

## DENTAL CARE

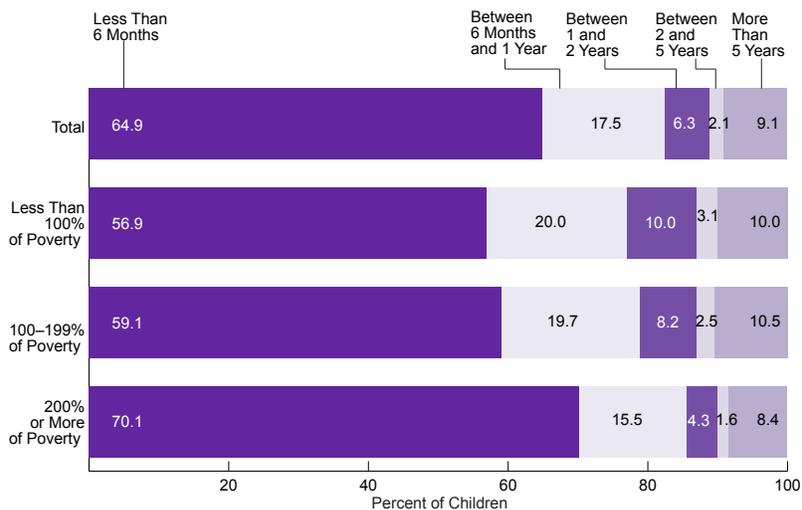
Tooth decay (dental caries) is a bacterial infection of the tooth and is estimated to be the most common chronic infectious disease in children in the United States.<sup>1,2</sup> The Centers for Disease Control and Prevention estimates that more than one-quarter of children aged 2–5 years and half of youth aged 12–15 years are affected by tooth decay.<sup>3</sup> Untreated tooth decay causes pain and infection, which may affect a child’s ability to eat, speak, play, and learn. Tooth decay is preventable with proper dental care, including cleaning, brushing, and flossing, sealant application, and fluoride treatment. The American Academy of Pediatric Dentistry recommends that children have their first dental visit shortly after the eruption of their first tooth and no later than their first birthday, with two dental checkups per year thereafter.<sup>2</sup>

Approximately 65 percent of children aged 2–17 years received dental care in the past 6 months in 2012, as determined from parental report. Receipt of dental care at recommended intervals varied by age, race and ethnicity, poverty status, and insurance status and type. Children aged 5–11 years and 12–17 years were more likely to have received dental care in the past 6 months than those aged 2–4 years (70.3 and 68.0 percent compared to 45.3 percent, respectively).

With respect to race and ethnicity, non-Hispanic American Indian/Alaska Native children were most likely to have had a dental visit in the past 6 months (78.0 percent) compared to 61–68 percent of children from other racial and ethnic groups. Children living in households with incomes of less than 100 percent and 100–199 percent of poverty were less likely than children living in households with incomes of 200 percent or more of poverty to have received dental care in the past 6 months (56.9 and 59.1 percent, respectively, versus 70.1 percent; figure 1). Uninsured children were about half as likely to have received a dental visit in the past 6 months (34.9 percent) as those with public or private insurance (62.5 and 70.2 percent, respectively).

In 2012, parents of 5.5 percent or 4 million children reported that their child did not receive needed dental care due to cost. The rates of unmet dental need due to cost increased with age and were lowest among children aged 2–4 years (2.8 percent), but rose substantially for those aged 5–11 years and 12–17 years (4.9 and 7.6 percent, respectively). Similar to receipt of dental care, children living in households with incomes of less than 100 percent and 100–199 percent of poverty were approximately twice as likely to have unmet needs as

