The CREEDD – "we believe"

THE NORTHEAST CENTER FOR RESEARCH TO EVALUATE & *ELIMINATE* DENTAL DISPARITIES

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CREEDD Partners

- Boston Housing Authority
- Boston University Henry M. Goldman School of Dental Medicine
- Boston University School of Medicine
- Boston University School of Public Health
- CDC Prevention Research Center - ‘Partners in Health and Housing’
- Community Committee for Health Promotion
- Family Health Centers of Maryland
- National Institute of Dental and Craniofacial Research
- Nationwide Children’s Hospital, Columbus, OH
- Primary Care Coalition, Montgomery County, MD
- University of Maryland Dental School
- University of Maryland School of Public Health

CREEDD Mission

- to improve oral, dental and craniofacial health through research, research training, and the dissemination of health information”

- *to eliminate oral health disparities*

Center 'Themes'

Oral health promotion and disease prevention

- In "non-dental care" settings
  - The 'well-child' medical care visit, in CHC
  - Public housing developments
- Delivered by "non-dental care" providers
  - Medical care providers (MD/NP/RN/PA)
  - Public housing residents - *"regular folks"*

CREEDD RESEARCH PROJECTS

Northeast Center for Research to Evaluate and Eliminate Dental Disparities (CREEDD)

Partnering with Community Health Centers to Prevent ECC

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Boston University School of Medicine
Paul Geltman MD, MPH
Boston University School of Medicine

Northeast Center for Research to Evaluate and Eliminate Dental Disparities (CREEDD)

Background

- While most infants and toddlers do not see dentists, most see pediatricians.
- Good evidence that fluoride varnish reduces dental caries.
- Good evidence that patient centered counseling by physicians affects dental clinical outcomes.

Prior Research

Counseling on Reducing Risk for ECC

Patient Centered Counseling training in pediatric medical practice, as well as edited electronic medical records and supplied educational brochures (N=635) and compared results to those from a similar nearby clinic (N=452).

- Providers knowledge of ECC increased at intervention sites.
- Providers at intervention site used more counseling.
- Children at intervention site had 77% reduction in risk for developing ECC.

Kressin et al. Pediatric Clinicians Can Help Reduce Rates of Early Childhood Caries, Medical Care (in press)

Research Question

In a community health center environment with medical care providers participating in oral health care, does a fluoride varnish along with patient centered counseling affect caries incidence more than fluoride varnish alone.

Design and Population

- Stratified group randomization design
  - 6 community health centers (2 sites in Baltimore, 2 in Montgomery County, MD, and 2 in Columbus OH)
  - Intervention site FV +PCC vs control site FV alone

- 450 One-year-old patients at each site will be enrolled and followed for 2 years

Outcomes

Primary Outcome: 2-year incidence of ECC

Secondary Outcomes:

- Provider Knowledge (pre-post test) and adoption of counseling (questionnaire and audiotape)
- Caregiver Knowledge, attitudes, beliefs, and behavioral risk factors for ECC (questionnaire)
- Rates of fluoride varnish provision

Oral Health Advocates in Public Housing

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Belinda Borrelli, PhD
Brown University

Northeast Center for Research to Evaluate and Eliminate Dental Disparities (CREEDD)

Research Question

Does a behavioral intervention (Motivational Interviewing), delivered by public housing residents (oral health advocates) to their peers, reduce incidence of early childhood caries over a two-year period?

Overview

- **Population:** 1860 caregivers and their children aged 0-5 who are residents of 18 Boston Public Housing family developments
- **Design:** Stratified group randomized trial
- **Intervention:** Motivational Interviewing (FV, oral health assessment and environmental supports)
- **Control:** FV, oral health assessment and environmental supports

Data Collection

- Quarterly, a calibrated, dental hygienist will:
  - 1) conduct clinical oral health assessments based on standardized criteria
  - 2) apply fluoride varnish
  - 3) provide feedback on screening results and
  - 4) provide written oral health education materials
- At baseline, 12 and 24 months a research assistant will:
  - Administer behavioral risk factor questionnaire

Outcomes

Primary Outcome: 2-year incidence of ECC

Secondary Outcomes:

- Caregiver knowledge, attitudes, beliefs, and behavioral risk factors for ECC
- Rates of fluoride varnish provision
- Stage of Health Behavior Change

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