

HRSA: Pediatric Dentistry/AEGD
Interdisciplinary training grant

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Overview

HRSA Pediatric Dentistry/AEGD interdisciplinary training grant

- a. Rationale
- b. Goals and objectives
- c. Clinical program
- d. Behavior Guidance
Techniques (BGTs) using
ABA principles
- e. Didactic program (ASD
curriculum)
- f. Research

HRSA Pediatric Dentistry Residency Training Grant on SHCN

In 2007, 2010, and 2020 NSU-CDM received a Health Resources and Services Administration (HRSA)/ US Department of Health and Human Services (DHHS) training grant to educate and train future pediatric dentists in treating children with SHCN, thereby increasing access to dental care for these children and establishing a pediatric dental training program through inter-professional collaboration between 3 organizations.

The Dental Patient with SHCN: An Interdisciplinary Collaboration

Pediatric Dentistry and AEGD Residency Collaborative: GOALS

- To improve the oral health of children, adolescents, and adults with SHCN through an expanded oral health program within the University and partner agencies
- To educate and train pediatric dentistry and AEGD residents on the oral diseases and conditions and primary care aspects associated with special health-care needs
- To improve access to oral healthcare for persons with SHCN and improve the quality and availability of dental care received by increasing referrals to the dental clinic.



The Dental Patient with SHCN: An Interdisciplinary Collaboration

Goal One

1. Provide high quality, comprehensive oral health care visits to vulnerable and underserved children and adolescents with SCHN-ASD on-site at the Mailman Segal Center
2. Provide high quality screenings, prevention, treatments and referrals for vulnerable and underserved children and adolescents with SHCN-ASD on site at SFACS
3. Provide high quality, comprehensive oral health care visits for uninsured, vulnerable, and underserved children and adolescents on-site at Caridad Center
4. Provide high quality comprehensive oral health care visits for uninsured, vulnerable, and underserved children and adolescents on-site at the NSU-HCA Dental Clinic.

The Dental Patient with SHCN: An Interdisciplinary Collaboration

Goal Two

HRSA Pediatric Dentistry/AEGD Residency Training Grant on SHCN

1. Meeting the needs of the patients

- Create an environment for successful patient management
- Eliminate waiting and late seating
- Multiple short visits
- Initial encounter benign and relaxing
- Parent education (e.g., prepare child for the appointment)
- Interdisciplinary approach (parents, Lehal guardians, pediatricians, psychiatrists, social workers)
- Positive and negative reinforcement
- Desensitization; TSD
- Protective stabilization
- Dental home
- Conscious sedation and GA referral systems

HRSA Pediatric Dentistry/AEGD Residency Training Grant on SHCN

2. Training and education of residents

- Interdisciplinary approach
- Awareness of medical management
- Learning about social deficits to understand behaviors
- Learn from parents/legal guardians about the patient
- Dental home education and support for the parents/legal guardians
- Behavioral techniques to improve cooperation
- Transition to adulthood

The Dental Patient with SHCN: An Interdisciplinary Collaboration

- The didactic portion of the training was designed by experts at all 3 institutions into a standard dental course format.
- This course was integrated into the first-year training schedule of the first year pediatric dental and AEGD residents.
- Through multiple iterations, a standard syllabus and series of didactic lectures were developed to best fit the educational needs of the pediatric residents.

The Dental Patient with SHCN: An Interdisciplinary Collaboration

Original Didactic Training Curriculum

1. **Epidemiology of SHCN and Autism Spectrum Disorders (ASD)**
2. **Child Development:** Relevant implications of understanding these processes for dental practice building, including interaction with children and their families
3. **Autism 1 and 2:** overview of the sensory, cognitive and behavioral profiles of children with ASD. Description of some behavioral, communicative and social difficulties that might interfere with the provision of dental care is provided.
4. **Behavior guidance:** Applied behavior analysis technique
5. **Teaching Children Dental Care Skills**
6. **Working with the Family**
7. **Resources for Children in the Community**

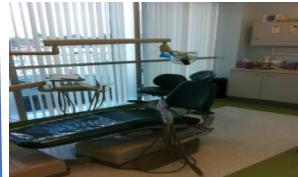
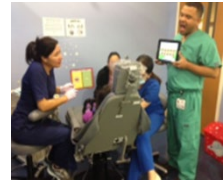
The Dental Patient with SHCN: An Interdisciplinary Collaboration

Curriculum was expanded by adding the following additional courses to create a more training robust program:

- Pharmacy Compounding
- Advocacy
- Anticipatory Guidance and Preventative Dentistry
- Clinical Decision Making in the Management of Emergencies in Medically Complex Dental Patients
- Childhood Obesity Prevention in the Dental Office
- Opioids
- Cultural Competence
- Oral Health Literacy
- Telehealth

