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Center for State Health Policy

Facts & Findings September 2011
New Jersey Children without Dental Services in 2001 and 2009

Key findings

- *Overall, dental care access for New Jersey children improved between 2001 and 2009, but gaps remain.*
- *The percentage of uninsured children who went without dental care increased in 2009. Minority children were consistently less likely to see a dentist, and about half of children below the federal poverty level received no dental care.*
- *Uninsured Hispanic and "other" non-Hispanic children in the lowest-income families were at greatest risk for not receiving dental care. Care for these children could be improved with expanded health coverage under the Patient Protection & Affordable Care Act (ACA).*

The American Dental Association recommends regular dental check-ups, including a visit to the dentist within six months of the eruption of the first tooth and no later than the child's first birthday.[1] The American Academy of Pediatric Dentistry recommends a dental check-up at least twice a year for most children.[2] Tooth decay remains one of the most preventable common chronic diseases among children. According to the U.S. Surgeon General, tooth decay affects more than one quarter of children ages two to five and half of those ages 12 to 15 in the United States.[3] Minority and low income children have been reported to be less likely to see a dentist than their counterparts.[4] Recently, The Pew Center on the States released a report showing that many New Jersey children received no dental services in 2009, including more than half of children on Medicaid.[5] This brief uses data from the 2001 and 2009 New Jersey Family Health Surveys (NJFHS) to describe the characteristics of children ages 3 to 18 who received no dental services within a year.

Overall, the percentage of children ages 3 to 18 years old who received no dental care in the past year has decreased by 11 percentage points from 2001 to 2009 (Figure 1).

Figure 1 | **Percentage of Children who Received no Dental Care by Race/Ethnicity**

