

# Pediatric Dental Practice and Changing Population Demographics: A Commentary

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*U.S. Census Bureau reports for the 2010 census detail the slowing overall growth of the number of children with specific emphasis on the increasing proportion of Hispanic children in the population. A review of these data is considered in terms of the potential impact on pediatric dental practices.*

**Keywords:** demographics, minority populations, dental practice

## INTRODUCTION

A recent report in the Journal of the American Dental Association emphasized "...the decrease in the utilization of dental care on the part of the population. Moreover, this decline in dental care use, although most pronounced during the economic downturn, appeared to have started before the downturn began. This suggests that more factors than solely the economic recession are affecting changes in dental care utilization patterns."<sup>1</sup> Current U.S. Census Bureau projections have identified a potential significant alteration in the demographics of children within the United States in the future which has the potential to affect negatively the number of patients seeking pediatric dental care due to financial and/or cultural factors. A paradigm shift may be necessary in the approach to encouraging the pursuit of dental treatment in the future.

"Today the number of children in the United States (74.2 million) is at an all-time high, but the share of the national population who are children (24 percent) is at an all-time low."<sup>2</sup>

## Current numbers

An analysis of data from the 2010 Census by the Anne E. Casey Foundation provided an overview of changes in the U.S. child population. (The Annie E. Casey Foundation is a private charitable

organization, dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the Foundation in honor of their mother.)<sup>3</sup>

There was a relatively small increase in the total number of children during the 2000 to 2010 period. The under 18 year old population grew by 1.9 million, compared to the 8.7 million growth in the number of children during the 1990s. "Over the past decade, the child population declined in 23 states and Washington DC, but during the 1990s the child population declined in only six states."<sup>2</sup> The analysis emphasized that, "All of the growth in the child population since 2000 has been among groups other than Non-Hispanic whites."<sup>2</sup>

The Brookings Institute report on *America's Diverse Future* used the last two census reports to explore further the extent of the evolving child demographic profile of the U.S. states, and metropolitan areas.<sup>4</sup>

- From 2000 to 2010, the populations of white children nationwide declined by 4.3 million, while the population of Hispanic and Asian children grew by 5.5 million.
- In almost half of states and nearly one-third of large metro areas, child populations declined in the 2000s. White child populations dropped in 46 states and 86 of the 100 largest metro areas, but gains of new minority children forestalled more widespread overall declines in youth.
- In areas of the country gaining children, Hispanics accounted for most of that growth. Fully 95 percent of Texas's child population growth occurred among Hispanics. Los Angeles, California was the only major metropolitan area to witness a decline in Hispanic children from 2000 to 2010.
- Ten states and 35 large metro areas now have minority white child populations.<sup>4</sup>

Minority children accounted for almost half (46%) of the population under 18 years in 2010, compared with 39% in 2000 and 31% in 1990. The number of Hispanic children grew by 4.8 million (or 39%) between 2000 and 2010. Children of mixed race grew at a faster rate than any other group over the past decade; from 1.9

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**Table 1.** Proportional distribution of U.S. children (under 18 years) by race and Hispanic origin: 2000, 2010, 2020, 2030, 2050<sup>6</sup>

	2000	2010	2020*	2030*	2050*
White (non-Hispanic)	61.2%	53.5%	50.8%	46.4%	38.0%
Black	15.6	14.0	14.1	13.7	12.8
Asian	3.6	4.3	4.9	5.3	6.3
Other races	4.0	5.2	5.7	6.4	7.9
Hispanic (any race)	17.2	23.1	26.9	31.1	38.8

\* Projected

million in 2000 to 2.8 million in 2010 (a 46% increase). The number of non-Hispanic Asian and Pacific Islander children grew by nearly 800,000 (or 31%). By contrast, during this same period:

- The number of non-Hispanic black children decreased by about 250,000 (or 2%).
- The number of non-Hispanic American Indian and Alaskan Native children decreased by about 39,000 (or 6%).<sup>2</sup>

“...46 of the 50 states and the District of Columbia experienced a decline in the number of non-Hispanic white children between 2000 and 2010.”<sup>2</sup> In ten states, non-Hispanic white children are now less than half of all children. The total combined minority child population has reached 87% in Hawaii, 83% in the District of Columbia, 74% in New Mexico, 73% in California and 66% in Texas.<sup>2</sup>

It is most significant that the child population is growing in many states where child outcomes are among the worst in the country. Of the five states that experienced the largest increase in the number of children since 2000 (Texas, Florida, Georgia, North Carolina and Arizona) none ranked in the top half of states based upon comprehensive measures of child well-being.<sup>5</sup>

