

DENTAL HEALTH: An Important Piece of the Overall Health Puzzle

Orange County Health Needs Assessment

Who's Missing Out on Dental Care?

Oral and dental health is an important, but often neglected, component of overall health care. A comprehensive report on dental health released by the U.S. Surgeon General emphasizes that without healthy teeth, a person cannot be considered truly healthy.¹ Unfortunately, many people in Orange County do not receive essential dental services, such as routine cleanings. These regular dental visits are important because they provide an opportunity for the early diagnosis, prevention, and treatment of dental problems. In addition, visiting the dentist is an excellent opportunity to learn about the importance of good dental habits, such as brushing regularly and flossing.² So who's missing out on dental care in Orange County? The following profiles give us a look at some typical county residents who haven't been visiting their dentist.*

Adult Profile

Kevin, a 28-year-old Vietnamese man living in Westminster, does not go to the dentist regularly. This is not a temporary lapse. Kevin has never been to the dentist for regular cleanings. He grew up only going to the dentist when he felt pain, and this pattern continued into his adult years. It has not helped that Kevin has been without dental coverage for most of his life; cost has certainly been a deterrent to obtaining dental care several times over the years. This approach to dental care is all too common, and, in Kevin's case, the cycle continues, as he sets an example to his two young children.

The last time that Kevin went to the dentist, it was because he was having tooth pain, which turned out to be a cavity. Since Kevin only

Cont. on p. 2

*Please note that these profiles are suggested by survey data from the 2005 Data Report. They do not portray actual people.

Child Profile

Julio is a five-year-old Hispanic boy living with his family in Anaheim. Julio's parents are conscientious about most aspects of their son's health; he is up to date with his immunizations, and his mother makes sure that he always wears a helmet when riding his scooter. However, Julio has never been to the dentist.

Considering the high cost of dental care, Julio's parents haven't seen the need for taking their son for a dental cleaning and checkup. After all, Julio still has his baby teeth, and he brushes daily with fluoride toothpaste. However, the American Academy of Pediatrics recommends that children start visiting the dentist at age three.³ And while regular brushing is an important step to help prevent cavities, it cannot replace regular professional care. In addition, Julio

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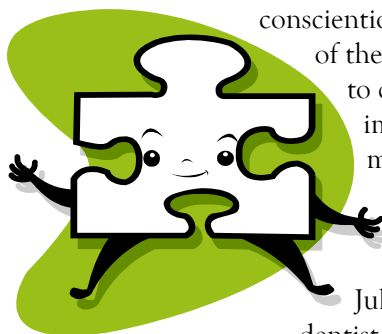
Winter 2005

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Top 10 Reasons for Not Going to the Dentist:

10. Don't have a dentist
9. Can't get to the dentist's office
8. Dislike dentists
7. No teeth
6. Lack of dental coverage
5. Laziness
4. Fear/pain
3. Other priorities
2. Cost concerns
1. Don't have any pain—no reason to go



Who's Missing Out on Dental Care: Adults (Ages 18+)

Cont. from p. 1



flosses once a week, at most, and does not receive regular preventive care, he is at risk for further cavities and other more serious problems such as more severe decay and/or gum disease.

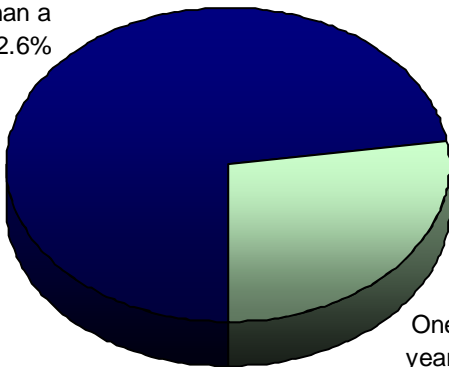
It has been three years since Kevin last went to the dentist. This does not mean, however, that there has been no reason to go sooner. Because of cost concerns, just within the last year he has avoided going to the dentist for needed work. Kevin and his family have an annual income of approximately \$23,330, which is 120% FPL for a family of four. This qualifies Kevin's children for some public health insurance programs that provide dental care, but Kevin is out of luck. His job as a retail sales manager does offer some health insurance, but he cannot afford to pay the premiums for the dental option. The family already has a tight budget without room for many extras, even important ones, like dental checkups for Kevin.

