Pediatric Dental Patients are Part of a Larger Picture: Detailing Population Realities

Waldman HB*/ Perlman SP**

The traditional setting of a dental practice may offer pediatric dentists a potentially isolated picture of the general health and use of health services by youngsters in their community. Results from the latest National Health Interview Survey are reviewed to provide broad dimensions to supplement and reinforce the general and specific information usually developed regarding individual patients.

INTRODUCTION

We have become so dependent upon computers for all phases of our lives that younger and older generations increasing automatically click on Google, Yahoo, Bing or any number of other computer search-engines for the latest information and answers to our questions. It has become increasingly difficult to challenge students when solutions magically appear on the screen of their latest electronic gadgets. Similarly, busy pediatric dental practitioners may have become accustomed to the data on the electronic versions of each of the individual hundreds or even thousands of patient charts. However, they may not be aware of the cumulative information that they could use to 1) develop a general overview of the patient population that is being served in their practice, and 2) reinforce an appreciation of the inter-relations between the use of dental services and demographic, medical, dental, insurance, economic, social and related factors among current and future patients.

The recent results from the 2011 National Health Interview Survey provides broad dimensions (at web site: **http://www.cdc.gov/nchs/data/series/sr_10/sr10_254.pdf**) that can be used to supplement and strengthen the general and specific information developed regarding individual patients in a practice. [1]

*H. Barry Waldman, DDS, MPH, PhD, Distinguished Teaching Professor Department of General Dentistry, Stony Brook University, NY,USA

**Steven P. Perlman, DDS, MScD, DHL (Hon), Global Clinical Director, Special Olympics, Special Smiles,Clinical Professor of Pediatric Dentistry,Boston University School of Dental Medicine, Boston MA, USA

Send all correspondence to

H. Barry Waldman, Distinguished Teaching Professor
Department of General Dentistry, Stony Brook University, NY, USA
E-mail: h.waldman@stonybrook.edu

Health Status

In 2011, the majority of children (< 18 years) in the United States enjoyed excellent health (42 million or 56%), and another 20 million children had very good health (27%). As the level of parent education increased, the percentage of children with excellent health increased.

- Poverty status was associated with children's health; 43% of children in poor families were in excellent health compared with 64% of children in families that were not poor.
- Children with private health insurance were more likely to be in excellent health (64%) than children with Medicaid or other public coverage (46%).
- Overall, 2% of children were in fair or poor health. Children in poor families were four times as likely to be in fair or poor health (4%) as children in families that were not poor (1%).
- Three-quarters of all children had contact with a doctor or other health professional at some time in the past 6 months. Children whose parent(s) had education beyond a high school diploma were more likely to have had contact with a doctor or other health professional in the past 6 months (78%) than children whose parent(s) had less than a high school education (71%). [1]

Usual Place of Health Care

In 2011, almost all children in the U.S. had a usual place of health care (97%). Seventy-six percent of uninsured children had a usual place of health care compared with 99% of children with private health insurance and 98% of children with Medicaid or other public coverage.

Among children with a usual place of health care, 74% used a doctor's office as their usual place of care; 24%, a clinic; 1%, a hospital outpatient clinic; and 1%, an emergency room. Children in poor families were more likely to use a clinic as their usual place of health care (39%) than children in families that were not poor (15%).

- Among children with a usual place of health care, 85% with private health insurance compared with 62% with Medicaid or other public coverage used a doctor's office for their care. Four percent of uninsured children used an emergency room as their usual place of health care.
- Over three-quarters of children with private health insurance or Medicaid had contact with a doctor or other health professional in the past 6 months compared with over one-half of children with no insurance coverage.
- Uninsured children (11%) were more than five times as likely as children with private insurance coverage (2%) and more than three times as likely as children with Medicaid coverage (3%) to have not had contact with a doctor or other health professional in more than 2 years (including those who never had a contact). [1]

Selected Measures of Health Care Access

In 2011, 5 million children had no health insurance coverage (7%). Ten percent of children in families with an income less than $35,000 and 11% of children in families with an income of $35,000-$49,999 had no health insurance compared with 2% of children in families with an income of $100,000 or more.

- Hispanic children (13%) were at least twice as likely as non-Hispanic white (5%) and black (6%) children to be uninsured for health care.
- Children in single-father families were more likely to be uninsured for health care (13%) than children in two parent families (7%) and children in single-mother families (7%).
- Children living in the South (8%) or the West (10%) were more likely to be uninsured than children living in the Midwest (5%) or the Northeast (3%).
- Approximately 1.3 million children were unable to get needed medical care because the family could not afford it (2%), and medical care for 2.5 million children was delayed because of worry about the cost (3%). [1\]

Emergency Room Visits in the Past 12 months

In 2011, 9.4 million children living in the U.S had an emergency room visit in the past 12 months (13%); 4.3 million children had two or more visits (6%).

