care by economically disadvantaged children continues to be highly variable, often inadequate, and seemingly more problematic as a consequence of health care financing changes. As a result, poor children suffer a disproportionate amount of dental disease resulting in disfigurement, unnecessary pain and untoward health consequences. Factors such as low family income, parental perceptions or parental neglect, and limited access to care contribute to episodic treatment, urgent care, or no treatment at all. Dental practices serving this population are frequently unable to address these barriers with traditional staffing. This presentation describes a collaboration between a hospital-based social work program and an urban academic dental facility in Rochester, New York, which provides dental services to over 6,000 children for a total of approximately 14,000 patient visits annually. Since its inception in 1993, post-graduate residents, faculty, and auxiliary staff have been provided annual in-service training on child abuse and domestic violence and offered site based social work services in an effort to meet not only state mandated requirements but also improved access and utilization of dental services by predominantly poor inner city children.

The social work profession has a long history of addressing the needs of disadvantaged and under-served populations in a wide range of settings through direct casework services, advocacy, and community organizing. It is well suited to partner with dentistry in its effort to reduce the level of dental disease in poor children. With the overall goal of enhancing timely and effective utilization of dental services and improving oral health, this cost efficient model enables the social worker to provide advocacy, guidance, education, and referrals to patients, families, dentists, and others within the changing context of health care. This presentation will include written examples of protocols for the identification and management of child abuse and domestic violence applicable to dental care environments, as well as examples of improved access to care.

USING PUBLIC-PRIVATE COLLABORATION TO PREVENT CHILD ABUSE AND NEGLECT

L. D. Mouden

The Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) coalition is a public/private partnership that works to prevent child abuse and neglect through education of professionals about early identification and reporting of suspected victims. At least 65% of all physical child abuse involves head and neck injuries. However, even given the fact that dentists are mandated reporters of suspected child maltreatment, 1993-1994 data showed that dentists had made only 0.32% of all reports.

Since its inception in Missouri in 1992, the program has been replicated in 37 other states in the US, three Canadian provinces and 5 other international initiatives. Participating partners in each jurisdiction include dental public health agencies, child protective services agencies, dental and dental hygiene associations, dental and dental hygiene schools and corporate sponsors. In most US coalitions, Delta Dental Plans have provided sponsorship and backing.

P.A.N.D.A. coalitions have educated more than 30,000 dentists, dental hygienists, other health care providers, teachers and day care workers on the recognition of child abuse and neglect. Education also provides insight into the proper methods for reporting suspected cases as well as legal and liability concerns that might otherwise keep providers from making the required reports.

Since P.A.N.D.A.'s inception, reporting by dentists has increased dramatically. Various coalitions have noted increases of 160%, 400% and even 800% where coalitions are the most active. Some coalitions have effected policy changes at the state level that name all dental professionals as mandated reporters and provide for more accurate data collection. Coalitions must remain vigilant, providing continuing education seminars, encouraging family violence curriculum in all professional training, working toward more effective data collection on the state level, and teaching primary prevention of family violence. Every dental professional has a moral, legal and ethical duty to help stop the epidemic of family violence and only through society's involvement can child abuse neglect, intimate partner violence, and elder abuse and neglect be prevented.

Oral Health and the Child Welfare System: Where Are We and Where Do We Need To Go?

M.A. West

Each year more than 1.6 million children are victims of child abuse and neglect in the United States. At least 500,000 children each year are in short or long term foster care under the supervision of the state or a state contracted child welfare system. Most of these children experienced serious abuse or neglect. According to the Child Welfare League of America children in foster care as compared to the U.S. population of children as a whole are more likely to be in poor health. In addition their health histories are likely to be in disarray with no comprehensive health status information or plan. Often no linkages exist for data sharing between state child welfare agencies that have responsibility of caring for children with the state Medicaid agency, which pays for the health care services received, by the children. Many states are now moving to develop health passports as a mechanism to bring together health information for children in foster care in order to insure appropriate coordinated care. So where does dental and oral health care fit into the child welfare system? How are these children faring in receiving access to appropriate dental care? What do we know about the partnerships, collaboration, and coordination between dentists and the child welfare system?

There are three important areas for focus in addressing the above questions:

1. What is the current status of the number of referrals that dental providers make to child welfare for child abuse and what does this suggest to us about areas for future focus?
2. What are the experience and issues with accessing dental care for children in foster care and what are the areas where future work is needed?
3. What is the child welfare system doing and what could they do to reach out to dentists to increase the number of referrals from dentists for child abuse and neglect and to increase access to appropriate dental care for children in foster care?