



Kindergarten Oral Health Screening Survey 2018- 2019

Access to Oral Health Care

Introduction

Access to dental care means getting the dental care you need when you need it. It is the “timely use of personal health services to achieve the best health outcomes”.¹ According to Healthy People 2020, access to care consists of four components, including: having access to health insurance coverage, receiving recommended screening and prevention services, getting care when the need is known, and finally, having a capable, qualified, culturally competent provider.²

This data brief looks at results of the statewide oral health screening survey of kindergarten schoolchildren in Texas. The survey measures access to oral health care by asking about the use of dental care, factors affecting dental care in the past year, and the impact coverage of dental services has on oral health.

Methods

The Texas Department of State Health Services conducted an open-mouth oral health screening survey of kindergarten schoolchildren during the 2018-2019 school years. A randomized sample of 139 public elementary schools participated in the survey across all 8 public health regions. A total of 4,722 schoolchildren were screened.

With consent from parents, schoolchildren were screened by a trained team of dental hygienists and dentists. Three indicators of oral health were measured: history of tooth decay (cavities, fillings, crowns or teeth missing due to dental disease), untreated tooth decay, and early and urgent treatment needs.

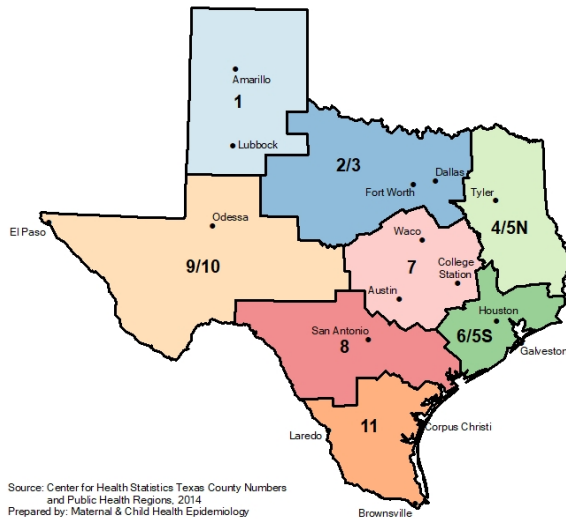
The consent form asked parents questions about getting dental care for their child, such as how recently their child had been to a dentist and if they had dental insurance.

Other data collected on each child were race, ethnicity, and enrollment in the Free and Reduced Lunch Program. Children were classified by whether they lived in a border/rural, border/urban, non-border/rural, or non-border/urban county. These classifications were collected so disparities in oral health status and access to dental care across different geographic locations across Texas could be studied.



For more information, contact the Texas Oral Health Improvement Program at (512) 776-2008 or visit dshs.texas.gov/dental

Texas Health Service Regions



A state map is provided to identify public health regions (PHR) in Texas. As shown, each of the 254 Texas counties are assigned to one of eight PHRs. The distance that some individuals, especially those living in rural counties, must travel to receive health care services can be a significant challenge to accessing and receiving those services.³ Counties in the border/non-border subgroup in this report are designated as Border or Non-Border according to Article 4 of the La Paz Agreement of 1983.⁴

Results

How often do Texas kindergarten schoolchildren visit a dentist?

The American Academy of Pediatric Dentistry (AAPD) recommends that every child should visit a dentist by their first birthday or by the time their first tooth erupts.⁵ A total of 80.7 percent of parents reported their child saw a dentist within the past year. Nearly 12 percent of parents reported their child has never been to a dentist.

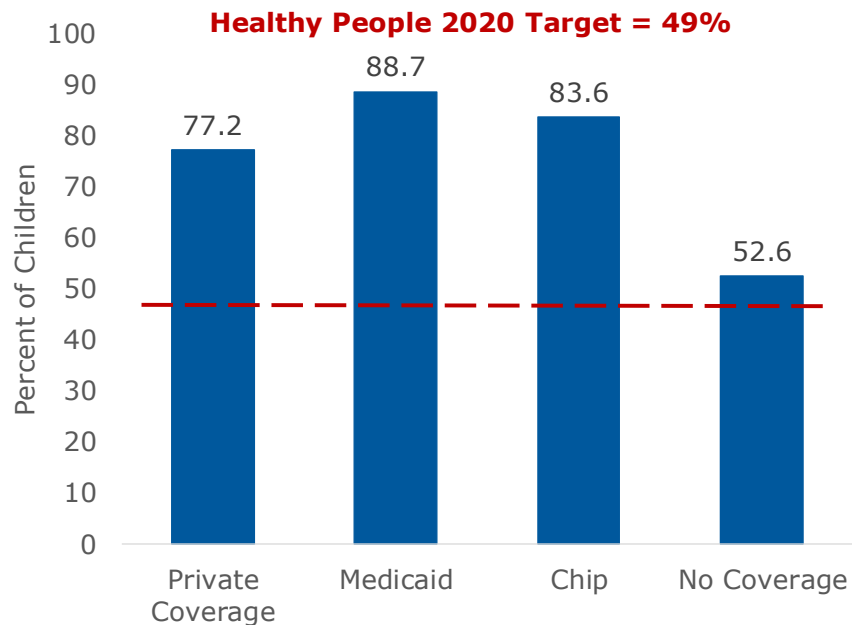
What factors affect whether a child goes to a dentist?