The Dental Patient with SHCN: An Interdisciplinary Collaboration

Nova Southeastern University (NSU)-KID dental clinic, Memorial Healthcare System (Joe DiMaggio Children's Hospital) and Mailman Segal Center for Human Development



A two-dental chair suite at The Mailman Segal Center (MSC)

A four-dental chair suite at Joe DiMaggio Children's Hospital (JDM)

Increase access for SHCN children in South FL



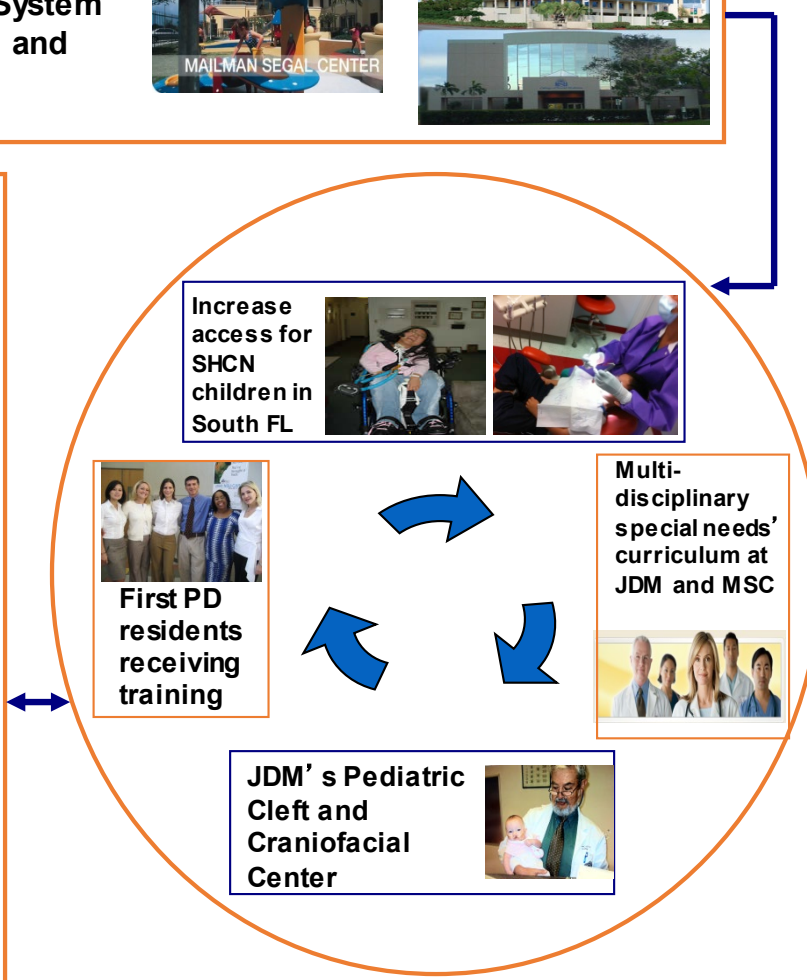
First PD residents receiving training



Multi-disciplinary special needs' curriculum at JDM and MSC



JDM's Pediatric Cleft and Craniofacial Center



HRSA Pediatric Dentistry Residency Training Grant on ASD at Mailman Segal Center

Clinical training



The clinic is a facility with two portable chairs fully equipped with dental instruments, supplies, sterilization equipment and emergency kit.



The regularly assigned dental team is comprised of 1 full time faculty member in pediatric dentistry, a second-year pediatric dentistry postgraduate student (resident), a dental assistant, and a behavior analyst who is present upon request.

The Dental Patient with SHCN: An Interdisciplinary Collaboration

Clinical training

- Residents rotate through the MSC clinic four days per week for routine clinical visits and one day assigned to sedation cases.
- Patients and their families are exposed to behavior guidance and management techniques.
- The behavior guidance protocol is a true marriage of two disciplines (pediatric dentistry/AEGD and behavioral research) and takes into account the specific dynamic of the family being engaged.



The Dental Patient with SHCN: An Interdisciplinary Collaboration

BEHAVIOR GUIDANCE TECHNIQUES (BGTs)

- Continuum of interaction involving the pediatric dentist, the dental team, the patient and the parent and directed towards communication and education (AAPD, 2011).
- The D-Termined Program for Repetitive Tasking and Familiarization.
- Current Behavior 'Management' Techniques: what works and what doesn't in children with ASD
 - Tell-show-do
 - Voice control
 - Positive reinforcement
 - Physical restraints
- Behavioral Analysis
 - ABA
 - Intensive behavior-based programming

The Dental Patient with SHCN: An Interdisciplinary Collaboration

APPLIED BEHAVIORAL ANALYSIS (ABA)

- ❑ ABA practitioners examine the functional relationship between environment and behavior to modify socially significant behaviors.
- ❑ Many of the prerequisite skills (behaviors) necessary for accepting treatment (sitting in dental chair, tolerating dental instruments, reducing oral defensiveness) can be taught and reinforced at home, school and other settings.

