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# Oral Disease: A Crisis Among Children of Poverty

*“Bleeding gums, impacted teeth, rotting teeth are routine matters in the children. . . . Children get used to feeling the constant pain. They go to sleep with it. They go to school with it. . . . The gradual attrition of accepted pain erodes energy and aspiration.”*

Jonathan Kozol<sup>1</sup>



*Serious facial swelling from a tooth abscess resulting from decay.*

**P**reventable oral diseases still afflict the majority of America's children. This is especially true for children from families with low incomes, children in minority groups, and children with special health care needs. These children experience greater levels of disease and unmet need, and bear most of the burden of unnecessary pain, suffering, and compromise to their total health. In the United States, 25 percent of children and adolescents—typically, the most vulnerable—experience 80 percent of all dental decay occurring in permanent teeth.<sup>2</sup>



*Grossly decayed teeth requiring extensive treatment.*

## Oral Health Status

An estimated 5–10 percent of preschool-age children have baby bottle tooth decay/early childhood caries, a severe form of tooth decay. The percentage is even higher in certain populations: Survey results show that 20 percent of children from families with low incomes and 43 percent of children in some American Indian populations have baby bottle tooth decay/early childhood caries.<sup>3</sup>

Baby bottle tooth decay/early childhood caries increases a child's risk for future tooth decay.<sup>4</sup>

Children as young as age 1 experience untreated dental decay.<sup>5</sup> Among children ages 6–8, 72 percent of American Indian/Alaskan Native children, 50 percent of Hispanic children, 34 percent of black children, and 31 percent of all children experience untreated dental decay.<sup>6</sup>

More than half of all children ages 6–8 and two-thirds of all 15-year-old adolescents experience dental decay.<sup>6</sup>

Sixty percent of adolescents have gum disease.<sup>7</sup>

## Pain and Personal Suffering

Almost 52 million school hours are missed annually by children because of oral problems.<sup>8</sup>

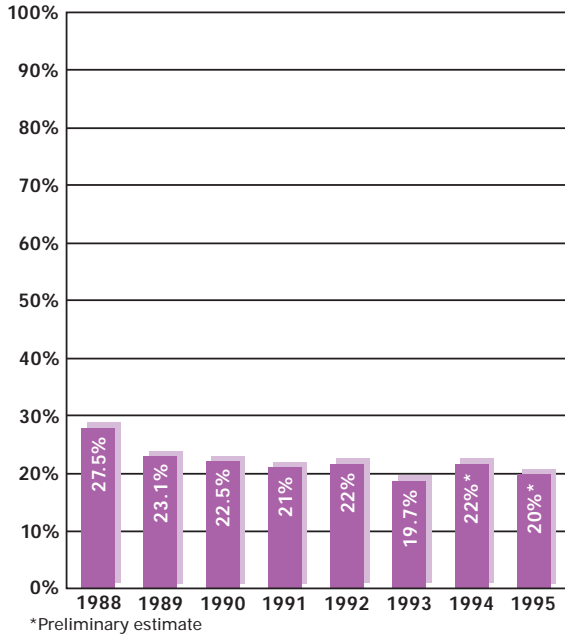
Extensive tooth decay, pain, or infection can cause eating, learning, and speech problems for children.

Many adolescents with oral problems such as decayed or missing teeth suffer embarrassment and diminished self-esteem.

## Access

Vulnerable populations of children (especially children from families with low incomes, those who are homeless, those in families without dental insurance, and those with special health care needs) have more oral problems and less access to dental care than the general population. These children suffer from frequent—often urgent—oral problems and generally receive inadequate dental care.<sup>9</sup>

Percentage of Children Receiving an EPSDT Preventive Dental Service



Many children and adolescents from families with annual incomes of less than \$10,000 do not have access to dental services. In a national study, 66 percent of children ages 2–4 and 47 percent of adolescents ages 12–17 had not had a dental visit the preceding year.<sup>9</sup>

**In 1995, fewer than one in five children eligible for dental services under Medicaid/EPSDT received a preventive dental service, and the trend is worsening.<sup>10</sup>**

Approximately 80 percent of states attribute low utilization rates for dental services under Medicaid/EPSDT to the shortage of dentists willing to accept Medicaid patients.<sup>10</sup>

Unfortunately, as the population of children at higher risk for oral disease is increasing, the ratio of pediatric dentists to children is declining. Pediatric dentists—those most able to provide dental treatment to children at risk—are not being trained in sufficient numbers to meet the need.<sup>11</sup>

## The Cost of Care

Individuals with the greatest need for oral health services are also the least likely to have dental coverage or to have the personal resources to purchase dental care.<sup>9</sup>

Inability to pay is the main barrier to visiting a dentist. Only one-fourth of all children ages 8 years and younger have private dental insurance,<sup>9</sup> and the number of publicly financed dental programs has not kept pace with the demand—and, in many cases, has declined.

**In the United States, 30 percent of all children's health expenditures are devoted to children's dental care<sup>12</sup>—a spending rate more than 10 times that of the 2.3 percent expended by Medicaid for children's dental care.<sup>13</sup>**

The new State Children's Health Insurance Program (CHIP) provides an opportunity to expand health services for children. However, some states are not including dental services as part of their plans, despite the fact that children from families with low incomes have the least access to dental care and the greatest unmet need.

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