



## Guest Essay **Disparities in Access to Pediatric Dental Care**

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April 5-11 is National Public Health Week. This year, the week focuses on eliminating health disparities. According to *Oral Health in America: A Report of the Surgeon General*, there are profound and consequential oral health disparities within the U.S. population.<sup>1</sup> There is an urgent need to increase access to oral care and end the “silent epidemic” of dental disease afflicting children of the lowest socioeconomic status. Eighty percent of dental disease is found among just 25 percent of children, most of whom are children of low-income and minority parents. Asian and Pacific Islanders and Native American children suffer the most tooth decay, followed by Hispanics, African-American, and white children.

Children of racial and ethnic minorities are less likely to access dental services and have more tooth decay than white children. The most recent federal report on disparities in healthcare, *The National Healthcare Disparities Report*, developed by the Agency for Healthcare Research and Quality, reports that among children, blacks (32%) are less likely than whites (50%), and Hispanics are less likely than non-Hispanic whites (55%) to visit a dentist.<sup>2</sup> In 2001, 22 percent of white non-Hispanic children ages 2 to 17 had not been to the dentist within the past year, compared to 40 percent of Hispanic children of the same age.<sup>3</sup> Disparities in access ignore the silent epidemic of dental disease: among poor children aged 12 to 17, Hispanic (47.2%) and blacks (43.6%) have more than twice the proportion of untreated decayed teeth than whites (20.7%).<sup>1</sup>

Income level also plays a role in limiting access to dental care. Children who are poor (30%), near poor (36%), and middle income (50%) are less likely than high-income children (63%) to see a dentist.<sup>2</sup> Disparities in dental care also exist among uninsured, privately insured and children insured in federal programs for low-income populations (Medicaid and SCHIP). Twenty-three million children are without dental insurance coverage, and uninsured children are 2.5 times less likely than insured children to receive dental care.<sup>1</sup> Hispanics have the lowest rate of dental insurance coverage (29%) compared to blacks (32.4%) and whites (41.8%).

Disparities in oral health can have many harmful consequences on the life of a child. Untreated oral disease can lead to problems with growth, function, ability to attend to learning, self-image, and employability. The most frequent symptom of dental pathology is pain that can distract children from learning and playing and also limit their ability to eat and speak. Poor oral health among children has been tied to poor performance in school, poor self-image, and is also understood to compromise general health and function. Native-American children are an

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<sup>1</sup> US DHHS. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health, 2000.

<sup>2</sup> US DHHS. *National Healthcare Disparities Report*. Agency for Healthcare Research and Quality, 2003.

<sup>3</sup> Child Trends Databank. *Unmet Dental Needs*. [www.childtrendsdatabank.org](http://www.childtrendsdatabank.org).

example of a minority population with a high incidence of poor oral health among children. According to the Indian Health Service surveys:

- 1/3 of schoolchildren report missing school because of dental pain;
- 25% of schoolchildren avoid laughing or smiling due to poor oral health;
- 20% of schoolchildren avoid meeting other people because of the way their teeth look.

In spite of all the recent improvements in the area of oral health disease prevention, millions of children continue to experience profound disparities in oral health and access to oral health services. Healthy People 2010 reports that “Dental caries, however, remain a significant problem in some populations, particularly certain racial and ethnic groups and poor children.”<sup>4</sup> To help eliminate this largely preventable problem, the goals set out in Healthy People 2010 include the expansion of programs to target prevention programs to poor, largely inner city and rural children in school-based or school-linked programs. Other ways to reduce the disparities in oral health include continued research and data, enhancing workforce diversity, expanding insurance coverage, improving Medicaid, and creating public-private partnerships. Hopefully the elimination of dental and all healthcare disparities will become a priority for our nation not only during National Public Health Week, but until all children are receiving the care they deserve regardless of race, ethnicity, or income level.

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<sup>4</sup> US DHHS. *Healthy People 2010*. Office of Disease Prevention and Health Promotion, 2002.