

Make Your Smile Count!

Third Grade Oral Health Screening Survey, 2013-15

Access to Dental Care

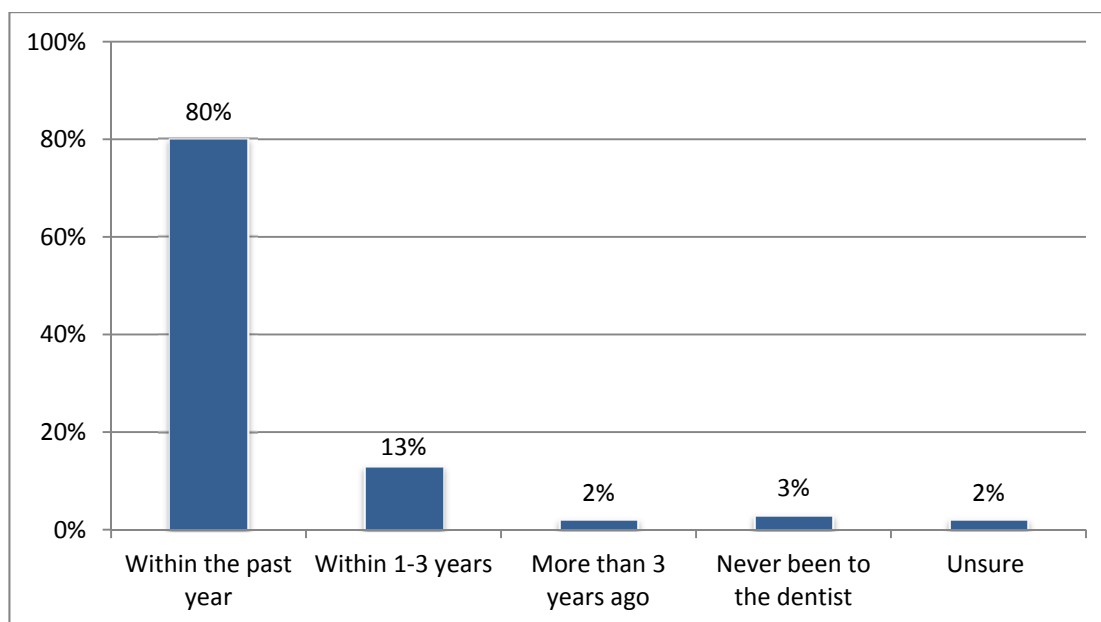
Access to dental care means getting the dental care you need when you need it. According to the 2015 Ohio Medicaid Assessment Survey, getting dental care remains the number one unmet health care need among Ohio's children.¹

This data brief looks at results of the statewide oral health screening survey of 3rd grade schoolchildren, their use of dental care and factors that make it harder or easier for them to get dental care.

How often do Ohio's 3rd grade schoolchildren visit the dentist?

- **80 percent** of parents reported that their child had seen a dentist **within the past year** (Figure 1) and **13 percent** of children had been to the dentist **within 1-3 years**.
- **3 percent** of parents said their child had **never** been to the dentist.
- By the 3rd grade, most children have several erupted permanent (adult) teeth. National oral health recommendations are that every child should visit a dentist by their first birthday or by the time their first tooth erupts.²

Figure 1: How Recent Was Child's Last Dental Visit?



¹2015 Ohio Medicaid Assessment Survey. <http://grcapps.osu.edu/dashboards/OMAS/child>. Accessed 1/27/17.