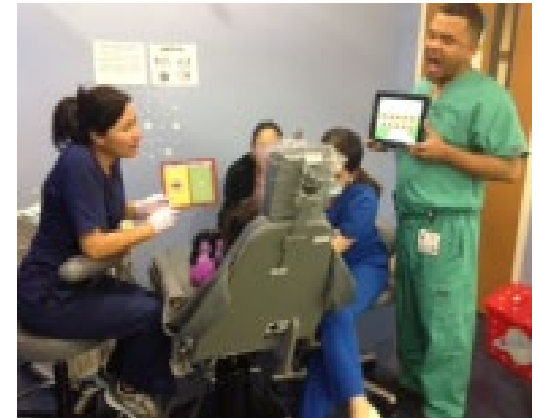


The Dental Patient with SHCN: An Interdisciplinary Collaboration

HRSA Pediatric Dentistry Residency Training Grant on ASD

Clinical training

- Specific behavior analysis techniques come from Applied Behavior Analysis (ABA) and range from chaining (connecting steps of a desired behavior), video priming and modeling, and Task Analysis to desensitization and extinction of undesired behaviors.
- Other methods used are exposing the patient to educational games with a focus on accomplishing tasks designed for children with ASD (iPads).



Pre-Treatment Assessment Form

Parent and/or Guardian must be present for first dental visit.

Parent/Guardian Name: _____ Date: _____
 Parent/Guardian Telephone: _____ Parent/Guardian Email Address: _____

PRE-TREATMENT ASSESSMENT FORM

(to be completed by Parent or Guardian)

Relation to Patient? Parent Guardian Caregiver

CHILD'S INFORMATION

Name: _____ Birthdate: _____

Sex: Male Female Race: White African American American Indian

Ethnicity: Hispanic/Latino Yes No Asian More than one race

Family Income: 0-\$15,000 \$30,000-\$49,000 \$70,000 or more
 \$16,000-\$29,000 \$50,000-\$69,000 Prefer not to answer

Does the child have any siblings? Yes No If yes, how many? _____

Was your child diagnosed with Autism Spectrum Disorder (ASD)? Yes No

If yes, how would you describe your child's ASD: Mild Moderate Severe Other

If applicable, what age was your child diagnosed with ASD? _____

From what sources have you received information about your child's ASD diagnosis? (check all that apply)

Pediatrician Psychologist Neurologist School Internet Other

What program is your child currently enrolled in?: Baudhuin Preschool The Academy
 Starting Right Other: _____

What other services is your child receiving?
 Occupational Therapy; How often? _____ Speech; How often? _____ Music; How often? _____
 Physical Therapy; How often? _____ ABA; How often? _____ Other: _____
 Play; How often? _____ Other: _____

Does your child have any other co-occurring diagnosis/es?

ADHD Intellectually Disability N/A
 Seizure Disorder Down Syndrome Fragile X Asthma
 Speech Delay Seizure Disorder Other Genetic Disorder: _____
 Epilepsy Developmental Delay Hypersensitivity/allergy-food
 Other _____ **Mental Health Disorder:** Hypersensitivity-medications
 Depression Bipolar Anxiety

Is your child currently taking any medications? Yes No

If yes, please list the medications here: _____

Has your child ever visited the dentist? Yes No

If yes, write age of first visit _____ Describe: _____

Which type of toothbrush does your child use? Manual Electric

Does your child use toothpaste with fluoride? Yes No

Do you floss your child(ren)'s teeth at home? Yes No

Please describe your child's at-home dental care: _____

Does your child drink water? Yes No If yes, how much? _____

What is your child's diet (servings)? Vegetable: _____servings Fruit: _____servings

Carbohydrates: _____servings Sweets: _____servings Sweets types: _____

How many servings of sugar sweetened juice or milk does your child drink each day? Milk _____ Juice _____

See reverse side

The previsit intake interview provides the opportunity to plan for the visit and to make recommendations to parents to help prepare the child before the appointment

