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# Assessing General Dentists' Willingness to Treat Patients 3 or Younger

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## Aims

- ❖ To document the factors that influence Massachusetts general dentists' decision to treat children aged 3 or younger.
- ❖ Identify tools and information to incorporate into a training program for general dentists to treat young patients.

## Introduction

- ❖ The American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP) suggest that children should have a dental home by their first birthday.<sup>1,2</sup>
- ❖ Children aged 3 or younger have a significant lack of access when it comes to finding a dental home, and this is amplified when these children belong to low-income families enrolled in Medicaid.<sup>3</sup>
- ❖ Prior studies have reported that general dentists rely most on preventative care rather than restorative care for young patients citing a lack of training and knowledge as reasons for this.<sup>4</sup>
- ❖ A potential solution to bridge this gap is to provide general dentists with training so they feel better equipped to treat this population. However, many general dentists report barriers and obstacles in treating the youngest patients adding to access challenges.<sup>5</sup>
- ❖ The goal of this study was to identify the factors that influence a general dentist's willingness to treat the youngest patients. These findings will be used to help develop a training program for general dentists in Massachusetts to increase their comfort level and willingness to treat patients aged 3 or younger.

## Materials & Methods

Prior to survey dissemination, this study was approved by the Institutional review board (IRB) at Boston University. Massachusetts League of Community Health Centers (CHC) and the Massachusetts Dental Society (MDS) facilitated recruitment of CHC dentists and private practitioners, respectively, to participate in focus groups held via Zoom. Pre- and post-test REDCap surveys were administered during focus groups. The questions focused on demographics of the respondents, Likert scale rankings of clinical willingness to accept young patients, and questions about practice setting (insurance, procedures performed). Focus group participants received compensation in the form of Amazon gift cards for their participation. Data were analyzed using REDCap software and descriptive statistics.

## Results

**Pre-Focus Group Survey Link:** <https://redcap.bumc.bu.edu/surveys/?s=RMDPD3E3RF4FYPMK>

**Post-Focus Group Survey Link:** <https://redcap.bumc.bu.edu/surveys/?s=AWAWDLPDNTKMCPKT>

- ❖ There were 34 participants (n=34) in our focus groups for this study. Participants were 52% male, 33% white, 24% Hispanic, and practiced dentistry for an average of 6 years (range 0-35 years).
- ❖ All participants were general dentists in Massachusetts who practiced in either private practice or a community health center. 24% of participants accepted Medicaid (MassHealth), and 94% treated patients 3 or younger with an additional 6% seeing these young children only for emergencies.