Regular Checkups: Can We Afford to Put Them Off?

It is recommended that adults receive regular dental checkups and cleanings every six months. Adults who do not receive regular professional care can develop oral diseases that eventually require complex treatment and may lead to tooth loss, systemic health problems, and even death in rare cases.⁴ Barriers to dental care include cost; lack of dental insurance; lack of providers from underserved racial and ethnic groups; and fear of dental visits.⁵

Time Since Last Saw Dentist

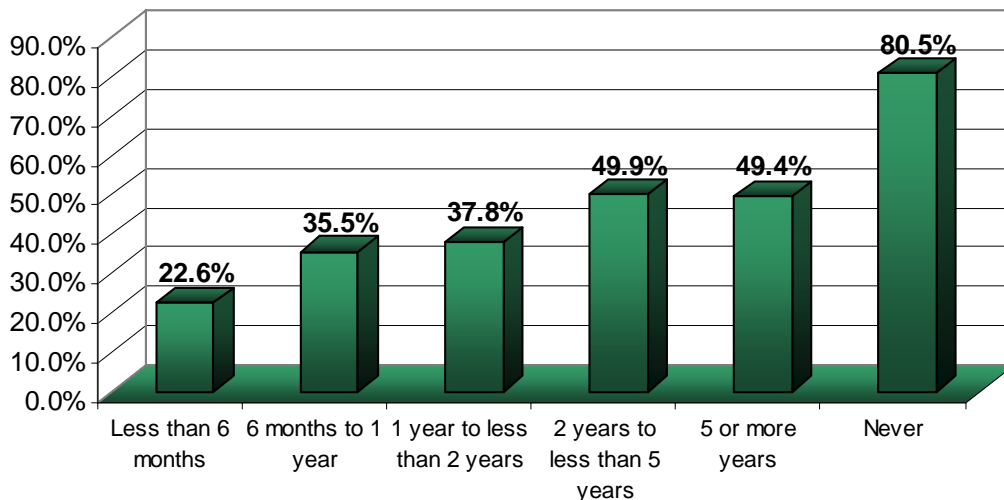
Less than a year, 72.6%



One or more years, 27.5%

- Well over a quarter of Orange County residents had not been to see a dentist in a year or more.
- There was a clear correlation between having dental coverage and time since having visited a dentist. Those without insurance were more likely to have gone longer intervals between dental visits or to have never visited the dentist at all.

No Dental Coverage Within Time Since Last Saw Dentist



Income: Too Poor or Not Poor Enough?

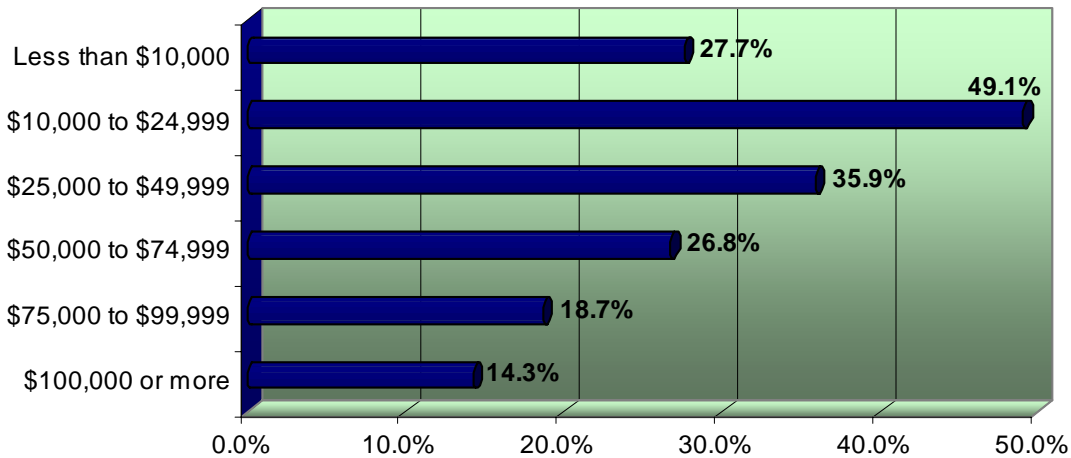
In general, those with higher incomes are more likely to be able to afford and obtain dental care. However, OCHNA found that the residents who were least likely to go to the dentist were not actually Orange County's poorest, who often receive government assistance in paying for health care. Instead, almost half of residents from the second lowest income bracket (\$10,000 to \$24,999) were found to have failed to visit the dentist in a year or more.

