

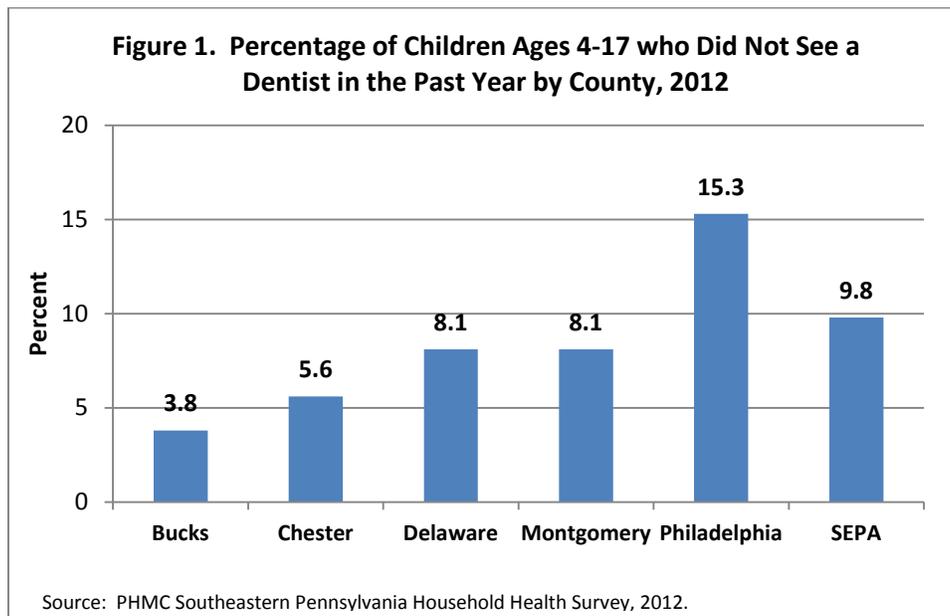


## ACCESS TO DENTAL CARE AMONG SOUTHEASTERN PENNSYLVANIA CHILDREN February 2014

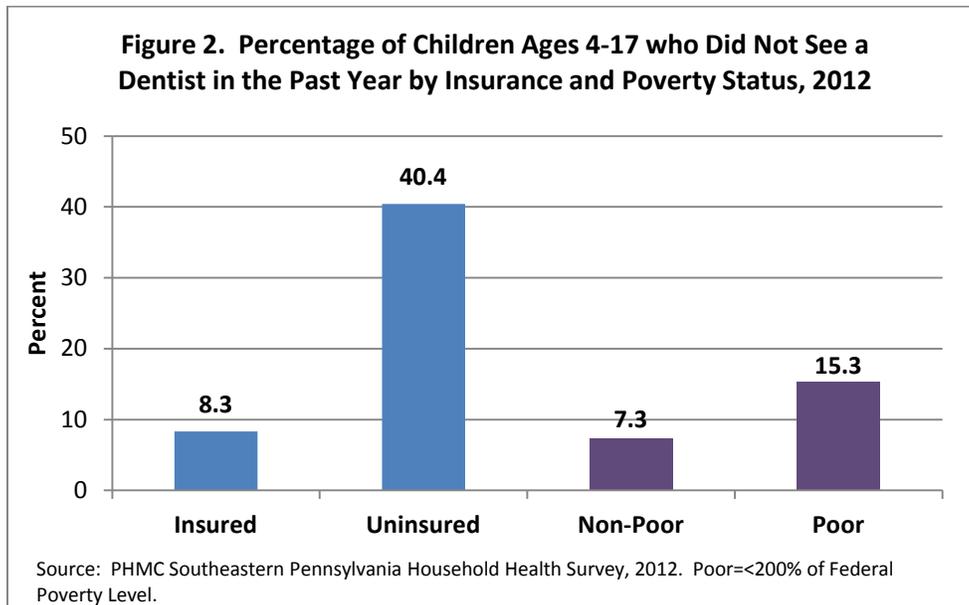
Access to dental care remains an important issue as more than 14% of children in the United States between the ages of three and five are affected by tooth decay (1). Untreated tooth decay has been associated with a failure to thrive, and children with dental problems lose an estimated 52 million school hours annually. Poor oral health often continues into adulthood with the potential to affect speech, nutrition, economic productivity, and quality of life (2). In recognition of February as National Children’s Dental Health Month, the following presents selected findings from the 2012 Southeastern Pennsylvania Household Health Survey related to children’s dental care access. The SEPA Household Health Survey is a survey of 10,000 households in Bucks, Chester, Delaware, Montgomery and Philadelphia Counties conducted by PHMC’s Center for Data Innovation.