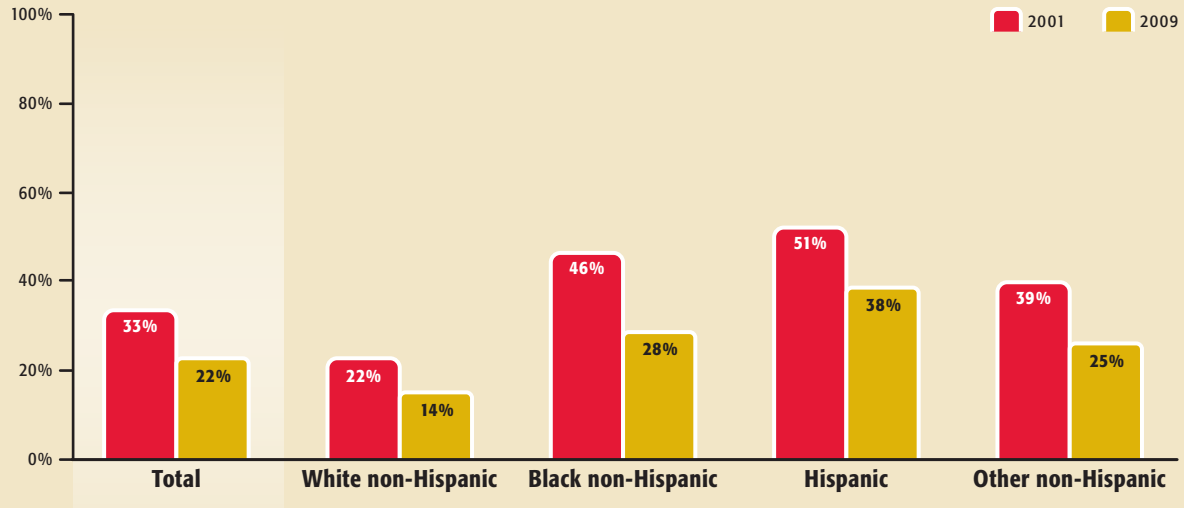

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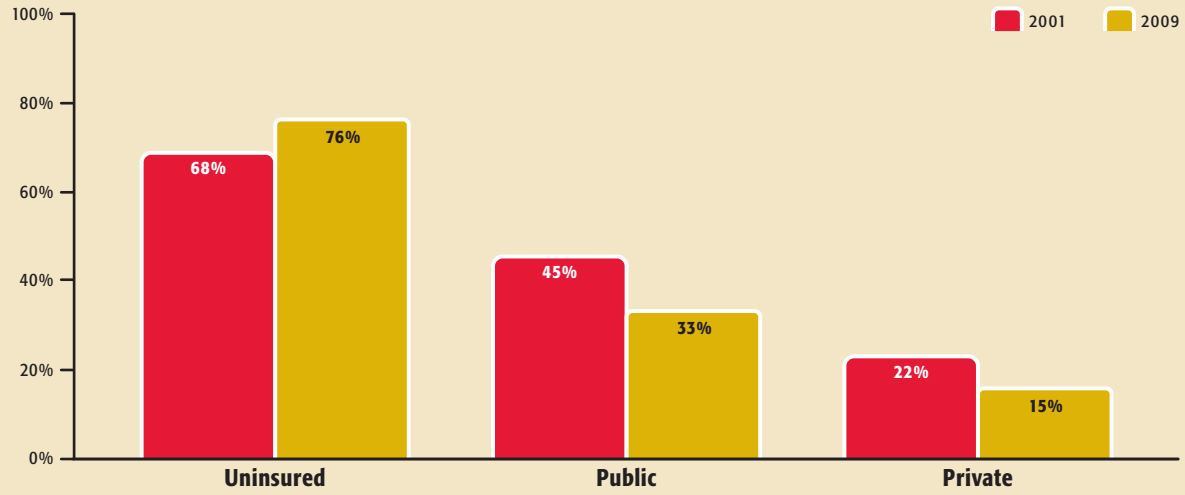
Figure 2 | **Percentage of Children who Received no Dental Care by Health Insurance Status**



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A high percentage of Hispanic children did not have a dental visit in both years, with over half of Hispanic children receiving no dental care in 2001 and about 38% in 2009. Non-Hispanic black children were also less likely than white children to have a dental visit in both years, although this group showed the most improvement from 2001 to 2009.

Health insurance status is a major factor in determining dental care utilization (Figure 2). The rate of uninsurance for New Jersey children dropped from 13% in 2001 to 7% in 2009, but there was an increase in the percentage of uninsured children who went without dental care from 68% to about 76%. The large majority of publicly insured children are covered by Medicaid/NJ FamilyCare. Failure to receive dental care among these children decreased by over 12 percentage points between 2001 and 2009, although about one-third did not see a dentist in 2009. Children with employer sponsored or privately purchased insurance were much more likely to receive dental care, and the percentage who did not declined to 15% in 2009.

Children in families under 200% of the federal poverty level (FPL) were less likely to receive dental care, with about half of children below 100% FPL not seeing a dentist in both 2001 and 2009 (Figure 3). A large improvement was seen for children in families between 101% and 200% FPL,