Persons in this second lowest income category were also

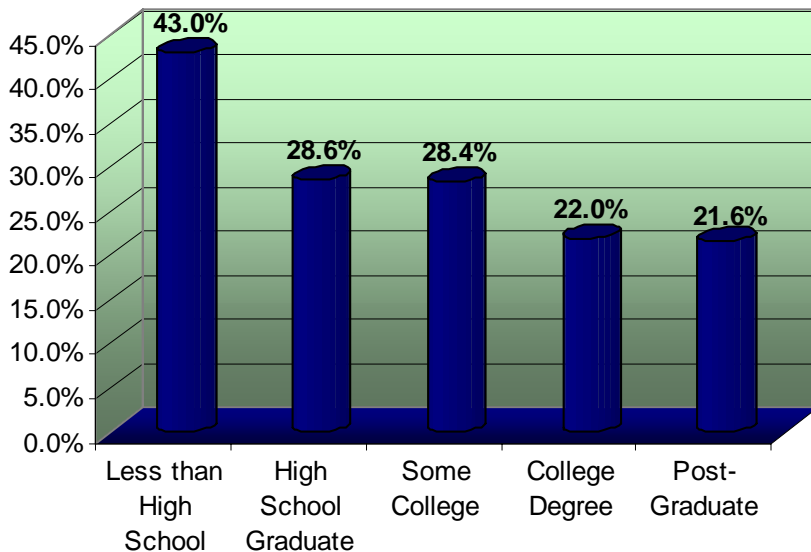
the most likely to lack dental insurance. This highlights the needs of those caught in the middle; these residents with moderately low incomes may be without any employer based insurance, ineligible for publicly funded health care, and unable to afford the high premiums for private health insurance.



One or More Years Since Last Dental Checkup Within Each Household Income Level



One or More Years Since Last Dental Checkup Within Each Education Level



Education is Key

Education has been shown to be one of the most significant factors in whether or not a person takes preventive measures in support of his or her health. Those with lesser education levels are significantly less likely to engage in preventive health care. OCHNA survey data tends to support this conclusion, as those residents with lesser education levels were more likely to have gone a year or more without seeing a dentist for a checkup or cleaning.



Approximately 43% of those with less than a high school education had not been for a dental checkup in over a year.

Who's Missing Out on Dental Care: Children (Ages 0-17)



Cont. from p. 1

does not use fluoride mouthwash or floss. So even though Julio brushes, he is still at a relatively high risk for developing cavities.

For Julio, dental coverage is the key element that would make regular dental visits possible. Julio does not have dental coverage and, with the high cost of dental care, Julio's parents keep finding reasons *not* to take him to see the dentist. But his parents' excuses ring a bit hollow; although neither of them had any education past high school, they do realize that it would be healthy for their son to get dental care. However, the family's budget is tight, about \$24,135 a year (150% FPL). Julio's father works full-time and his job does not provide him or his family with basic health or dental care.

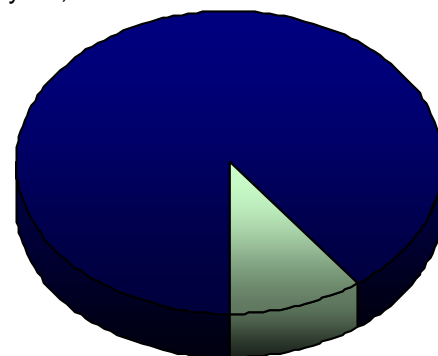
Regular Checkups Are For Kids, Too

Regular dental cleanings reduce the risk of developing dental caries, the biggest dental health concern for children. Checkups allow the dentist to regularly monitor the child's oral health. Children learn from their dentist about cavity prevention and good dental habits, such as brushing, flossing, and the use of fluoride. The American Academy of Pediatrics advises that children begin having biannual checkups starting at age three or as recommended by a pediatrician.⁶

- ☛ Over 10% (68,749) of children had not had a dental checkup in over a year.
- ☛ In addition, approximately 16% (127,683) of children who had not been to the dentist in the last year had *never* been.