### Dental Visits in the Last Year

Approximately 67,600 children in Southeastern Pennsylvania (SEPA) between the ages of 4 and 17 did not see a dentist in the last year, representing one in ten (9.8%) children in the region. Philadelphia County has the highest percentage of children who did not see a dentist in the last year (15.3%), followed by Delaware and Montgomery Counties (8.1% each), and Chester (5.6%) and Bucks (3.8%) Counties. (Figure 1)



- Minority children are two to three times more likely not to have seen a dentist in the past year than non-minority children. Almost one in six Asian children (17.3%) did not have a dental visit in the previous year, followed closely by black (14.9%) and Latino (14.0%) children. In comparison to minority children, 5.5% of white children did not have a dental visit within the previous year.
- Children without medical insurance are almost five times more likely than insured children not to have seen a dentist in the last year; 40.4% of uninsured children did not have a dental visit in the previous year compared to 8.3% of insured children. (Figure 2)
- Children living in households 200% below the Federal Poverty Level (FPL) (15.3%) are twice as likely as children living at or above 200% of the FPL (7.3%) not to have seen a dentist in the past year. (Figure 2)



### **No Dental Care Due to Cost**

In the SEPA region, about 33,500 children (4.7%) were unable to see a dentist in the last year because of cost. Philadelphia (6.9%) has the highest percentage of children who did not receive dental care due to cost, followed by Chester (5.4%), Montgomery (4.0%), Bucks (3.4%), and Delaware (1.9%) Counties.

- Black children are more likely than children of other races to forego needed dental care due to cost. Eight percent of black children (8.3%) did not receive dental care due to cost. In comparison, about 4% of Asian, Latino, and white children did not see a dentist in the last year due to cost.
- Children in fair or poor health (9.7%) are twice as likely not to have seen a dentist in the last year compared to children in good, very good, or excellent health (4.7%).
- Uninsured children are ten times more likely not to have seen a dentist when needed due to cost; nearly four in 10 children without medical insurance (38.4%) did not see a dentist in the previous year due to cost compared to 3.7% of insured children.
- Children living in households at 200% below the Federal Poverty Level (FPL) (8.4%) are more than twice as likely not to see a dentist in the last year due to cost than children living at or above 200% of the FPL (3.3%).

## **Conclusion**

Among the indicators analyzed, the greatest discrepancy in dental care was found between children with health insurance and those without. Racial and ethnic minority children are more likely not to have seen a dentist in the last year and not to have received dental care because of cost. Finally, fair or poor health status increases the likelihood of children not receiving dental care 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 across the SEPA region.

For more information about the findings presented in this article, please contact Lisa Kleiner at [lisa@phmc.org](mailto:lisa@phmc.org).

## **References**

- (1)** Dye BA, Li X, Thornton-Ewing G. Oral health disparities as determined by selected Healthy People 2020 oral health objectives for the United States, 2009-2010. NCHS data brief, no 104. Hyattsville, MD: National Center for Health Statistics, 2012.
- (2)** Mouradian WE, Wehr E, Crall JJ. Disparities in children's oral health and access to dental care. *Journal of the American Medical Association*. 2000; 284: 2625-2631.