

RESEARCH BRIEF



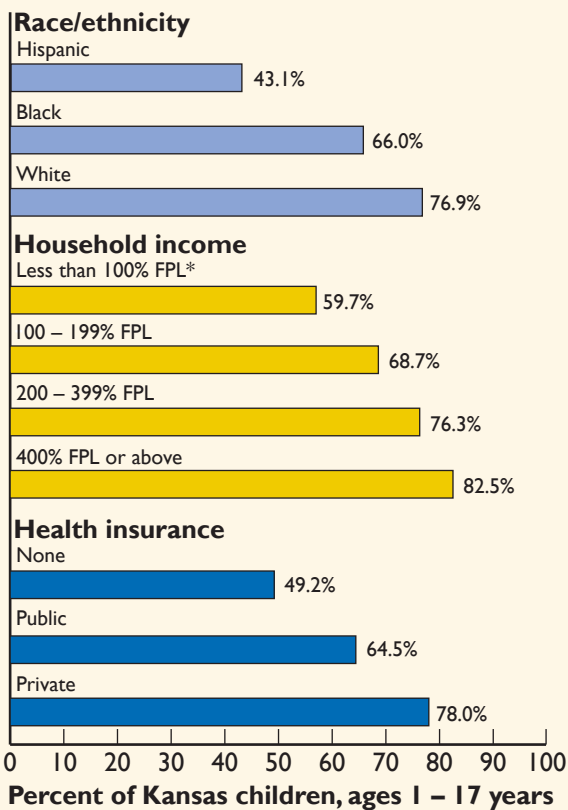
KANSAS
HEALTH
INSTITUTE

THE ORAL HEALTH OF KANSAS CHILDREN

National Survey of Children's Health finds most Kansas children's teeth are in good condition, but minority children face dental disparities.

By Barbara J. LaClair, M.H.A.

Figure 1. Percent of Kansas children with teeth in very good or excellent condition



*FPL: Federal Poverty Level
Source: 2003 National Survey of Children's Health

Children with public or no health insurance were less likely to have had teeth in very good or excellent condition.

Oral health is a critically important component of the overall health and well-being of children. Yet tooth decay is common among children, and a significant number of Kansas children do not receive recommended preventive dental care.

Most children's teeth are in good condition

Kansas children were similar to others throughout the nation in their oral health status and access to dental care. About 72 percent of Kansas children had teeth that were in excellent or very good condition, slightly better than their peers across the nation. But not all Kansas children fared as well. Hispanic children, children from households with low incomes and children without dental insurance were significantly less likely to have had teeth in very good or excellent condition. Children who were uninsured or covered by public health insurance sources were significantly less likely to have had teeth in excellent or very good condition than those with private insurance (Figure 1).

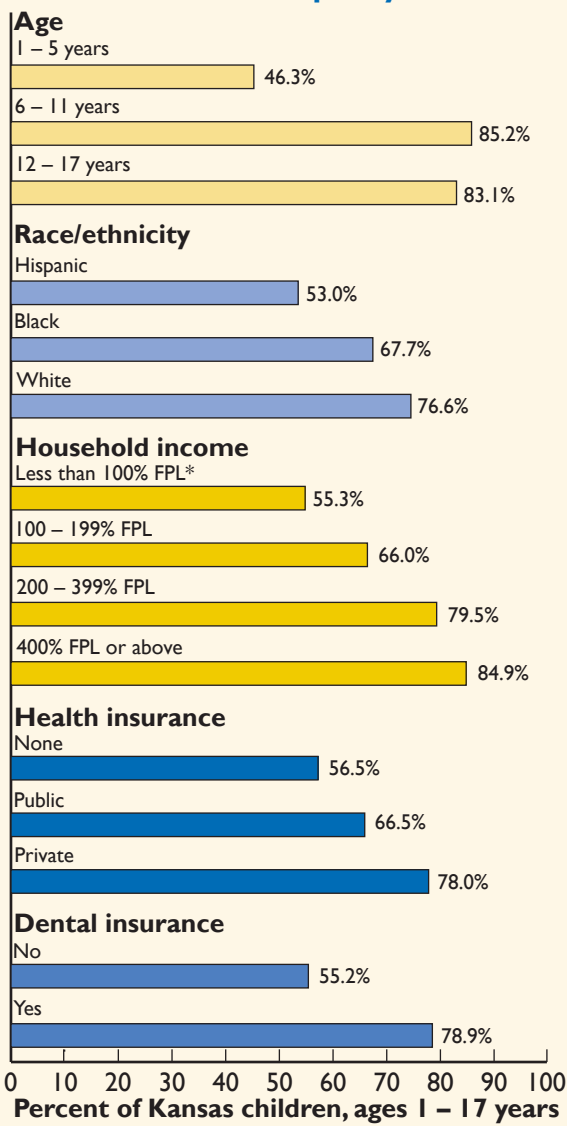
Children are not visiting dentists for preventive care