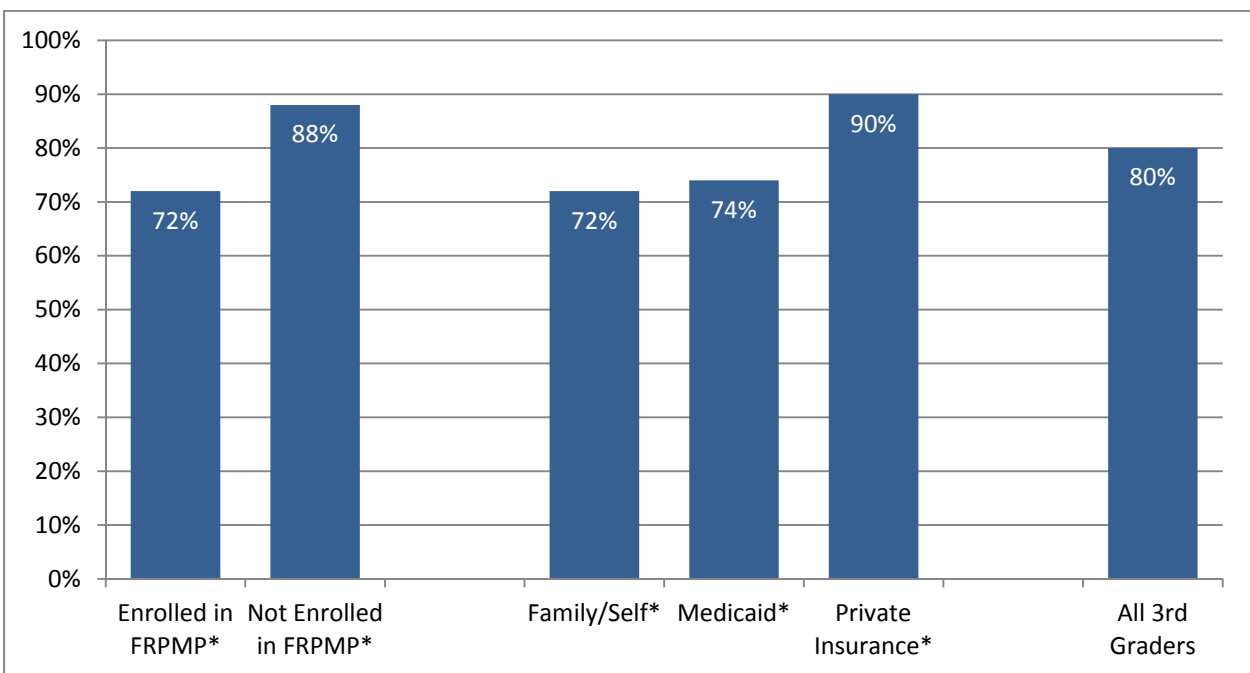
²American Academy of Pediatric Dentistry. Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents. http://www.aapd.org/assets/1/7/G_Periodicity1.PDF. Accessed 11/17/16.

What factors affect whether a child goes to the dentist?

We found that a higher family income and having private dental insurance were important factors in whether a child sees a dentist on a regular basis (Figure 2).

- Children from families with **lower incomes** (i.e., enrolled in the Free and Reduced Price Meal Program [FRPMP]) were **less likely to have seen a dentist** in the past year.
- Children whose parent said that they **didn't have any form of dental insurance** and pay for care out-of-pocket, or those **covered by Medicaid** were **less likely to have seen a dentist** during the past year.
- But 90 percent of children with **private insurance** saw a dentist in the **past year**.

Figure 2: Percentage of Ohio 3rd Grade Schoolchildren Who Visited the Dentist in the Past Year, by Family Income and Type of Dental Insurance, 2013-15



* Statistically significant at $p < .05$

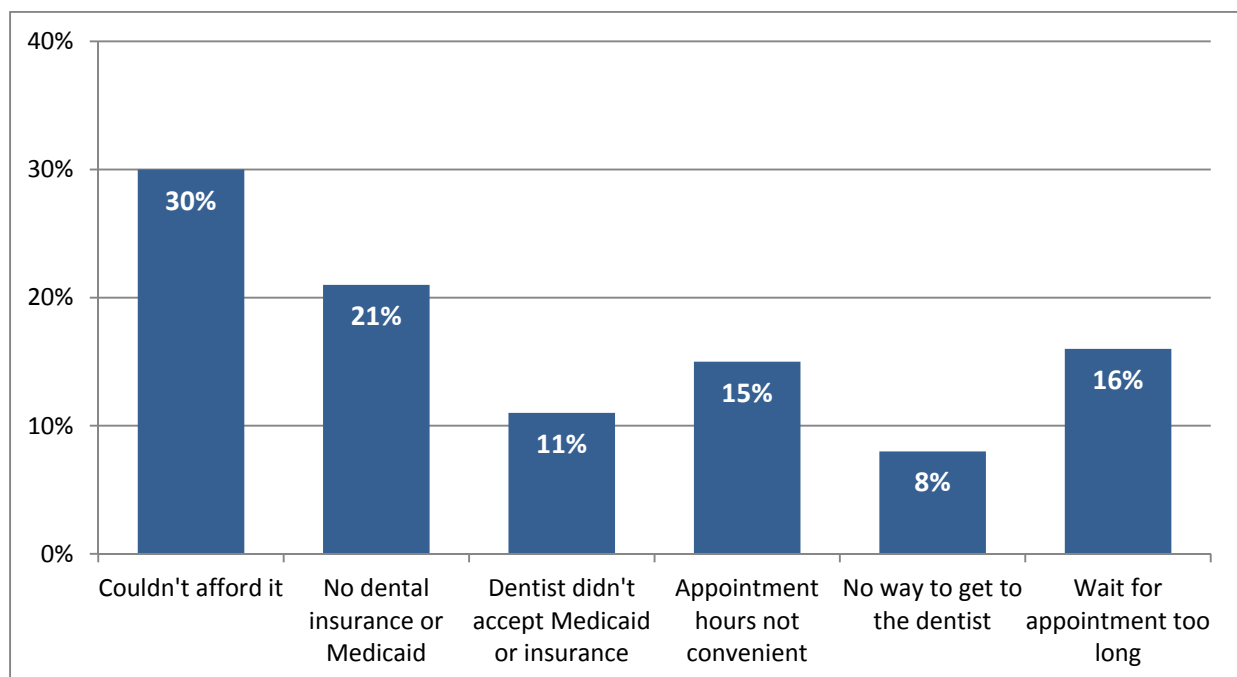
Family income is based on eligibility for the Free and Reduced Price Meal Program (FRPMP) at school.