**Large cities**

Almost three-quarters of the child population in the one hundred largest cities belong to a racial or Hispanic minority group. The percent of children who are minority ranges from a high of 98% in Laredo, Texas to 27% in Lincoln, Nebraska. The top ten cities in terms of increase in the number of children are all in the Sunbelt, while most of the ten cities with largest decreases in child population are in the Midwest and the Northeast.<sup>2</sup>

**Projections**

These changes in the proportional distribution of children are projected to continue for at least the next twenty-years and beyond. By 2030, it is projected that non-Hispanic white children will represent less than half (46%) of all children. Almost a third of all children (31%) will be of Hispanic origin. By 2050, the projections are that the proportion of Hispanic children and the non-Hispanic white children in the 0-17 age group will be equal (about 38%). (Table 1)

**Specifically, dentistry**

In 2009, among children ages 2-17 years, 4% with private insurance, 7% with Medicaid coverage and 27% with no insurance had unmet dental needs due to financial constraints. Overall, 7% of

children who had unmet dental needs did not receive dental care in the past year due to financial constraints. This proportion has remained between six and seven percent since 2000. In addition, 17% of privately insured children, 22% with Medicaid coverage and 49% with no insurance had not been seen by a dentist this past year.<sup>7</sup>

**Differences by race/Hispanic origin** – In 2009, white and black children were less likely than Hispanic children to have unmet dental needs (7%, 7%, and 11%, respectively) Twenty-one percent of white children, 23 percent of black children, and 26 percent of Hispanic children had not been to the dentist within the past year.<sup>8</sup>

**Differences by Poverty Status** – In 2009, 10% of children in poor families, had unmet dental needs, compared with 5% of children in not-poor families.<sup>5</sup> In 2010, 17% of white children, 38% of black children and 32% of Hispanic children lived in poverty.<sup>9</sup>

**Who uses pediatric dental services** – Between 1997 and 2010 the proportion of children 2-17 years with dental visits in the past year increased from 73% to 79%. However, the proportion with dental visits was not uniform among children of different race and ethnic populations. In 2010, a dental visit was reported for:

- 81% of non-Hispanic white children, 79% of non-Hispanic black children, 75% of Hispanic children.
- 73% children living in poverty (including 74% of Hispanic children living in poverty) and 88% of children living in families with four-times or more of the poverty level.
- 76% of children living in the Western Region and 84% living in the Northeast Region of the country.<sup>10</sup>

**Hispanic perception of dental care needs**

Results from a recent telephone interview study of a national representative sample of Hispanic adults indicated that:

- Many Hispanics simply do not consider dental visits a priority. “About half of Hispanics feel that dental visits are not really necessary as long as you take good care of your mouth, including teeth and gums, or as long as oral health issues do not affect quality of life.”<sup>11</sup>
- Hispanics have many misperceptions about oral health. Approximately half of Hispanics reported that 1) a little bleeding when brushing is normal, 2) gingivitis will “go away” if you brush, and 3) poor oral health may not be linked to other health complications. In addition, 30% reported (compared to 6% of non-Hispanics) that “with time, cavities will go away on their own if you brush.”<sup>11</sup>

**Pediatric practice and changing population demographics**

Pediatric dental practitioners, general dentists (who in fact provide the majority of dental services for children) and eventually orthodontists will need to come to terms with the consequences of: 1) decreasing numbers of children 2) increasing numbers of Hispanic children (many of whom live in poverty without health insurance) have unmet dental needs, 3) the fact that 1-in-4 Hispanic children had no contact with dentists in the past year, and 4) Hispanic perceptions of dental care needs.

The reality is that demographic characteristics are predictive of sites with or without a pediatric dental practice. Communities

“...with large, urban populations that have positive socioeconomic characteristics, such as high income and education levels, are the most likely to have a pediatric dental practice.<sup>12</sup>”

Census Bureau data provide a broad picture of demographic changes in our communities. Individual dentists may experience only varying degrees of these developments and feel personal confidence based upon past years of practice. Nevertheless, the continuing flow of Census Bureau reports indicates the potential for dramatic changes for the profession as well many other sectors of our economy and communities.

Attention should be directed to increasing the awareness of families of children who are in need of dental services. This could be accomplished through educational programs or screenings. However, with a shift in the socio-economic background of this increase in future patients, appropriate access to care also needs to be addressed. The question is, how prepared are we for these developments?

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