



COMMUNITY HEALTH DATA BASE

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CHILDREN'S ACCESS TO DENTAL CARE In Southeastern Pennsylvania

While children's oral health has improved over the past few decades, largely due to effective prevention and control measures, children are vulnerable to the negative and lifelong effects of tooth decay. Tooth decay affects children in the United States more than any other chronic illness; it is five times as common as asthma and seven times as common as hay fever.¹ Nationwide, tooth decay is on the rise among 2-5 year olds² and by the age of 17, three in four adolescents have experienced tooth decay.¹

According to the 2000 Surgeon General's Report, Oral Health in America, the burden of oral diseases amounts to a silent epidemic, particularly impacting low-income children and children of color.³ In addition, tooth decay can have far-reaching impacts on a child's life: more than 51 million school hours are lost each year because of dental-related illness. The good news is that the majority of tooth decay is preventable. However, insufficient access to care is a central barrier to improving the oral health of the most vulnerable children. For example, having health insurance is an important predictor of visiting a dentist, even for those without dental insurance.⁴

In order to address children's access to dental care and disparities in oral health, access to care must be considered at the local level. This Community Health Data Base Brief examines access to dental care for children within the five-county Southeastern Pennsylvania (SEPA) region, including Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. The Brief uses information from the 2008 Southeastern Pennsylvania Household Health Survey, a random digit dialed telephone survey of 10,000 households in the region, conducted from June to October 2008, which includes nearly 3,000 interviews about the health and health care of a selected child in the household. This analysis focuses on children 4-17 years of age.

ACCESS TO DENTAL CARE FOR CHILDREN IN SOUTHEASTERN PENNSYLVANIA

The American Academy of Pediatric Dentistry recommends that children visit the dentist every six months. However, many children in Southeastern Pennsylvania go without dental care for a year or longer.

Data from the 2008 Household Health Survey show that more than one in ten children (11.5%) in Southeastern Pennsylvania did not have a dental exam in the year prior to the survey. This represents approximately 84,300 children in the region.

11.5% of children in Southeastern Pennsylvania did not have a dental exam in the past year.

Those children who do not have a regular source of health care are less likely to have visited a dentist in the past year (63.4%) compared to children who do have a regular source of care (89.6%).

The percentage of children in Southeastern Pennsylvania who were not examined by a dentist in the past year has decreased over the past decade. From 1998 to 2008, the percentage of children in the region who did not receive a dental exam in the past year decreased from 18.2% to 11.5% (Figure 1).

DENTAL CARE ACCESS BY COUNTY

Within the five-county Southeastern Pennsylvania region, Philadelphia and Delaware Counties have the highest percentages of children who did not visit the dentist in the past year (16.4% and 13.1%, respectively), followed by Montgomery (8.9%), Chester (7.7%), and Bucks (5.8%) Counties (Figure 2).

Compared to their suburban counterparts, children residing in Philadelphia are almost twice as likely to have not received a dental exam in the past year: 16.4% of children living in Philadelphia have not visited a dentist in the past year compared to 8.8% of children living in the surrounding suburban counties.

FIGURE 1
Children (4-17) With No Dental Exam in the Past Year, SEPA, 1998-2008

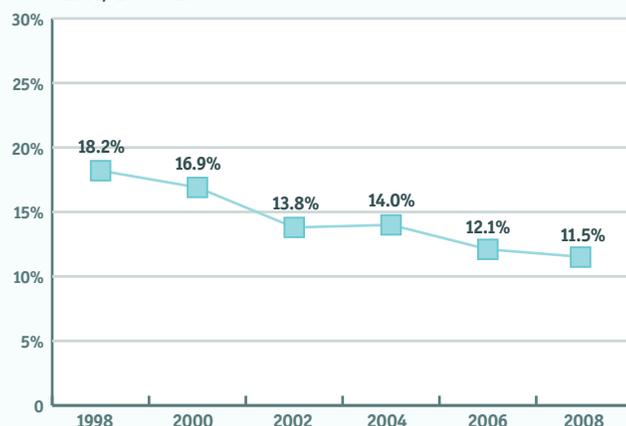
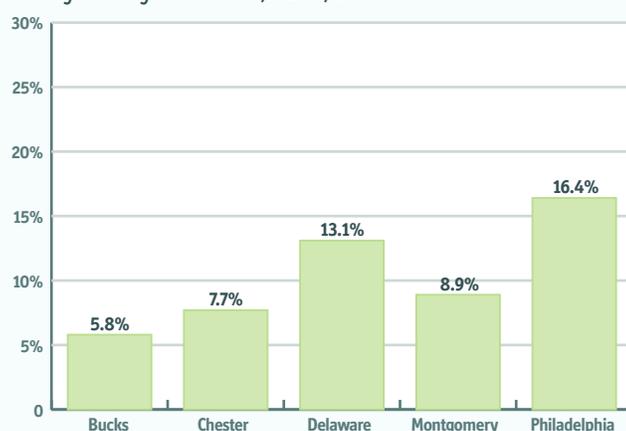


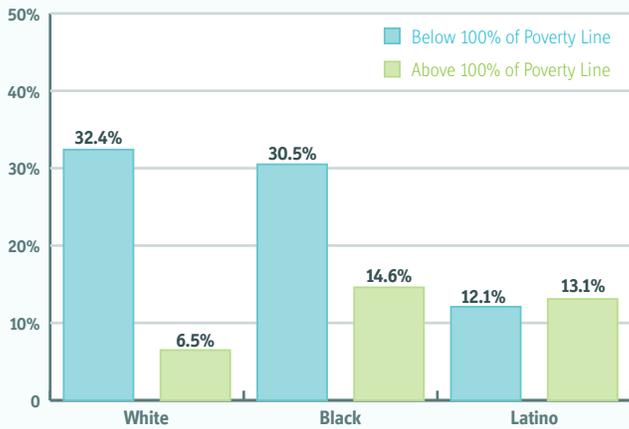
FIGURE 2
Children (4-17) With No Dental Exam in the Past Year, by County Residence, SEPA, 2008