Reasons Parents Give for Why They Can't Get Dental Care for Their Children

- 12 percent of parents reported that there had been a time when they needed dental care for their child but couldn't get it. This was more commonly reported by parents of Black or African American children and parents of Hispanic children.
- 32 percent of parents reported that the lack of insurance and/or not having a dentist who accepted their insurance was a barrier to getting dental care for their child (Figure 3).
- 30 percent of parents said they couldn't afford to pay for dental care.

Figure 3: Reasons Parents Gave for Why Their Children Could Not Get Needed Dental Care, 2013-15*

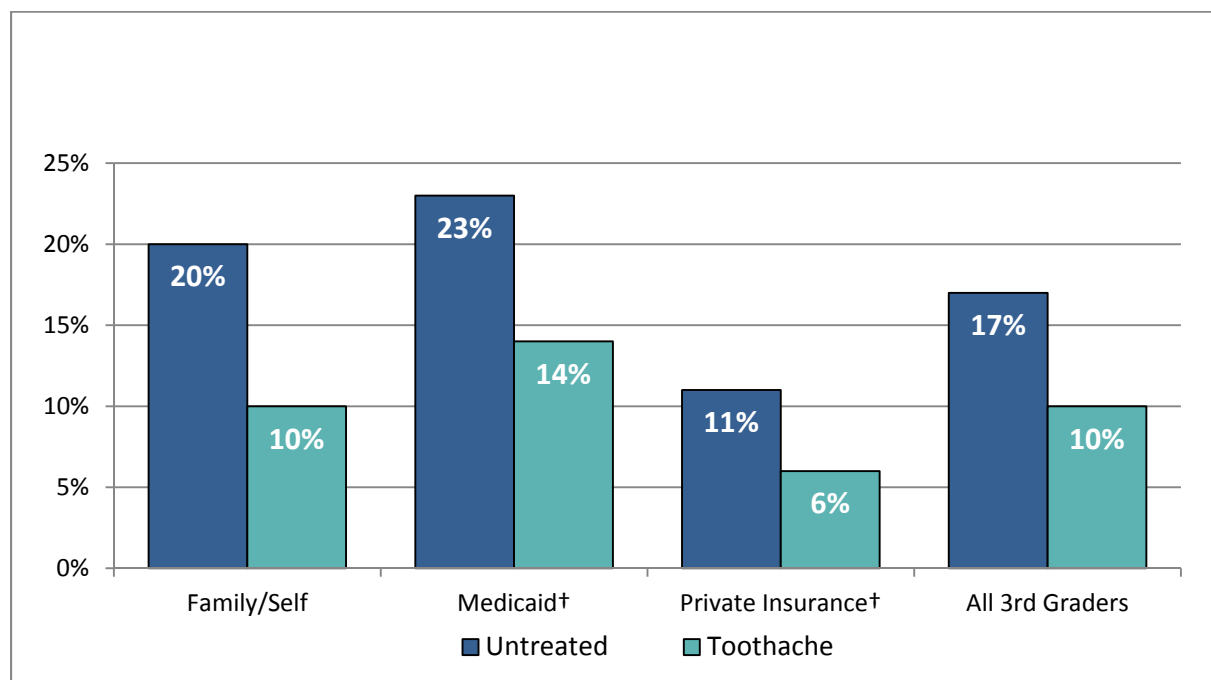


* Of those who reported their child couldn't get need dental care

What Impact Does Insurance Coverage and Income Have on Oral Health?