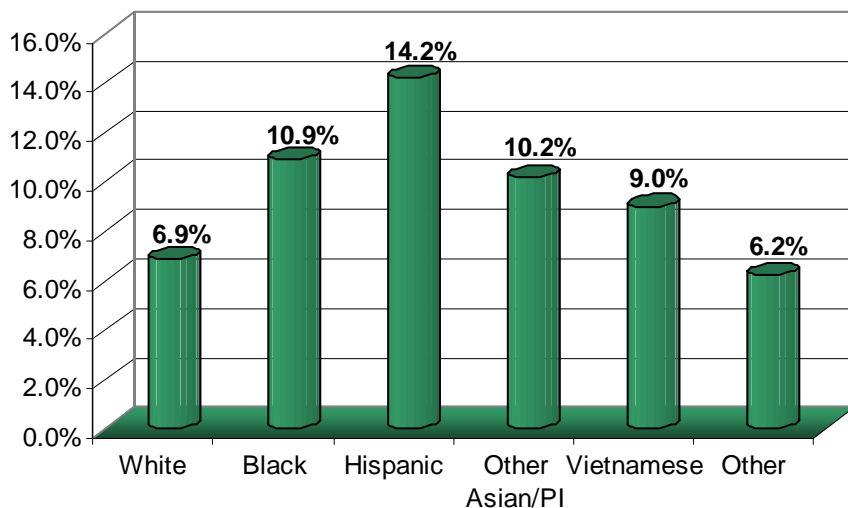
Time Since Child Last Saw Dentist

Less than a year, 89.7%



One or more years, 10.3%

One or More Years Since Last Dental Checkup Within Each Ethnicity



Race and Ethnicity

While race and ethnicity was not found to be significant for adults in terms of visiting or not visiting the dentist, it was a factor for children. Disparities that occur along these lines are often more indicative of poverty and social issues; race and income are correlated insofar as racial and ethnic minorities are over-represented in low income groups.

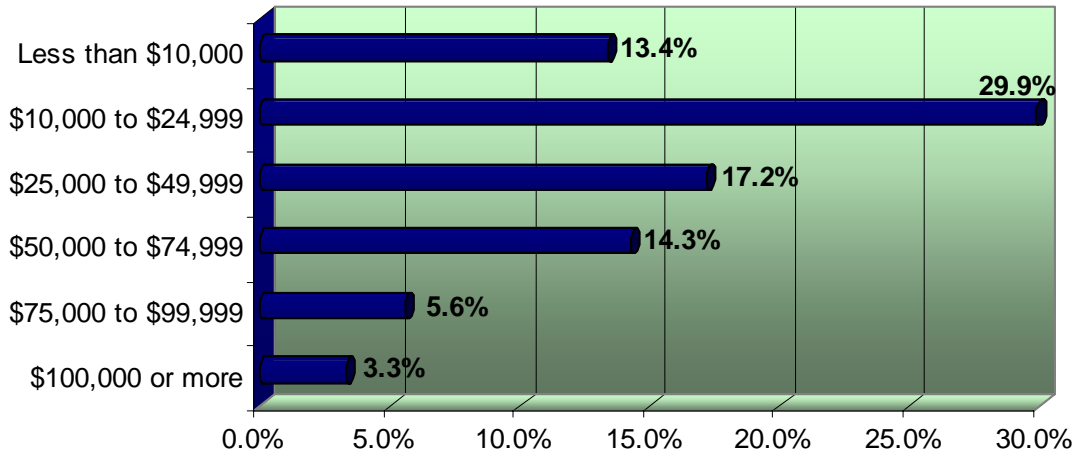
- ☛ In general, non-white children were more likely to have not visited the dentist in over a year.