ADDITIONAL INFORMATION			
The Patient needs (check all that apply) :			
<input type="checkbox"/> Routine Exam	<input type="checkbox"/> Orthodontic Treatment	<input type="checkbox"/> Extraction	<input type="checkbox"/> Other _____
<input type="checkbox"/> Filling(s)	<input type="checkbox"/> Multiple Treatments	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Don't Know
The Patient's level of cooperation is likely to be (check only one) :			
<input type="checkbox"/> Age Appropriate	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Non-Focused	<input type="checkbox"/> Other _____
<input type="checkbox"/> Playful	<input type="checkbox"/> Short Attention Span	<input type="checkbox"/> Don't Know	
Management techniques I would like the dentist to use on my child (Check all that apply) :			
<input type="checkbox"/> Sedation	<input type="checkbox"/> Operating Room/ General Anesthesia	<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Restraint	<input type="checkbox"/> Short, Multiple Visits	<input type="checkbox"/> Other _____	
How would you describe your child's level of challenging behaviors?			
<input type="checkbox"/> Minimal (Low)	<input type="checkbox"/> Disruptive (Moderate)	<input type="checkbox"/> Severe (High)	
What are your sources of support for coping with the diagnosis? _____			
How would you rate the level of support you receive from others?			
<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> No Support
How often does your child engage in challenging behaviors?			
<input type="checkbox"/> < 1 per day	<input type="checkbox"/> 1-2 per day	<input type="checkbox"/> 3+ times per day	<input type="checkbox"/> Never
The following statements are about the opinions you have about staying or not staying with the child in the dental treatment room when the child is being treated by the dentist. (Please circle)			
It is best if I stay with the child because the child needs me to be there.	Agree	Disagree	Don't Know
It is best if I stay with the child because I can help the Doctor and Staff.	Agree	Disagree	Don't Know
It is best if I stay with the child because I need to be there.	Agree	Disagree	Don't Know
It is best if I wait in the waiting room because dentists make me nervous, and that won't help the situation.	Agree	Disagree	Don't Know
It is best if I wait in the waiting room because the dentist knows best how to handle the child's behavior.	Agree	Disagree	Don't Know
Things that I know will motivate the patient to try harder (i.e. computer time, DVD, iPad, video games, movies etc.)			

Has your child ever had their haircut? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the haircut experience like?			

Does your child have any other physical challenges that the dental team should be aware of?			

Is there any other information that the staff should know prior to working with this patient?			

Is your child able to communicate verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child use non-verbal communication? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check any of the following that the child uses:			
<input type="checkbox"/> Mayer Johnson Symbols	<input type="checkbox"/> Sign Language		
<input type="checkbox"/> Sentence board or gestures	<input type="checkbox"/> Picture Exchange Communication Systems		
Please list any and all factors that contributed to you choosing our clinic (i.e. insurance, proximity to home, services offered, other)? _____			

Task Analysis for Desensitization and Dental Compliance

Patient: _____

	DATE					DATE				
Enter Clinic						MR. THIRSTY				
Sit in chair (w/parent or w/o)						Touch				
GLOVES						Allow				
Present						Close in mouth				
Touch						TOOTHPASTE				
Allow						Present				
MASK						Smell				
Present						Brush one tooth				
Touch						WATER				
Allow						Present				
DENTAL MIRROR						Touch				
Present						Allow				
Touch						FLOSS				
Hold						Present				
Allow (1 sec)						Touch				
Allow (2-5 sec)						Allow				
Allow (5-10 sec)						FLOURIDE				
Allow (10+ sec)						Present brush				
Look at gums						Touch brush				
Say's 'cheese' to examine						Present fluoride				
MANUAL TOOTHBRUSH						Allow (1 sec)				
Present						Allow (2-5 sec)				
Touch						Allow (5-10 sec)				
Hold						Allow (10+ sec)				
Front Top						Molar 1				
Front Bottom						Molar 2				
Right Side Top						Molar 3				
Right Side Bottom						Molar 4				
Left Side Top						Present film holder				
Left Side Bottom						Present film holder w/ film				
PROPHY CUP						Allow in mouth				
Present						Bite film & Holder (1 sec)				
Touch						Bite film & Holder (2-5 sec)				
Hold						Bite film & Holder (5-10 sec)				
Clean one tooth						TOTAL				
Front Top						TOTAL PERCENT				
Front Bottom										
Right Side Top										
Right Side Bottom										
Left Side Top										
Left Side Bottom										

The form is completed at every patient's visit and becomes a valuable tool to track desensitization progress. This form is completed in Axium.



Assessment of
Program
Impact

Pre-treatment
Assessment Form Data

Patient Characteristics:

Pre-treatment forms N=268

Variable	N	Percent
Male gender	199	74%
Race		
White	85	32%
African American	30	11%
Other	25	9%
Hispanic ethnicity	77	29%
ASD Diagnosis	180	78%
Other services		
Physical therapy	30	11%
ABA	84	31%
Occupational therapy	98	37%
Speech	124	46%
Co-Occurring		
Developmental delay	42	16%
Speech delay	72	27%
Ever visited dentist	98	37%

Patient Characteristics:

Pre-treatment forms N=268

Variable	N	Percent
Endorsed brushing at home a minimum of once per day	133/172	77%
Reason for visit		
Cleaning	125	47%
Routine exam	193	72%
Top Management technique: Parent Unsure	114	43%
Verbal communication	83	31%
Non-verbal	108	40%
Picture exchange	96	36%
Sentence board or gestures	23	9%