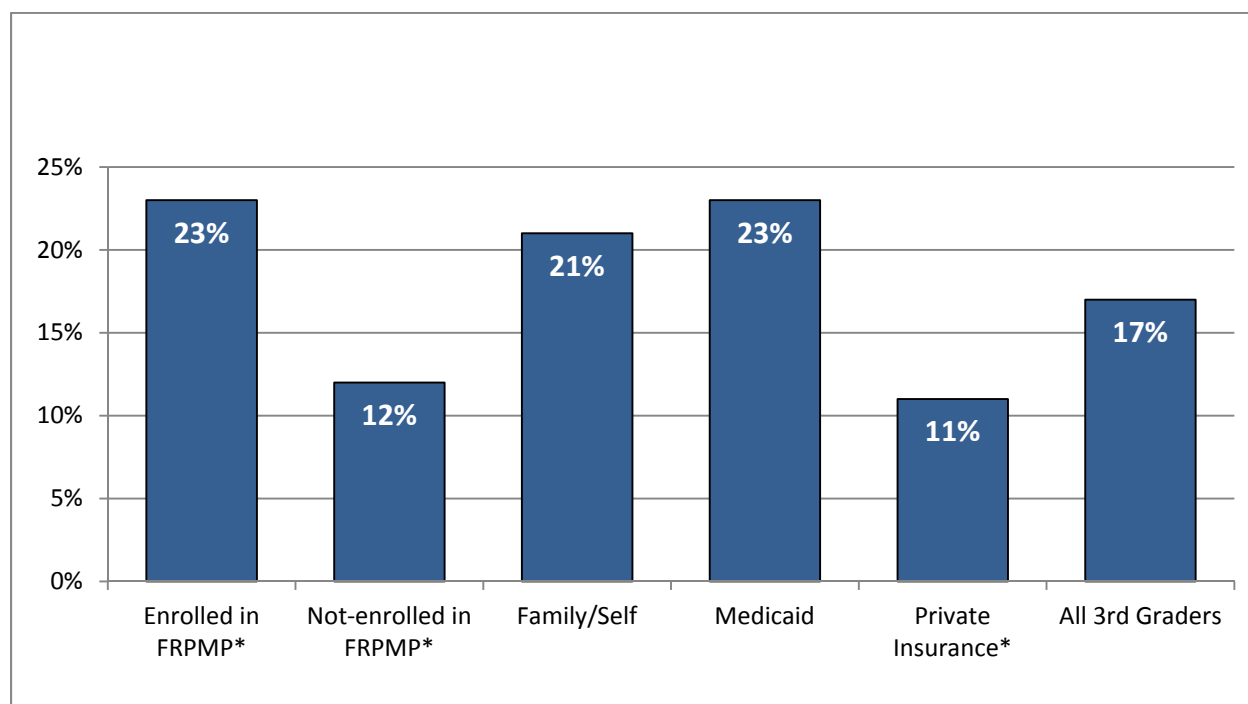
- Children covered by Medicaid were more likely to have untreated cavities and toothaches, while those with private insurance were less likely to have these dental problems (Figure 4).
- Children from lower income families were nearly two times more likely to have dental problems that needed immediate attention, while those with private insurance were less likely to have immediate needs (Figure 5).

Figure 4: Percentage of 3rd Grade Schoolchildren with Untreated Cavities and Toothache, by Insurance, 2013-15



† Statistically significant at $p < .05$ for both untreated cavities and toothaches

Figure 5: Percentage of 3rd Grade Schoolchildren in Need of Early or Urgent Dental Care, by Family Income and Dental Insurance Coverage, 2013-15



*Statistically significant at $p < .05$

Family income is based on eligibility for the Free and Reduced Price Meal Program (FRPMP) at school.

Methods

The Ohio Department of Health conducted an open-mouth oral health screening survey of 3rd grade schoolchildren during the 2013-15 school years. A randomized sample of 440 public elementary schools was selected to yield data for Ohio and each of its 88 counties. Approximately 16,000 schoolchildren were screened.

With consent from parents, schoolchildren were screened by a trained team of dental hygienists and dentists. Four indicators of oral health were measured: toothaches, history of tooth decay (cavities, fillings, crowns or teeth missing due to cavities) untreated tooth decay, and the presence of dental sealants.

The consent form asked parents questions about getting dental care for their child, such as how recently their child had been to the dentist, if they have dental insurance and their ability to get needed dental care.

Other data collected on each child were race, ethnicity and enrollment in the Free and Reduced Price Meal Program (as an estimate of family income.) Children were classified as to whether they lived in a metropolitan, suburban, Appalachian or rural/non-Appalachian county. These data were collected so disparities in oral health status and access to dental care could be studied.

For more information, please visit our website at <https://odh.ohio.gov/know-our-programs/oral-health-program>.