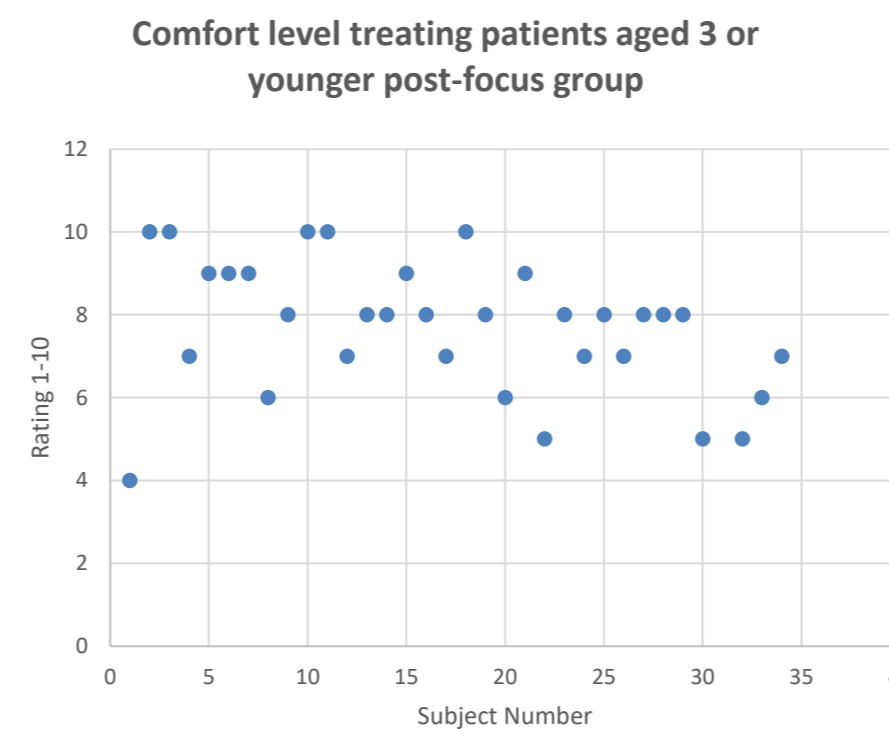
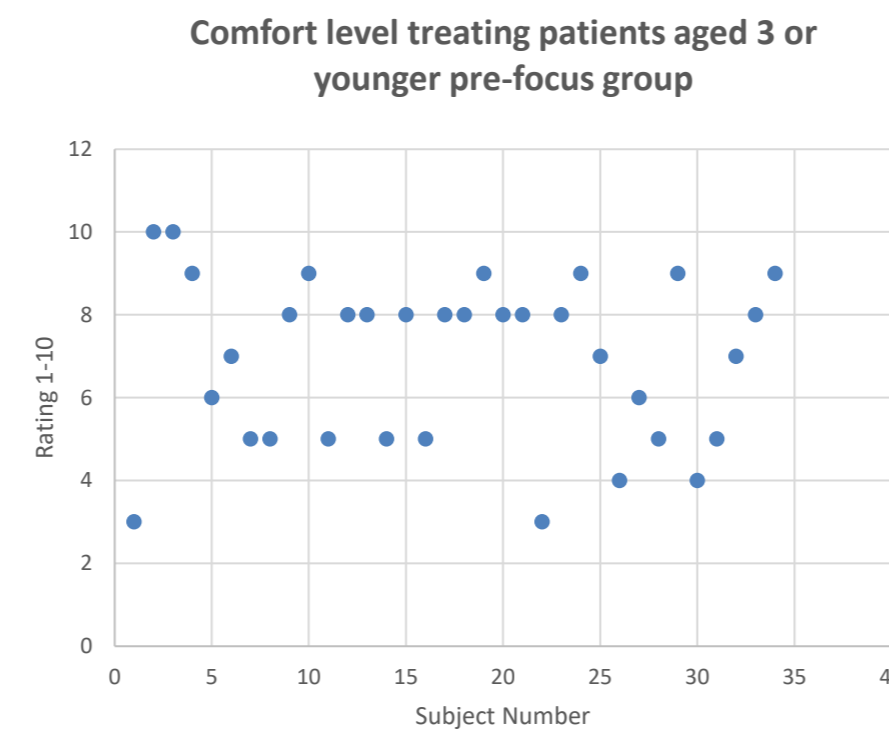
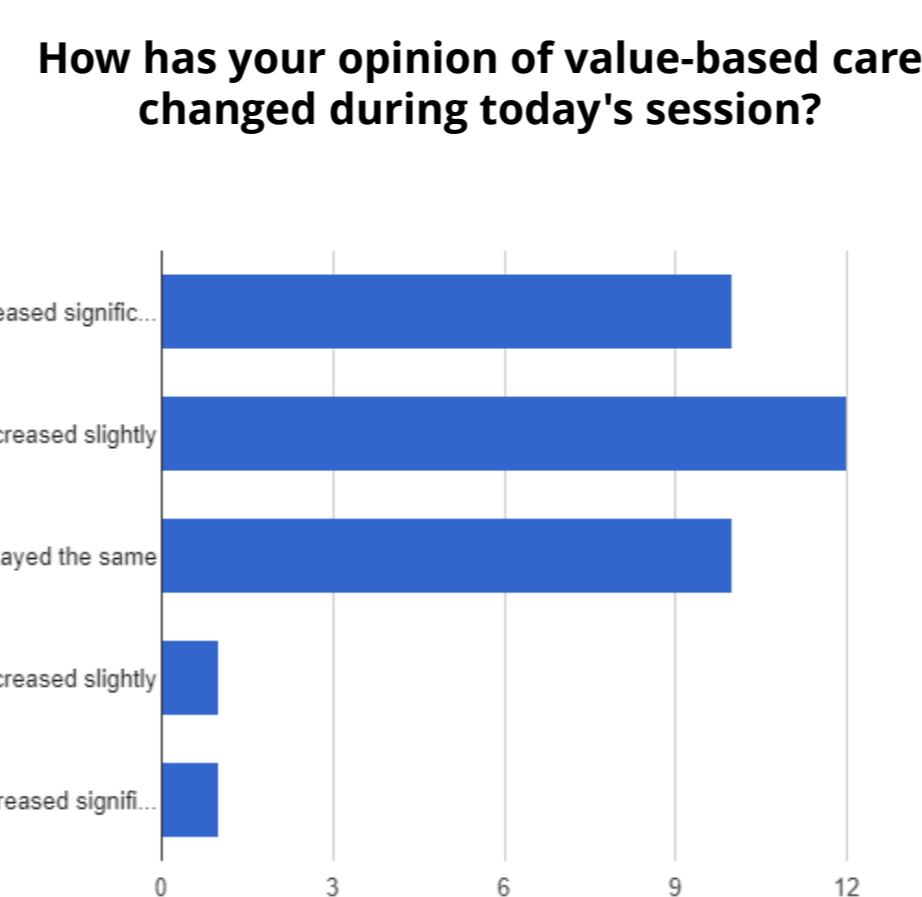
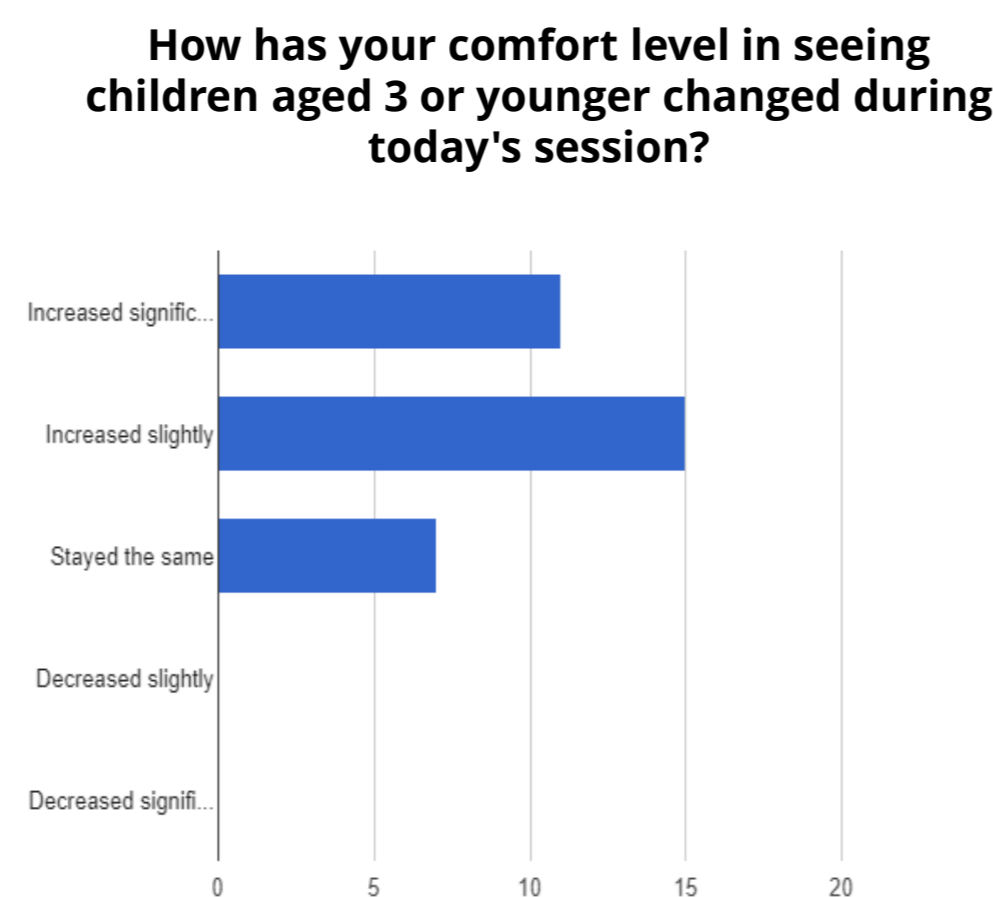
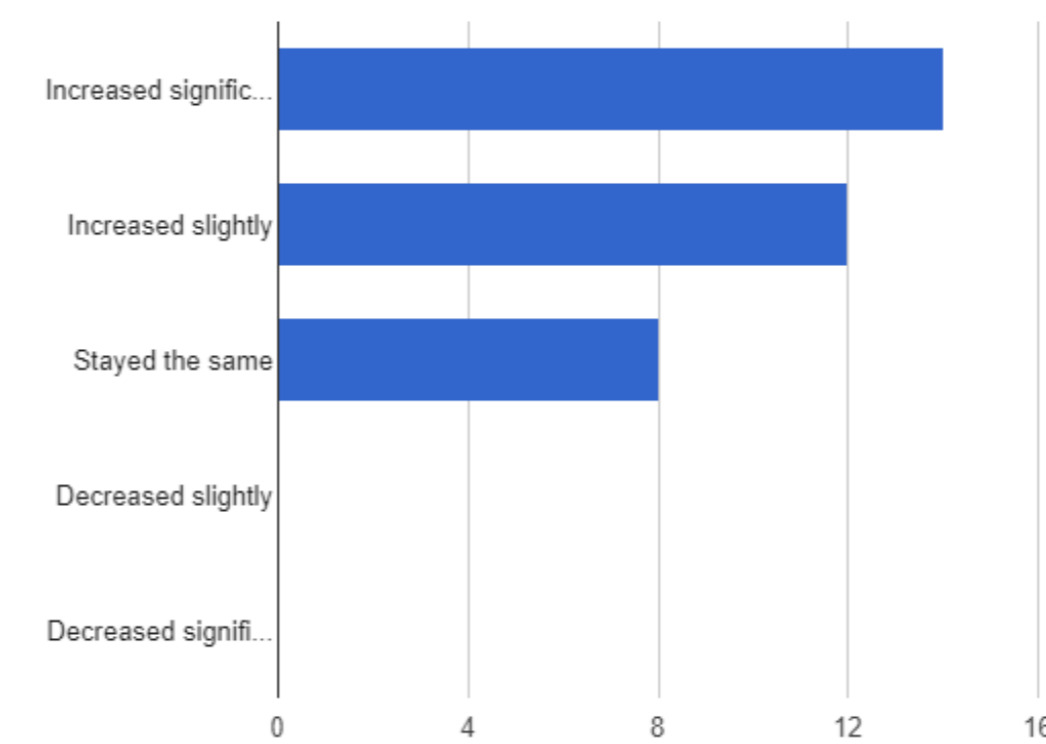


