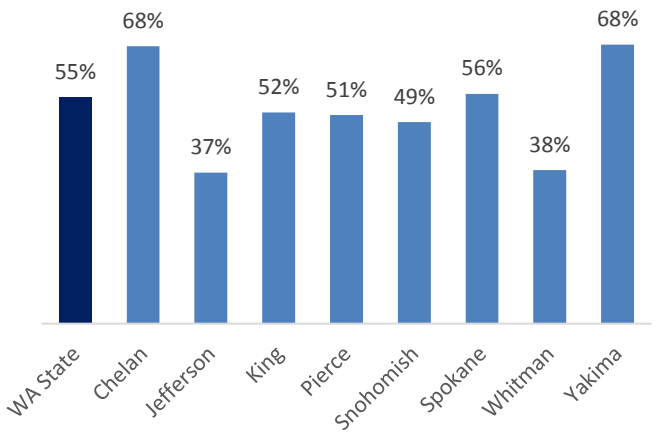
Oral Health: Out of Reach for Too Many Washington Kids

When it comes to oral health, the current system is failing our children

Nationally, fewer than half of children on Medicaid receive dental care. In Washington state, the rate of children covered by Apple Health for Kids receiving dental care at least once annually is higher than the national average and has steadily increased from 45 percent in 2008 to 55.5 percent in 2015.[1, 2]

However, more than 385,000 children insured by Apple Health for Kids are not receiving any kind of dental care, including emergency visits.[3] Similarly, nearly three in ten children with private dental coverage in Washington did not receive any dental care on a yearly basis in 2013.[4] In contrast, the proportion of children who visited their primary care provider in 2015 was much higher, with 89-98 percent of children aged one to nineteen receiving care.[5]

Apple Health clients under age 20 receiving dental services in 2015, select counties



Source: Children's Alliance analysis of data from Washington State Health Care Authority

Lack of access to dental care affects children across Washington

Thirty-four out of Washington's 39 counties do not have enough oral health care providers to serve the public.[6] Further, only 29 percent of providers in Washington accept Medicaid for child dental services, compared to 42 percent nationally.[7] Consequentially, it can be difficult for low-income families to find a dentist who accepts their insurance, especially when they are new patients. The proportion of children who receive oral health care varies significantly by county. For example, fewer than 39 percent of children covered by Apple Health for Kids in Jefferson and Whitman Counties receive annual care, well below the national and statewide averages.[8] Conversely, other counties, including Yakima and Chelan, are above average with more than two-thirds of kids receiving care annually.[9] This underscores the fact that even in counties where access is highest, more than three in ten kids covered by Apple Health for Kids are not receiving any regular dental care.

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Lack of oral care in childhood has lifelong impacts

Children who do not receive oral health care are at risk of significant health complications throughout life. The most common childhood disease is early childhood caries, which is defined as the presence of one or more decayed, missing, or filled tooth in any primary tooth in a child under six.[10] Dental caries are five times more common than asthma and seven times more common than hay fever for children ages five to seventeen.[11] Caries can have serious health and developmental consequences for children and often lead to other health conditions. Further, they can have long term impacts on children, their families and communities.[12] Early childhood caries can significantly impact a child's quality of life. Studies show severe caries can lead to acute and chronic infections, cause disfigurement, reduce growth and weight gain, and have negative impacts on eating, sleeping, development, school performance, and behavior.[13] One study of more than 2,000 schoolchildren in North Carolina found that more school absences were due to dental pain or infection than for other common childhood illnesses such as asthma.[14] Furthermore, they concluded that missed days of school due to dental pain and infection are associated with poor school performance, whereas days missed for routine care are not. For children with special health care needs, untreated oral disease can be especially dangerous and exacerbate other existing conditions.[15]

