Who's Using Preventive Dental Care in Pennsylvania?

Health Equity

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Tooth decay is the most common chronic disease of childhood in the U.S. It affects children of all ages. Even children too young to hold a knife and fork may lose teeth to decay. Children with multiple, large cavities may require the extraction or restoration of multiple teeth while under general anesthesia. And in extreme cases, untreated dental infections may fester and become life-threatening. Cavities are also disproportionately a disease of poverty, and unsurprisingly, poor children are more likely to have untreated cavities. Children living at less than 200% of the federal poverty level (about $24,000 for a family of four) are twice as likely to have untreated tooth decay as other children.

The good news is that cavities are preventable with community water fluoridation, avoidance of cariogenic foods (i.e., foods that cause tooth decay, such as sugary foods), tooth-brushing, and routine dental care. Routine preventive dental care—services such as dental cleaning, fluoride varnish, and sealants—is covered by state Medicaid and CHIP programs, which provide insurance for the majority of poor children in the U.S.

Unfortunately, states have struggled to ensure that Medicaid-enrolled children receive preventive dental care. In 2011-2012, for example, only 41% of children enrolled in Medicaid received preventive dental care. This means that approximately 20 million children did not have dental checkups. Increasing use of preventive dental care has been identified as a national public health priority in *Healthy People 2020*.

Our research team at PolicyLab used six years of Pennsylvania Medicaid data (2005-2010) to look at trends in the receipt of preventive dental care in our state. The study, published in the *American Journal of Public Health*, included children born in the state from 2000 through 2010 and enrolled in Medicaid for at least 10 months in any given year. We focused on school-aged children (aged 5-10 years).

First, the bad news: Our research found that preventive dental care peaked at around 55%, meaning that in the year with the highest utilization rates (2010), among the age group with the highest utilization rates (aged 5-10 years), just 5 of every 9 children received preventive dental care. But, there is good news: Each year more and more children were receiving preventive dental care. This was true not only of children between the ages of 5 and 10, but also of younger children. Even more surprising: *Latino children and children in immigrant families (children whose mothers were born outside of the U.S.) had some of the greatest gains over time.* Receipt of preventive dental care nearly doubled among Latino children between 2005 and 2010.

Understanding why children are gaining ground is just as important as showing that progress is being made. Some children may be seeing the dentist for their first check up because they have tooth pain or obvious decay. But our data suggest that this isn't the full story. We suspect that sustained work by oral health advocates, schools and Head Start programs, public health programs, and primary care providers has gradually increased both access to and awareness of oral health care. Additional work is necessary to determine whether or not this is true. Learning what has worked will help the state to sustain and promote successful practices. The state of Pennsylvania has clearly made some advances in providing preventive dental care to more children. If we can

build upon what works, we can ensure that all children receive the preventive dental care they need.

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