Hence, the researchers hypothesized that the greatest barriers for care access, and linkages to dental providers in the community. Student researchers sought to gain a better understanding about Disparities Center’s Summer Internship Program (HDSIP), two Mobile Health Van Project (MHVP) and the Brooklyn Health impediments, low self esteem, and depression (Tysinger, Maier, psychological issues such as anxiety when socializing, speech their peers of higher socioeconomic levels (Miller 1). The need for dental care is especially acute among impoverished color living in low-income communities (Edelstein and Chinn 12 to 17, Latin Americans (47.2%) and African Americans (43.6%) have more than twice the proportion of untreated decayed teeth than Caucasians (20.7%) (Amy Honig 1) (refer to Figure 1). Dental caries also impact 40 percent of all children ages 2 to 11 years, with more dental disease seen in children of color living in low-income communities (Eidelstein and Chinn 1). Immigrant children are impacted by several oral diseases. The need for dental care is especially acute among impoverished children, as they have 60 percent more untreated cavities than their peers of higher socioeconomic levels (Miller 1). This being said, it is evident that poor dental hygiene makes the young immigrant population vulnerable to a wide variety of oral systemic diseases, and oral cancers, which may lead to future psychological issues such as anxiety when socializing, speech impediments, low self esteem, and depression (Tyanger, Mazer, Clark, Douglass, Quinonez: course 2). In collaboration with the Mobile Health Van Project (MHVP) and the Brooklyn Health Disparities Center’s Summer Internship Program (HDSIP), two student researchers sought to gain a better understanding about the influence of pediatric Primary Care Providers (PCPs) on their patients’ oral health, providers’ perceived barriers to dental care access, and linkages to dental providers in the community. Hence, the researchers hypothesized that the greatest barriers for access to pediatric oral healthcare are insufficient insurance coverage and lack of awareness.

The goal of this study was to gather relevant information about pediatric oral health care from five non-dental pediatric primary care providers (PCPs) located in various Brooklyn neighborhoods (zip codes 11225, 11203, 11235, 11205, and 11213 see Figure 2). In preparation for their collaboration with the MHVP, the researchers completed four oral health courses online, through the Smiles for Life website (http://smilesforlifearoralhealth.org), with CME credit. Through this training, the researchers gained insight on information regarding oral health, including dental diseases that exist both in children and adults, the importance of fluoride in one’s diet, and the process of examining and treating patients.

At the CBO site, MHVP research support staff provided the student researchers with a list of pediatric PCPs chosen from a specific set of Brooklyn zip codes representing the highest concentration of patients seen by the MHVP. Researchers conducted in-person interviews with four pediatricians and one phone interview with a pediatric nurse practitioner. The researchers contacted these clinicians utilizing a concise informed consent to schedule an interview. During the interviews, researchers asked the health care providers a series of questions pertaining to their individual practices and opinions regarding promoting awareness about oral health care among their patients. Once the data was collected, the researchers began working with Dr. Preenu Varkey and staff of the BHDC to evaluate their findings. Lastly, a bibliography was compiled with all the sources used for the research project.

While 100 percent of the respondents reported that non-dental medical professionals should check their patients’ oral health, twenty percent of them reported not performing oral exams on their patients during regular visits. Only forty percent have educational materials on oral health topics available in their waiting rooms (Figure 3). Moreover, our results suggest that a large facet of the public is not aware of the importance of oral health and that advocacy plays a large role in educating individuals. Perceived barriers to accessing oral health care according to the surveyed PCPs include poor income, inadequate insurance coverage, low caregiver education level, lack of knowledge, and a delay in recognizing the need for dental care. Clinician responses indicate that having a regular dentist, having dental insurance, and being informed about oral health are important factors that can positively influence patient utilization of dental services within Brooklyn. 60% of our interviewers reported that education was one of the main barriers to oral health care. Additionally, 60% believed that insurance is a problem. Also 20% indicated that time is a problem. As stated by the PCPs interviewed, having dental insurance in most cases ultimately determines whether patients will be able to pay for their dental visits.

In order for the underrepresented immigrant population to gain access to proper oral health services, they must first be aware of the impact of poor oral health on overall health. A lack of sufficient insurance coverage and awareness of proper dental care cause the greatest barriers when it comes to access to pediatric oral healthcare. Based on the data collected, the researchers found that their hypothesis was supported. The researchers conclude that measures must be taken to overcome these barriers.

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