Figure 3 | **Percentage of Children who Received no Dental Care by FPL**

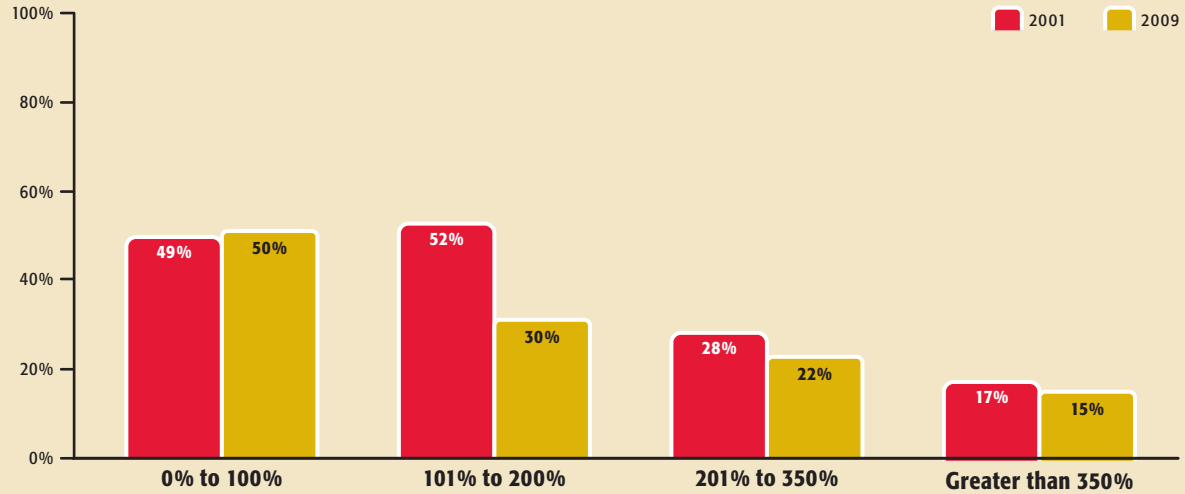

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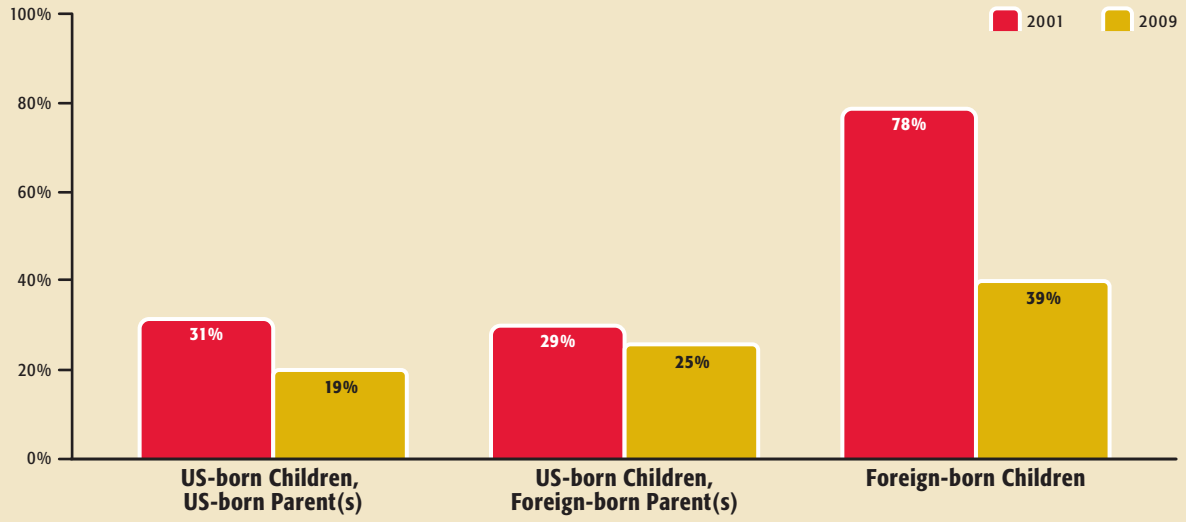
Figure 4 | **Percentage of Children who Received no Dental Care by Nativity**



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but about a third of these children did not see a dentist in 2009. Foreign-born children were much more likely to lack dental care than US-born children with or without a US-born parent; however, many fewer foreign-born children went without dental care in 2009 than in 2001 (Figure 4).

The American Academy of Pediatrics notes that pediatricians are well positioned to provide guidance on oral health and referrals to a dental home for children.[6] In both years, children who visited a doctor for well care were more likely than children without a well care visit to see a dentist (data not shown) , perhaps because of concerted efforts to increase dental referrals in managed care plans and expansion of dental care in Federally Qualified Health Centers.

To determine which characteristics had the most influence on whether a child received dental services, these characteristics were analyzed as a group (see Table). When controlling for gender and nativity along with other characteristics, uninsured children, those in the lowest-income families, those who were Hispanic or non-Hispanic other ethnicity, and those who did not have a well-child visit were at greatest risk for not receiving dental care. Compared to children with private health insurance, the odds were more than twelve times greater that uninsured children did not receive dental care. The odds were three times greater that children in families with incomes below the Federal Poverty Level did not see a dentist in the past year than children in families over 350% FPL. Non-Hispanic other and Hispanic children were also more likely to go without dental care. Children who did not have a well-child visit in the past year had nearly three times the odds of not receiving dental care as those who had a well-child visit.

Uninsured children in the lowest income families are at great risk for failure to receive timely dental care. As implementation of the ACA increases insurance coverage for children and health plans provide a pediatric essential dental benefit, there is the opportunity to dramatically improve dental care for children.

