The objective of this preliminary study is to determine and evaluate whether there is an association between the caregiver’s oral health literacy (OHL) and the oral health status (OHS) of their child (children).

Subjects/Materials and Methods:
This preliminary cross-sectional study’s inclusion criteria includes caregivers seeking treatment for their children (≥ 8 years old) at a community dental office. The caregivers did have a cognitive, visual, or hearing impairment. Eligible individuals for this study must have a limited understanding of English, and must be able to verbally communicate. Excluded individuals are any children and any adults with a self-reported cognitive, visual, or hearing impairment, or have no understanding of English.

A convenience sample of 150 caregiver-child dyads presenting at the office were recruited, where they provided written consent along with a Health Insurance Portability Act Waiver to participate. We then utilized the Research Electronic Data Capture (REDCap) application for OHL instrument data collection; and the patient’s electronic health record for (EHR) for OHS.

Results/Discussion:
In this study, we administered the REALMD-20, a screening instrument, to 150 patients and analyzed the results. Based on the results from the preliminary study we have not found an association between the REALMD-20 screening scores and the child’s caries experience as measured by dmft/dmfs. The results showed that mean REALMD-20 score is 18.09 and standard deviation of 1.55. We will continue this study by analyzing different data collected, and screening caregiver-child dyads to further determine an association.

Analysis:
There was computation of correlation coefficients. We performed a relationship analysis between decayed teeth, missing teeth due to caries, filled tooth surfaces, and scores from the Rapid Estimate of Adult Literacy in Medicine and Dentistry (REALMD-20).

In this stage of our research we have sampled 150 caregiver/child pairs, in which we have received consents and surveyed using the REALMD-20. With the data we have collected thus far in the process, we have compared the results of the REALMD-20 and the dmft/dmfs.

We run a Pearson correlation analysis, which has shown that there is no correlation between the REALMD-20 and carries count.

Tables 1.1 and 1.2 illustrate the comparison between the REALMD-20 and the dmft/dmfs. The results from the data we have collected revealed that in this private practice convenience sample the mean score of the REALMD-20 is 18.09 and the standard deviation (SD) is 1.55.