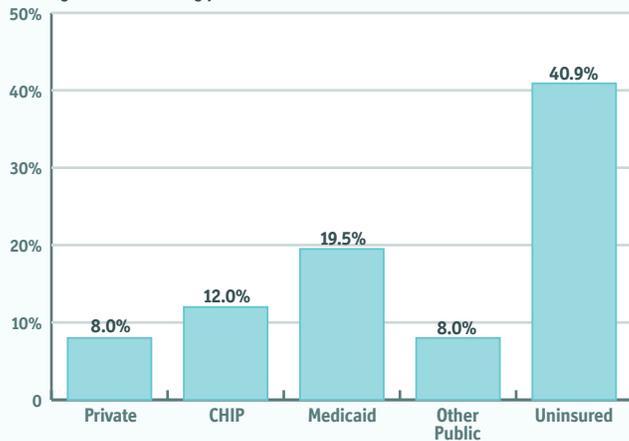
16.4% of children living in Philadelphia have not visited a dentist in the past year, compared to 8.8% of suburban children.

FIGURE 3

Children (4-17) With No Dental Exam in the Past Year, by Race/Ethnicity and Poverty Status, SEPA, 2008

**FIGURE 4**

Children (4-17) With No Dental Exam in the Past Year, by Insurance Type, SEPA, 2008



Source: PHMC's Community Health Data Base, Southeastern Pennsylvania Household Health Survey, 1998-2008

Four in ten uninsured youth in the Southeastern Pennsylvania region did not have a dental visit in the past year.

ECONOMIC DISPARITIES IN ACCESS TO DENTAL CARE FOR CHILDREN

Timely dental care is dependent on a host of factors. For families without dental insurance, checkups and cleanings can be expensive, and when economic difficulties arise, preventative and elective health care may be secondary to more pressing concerns. Dental care for children in Southeastern Pennsylvania is no exception. Economic factors represented key differences between children who did and did not see a dentist in the past year.

Children living in poorer households (below 100% of the Federal Poverty Line) were more than three times less likely to have seen a dentist in the past year than children in non-poor households. More than a quarter of SEPA children ages 4-17 (27.6%) living below the Federal Poverty Line did not see a dentist in the past year, compared to 8.5% of non-poor children.

RACIAL AND ETHNIC DISPARITIES

Racial and ethnic disparities are evident in children's dental care in Southeastern Pennsylvania. White children are more likely to see a dentist than are Latino or Black/African American children.

While 7.8% of White children did not see a dentist in the prior year, 12.5% of Latino children and 20.4% of Black or African American children did not have a dental exam during the same period (Figure 3).

Even when controlling for income, racial differences still exist. Among children ages 4-17 living above 100% of the Federal Poverty Line, nearly one in six (14.6%) Black/African American children in SEPA did not see a dentist in the past year, compared to fewer than one in fifteen White children (6.5%) (Figure 3).

DISPARITIES BY INSURANCE STATUS

Dental care varies by health insurance status as well as by type of health insurance. More than two in five (40.9%) of the region's uninsured children ages 4-17 did not have a dental visit in the past year, which represents approximately 12,300 children.

While 8% of children with private health insurance did not see a dentist in the past year, nearly one in five children with Medicaid coverage (19.5%) and more than one in eight children (12.0%) insured by Children's Health Insurance Program (CHIP) did not have a dental visit (Figure 4).

CONCLUSION Many children in the region are at-risk for poor dental health and its lasting negative health effects.

The 2008 Household Health Survey data show that more than one in ten children (11.5%) in Southeastern Pennsylvania did not have a dental exam in the year prior to the survey, representing approximately 84,300 children in the region.

As shown in this Brief, timely dental care is related to economic factors as well as other issues of access. For families without dental insurance, checkups and cleanings can be expensive, and when economic difficulties arise, preventative and elective health care may be a secondary concern. The data show that more than four in ten of the region's uninsured children (ages 4-17) did not have a dental visit in the past year. In addition, children living below the Federal Poverty Line were more than three times less likely

to have seen a dentist in the past year than were children in non-poor households. Racial and ethnic disparities also exist—White children are more likely to have seen a dentist in the previous year compared to Latino or Black/African American children.

The data highlighted in this Brief underscore the need for more focus on the importance of dental care among children. Poor dental health stretches far beyond youth and can have lifelong negative effects on one's health. Children with tooth decay may be vulnerable to costly reparative dental care in their adulthood. It is critically important that the consequences of tooth decay among children are made known, and that access to low cost or free dental care is made available to all children and families in our region.

REFERENCES AND RESOURCES

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For further information and resources related to children's oral health in Philadelphia, please see **Oral Health Resources for Children & Adolescents produced by Public Citizens for Children & Youth (2007)**, www.PCCY.org.

ABOUT THE HOUSEHOLD HEALTH SURVEY AND THE COMMUNITY HEALTH DATA BASE



The Southeastern Pennsylvania Household Health Survey, the largest local health survey in the country, is the centerpiece of PHMC's Community Health Data Base (CHDB). The survey collects data from 10,000 households in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. It has been conducted 11 times since 1982, and is currently conducted every two years. In 2008, CHDB expanded the Household Health Survey's geographic reach to include Berks, Lancaster, and Schuylkill Counties, and, in 2009, the survey was also fielded in Centre County. For more information on CHDB go to PHMC.ORG/CHDB or contact Francine Axler at francine@phmc.org or 215.985.2521.

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