Key factors in whether a kindergarten child saw a dentist in the past year are having Medicaid or CHIP (Figure 1) and the PHR where they live (Figure 2). A total of 88.9 percent of children with Medicaid visited a dentist in the past year.

Children with no dental coverage – 52.6 percent - were significantly less likely to visit a dentist in the past year, compared to children who had private coverage or who participated in Medicaid or CHIP programs.



Figure 1: Percentage of Texas Kindergarten Schoolchildren Who Visited a Dentist in the Past Year*, by Type of Dental Coverage, 2018-2019



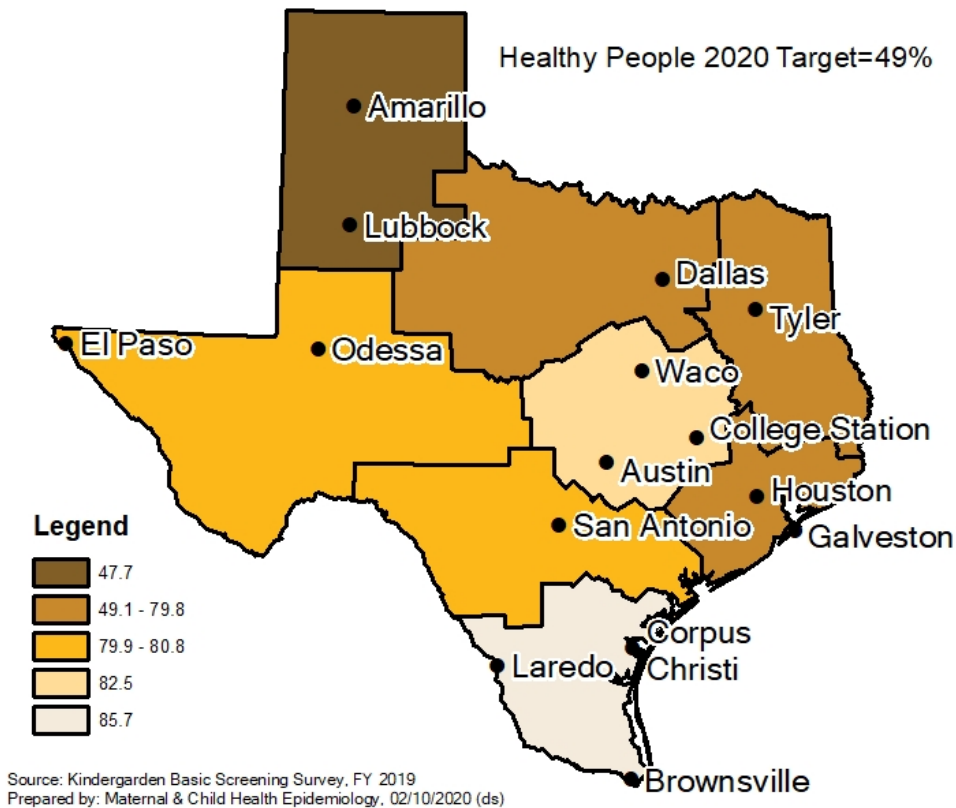
*The difference between children having dental coverage (private, Medicaid, and/or Chip) and having no coverage is statistically significant, chi-square test, $p \leq 0.05$.

Except for those children located in PHR 1, kindergarten children in Texas meet the Healthy People 2020 objective for the proportion of children who used the oral health care system in the past year by type of dental coverage and the public health region in which they live.

Children who lived in PHR 11 were significantly more likely to have visited the dentist in the past year, compared to their counterparts in PHR 1 and 6/5S.