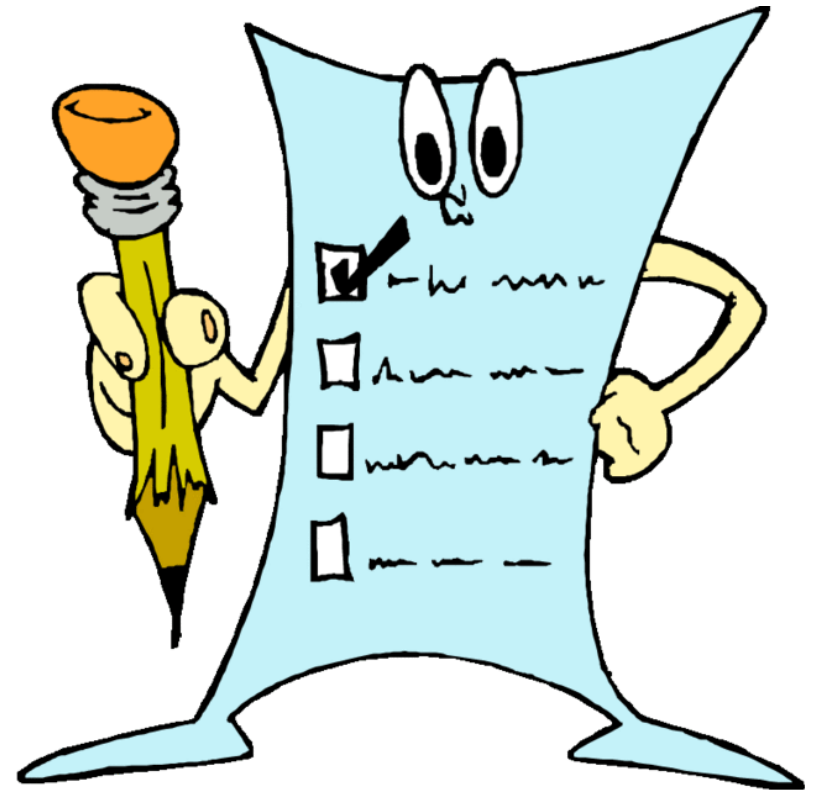


Patient Characteristics: Pre-treatment forms N=268

Most popular factors contributing to the use of the clinic (142 responses):

- Autism friendly program: N=60 (42.2%)
- Location/Child at Baudhuin or Starting Right: N=43 (30.3%)
- School Referral/Other Referral: N=32 (22.6%)
- Insurance/Free N=7 (4.9%)

Pretreatment
Assessment Form:
New Questions



Patient Characteristics: Pre-treatment forms N=98

Oral Care Information

Type of toothbrush used:

- Electric N=20 (20%)
- Manual N=77 (79%)

Fluoride toothpaste: N=49 (50%)

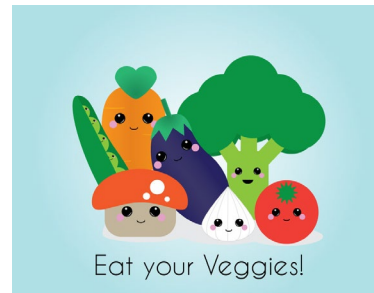
Flossing: N=24 (24%)



Patient
Characteristics:
Pre-treatment forms
N=98

Diet/Nutrition

- Drinks water, N=67 (68%)
- Eats vegetables, N=55 (56%)
- Eats fruit, N=54 (55%)
- Eats sweets, N=54 (55%)
- Drinks juice, N=43 (44%)
- Drinks milk, N=55 (56%)





Patient Characteristics: Pre-treatment forms N=98

Parent's description of child behaviors:

- Minimal (Low) N=36
- Disruptive (Moderate) N=39
- Severe (High) N=9

• Parent's description of child behaviors:

- Minimal (Low) N=36
- Disruptive (Moderate) N=39
- Severe (High) N=9

Patient Characteristics: Pre-treatment forms N=98

Caregiver sources of support:

- CARD support groups/workshops
- Family
- School/school personnel/teachers/therapists
- Other moms
- Don't know/none
- God
- YouTube

Rate level of support from others:

- None, N=3
- Low, N=14
- Moderate, N=29
- High, N=33





Assessment of
Program
Impact

Parent Satisfaction
Surveys

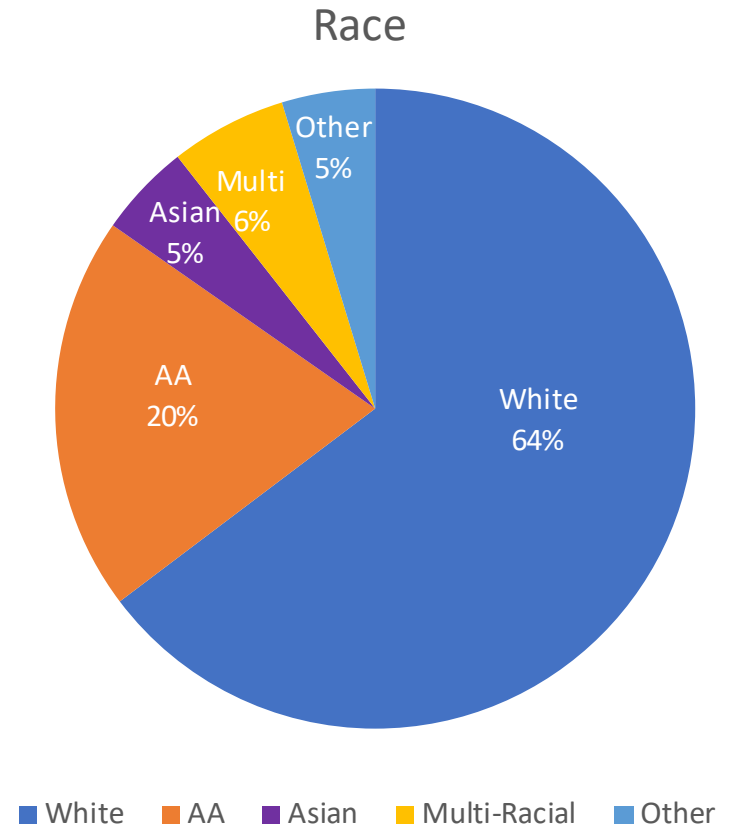
Parent Satisfaction Surveys N=87

Patient characteristics:

- Mean age: 5.55 (SD 2.3)
- Male gender: N=71 (81.6%)
- ASD Diagnosis: N=81 (93.1%)
- Hispanic ethnicity N=33 (37.9%)

Parent Characteristics:

- Married: N=64 (73.6%)
- Annual Income
 - 70,000 and above: N=40 (46.0%)
 - 50,000- 69,999: N=14 (16.1%)
 - 30,000-49,999: N=16 (18.4%)
 - 0-29,999: N=15 (17.6%)
- College grad or post grad: N=66 (75.8%)



Parent Satisfaction Surveys N=87



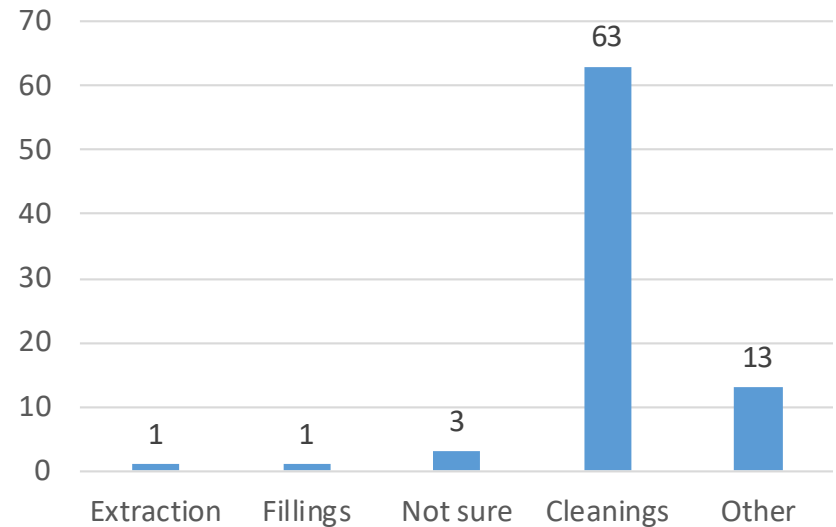
Mean number of visits: 4.55 (SD 4.55)

Reported dental treatment elsewhere:
N=33 (38.4%)

Reported very unsatisfied or
unsatisfied with prior dental
treatment: N=20 (45.5%)

Received services from both pediatric
dentist and resident: N=52 (67.5%)

MSC Services



Parent Satisfaction Surveys N=87

Satisfaction with care from dentist

- 11 questions, total possible score= 44
- Higher score= higher level of satisfaction
- Results: 41.4 (SD= 3.9)

Satisfaction with care from resident

- 4 questions, total possible score=16
- Higher score= higher level of satisfaction
- Results: 15.1 (SD=1.6)



Parent Satisfaction Surveys N=87



Clinic satisfaction:

- 8 items, total score= 32
- Higher scores=higher satisfaction
- Results: Mean Score: 25.9 (SD=3.49)
 - Lowest mean score: Enough pediatric dentists providing services to special needs patients (1.75 out of possible 4).
 - Second lowest score: It is easy to get an appointment right away (2.93 out of 4).
 - Third lowest: Office hours are good for most people (3.30 out of 4).