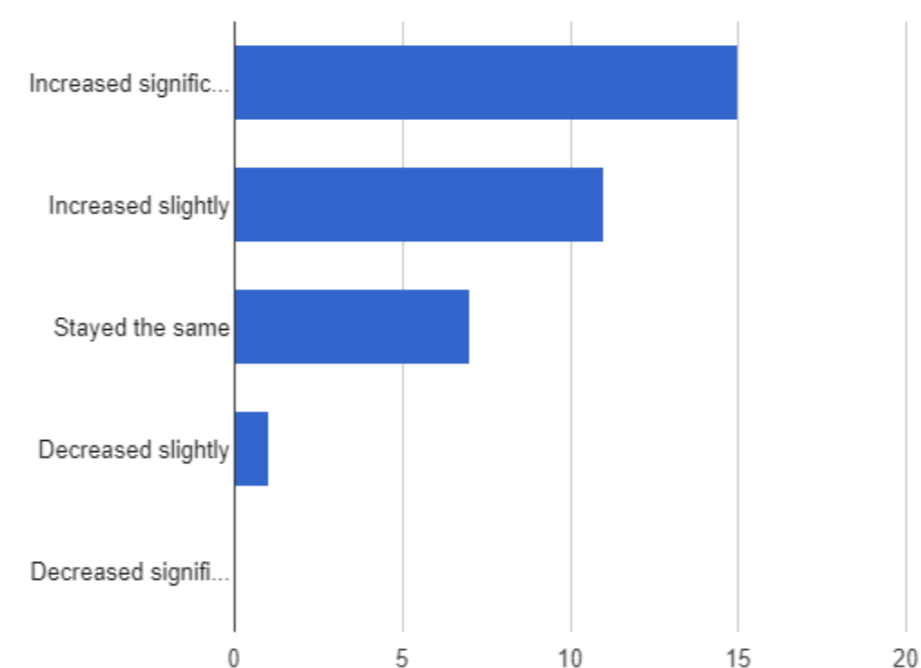
Figure 1. Scatter plot displaying differences in comfort level treating patients aged 3 or younger before and after our focus group. A two-tailed paired t-test showed a significant difference ( $p=0.047686$ ).