**Figure 1. Time Since Last Dental Visit\* Among Children Aged 2–17 Years, by Poverty Status,\*\* 2012**



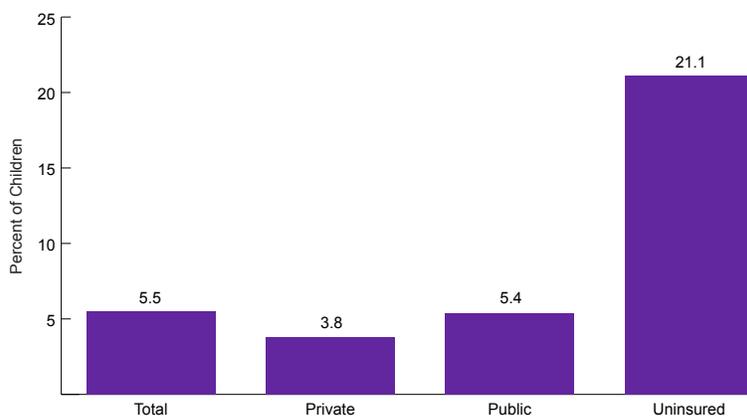
\*All estimates are age adjusted and may not total 100 due to rounding. \*\*The U.S. Census Bureau weighted average poverty threshold for a family of four was \$23,492 in 2012.

children living in households with higher incomes (7.2 and 8.4 percent compared to 3.8 percent, respectively). The proportion of children with unmet needs was much higher among those who were uninsured (21.1 percent) compared to those with either public (5.4 percent) or private (3.8 percent) health insurance (figure 2).

Limited access to oral health care and dental insurance coverage contribute to poor oral health.<sup>4</sup> The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and Federally Qualified Health Centers (FQHCs) work to address such barriers. The EPSDT Program is the section of Medicaid that addresses child health, requiring dental services including appropriate screening, diagnostic, and treatment.<sup>5</sup>

Additionally, the Affordable Care Act will expand coverage and include child oral health care as a required health benefit.<sup>6</sup> *Healthy People 2020* oral health objectives aim to “increase the proportion of [FQHCs] that have an oral health care program” and “increase the proportion of patients who receive oral health services at [FQHCs] each year.”<sup>7</sup> All FQHCs must provide preventive services, regardless of the ability to pay. Community programs such as school based sealant programs and community water fluoridation are another way to deliver effective preventive interventions to children who may lack access to dental care.<sup>8</sup>

**Figure 2. Unmet Dental Need\* in the Past Year Among Children Aged 2–17 Years, by Type of Health Insurance,\*\* 2012**



\*Based on parent report that services were needed but not affordable; all estimates are age adjusted. \*\*Refers to general health insurance and not single service coverage, such as dental insurance. Private coverage includes persons with any private insurance, either alone or in combination with public coverage; Public includes those covered only by government programs such as Medicaid, Medicare, military plans, and state-sponsored health plans.

#### Data Sources

Figure 1 and 2. Bloom B, Jones LI, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2012. National Center for Health Statistics. *Vital Health Statistics*. 2013;10(258).

#### Endnotes

- Centers for Disease Control and Prevention, Division of Oral Health. *Children's oral health*. Available at: [http://www.cdc.gov/oralhealth/children\\_adults/child.htm](http://www.cdc.gov/oralhealth/children_adults/child.htm). Accessed April 29, 2014.
- American Academy of Pediatric Dentistry. *Health care providers brochures: the pediatric dentist*. Available at: <http://www.aapd.org/publications/brochures/>. Accessed April 29, 2014.
- Centers for Disease Control and Prevention, Division of Oral Health. *Oral health: preventing cavities, gum disease, tooth loss, and oral cancers at a glance 2011*. Available at: <http://www.cdc.gov/chronicdisease/resources/publications/aag/doh.htm>. Accessed April 29, 2014.
- Institute of Medicine. *Advancing oral health in America*. Report brief. 2011. Available at: <http://www.iom.edu/reports/2011/advancing-oral-health-in-america.aspx>. Accessed May 2, 2014.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *EPSDT overview*. Available at: <http://mchb.hrsa.gov/epsdt/overview.html>. Accessed May 2, 2014.
- Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured. *Children and oral health: accessing needs, coverage, and access*. Available at: <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7681-04.pdf>. Accessed May 6, 2014.
- U.S. Department of Health and Human Services. *Healthy People 2020 topics & objectives: oral health*. Available at: <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>. Accessed April 29, 2014.
- Jones E, Shi L, Hayashi AS, Sharma R, Daly C, Metzger QN. Access to oral health care: the role of Federally Qualified Health Centers in addressing disparities and expanding access. *American Journal of Public Health*. 2013;103(3):488–493.

#### Suggested Citation

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