

Survey of Pediatric Dentists and Dental Hygienists Regarding How Their Practices Address Childhood Obesity

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Role of Oral Health Care Professionals



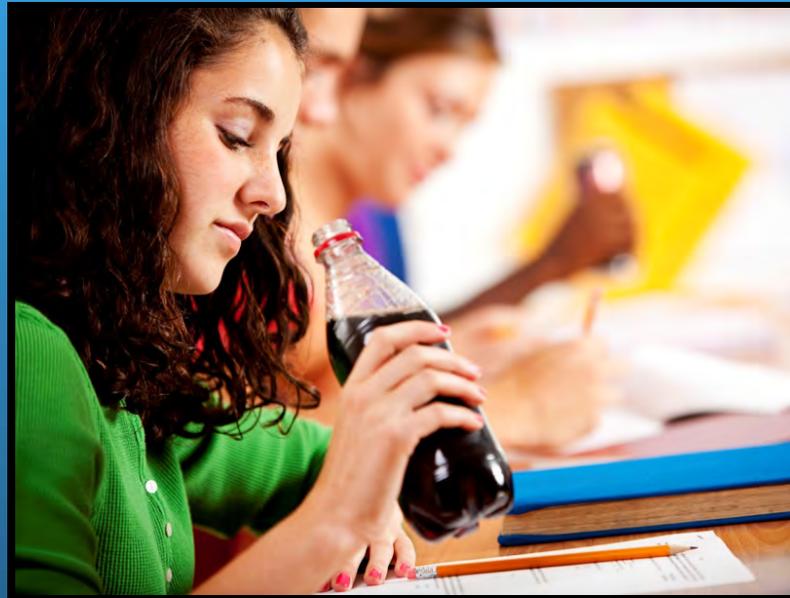
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Survey Report Topics

- Literature Review
- Research Questions
- Theoretical Framework
- Survey Development
- Methods
- Results and Discussion
- Survey Shortcomings
- Research Directions



Research Questions



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Research Questions

1. What are the current behaviors of pediatric dentists and hygienists regarding information and other interventions about healthy weight and the consumption of SSBs?
2. If they are not currently offering the services, what are their intentions to provide interventions regarding healthy weight and the consumption of SSBs?
3. What are their attitudes toward the two behaviors?
4. What are the perceived factors to discourage the behaviors, or major and minor barriers?
5. What factors would encourage pediatric dentists and hygienists to provide healthy weight and SSB interventions to parents of child patients?

