Preventive Dental Care Elusive for Minority Kids

Lack of access to a dentist willing to take Medicaid contributed to the septic death of one Maryland boy.

BY KATE JOHNSON
Montreal Bureau

The number of U.S. children receiving preventive dental care has risen, but minority children from low-income families remain the least likely group of children to receive it, according to a study.

The report was published shortly after a Maryland boy on Medicaid died because of complications ultimately related to lack of preventive dental care.

Among those children at high risk, having a personal doctor and being enrolled in the State Children's Health Insurance Program (for a subgroup of children) were factors associated with receiving preventive dental care, according to the study.

"We still have a long way to go before we can say that all U.S. children are receiving the preventive dental care that they need," wrote Dr. Charlotte W. Lewis of the University of Washington, Seattle, and her colleagues (Pediatrics 2007;119:544-53). They suggested that increasing the availability of dental insurance should be a priority in addressing this issue.

The study included data from 2003 on 102,353 children involved in the National Survey of Children's Health, and was weighted to represent 72.7 million children nationally. It found that in 2003, 72% of all children and 62.5% of low-income children (those at or below 200% of the federal poverty level [FPL]) reported a preventive dental care visit in the previous year. Almost 23% of children lacked dental insurance, compared with almost 9% who lacked health insurance.

The numbers of children receiving preventive dental care are higher than previously reported, and exceed the Healthy People 2010 goal of 57% of low-income children receiving a preventive dental care visit in the previous year, according to the authors.

But children who are at highest risk for dental problems are still those who are least likely to receive preventive care, they wrote.

"Certain groups continue to be underrepresented," the researchers noted. "These include children who are young, who are black or multiracial, lack dental insurance, lack a personal doctor, are under 400% of the FPL … live in nonmetropolitan areas or states, or are foreign born." After the researchers controlled for other variables, Hispanic and white children had a similar likelihood of receiving care, but black children had lower odds that persisted even after adjustment for income and insurance status, Dr. Lewis and her associates reported.

The picture painted by the study is a familiar one for Laurie Norris, a lawyer at the Baltimore-based Public Justice Center who tried between September 2006 and January 2007 to help the family of a 12-year-old Maryland boy who died in February after an infection from an abscessed tooth spread to his brain. There is "terrible access" to dental care for underprivileged children in Maryland, Ms. Norris said in an interview. "I made 26 calls and was unable to find a dentist contracted to the family's dental plan (Medicaid) in their geographic area."

In examining factors influencing access to dental care, the study showed that income eligibility for State Children's Health Insurance Program (SCHIP) policies was associated with preventive dental health visits by "near-poor" children. (Near-poor was defined as 1- to 5-year-old children living at 133%-199% of the FPL, or children older than 5 years living at 100%-199% of the FPL.) Near-poor children in states with the broadest income eligibility for SCHIP dental care had a 24% higher likelihood of a preventive dental visit compared with children in states with limited or no eligibility for SCHIP dental services, reported the authors. Yet, "even in the best states, near-poor children lag substantially behind their higher income counterparts."

Near-poor children were of primary interest "because they were the intended target of SCHIP/Medicaid expansions," they noted.

The findings bear consideration "as we evaluate current SCHIP performance and contemplate potential revisions in anticipation of SCHIP legislative renewal in 2007," Dr. Lewis and her associates noted.

There are "layers of barriers" built into the Medicaid and SCHIP systems in Maryland, and probably many other states, said Ms. Norris. But she is not convinced that access problems stem from government underfunding.

"I think it could be a structural problem. The system is too complex for parents to navigate and there aren't enough dentists in the system," she said.

"The state is paying money to managed care programs to provide care, but that care is not being provided. The list of providers in the network looks good on paper, but when you go looking for them they are just not there. The money is padding the profits of the private plans," she contended.

Although reasons for poor access to preventive dental care may be debated, the study identified that one positive influence on access to dental care was having a personal doctor.

"This is the first time to our knowledge that such an association has been recognized for the U.S. pediatric population as a whole," wrote Dr. Lewis and her associates.

They noted several possible explanations for this, including the fact that families with a regular doctor "may have values and attributes that also lead them to seek preventive dental care," or that physicians play an important role in referring patients and reinforcing the importance of dental care.

"By whatever mechanism," they wrote, "there exists a link between having a personal doctor and receiving preventive dental care that deserves additional attention and study." ■

Computer Kiosk in ED Offers Teachable Safety Moments

BY MARY ELLEN SCHNEIDER
New York Bureau

BOSTON — Using computer kiosks in the emergency department to provide information on car seat use, smoke alarms, and proper poison storage may help to improve safety and save physicians time, Andrea C. Gielen, D.Sc., said at the annual meeting of the American Public Health Association.

Approximately 12 million preschoolers visit the emergency department each year, and computer technology provides an opportunity to offer a brief intervention, said Dr. Gielen, professor and director of the Center for Injury Research and Policy at Johns Hopkins School of Public Health, Baltimore.

"The potential for a teachable moment may really exist, but it's been largely unexplored," she said.

In a test of the technology, Dr. Gielen and her colleagues evaluated the feasibility of using a computer kiosk in the pediatric emergency department to improve parents' knowledge about common safety issues.

The researchers randomized 901 families with a child under age 6 who presented in the emergency department into either an intervention or a control group. As part of the intervention, parents used the computer program to complete a 12-minute assessment that collected information on their current knowledge and attitudes about car seats, smoke alarms, and poison storage. The parents then received a four-page report personalized with their child's name that detailed customized safety messages tailored to their responses.

For example, parents without a car seat would receive materials that focused on the need to have a car seat. However, for those parents who already have a car seat, the materials might focus on having the correct seat for the age and weight of the child or on the need to use the seat consistently.

Families in the control group also completed a 12-minute assessment using the computer kiosk and received a personalized report, but the report focused on general child health topics and did not touch on safety issues.

After 2 weeks, 98% of parents in the intervention group remembered the report, 93% read some of the report, 57% read the entire report, and 68% discussed the report with family and friends. About 39% of parents in the intervention group said that they read the entire report and discussed it with others.

When the researchers compared the 39% of the intervention group who had both read and discussed the report with families in the control group, the families who were highly exposed to the intervention materials were significantly more likely to be practicing recommended safety behaviors.

Those families in the intervention group who read the entire report and discussed it with others also were more likely to have higher incomes, highlighting the need to give special attention to the needs of low-income families, Dr. Gielen said.

Overall, the program was well received in the pediatric emergency department and parents liked it, she said.

"We think that this technology does in fact offer a lot of promise for injury prevention in the pediatric emergency department." ■

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The kiosks have safety information for preschoolers' parents on car seat use, smoke alarms, and proper poison storage, said Dr. Andrea C. Gielen.