- Asian children were less likely to have any emergency room visits in the past 12 months than white and black children.
- Black children were more likely to have had two or more visits to an emergency room in the past 12 months (8%) than white children (5%) and Asian children (3%).
- Children in single-mother families were two and one-half times as likely to have had two or more visits to an emergency room in the past 12 months (10%) than children in two-parent families (4%).
- Children with Medicaid or other public coverage were more likely to have had two or more emergency room visits in the past 12 months (9%) than children with no health insurance (4%) and children with private health insurance (4%). [1]

Prescription medication use for at least 3 months

In 2011, ten million children in the US had a health problem for which prescription medication had been taken regularly for at least 3 months (14%).

- Boys (15%) were more likely than girls (12%) to have been on regular medication for at least 3 months.
- Eighteen percent of youths aged 12-17 years were on regular medication compared with 13% of children 5-11 and 9% of children aged 4 and under.
- White children (13%) and black children (16%) were more likely to have been on regular medication for at least 3 months than Asian children (7%).
- Non-Hispanic children were more likely to have been on regular medication (15%) than Hispanic children (10%).
- Children whose parent had education beyond a high school diploma were likely to have been on regular medication (15%) than children whose parent did not obtain a high school diploma or the equivalent (12%). [1]

Allergies

Nine percent of U.S. children under age 18 suffered from hay fever in the past 12 months, 11% from respiratory allergies, 6% from food allergies, and 13% from skin allergies.

- White children were more likely to have had hay fever (9%) than black children (7%).
- Black children were more likely to have had skin allergies (17%) than white children (12%) or Asian children (13%).
- Hispanic children were less likely than non-Hispanic children to have had each type of allergy, including hay fever, respiratory allergies, food allergies, and skin allergies.
- Children with a parent who had education beyond a high school diploma were more likely to have had hay fever, respiratory allergies, food allergies, and skin allergies than children whose parent had less than a high school diploma.

Asthma

Over 10 million U.S. children under age 18 (14%) have ever been diagnosed with asthma; 7.0 million children still have asthma (10%).

- Boys (15%) were more likely than girls (13%) to have ever been diagnosed with asthma.
- Non-Hispanic black children were more likely to have ever been diagnosed with asthma (21%) than Hispanic children (15%) or non-Hispanic white children (12%).
- Children in poor families were more likely to have ever been diagnosed with asthma (18%) than children in families that were not poor (12%). [1]

Learning Disability or Attention Deficit Hyperactivity Disorder

In 2011, 4.7 million children aged 3-17 had a learning disability (8%); 9% of boys had a learning disability compared with 6% of girls.

- Black children (9%) and white children (8%) were more likely to have a learning disability than Asian children (5%).
- In families with an income of less than $35,000, the percentage of children with a learning disability (11%) was at least twice that of children in families with an income of $100,000 or more (5%).
- Over five million children aged 3-17 had Attention Deficit Hyperactivity Disorder (ADHD) (9%). Boys (12%) were about twice as likely as girls to have ADHD (5%).
- Hispanic children were less likely to have ADHD (6%) than non-Hispanic white children (10%) and non-Hispanic black children (9%).
- Children in single-mother families were more likely to have learning disabilities (10%) and ADHD (10%) than children in two-parent families (6% and 8%). When compared with children with an excellent or very good health status, children with a fair or poor health status were almost seven times as likely to have a learning disability (38% and 6%) and almost four times as likely to have ADHD (27% and 7%). [1]

Dental Care

In 2011, 4 million (6%) children aged 2-17 had unmet dental need because their families could not afford dental care.

- Children in single-mother families were more likely to have had unmet dental need (8%) than those in two-parent families (5%).
- Uninsured children (22%) were more than four times as likely to have unmet dental need as children with private health insurance (5%) and more than three times as likely as children with Medicaid or other public coverage (6%).
- Non-Hispanic white children were more likely to have had a dental visit in the past 6 months (67%) than non-Hispanic black children (60%) and Hispanic children (61%).
- Twenty-seven percent of uninsured children had no dental visit for more than 2 years (including those who never had a visit) compared with 12% of children with Medicaid and 10% of children with private health insurance. [1]

Part of a larger picture

Each child is an individual and different, but affected to varying degrees by the circumstances of the family and community in which they are raised. While health providers place emphasis on the past history and examination of the individual youngster, we may lose sight of this family and community setting in which the child lives. In essence, the proverbial four walls of a dental practice may offer pediatric dentists a limited appreciation of the impact that the general environment may be having on their young patient. Yes, each child is an individual and different, but he/she may have many attributes in common with others raised in similar settings and circumstances. The general evidence developed from the ongoing series of National Health Interview Surveys provides a more complete appreciation of the commonality and differences that affect individual patients. Surely, an awareness of this more complete picture can only help in the delivery of care for the "individual and different" child.

REFERENCE

1. Department of Health and Human Services. Health Statistics for U.S. Children: National Health Interview Survey, 2011. Pub PHS- 2013-1582. Web site: http://www.cdc.gov/nchs/data/series/sr_10/sr10_254.pdf Accessed November 21, 2012