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As children get older, the prevalence of dental caries increase. For example, a study conducted by the National Center for Health Statistics showed the rate of children who had at least one decayed tooth or filling increased from 52 percent at ages five to nine to 78 percent by age seventeen, and 85 percent in adulthood.[16] Beyond childhood, having dental caries early on in life is also an indicator for oral and general health down the road. In addition to increasing the likelihood that a child has caries later in life, early childhood caries have been linked to other serious health consequences, including heart disease and diabetes in adulthood.[17]

Consequences of untreated decayed primary teeth

Short Term	Long Term	Rare Sequelae
Pain	Poor oral health and dental disease	Inflammation of the eye area
Infection	Higher risk of new lesions in other Primary teeth	Brain Abscesses
Poor Appetite	Insufficient physical development especially in height and weight	Unexplained recurrent fevers
Disturbed Sleep	Increased treatment costs and time for parents	Death
Emergency visits/ hospitalization	Potential to affect speech, nutrition and quality of life	
Loss of school days		
Reduced ability to learn and concentrate		
Premature loss of primary molars		

Source: Çolak, H., Dülgergil, Ç. T., Dalli, M., & Hamidi, M. M. (2013). Early childhood caries update: A review of causes, diagnoses, and treatments

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Lack of insurance coverage and access to care often proves to be a financial burden for families that cannot afford regular treatment. There is significant data documenting the link between a lack of oral health care access and increased emergency room visits for both adults and children. In fact, in 2009 the primary diagnoses resulting from emergency room visits nationwide were preventable dental conditions. Fifty-thousand of these visits were from children.[18,] More recent data shows the percentage of dental emergency department visits nationwide for children under nineteen being paid out of pocket is increasing, while the percentage of ER visits charged to Medicaid and private insurance is decreasing.[19] As more families are paying for emergency care out of pocket, they may be further dissuaded from seeking oral health care, even in emergency situations, exacerbating already painful and dangerous conditions.

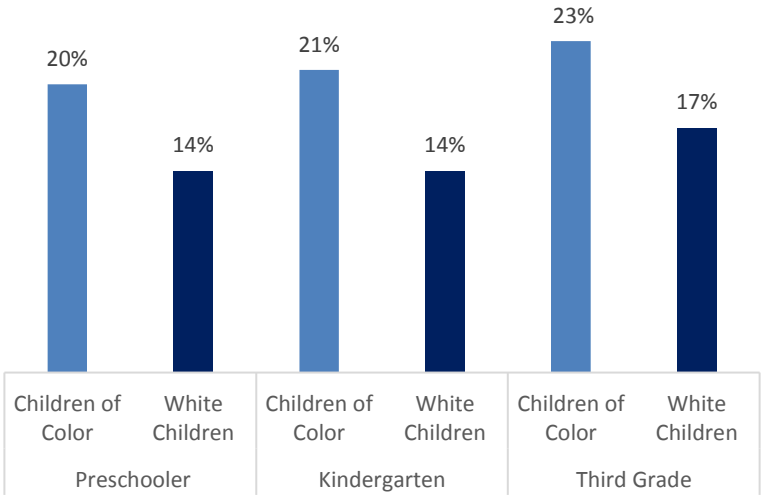
In 2009, the primary diagnoses resulting from emergency room visits nationwide were preventable dental conditions. 50,000 of these visits were from children.

Disparities in access - children of color suffer the most

Barriers to accessing dental care are disproportionately experienced by children of color and children living in low-income households. Consequentially, a child's race or ethnicity and family income impact the likelihood that they experience untreated early childhood caries and the resulting long term outcomes. Nationally, prekindergarten-age children living in households below the federal poverty level (FPL) ($24,300 for a family of four)[20] experience untreated tooth decay at one and a half times the rate of children living above the poverty line.[21]