**How has your view of the importance of seeing children aged 3 or younger changed during today's session?**



**How has your view of how feasible it is to provide the one-year dental visit in your practice changed during today's session?**



## Focus Group Themes

- ❖ Agreement with AAPD policy on Age 1 Dental Visit: "I think this policy is really important, helpful and significant"
- ❖ Financial Barriers: "If the pts under 3 is difficult to behaviorally manage, even additional financial incentive would not make up for lost productivity from treating adult patients."
- ❖ Comfort Barriers: "Some newer dental assistants aren't comfortable assisting during peds appointments"
- ❖ Experience Barriers: Dentists reported being "familiar with SDF but have not had the chance to apply it/use it." Another said, "We need training in how to communicate with the children to make the visit go smoothly."

## Conclusions

- ❖ Dentists, including those who treat very young children, face numerous barriers in providing dental care for the youngest children.
- ❖ Overcoming these barriers can start as early as pre-doctoral training for most. An early study by McWhorter et al stated that despite most dental schools in the United States teaching the importance of the first dental visit being before a child reaches 12 months, only about half of the schools provide actual clinical experience with infants.<sup>6</sup> This suggests a trend that still may need to be addressed in pre-doctoral training that can increase confidence and willingness in general dentists in treating patients 3 or younger.
- ❖ There are several limitations to our study.
  1. There was potential selection bias as the number of dentists reporting treating children 3 years or younger was higher than expected in the general population of Massachusetts dentists.
  2. Participants were recruited through an email to all members of the Massachusetts Dental Society. Some participants joined the call that were not dentists but may have been auxiliary staff.
- ❖ Dental schools should increase pediatric training for young children in addition to there being more comprehensive continuing education courses for practicing dentists that combine behavior management skills, minimally invasive dentistry, and practice management strategies including value-based care for treating young children.

## References

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