Table | **Relative Odds of Receiving No Dental Care in 2009**

NJ Children Ages 3–18

Characteristics	Predictor	Odds Ratio
Race / Ethnicity (Compared to non-Hispanic White)	Non-Hispanic Black	1.3
	Hispanic**	2.0
	Non-Hispanic Other**	2.4
Federal Poverty Level (Compared to >350% FPL)	0% - 100% FPL*	3.2
	101% - 200% FPL	1.3
	201% - 350% FPL	0.9
Health Insurance Coverage (Compared to Private Insurance)	Public Insurance	1.2
	Uninsured*	12.3
Well-child Visit in Past Year (Compared to Had Visit)	No Well-child Visit*	2.8

*$p \leq .05$
**$p \leq .10$

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References

[1] American Dental Association (ADA). "A Reminder to Parents: Early Dental Visits Essential to Children's Health." Chicago, IL: American Dental Association (ADA). Accessed June 7, 2011. http://www.ada.org/3326.aspx.

[2] American Academy of Pediatric Dentistry (AAPD). "Regular Dental Visits." Chicago, IL: American Academy of Pediatric Dentistry (AAPD). Accessed June 7, 2011. http://www.aapd.org/publications/brochures/regdent.asp.

[3] U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. Accessed June 1, 2011. http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf.

[4] Pourat N and L Finocchio. "Racial and Ethnic Disparities in Dental Care for Publicly Insured Children." *Health Affairs* (Millwood) 29, no.7 (2010): 1356-1363.

[5] The Pew Center on the States. *The State of Children's Dental Health: Making Coverage Matter*. Washington, DC: The Pew Charitable Trusts, 2011. Accessed June 8, 2011. http://www.pewcenteronthestates.org/uploadedFiles/The_State_of_Children's_Dental_health.pdf.

[6] American Academy of Pediatrics. "Preventive Oral Health Intervention for Pediatricians." *Pediatrics* 122, no.6 (2008): 1387-1394.

Other Resources

Carl Schneider, Jose Nova. *Dental Health of New Brunswick's Children: A Chartbook*, November 2006. http://www.cshp.rutgers.edu/Downloads/6790.pdf

Other NJFHS Reports

Kristen Lloyd, Joel C. Cantor, Dorothy Gaboda, Peter Guarnaccia. *Health, Coverage, and Access to Care of New Jersey Immigrants: Findings from the New Jersey Family Health Survey*, June 2011. http://www.cshp.rutgers.edu/Downloads/8880.pdf

Derek DeLia, Jose Nova. *Emergency Department Use by New Jersey Residents in 2009: Facts & Findings*, June 2011. http://www.cshp.rutgers.edu/Downloads/8890.pdf

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Methods

The New Jersey Family Health Survey (NJFHS) was designed to provide population-based estimates of health care coverage, access, use, and other health topics important for New Jersey policy formulation and evaluation in the coming years. It was funded by the Robert Wood Johnson Foundation and designed and conducted by the Rutgers Center for State Health Policy (CSHP). The survey was conducted in 2001 and 2009, using telephone interviews with the adult who was most knowledgeable about the health and health care needs of the family. A total of 2,265 families including 6,466 individuals were interviewed in 2001, with a response rate of 59.3%. The 2009 survey, conducted between November 2008 and November 2009, included 2,100 families with landlines and 400 families relying on cell phones. It collected information about a total of 2,500 families and 7,336 individuals and had an overall response rate of 45.4% (61.7% for landlines and 26.0% for cell phones). All estimates presented are weighted to accurately reflect the New Jersey household population.

Further information on the NJFHS, including a comprehensive methods report and the full text of the survey questionnaire, can be found on the CSHP website, respectively, at:

http://www.cshp.rutgers.edu/Downloads/8610.pdf and
http://www.cshp.rutgers.edu/Downloads/8620.pdf

CSHP's Facts & Findings

Facts and Findings from Rutgers Center for State Health Policy highlight findings from major research initiatives at the Center, including the New Jersey Family Health Survey. Previous *Facts and Findings*, along with other publications, are available at www.cshp.rutgers.edu .

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