Children in low-income families in King County, Washington's most populous county, are more than twice as likely to have untreated dental disease and four times as likely to have seven or more cavities than children who live in higher income households.[22] One evidence-based approach to reducing decay and decreasing inequities is providing dental sealants, clear plastic coatings found to reduce tooth decay, in school-based settings. School is often the best place to readily reach children, particularly those experiencing health disparities, and many states use school-based sealant programs specifically designed to reach low-income children. However, a recent study shows that fewer than 25% of Washington's high-need schools, defined as at least half the student body qualifying for free and reduced lunch, are participating in dental sealant programs.[23]

Washington children with rampant decay, by school level



Source: Children's Alliance analysis of data from Washington Department of Health Smile Survey, 2010

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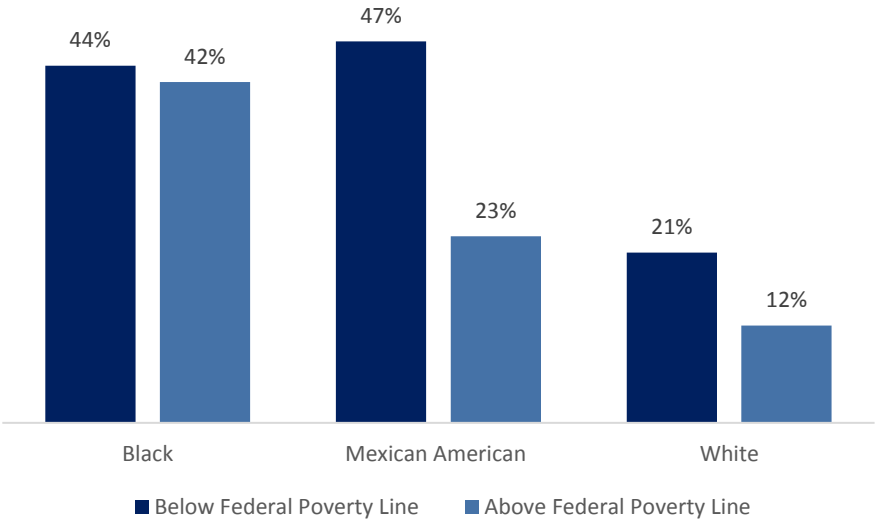
Percentage of decayed permanent teeth that are untreated per person among children ages 12-17 by racial/ethnic group and income



Source: U.S. Department of Health and Human Services. (2010) Oral Health in America: A Report of the Surgeon General

Children of color, in particular, are needlessly suffering from lack of access to care. The Surgeon General released a report on oral health in America, which highlights data disaggregated by both race/ethnicity and income. The results show clear disparities for children of color within all income groups. Among children aged twelve to seventeen, Mexican American and Black children living in households with incomes below the FPL experienced untreated decay in permanent teeth at a rates of 47 and 44 percent, respectively, compared with 21 percent for White children in the same income bracket.[24] It is notable that Mexican American and Black children living in households with incomes above the FPL also experienced untreated tooth decay in permanent teeth at rates higher than the rate experienced by White children living below the FPL. White children living in households above the poverty level experienced untreated decay at the lowest rate, 12 percent. [25]

In Washington State, Latino children are twice as likely as White children to have seven or more cavities; American Indian/Alaska Native children are three times more likely. In some cases, racial disparities in access to care are worsening.[26, 27] Between 2005 and 2010, the rate of rampant decay (seven or more cavities) increased for Latino children while the rate for White children remained the same. Years of inequitable access to care mean that Black, American Indian, Alaska Native, multiracial, and Latino adults are more likely to lose their teeth than White and Asian adults.[A]

All children deserve access to oral health care

Oral disease is almost entirely preventable. It may start small, but lack of routine, preventive treatment causes severe problems as kids grow up. While it's encouraging that the overall number of children receiving dental care has increased since the early 2000s, far too many children remain unable to access the care they need. Washington children need a multi-pronged approach that improves access, increases trusting patient-provider relationships, makes care more affordable, and ensures all children have access to the oral health care they need to be healthy and productive throughout their lives.

[A] The racial category of 'Asian' has not been disaggregated. Communities within this category experience barriers to oral health care at disparate rates.

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