



COMMUNITY HEALTH DATA BASE

An Information Service of Public Health Management Corporation

Data findings

DENTAL CARE ACCESS AMONG CHILDREN IN SOUTHEASTERN PENNSYLVANIA

February 2012

Access to dental care remains an important issue as more than 25 percent of children in the United States between the ages of two and five are affected by tooth decay; this figure increases to over fifty percent among children 12 to 15 years old (1). Additionally, approximately 16% of children ages 6 to 19 went untreated for dental caries due to lack of dental care access (2). The Community Health Data Base last looked at dental care access among children in the region in a data brief produced in 2008 ([click here](#) to access that brief). Since that time the percentage of children with no dental visit in the past year has slightly decreased from 11.5% in 2008 to 9.1% in 2010. However, disparities still exist in dental care access in the region.

In recognition of February as National Children's Dental Health Month, this article highlights data from PHMC's Community Health Data Base's 2010 Southeastern Pennsylvania (SEPA) Household Health Survey on dental care access of children between the ages of 4 and 17. This survey is a random digit dial telephone survey of over 10,000 households, including approximately 2,800 households with children, in the five-county SEPA region of Bucks, Chester, Delaware, Montgomery and Philadelphia Counties.

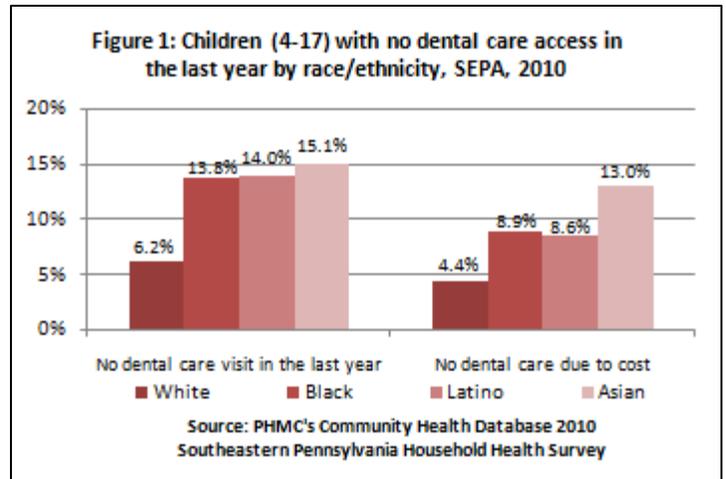
Dental Visits in the Last Year

Approximately 67,400 children in Southeastern Pennsylvania between the ages of 4 and 17 did not see a dentist in the last year, representing 9.1% of children in the region. Philadelphia County has the highest percentage of children who did not see a dentist in the last year (12.6%), followed by Delaware (10.5%), Bucks (6.9%), Montgomery (5.8%) and Chester (5.5%) counties.

- Boys (8.5%) and girls (9.8%) are similarly as likely to not have had a dental visit within the past year.
- Children between the ages of 13 and 17 are slightly more likely to not have visited a dentist in the last year (10.4%) compared to children ages 4 to 12 (8.3%).
- About one out of six Asian children (15.1%) did not have a dental visit in the previous year, followed closely by Latino (14.0%) and Black (13.8%) children. Additionally, 6.2% of White children did not have a dental visit within the previous year (Figure 1).



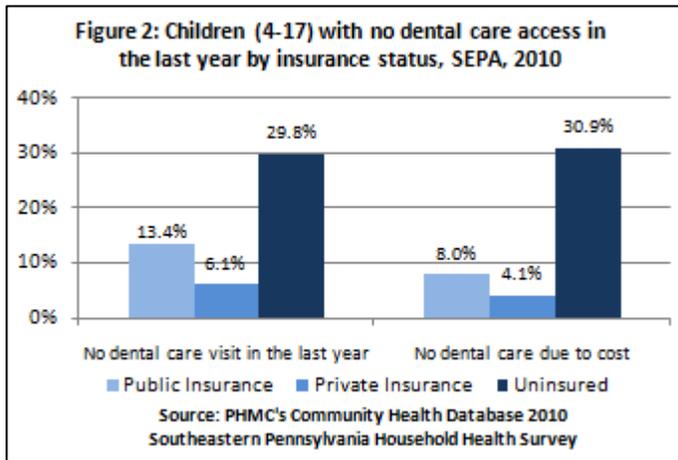
- Close to twenty percent of children in fair or poor health did not have a dental visit (18.5%) while 8.8% of children in good, very good, or excellent health did not visit the dentist in the last year.
- Lack of medical insurance increases the likelihood of children not having a dental visit in the last year, with 29.8% of uninsured children not having a dental visit in the previous year while 13.4% of children with any type of public insurance (3) and 6.1% of children with private insurance did not see a dentist (Figure 2).
- Children in households 200% below the Federal Poverty Level (FPL) are twice as likely (14.3%) as children in households at 200% or above the FPL (6.7%) to not have seen a dentist in the last year.



No Dental Care due to Cost

In the SEPA region, around 45,700 children, or 6.2% of the children in the region, were unable to see a dentist in the last year because of cost. Delaware County has the highest percentage of children who did not receive dental care due to cost (7.7%) followed by Philadelphia (7.2%), Chester (6.1%), Montgomery (5.8%) and Bucks (2.9%) counties.

- Gender did not play a significant role in whether children did not receive dental care in the previous year because of cost with comparable percentages between boys (5.9%) and girls (6.5%).
- Age did not increase the likelihood of children not getting dental care in the last year due to cost, with 5.7% of children between the ages of 4 and 12 and 6.9% of children aged 13 to 17 not receiving care because of cost.
- Thirteen percent of Asian children did not receive dental care due to cost. About 9% of both Black and Latino children and 4.4% of White children did not see a dentist in the last year due to cost (Figure 1).
- Children in fair or poor health are twice as likely to not have seen a dentist in the last year (12%) compared to children in good, very good, or excellent health (6%).



- Approximately 3 out of 10 children without medical insurance did not see a dentist in the previous year due to cost (30.9%); about 1 out of 25 (4.1%) children covered by private medical insurance and 2 out of 25 (8.0%) children covered by any type of public insurance did not have a dental care visit because of cost (Figure 2).

- More than ten percent of children (10.5%) living in households 200% below the Federal Poverty Level did not see a dentist due to cost in the last year, while 4.1% of children living at or above 200% the FPL did not receive dental care because of cost.

Conclusion

Among the indicators analyzed, the greatest discrepancy was found between children with medical insurance and those without medical insurance. Although differences among age and gender are not found, ethnic minorities are more likely to not have seen a dentist in the last year and to not have received dental care because of cost. Finally, fair or poor health status increases the likelihood of children not receiving dental care access in the previous year. Although children's access to dental care continues to improve, it remains important to continually monitor and address these noted disparities among subgroups of children in the region.

For more information about the findings presented in this article, please contact Nicole Dreisbach at nicoled@phmc.org or Nayan Ramirez at nramirez@phmc.org.

To read more about our previous data findings related to children's dental care access, please [click here](#).

(1) Center for Disease Control. (2011). Oral health.

<http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm>

(2) National Center for Health Statistics. (2010) Health, United States, 2010.

<http://www.cdc.gov/nchs/data/hus/hus10.pdf#073>

(3) Medicaid, CHIP, and any other type of public insurance were combined to create a single, "any public insurance", variable for this comparison.