Figure 2: Percentage of Texas Kindergarten Schoolchildren Who Visited a Dentist in the Past Year*, by Public Health Region (PHR), 2018-2019



*Children living in PHR 1 are significantly less likely to have dental coverage compared to children living in any other PHR, chi-square test, $p \leq 0.05$.

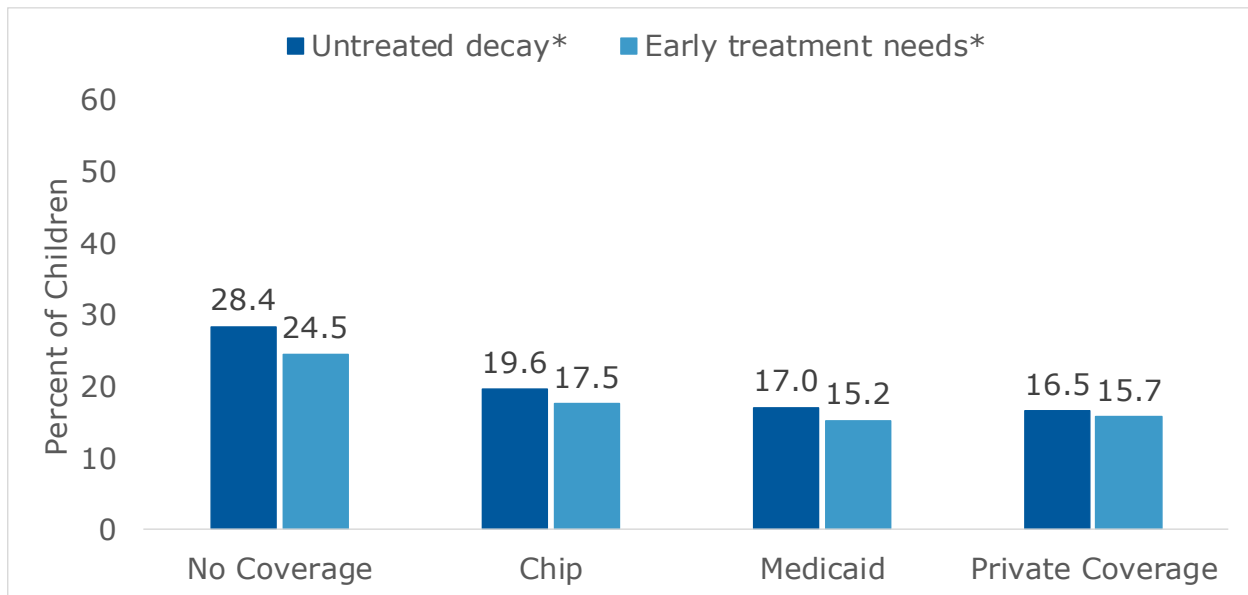
What impact does coverage of dental services have on oral health?

Texas kindergarteners without dental coverage were significantly more likely to have untreated tooth decay and early treatment needs than children who had either Medicaid or private dental coverage.

Children with either Medicaid or private dental coverage were less likely to have early treatment needs than any other coverage group. Those without dental coverage had the highest early treatment needs. Early treatment needs indicate untreated decay, but no pain or infection, requiring a dental visit within several weeks.



Figure 3: Percentage of Texas Kindergarten Schoolchildren with Untreated Decay and Early Treatment Needs*, by Type of Dental Coverage, 2018-2019



*Children with no dental coverage are statistically more likely to have untreated decay than children with any dental coverage, chi-square test, $p \leq 0.05$. Additionally, children with early treatment needs were statistically more likely to have no dental coverage than children with private and Medicaid coverage, chi-square, $p \leq 0.05$. Urgent treatment needs, identified as those needs for care within 24-48 hours because of signs or symptoms including pain, infection, or swelling in the mouth, are not shown due to relative standard errors less than 30 percent.

What's Next

Prevention is key to reduce the burden of decay in Texas children. Providers should emphasize good oral hygiene and healthy choices at an early age.

Studies show that for every child without medical insurance, 2-3 lack dental insurance.⁶ Community Health Centers, Federally Qualified Health

Centers, and Dental or Dental Hygiene Schools, may be an option for families without insurance to receive proper dental care at low or no cost. Where possible, information on local resources should be made available through the child's medical provider and school. Further research is needed to determine where unmet dental needs exist and why. This could lead to new clinics, more providers and general awareness in areas where access to dental care is limited.

For more information, please contact the Texas Oral Health Improvement Program at (512) 776-2008 or visit our website at dshs.texas.gov/dental.



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