ANALYSIS

Children's Dental Health Disparities

New research on the problem and what can be done

School-based sealant programs allow states to provide more children with the critical preventive dental care they need and often cannot access.

Tooth decay is the most common chronic disease among U.S. children, five times as prevalent as asthma,[1] and dental care is one of the nation's greatest unmet children's health needs, especially in low-income, minority, and rural communities.[2]

Fortunately, two policy solutions proved to increase access to dental care for children are gaining ground across the country: School-based sealant programs have been shown to reduce decay by an average of 60 percent over five years,[3] and adding midlevel providers—often called dental therapists—to the dental team can help vulnerable populations get the preventive and routine restorative treatment they need.[4]

With more support at the state level, these strategies can help address the continuing disparities in the dental health of the nation's children.

Low-income, minority, and rural children suffer disproportionally from problems with dental health and access to care

Research shows that nationwide, these children are more likely to have unmet dental needs and face barriers to care:[5]

- 3 in 4 children with Medicaid across four states did not receive the dental services for which federal law requires coverage, and 1 in 4 did not visit a dentist during a two-year period.[6]
- More than 18 million low-income children went without dental care, including routine exams, in 2014.[7]

- In 2012, more than 4 million children did not receive needed dental care because their families could not afford it.[8]
- Even when controlling for insurance status, low-income and minority children remain less likely than their more well-off peers to receive preventive dental care.[9] The rate of tooth decay among Hispanic and African-American children ages 2 to 8 was twice that of non-Hispanic white children from 2011 to 2012.[10]
- Preschool-age Native American children experience four times as many cases of untreated tooth decay as white children.[11]
- Rural children are less likely to have dental insurance than their urban counterparts and more likely to seek care for preventable dental problems in overburdened emergency rooms.[12]

A number of factors contribute to the lower levels of preventive care that children in low-income, minority, and rural households receive, including barriers to transportation, a scarcity of dental providers in many communities, and cost.[13] In a January 2016 report that looked at children's low rates of dental care across four states, the Department of Health and Human Services identified dental provider shortages as a problem that these states should look to address.[14] Without adequate preventive care, children's dental issues can worsen and sometimes become urgent. More than 212,000 U.S. children had dental emergency visits in 2012, more than two-thirds of which were covered by Medicaid.[15]

School-based dental sealant programs provide essential preventive care

School-based sealant programs, often located in high-need schools with large numbers of low-income students,[16] reliably provide a critical service to at-risk children. Dental sealants—plastic coatings placed on the chewing surfaces of teeth to shield grooved areas—are a powerful and preventive treatment that costs only one-third the price of a filling, can reduce most tooth decay for up to five years, and can even stop early decay from progressing.[17] In light of the compelling research on their performance, the Community Preventive Services Task Force, an independent panel of experts appointed by the Centers for Disease Control and Prevention, issued a strong endorsement in 2001 of school sealant programs.[18]

Despite this strong evidence of effectiveness, The Pew Charitable Trusts' 2015 50-state report revealed that in most states programs have failed to meet national goals for delivery of sealants to low-income and at-risk children. Dental sealants on permanent molars are more common among white 12- to 19-year-olds (47 percent) than their Hispanic (40 percent) and black (30 percent) counterparts.[19]

Endnotes

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