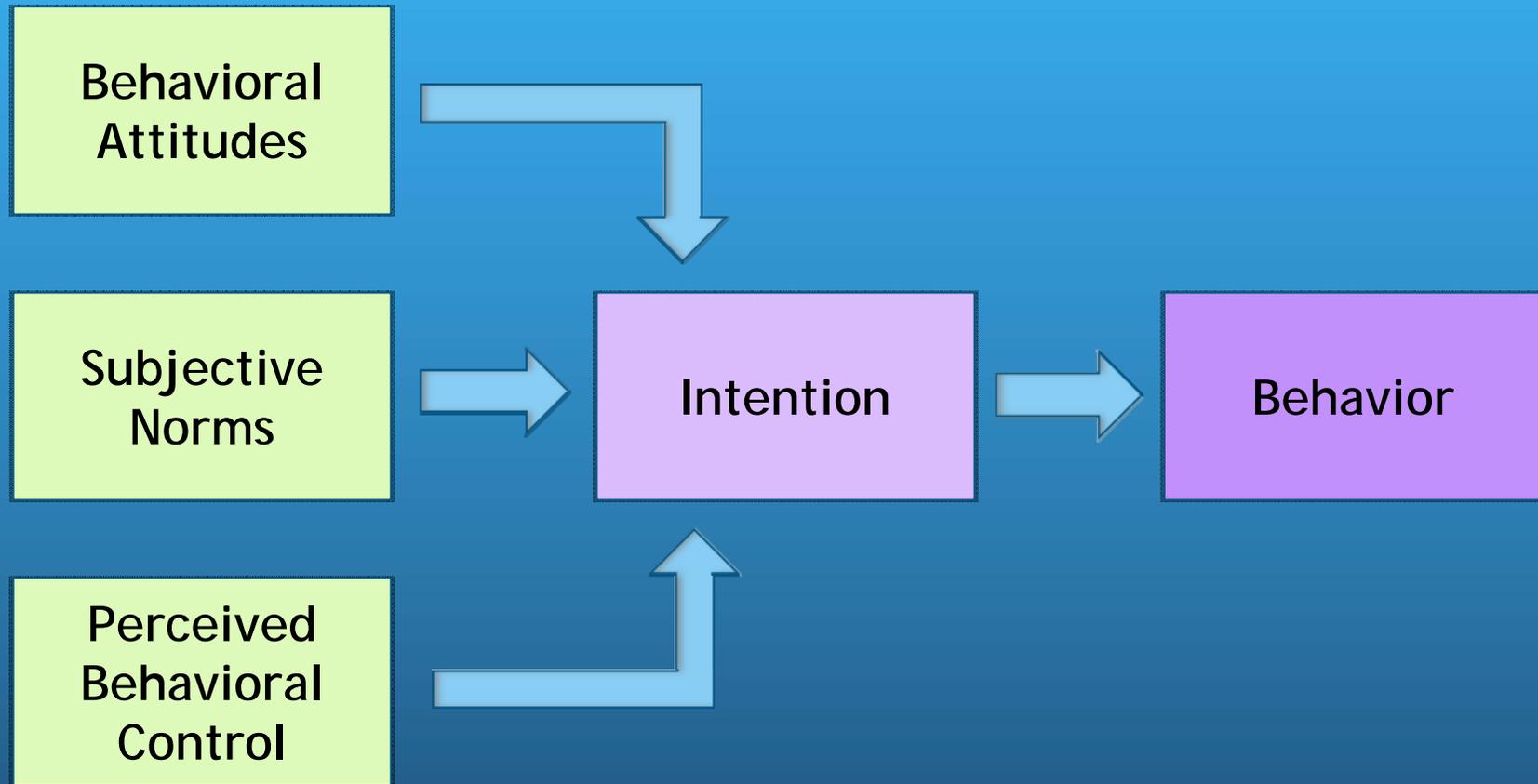


Theoretical Framework: Theory of Planned Behavior



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Theory of Planned Behavior



Survey Development and Methods



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Top References

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Methods

- Pediatric Dentist Survey
- 1,615 responses or 22 percent of the sample

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Methods

- Pediatric Dentist Survey
- 1,615 responses or 22 percent of the sample
- Dental Hygienist Survey
- 2,361 responses or 7 percent of the sample



Results and Discussion



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Respondent Demographics

- Gender representative
- Sole proprietors in suburban private practice
- Younger and more likely to be employees



Behaviors and Intentions: Obesity

- 17 percent currently offer childhood obesity interventions
- 67 percent interested in establishing a plan



Behaviors and Intentions: Obesity

- 17 percent of pediatric dentists currently offer childhood obesity interventions
- 8 percent of dental hygienists offer childhood obesity interventions
- 67 percent of pediatric dentists interested in establishing a plan
- 50 percent of dental hygienists interested in establishing a plan



Behaviors and Intentions: Obesity

- 17 percent of pediatric dentists currently offer childhood obesity interventions
- Curran et al: 3 percent of GPs and 6 percent of PDs provide obesity interventions
- Braithwaite et al: 7 percent of PDs feel comfortable discussing weight issues
- Bell et al: 80 percent of DHs said BMI isn't discussed in dental visits
- 67 percent of pediatric dentists interested in establishing a plan
- Curran et al: 50 percent interested



Behaviors and Intentions: Obesity

- Note in the chart
- Measure height and weight
- Talk to parents
- Provide educational materials
- Offer a referral
- Calculate BMI score
- Offer behavior modification
- Follow up
- Provide screening tool



Behaviors and Intentions: SSBs

- 94 percent of pediatric dentists currently offer interventions on SSBs
- 93 percent interested in establishing a plan
- 86 percent of dental hygienists currently offer interventions on SSBs



Behaviors and Intentions: SSBs

- 94 percent of pediatric dentists currently offer interventions on SSBs
- Lee et al: 70 percent of PDs offer caries-related dietary counseling
- Braithwaite et al: 24 percent of PDs offer nutritional counseling
- Sim et al: 70 percent of PDs ask about frequency of juice consumption
- Bell et al: 50 percent of DHs offer nutritional counseling to (adult) patients
- 93 percent of pediatric dentists interested in establishing a plan