Parent Satisfaction Surveys N=87

Overall Satisfaction

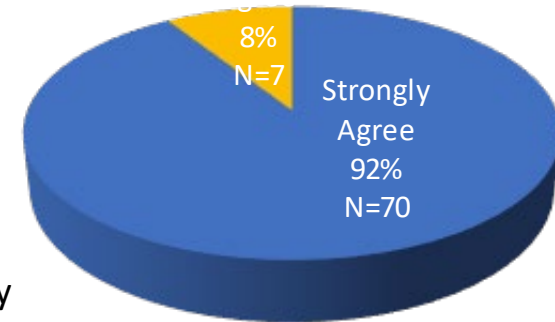
“Dr. Padilla is truly amazing. He makes my son feel safe and cared for. He truly cares and it is felt.”

“My child loves going to the dentist! Everyone we encountered has been wonderful!”

“We have only been a couple of times so far however each time has exceeded expectations. They do an excellent job and we are very grateful. Thank you.”

“My son visited the clinic 3 times. The first time was with a female dentist that was very nice but the session didn't go well bc I felt that they didn't have the session in control and I had to find ways for my son to agree to what they wanted him to do. This experience was very different then the second visit led by Dr. Padilla where my son listened to Dr. Padilla, he made a connection with him even though he was very scared of coming in and I felt like the whole session was under control and calm. The third time we had the female Dr again and it was the same as the first session. I felt like I had to control my child the entire time. They didn't get him to cooperate with them, it was very difficult. Overall I do want to say that your clinic is amazing! The Dr. are great and the staff too. Can't say thank you enough.”

Very Satisfied



■ Strongly agree ■ Agree



Resident Training Outcomes


Assessed Through

Didactic Trainings

Resident Impact Survey

Post Graduate Survey

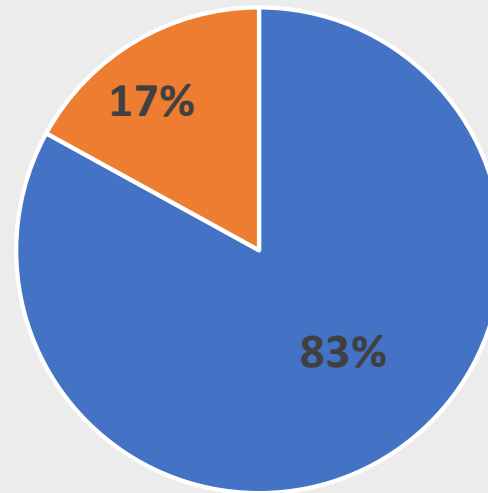


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Resident Impact Survey

Resident
Impact
Survey, N=36

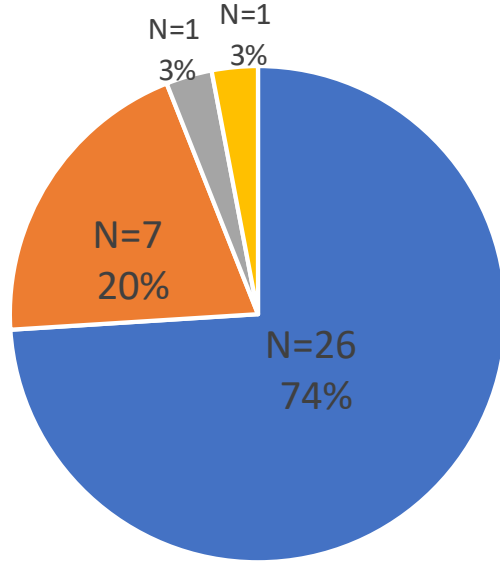
Prepared enough to treat or manage those with
ASDs



■ Strongly Agree ■ Agree

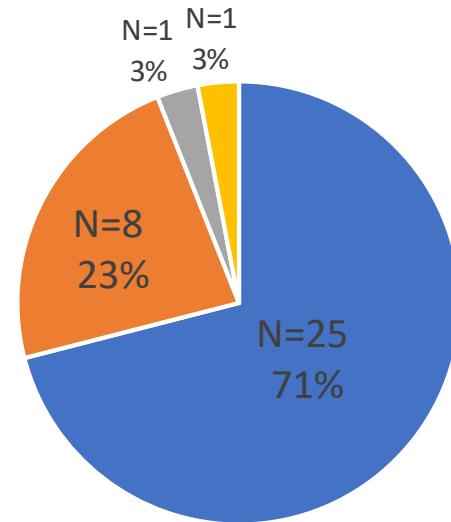
Resident Impact Survey, N=36

Enough clinical exposure to manage and treat ASDs



■ Strongly Agree ■ Agree
■ Undecided ■ Disagree

Clinical exposure increased confidence in treating and managing children with ASDs



■ Strongly Agree ■ Agree
■ Undecided ■ Disagree

Overall Results: Resident Impact Survey, N=36

- Scale 1-10, Mean value of the program: 9.38
- Overall how satisfied:
 - Extremely: 66% (N=23)
 - Very satisfied: 23% (N=8)
 - Satisfied: 9% (N=3)
 - Not satisfied: 3% (N=1)



- Other comments

“Thank you for the effort and dedication that you put on taking care of the patients and residents. Please continue offering this amazing opportunity to our residents!”

