

Unmet dental needs in Los Angeles children shown in study

May 9 2011, By Sarah Jorgenson



In 2007, the death of 12-year-old Deamonte Driver from untreated tooth decay exposed the need for better dental care in Maryland families with limited resources. However, the problem ranges beyond a single state, researchers found when they examined poor, migrant and minority children in Los Angeles.

Of the 2,313 children examined, 73 percent had untreated [dental caries](#), which includes cavities and white spot [lesions](#). Fifty-three percent had

fillings or crowns and 81 percent needed [dental care](#). [Asians](#) were more likely to have untreated dental caries, followed by [Hispanics](#) and then [African-Americans](#).

Children whose parents lacked a high school diploma, who lived in homes where English was not spoken and who were born abroad were at higher risk for having untreated dental cavities. Other [risk factors](#) were having a toothache in the last six months, inaccessible dental care and no dental insurance.

“Over half of the children had been to the dentist and had fillings, yet 72 percent needed care within two weeks and 9 percent needed care within 24 hours,” said lead author Roseann Mulligan, D.D.S. “It is not enough to repair the destruction caused by the disease process of tooth decay. We must work harder at preventing it.”

Mulligan is an associate dean for community health and hospital affairs at the Ostrow School of Dentistry at the University of Southern California. The study appears in the May issue of the *Journal of Health Care for the Poor and Underserved*.

With the finding that dental cavities in underprivileged children were twice the rate of those reported nationally and that 29 percent of children with untreated dental cavities had white spot lesions, Mulligan emphasized intervening early.

“White spot lesions are the precursors of the actual cavitations and they are able to be reversed if they are caught in that state...It is far more cost effective to treat white spot lesions then to try and repair frank tooth destruction,” Mulligan said.

“The research findings are consistent with what we have been finding in very similar populations across the country and here in Dallas. They tell

us that there is a real problem here,” said Kim Perry, D.D.S., an assistant professor at the Baylor College of Dentistry and chairman of the board of the National Dental Association. “I am very concerned, but not surprised,” said Perry, who is not affiliated with the new study.

With untreated dental caries, “the ultimate impact can be death,” Perry said. “Those numbers aren’t very large, but it does unfortunately happen from time to time. This was seen with Deamonte Driver and other children across the country that have had similar consequences. These children suffer from poor nutrition, learning difficulties. They lag behind in speech and can have poor self-esteem. Children with untreated dental caries collectively miss over 51 million hours of school annually.”

In Maryland, the Robert T. Freeman Dental Society Foundation and the National Dental Association have joined efforts to reach underprivileged children with a mobile dental clinic-honoring Driver. Other safety net resources throughout the country include community health centers, which charge based on a family’s income.

“Everyone is concerned. We are trying to understand and make a dent in this problem because our oral health care system for underprivileged [children](#) is not robust whether talking about Los Angeles County or the country in general,” Mulligan said.

More information: Mulligan R, et al. Dental carries in underprivileged children in Los Angeles. *J Health Care Poor Underserved* 22(2), 2011.

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