



New Federal Study Confirms Ongoing Disparities in Children's Oral Health & Dental Care

A new federal report on children's oral health was released by the Maternal and Child Health Bureau in April 2006. The report, *The Oral Health of Children: A Portrait of States and the Nation 2005*, provides information on parental reports of the condition of children's teeth, problems with teeth, use of preventive dental care, and reasons for not receiving needed dental care. *The Oral Health of Children* is published as a chartbook that provides tables and graphs of data from interviews of more than 100,000 parents with children under age 17 years. It is available on the web at <http://www.mchb.hrsa.gov/oralhealth/index.htm>.

Study Provides Parent Perspectives

The Oral Health of Children is a welcome addition to information on children's oral health, as it features state-by-state data, providing parents' perspectives, which complements other federal studies. For example, this study, part of the 2003 National Survey of Children's Health (NSCH), allows comparison of parental assessments of children's oral health status with actual dental examinations performed as part of the federal "NHANES" study that was released by CDC in August 2005.¹ The chartbook also allows comparison between parental subjective reports of dental visits and objective findings of the federal 1996 "MEPS" study.

Key Findings

- **Most US children enjoy good oral health but about a third do not. Significant and consequential disparities in oral health continue for low-income, minority, and special needs children.**
- **Most US children obtain a dental visit in a year but about a fifth do not. Significant and consequential disparities in dental care continue for low-income, minority, and special needs children.**
- **Although parents tend to accurately assess their children's oral health, they appear to overstate use of dental care.**
- **Disparities identified by this new study closely parallel disparities identified by earlier, more stringent federal studies.**

Overall Oral Health Findings

One-third of US children under age 17 (32%) are reported by their parents to have teeth that are in less than "excellent" or "very good" condition. When asked about dental problems, more than half (55%) of parents whose children are in "fair" or "poor" oral health cite "cavities" as the child's dental problem, while a third cite crooked teeth, and smaller percentages note broken teeth, grinding, discoloration and other problems. The finding on cavities is reasonably consistent with CDC's recent report that 20-25 percent of children have unfilled cavities (the CDC report is on "all children" while the new report is only on children in fair or poor oral health). A new and notable finding in the chartbook is that one-quarter of parents who report that their child is in excellent or very good "physical health" report that their child is in less than excellent or very good "oral health."

Overall Dental Care Findings

Overall, more than one-quarter (28%) of US children under age 17 reportedly did not have a dental visit within the past year. Earlier federal studies have suggested that far larger proportions of children do not see a dentist in a year. For example, the Medical Expenditure Panel Survey (MEPS) of 1996 reported that twice as many children (57%) did not see a dentist in the past year, and the federal Medicaid "416" reports suggest that two-thirds of low-income children do not obtain dental care in a year. As new MEPS data become

¹ See CDHP's Issue Brief, Early Childhood Caries Trends Upward (*CDHP, 2005*) at www.cdhp.org

available, it will be possible to see whether care has increased in recent years or whether parents tend to over-report use of services as previously documented.² Among parents of children not receiving care, 9-in-10 reported that their child “did not need” preventive dental care. For parents of infants, toddlers, and preschoolers, this may reflect lack of awareness that professional organizations now recommend dental care starting at age 1. For parents of teenagers, this may reflect a lack of awareness that teens’ mouths are still growing and developing and that periodontal (gum) diseases first begin during teen years. In general, this finding suggests that parental education remains an important strategy to ensuring ongoing oral health care for children.

Disparities in Oral Health

Age: Parental assessment of children’s oral health varies by age, with 22 percent of children ages 1-5, 38 percent of children 6-11, and 32 percent of children ages 12-17 reportedly having only “good, fair, or poor” oral health. Noteworthy is that almost one-quarter of parents of infants, toddlers, and preschoolers believe their children have dental problems, consistent with CDC’s findings that 28 percent of children ages 2-5 have early childhood caries. An earlier National Health Interview Survey (NHIS) found that 73 percent of children who have an unmet need for healthcare have an unmet need for dental care.

Race/Ethnicity: Consistent with prior federal studies, white children enjoy better oral health than children of color. Parents report that 53 percent of Latino, 49 percent of Black and, 23 percent of White children have only “good, fair, or poor” oral health.

Income: With each upward increment in income level, children’s oral health is better. Consistent with prior federal studies, children in poverty are nearly twice (1.7 times) as likely as affluent children to be in only “good, fair, or poor” oral health.

Special Needs: Parents report that children with special health care needs are modestly more likely (by 6%) to have only “good, fair or poor” oral health than children without special needs. An earlier NHIS study found that nearly one-in-four children with special needs has an unmet need for dental care.

Disparities in Dental Care

Age: As noted in earlier federal studies, the chartbook shows that young children receive less care than school age children, and teenagers tend to drop off of regular dental care. Few children under age 3 (10% of 1 year olds and 24% of 2 year olds) reportedly receive preventive dental care despite American Academy of Pediatrics and American Academy of Pediatric Dentistry recommendations for care starting at age 1, particularly for those at greatest risk.

Race/Ethnicity: Consistent with prior federal studies, children of color – those with greater frequency of dental problems – receive considerably less dental care than white children. White children are 1.2-1.3 times more likely to have a dental visit in the past year than children of color.

Income: Consistent with prior federal studies, children of low-income families – those with greater frequency of dental problems – receive considerably less dental care than high income children. High income children are 1.4 times more likely to have had a dental visit than low-income children.

Special Needs: Consistent with prior federal studies, children with special healthcare needs are modestly (7%) less likely to receive dental care than children without special needs.

2 Macek MD, Manski RJ, Vargas CM, Moeller JF. Comparing oral health care utilization estimates in the United States across three nationally representative surveys. Health Serv Res. 2002 Apr;37(2):499-521.

Significance of New Findings

- ***The Oral Health of Children: A Portrait of States and the Nation 2005* is an important new study because it reconfirms that oral health disparities continue unabated.**
- Children made vulnerable by low-income, minority status, and special needs are both more likely to have dental problems and less likely to receive dental care.
- Caries rates in very young children continue to outstrip the rates of preventive care for children under age 3.
- Parents appear to be aware of their children's oral health status but may tend to over-report use of dental services.

Like the Surgeon General's Report on Oral Health in America and National Call to Action to Promote Oral Health, as well as the Surgeon General's Conference on Children and Oral Health and the Healthy People 2010 oral health objectives for the nation, this new report is another wake-up call for policymakers, dental professionals, children's advocates, and parents to address the ongoing but preventable problems that America's children have with oral health and access to dental care.