Routine preventive visits to a dentist are important for early identification of problems and for maintaining good oral health. Both the American Academy of Pediatric Dentists and the Bright Futures Project recommend that a child's first oral health examination occur within six months

of the appearance of their first tooth, and no later than their first birthday.

In Kansas, 73 percent of children ages 1 to 17 years had seen a dentist for preventive care within the previous year. Younger children were much less likely to have had a preventive dental visit, with only 46 percent of children ages 1 to 5 years who had visited a dentist (Figure 2). The number of children seeing a dentist for preventive care varied with

Figure 2. Percent of Kansas children with a preventive dental visit in past year



*FPL: Federal Poverty Level
 Source: 2003 National Survey of Children's Health

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

Kansas Health Institute
 212 SW Eighth Ave., Suite 300
 Topeka, Kansas 66603-3936
 Telephone 785.233.5443
 Fax 785.233.1168

Copyright© Kansas Health Institute 2009. Materials may be reprinted with written permission.

household income, race and ethnicity, and health insurance coverage.

Cost and a lack of insurance were most frequently cited as reasons why children had not received dental care. Parents of Kansas children covered under public health insurance programs were more likely than parents of privately insured children to report problems finding a dentist who would accept their insurance.

Policy implications

Survey results indicated that nearly one-quarter of Kansas children lacked dental insurance, a factor associated with both poorer oral health and the decreased likelihood of receiving preventive dental care. Expanding access to dental insurance

could help improve children's oral health.

Survey findings also suggest that certain groups of children warrant focused attention and intervention efforts. Preventive dental care for young children is one area of concern. Only 12 percent of Kansas 1-year-olds had a preventive dental care visit during their first year; 2-year-olds fared only slightly better, with 24 percent having had a preventive visit during the previous year. These findings suggest the

need for more aggressive education targeted toward the parents of young children regarding the need for preventive dental visits.

Fewer than half of Hispanic children in Kansas had teeth in very good or excellent condition. Hispanic children in Kansas were significantly less likely than their peers to have seen a dentist for any reason during the past year, to have received a preventive dental check-up, or to have had dental insurance. This rapidly-growing segment of the Kansas population may require specially tailored efforts to increase access and utilization of preventive dental care services. Policy decisions regarding access to public health insurance for children of immigrant parents may also impact oral health and access to dental services for Hispanic children.

Children covered under public health insurance plans are also at increased risk for poor oral health, and reported fewer dental visits for preventive care. Parents of children covered by public health insurance sources reported more problems finding a dentist who would accept their child's insurance, indicating that dental provider participation may be inadequate in some areas of the state.

In nearly one in five cases, parents of publicly insured Kansas children erroneously reported that the child did not have any insurance that covered dental care. This suggests that there may be some confusion about the dental coverage provided by public insurance programs and that there is an opportunity for better parent education.