Access to Clinical Preventive Services

Dental visits among children

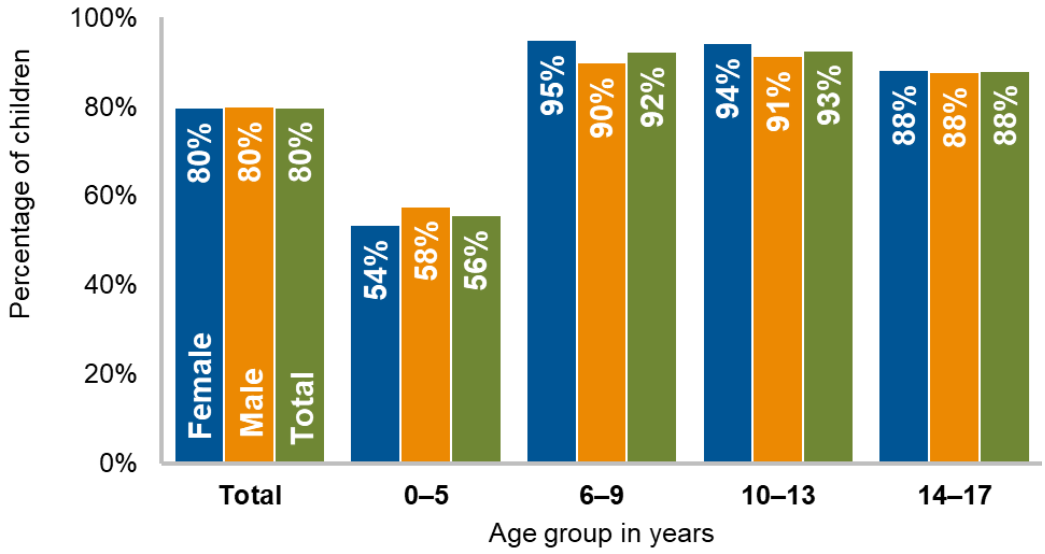
Good oral health starts with a child's baby teeth. If baby teeth are kept cavity-free, then a child's adult teeth are more likely to be cavity-free. Every child should have a visit to a dentist as soon as the first tooth appears or by age 1. Regular dental visits and good oral hygiene can help prevent cavities and most dental disease, which can lead to pain, eating and speech problems, and poor self-image. If baby teeth are lost too early, the permanent teeth may come in crowded or crooked.

Dental professionals can find oral health problems early on -- when treatment is likely to be easier, more effective and more affordable. They can also provide preventive services that can avoid many problems from developing in the first place.

The percentage of children with any dental visit in the past year is a marker for access to dental care services. Overall in 2016 and 2017, 80% of Oregon children ages 0-17 had at least one dental visit in the past year (Figure 1). The visit could have been with a dentist or other oral health care provider for any kind of dental or oral health care.

FIGURE 1

Children with any dental visits in past year by age group and sex, Oregon, 2016–2017



Source: 2016-2017 National Survey of Children's Health

While older children are going to the dentist, there is a gap in dental visits during early childhood. In 2016 and 2017, only 56% of Oregon children 0-5 had at least one dental or oral health care visit in the past year compared to 92% for children 6-9 years old (Figure 1). One way to increase dental care in early childhood is to integrate oral health into primary care. Children ages 0-3 will see their pediatrician up to 11 times for a well-child visit, but may not see a dentist at all. This is an opportunity for medical providers to implement early childhood cavity prevention practices that includes an oral health risk assessment, visual screening, culturally appropriate anticipatory guidance, preventive strategies such as fluoride varnish, and referral to a dentist.

In Oregon, we know that disparities in oral health outcomes exist for children based on geographic residence, household income, and race and ethnicity. These disparities persist because of a multitude of barriers, including lack of dental insurance, scarcity of dental providers in rural and frontier communities, transportation difficulties, lack of a culturally and racially diverse workforce, cultural and linguistic obstacles, and lack of healthy literacy. Health beliefs of parents and caregivers may also be barriers, such as not being aware of the importance of keeping baby teeth healthy and cavity-free, or having a fear of visiting the dentist that prevents them from taking their child to the dentist.

Oregon is doing well overcoming some of the barriers for children, as evidenced by 80% of Oregon children having a dental visit compared to the national average of 78%. However, more work is needed to ensure that all children regardless of age, race or ethnicity have regular dental visits and maintain good oral hygiene practices. This includes not only increasing the number of dental providers in a community, but making sure that the dental workforce is representative of the populations we serve and can respond to the cultural and linguistic needs of families.

Additional Resources: Oral Health Program

About the Data: Data source is the National Survey of Children's Health.

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