

Children's oral health disparities persist despite equal dental care access

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Oral health of children who receive dental care through Medicaid lags behind their privately insured peers, even though the children receive the same amount of dental care, according to a study from the Columbia University College of Dental Medicine.

The study was released in *Health Affairs'* December issue, and was discussed by Jaffer A Shariff, DDS, MPH, at a Washington, D.C., health policy briefing on December 7.

"If poor and low-income [children](#) now enjoy equal access to [dental care](#) but do not have equal [oral health](#), then the remedy should focus more tightly on the day-to-day factors that put them at higher risk for dental problems," said lead author Burton L. Edelstein, DDS, MPH, chair of the Section of Population Oral Health, professor of [dental medicine](#) at the College of Dental Medicine (CDM), and professor of health policy and management at Columbia's Mailman School of Public Health. "Low-income families often face income, housing, employment, and food insecurities that constrain their ability to engage in healthy eating and oral hygiene practices," he noted.

The study considered data from the 2011-2012 National Survey of Children's Health, which included parent reports of oral health and use of dental care for 79,815 children and adolescents (age 1 to 17 years) of all social strata. No differences were found between Medicaid-insured and commercially-insured children in the odds of their having a dental visit, preventive or otherwise. However, parents of children enrolled in

Medicaid were 25 percent more likely to report that their child did not have an "excellent or very good" dental condition and were 21 percent more likely to report that their child had a dental problem within the last year than were parents of commercially insured children.

"Because we found that low-income kids are seeing dentists at similar rates as privately insured children, we believe that other issues may negatively impact low income children's oral health. Addressing this would require attention from those currently outside the dental profession, such as social workers, health educators, nutritionists, and community health workers," said Jaffer A. Shariff, DDS, MPH, a research associate in the Section of Population Oral Health, a periodontal resident at CDM, and co-author of the study. "We need to develop an oral health promotion system that complements traditional dental care."

Medicaid's Equal Access Provision mandates that Medicaid beneficiaries have access to equivalent health services as the general population. While the study confirms that the mandate is being followed, it also shows that, "equal access to dental care does not ensure that low-income children obtain and maintain oral health at the same levels as other children," Dr. Edelstein said.

Dentists need to "rethink the nature of oral health care by seeing it as part of a child's total health care and by treating tooth decay as the chronic disease that it is. We can't segregate oral health from overall health," Dr. Edelstein cautioned. "Evolving health systems that bring teams of providers together to promote healthy behaviors can address common risk factors that benefit a child's overall and oral health. But if you segregate dentistry, especially for Medicaid kids, then you lose that opportunity."

More information: J. A. Shariff et al, Medicaid Meets Its Equal

Access Requirement For Dental Care, But Oral Health Disparities Remain, *Health Affairs* (2016). [DOI: 10.1377/hlthaff.2016.0583](https://doi.org/10.1377/hlthaff.2016.0583)

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