Behaviors and Intentions: SSBs

- Talk to parents about my observations if a child shows signs of high risk for caries
- Note signs of high caries risk in the child's chart
- Provide educational materials on sugar-sweetened beverages
- Offer motivational interviewing or other behavior-modification programs about the consumption of sugar-sweetened beverages
- Provide parents with a self-administered screening tool for consumption of sugar-sweetened beverages
- Offer a referral to a dietitian or nutritionist for children who have high consumption of sugar-sweetened beverages
- Follow up on interventions with additional contact



Behavioral Attitudes

- 73 percent agreed that they have a role in helping children maintain healthy weight
- 47 percent expressed agreement on a willingness to discuss childhood obesity with parents



Behavioral Attitudes

- 73 percent of pediatric dentists agreed that they have a role in helping children maintain healthy weight
- 47 percent expressed agreement on a willingness to discuss childhood obesity with parents
- 98 percent of pediatric dentists agreed on their role of helping children have a prudent consumption of SSBs
- 98 percent expressed a willingness to discuss SSB consumption with parents



Subjective norms: Parent Perceptions

- 14 percent agreed that parents are receptive to obesity counseling in the dental office
- 7 percent agreed that parents think it is important for dentists to screen children for obesity
- 21 percent thought screening for obesity would make them appear more professional/knowledgeable



Subjective norms: Parent Perceptions

- 14 percent agreed that parents are receptive to obesity counseling in the dental office
- 81 percent think parents are receptive to advice about consumption of SSBs
- 7 percent agreed that parents think it is important for dentists to screen children for obesity
- 84 percent agreed that parents think it is important for dentists to provide counseling about SSBs
- 21 percent thought screening for obesity would make them appear more professional/knowledgeable
- 72 percent agreed that SSB advice would make them appear more professional/knowledgeable



Subjective norms: Parent Perceptions

- 9 percent of pediatric dentists and 4 percent of hygienists had been asked for advice from parents about obesity
- 85 percent of pediatric dentists and 77 percent of hygienists had been asked for advice about SSBs



Subjective norms: Parent Perceptions

| Barriers to healthy weight interventions (Rating average for Major Barrier 5, Minor barrier 3, Not a barrier 1) | Rating Average | Chi- Square |
|---|-------------------|----------------|
| Lack of parental motivation | 4.17 | .250 |
| Lack of parental acceptance of advice about weight management from a dentist | 4.15 | .0004 |
| Fear of appearing judgmental of parents and/or child patients | 4.14 | >.0001 |
| Fear of offending the parent | 4.10 | >.0001 |
| May create parent dissatisfaction with my practice | 3.62 | >.0001 |



Actual Parent Attitudes

- Scarcity of research
- Primarily qualitative with small groups
- Generally positive
- Similar barriers



Perceived Control Factors



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Perceived Control Factors for Obesity

- Lack of time in the daily clinical schedule
- Lack of trained personnel in my office to perform this service
- Lack of personal knowledge or training about childhood obesity
- Lack of knowledge about how to start the conversation
- Lack of reimbursement from 3rd-party payers
- Lack of appropriate referral options



Perceived Control Factors for Obesity

- No additional fees charged to parents for the services
- Lack of available patient education materials on childhood obesity
- Dietary recommendations about childhood obesity are ambiguous and/or confusing
- Concern over legal risks
- Lack of training in communication skills
- May be seen by state dental board as practicing medicine



Perceived Control Factors for Obesity: Clinical Issues

- 88 percent of pediatric dentists and 85 percent of dental hygienists would be interested in advising about weight management if a link between obesity and dental disease is found



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Perceived Control Factors for Obesity: Educational Barriers

- Childhood obesity and healthy weight counseling
- Nutrition and nutritional counseling
- Communication training
- Knowledge of how to start the conversation



Perceived Control Factors for Obesity: Incentives

- More approaches that add little time to a dental visit
- More parents asking about obesity and weight counseling
- More continuing education courses on childhood obesity
- Clearer clinical guidelines on nutrition and obesity
- Stronger clinical evidence of a link between childhood obesity and dental disease
- Increased availability of patient education materials
- Increased credibility and satisfaction from parents



Survey Shortcomings



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Research Directions

- Continue to dissect successful intervention programs for useful clues
- Find out more about parent attitudes regarding effective interventions
- Conduct additional studies to determine what intervention methods are most successful



Conclusion



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