“Love the task strips, and the marriage of ABA to dentistry!”

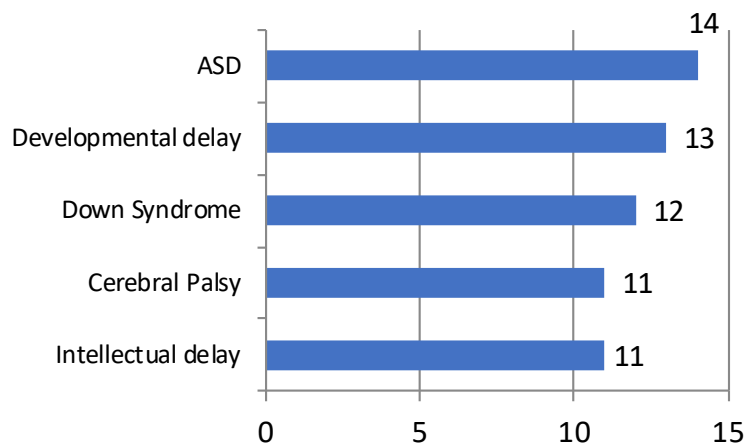


Post Graduate Survey

Post Graduate Survey N=14

Most reported 0-20% of patients had SHCN (N=11, 79%).

Types of Disabilities Encountered in Practice



Nearly all (N=13, 93%) endorsed using skills from SHCN rotation on current practice.

Specific skills mentioned:

- ABA
- Behavior management/modeling
 - Tell/show/do
- Desensitization
- Behavior modification
 - Use of breaks
 - Rewards
- Using pictures
- Counting
- Taking turns with IPAD
- Singing
- Task strip
- Prior prep at home with parents
- Shaky in, shaky out
- Consistent room/staff

Post Graduate Survey N=14

Barriers

- Limited access to quality providers.
- Not enough time for appointments/limited appointments.
- Insurance/low reimbursement.
- Limited access to specialized equipment (i.e., papoose).
- Difficulty coordinating multiple specialties in private office settings.

“The Medicaid insurance plan most children in Miami that have SHCN have is CMS and that is the only Medicaid plan the company I work for does not accept.”

“When multiple specialties are needed to help treat SHCN patients, it gets more difficult to coordinate and at times I refer to local university because they seem to have easier access to coordinating multiple specialties.”



The development and implementation of a training program for pediatric dentistry residents working with patients diagnosed with ASD in a special needs dental clinic

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Abstract

Oral health care is the most prevalent unmet health care need among all U.S. children age 17 and under in the U.S., and this includes those with special health care needs (SHCN). Children with SHCN experience unique barriers to receiving oral care including challenging behaviors, inadequate insurance coverage, and a lack of trained dentists. Despite the need for specialized training to successfully provide dental care to children with SHCN, few dental programs offer the necessary educational preparation. The Nova Southeastern University College of Dentistry was funded by the Health Resources and Services Administration to prepare pediatric and Advanced Education in General Dentistry (AEGD) dental residents in the care of children, adolescents, and adults with SHCN. The purpose of this paper is to describe the didactic and clinical training program and to provide data on the program's impact.

KEYWORDS

curriculum, pediatric dentistry residents, pediatric dentistry, program evaluation, special needs

1 | INTRODUCTION

The Maternal and Child Health Bureau has defined children and adolescents with special healthcare needs (SHCN) as those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that required by children in general.¹ Over 9 million (13%) U.S. children and adolescents ages 17 and younger have a special need for healthcare.² The need for oral healthcare is the most prevalent unmet healthcare need among U.S. children and adolescents with SHCN ages 17 and under, just as it is for all U.S. children and adolescents.^{3,4} Recent studies have focused on the issue of unmet dental needs and related barriers to care for these patients: 12% of children with autism spectrum disorder (ASD) had unmet dental needs, and of the

93% of children who have been to a dentist, 11% still reported unmet needs.⁵ Behavior has been identified as a major barrier to dental care, and children with poor perceived behavior have higher odds of having unmet dental needs.⁵⁻⁹ As such, dental researchers and practitioners have recently highlighted the need to connect the disciplines of dentistry and ABA.¹⁰⁻¹³

Oral diseases can have a direct and devastating effect on the health of children and adolescents with certain systemic health problems and conditions. For example, children and adolescents with mental, developmental, and/or physical impairments who do not have the ability to understand or cooperate with preventive oral health practices may be vulnerable. In addition, medications, special diets, and oral motor habits can contribute to the development of oral health problems for many children and adolescents with SHCN (e.g., tooth decay-promoting effects of medications with high



THANK YOU

QUESTIONS?