Income: Poverty Often Equals Poor Dental Health

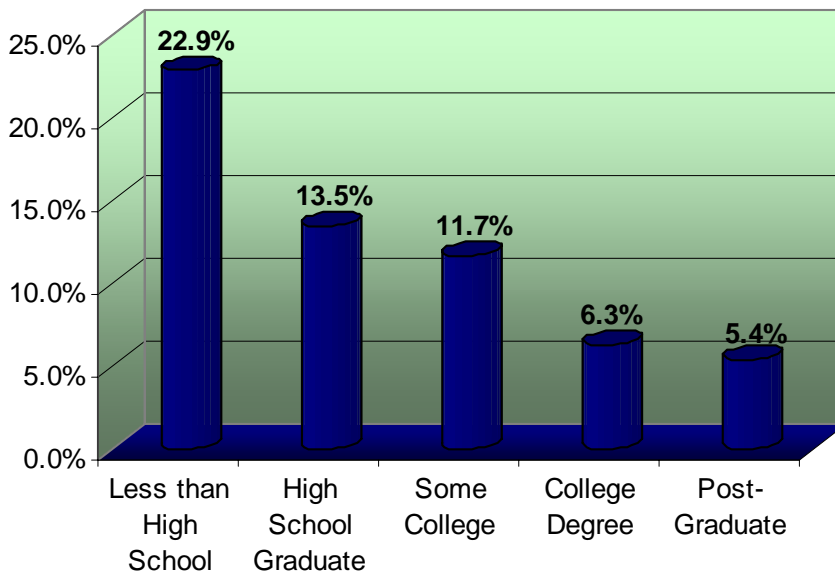
Similar to their adult counterparts, Orange County children living in households falling under the second lowest income category were the most likely to have gone without regular dental care. In general, children living in households with an annual income of less than \$75,000 were much more likely to have not been to the dentist than children from more affluent households.

Correspondingly, the U.S. Surgeon General reported that poor children suffer twice as many dental caries as their more affluent peers, and their dental problems are more likely to be untreated.⁷ Professional care is necessary for maintaining oral health, yet 25% of poor children have not seen a dentist before entering kindergarten.⁸

One or More Years Since Last Dental Checkup Within Each Household Income Level



One or More Years Since Last Dental Checkup Within Parent's Education Level



Education

For children, it is the parents' education level that is the strongest predictor of whether or not a child receives preventive health care, which includes things like regular dental checkups and cleanings. There are a number of factors that may be involved in receiving or not receiving such care, since education level is related to socioeconomic status; some of these factors could include parents being informed about health issues, lack of health coverage, or the affordability of care.



Children living with parents who had less than a high school education level were over 1 1/2 times more likely to have gone without a dental checkup for more than a year as opposed to children living with parents with a high school diploma.

Examining Barriers to Care: Dental Coverage

Adults (Ages 18+)

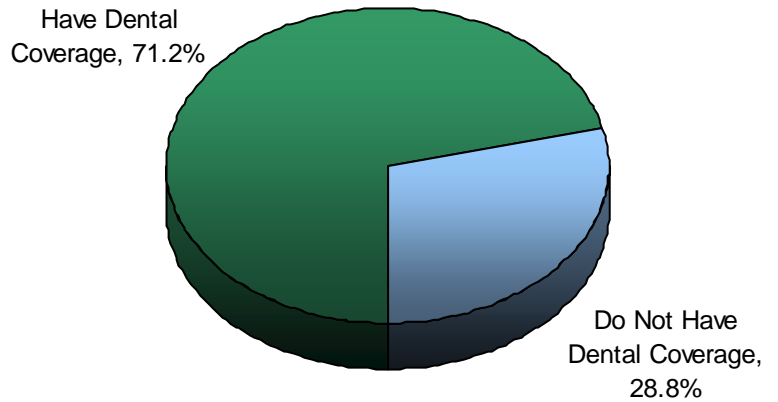
The high cost of dental care highlights access to dental coverage as a fundamental issue when talking about who does and who does not receive dental and oral health care. It is a simple fact that those without coverage have decreased access to dental care.

While household income is certainly one of the most salient factors, OCHNA also

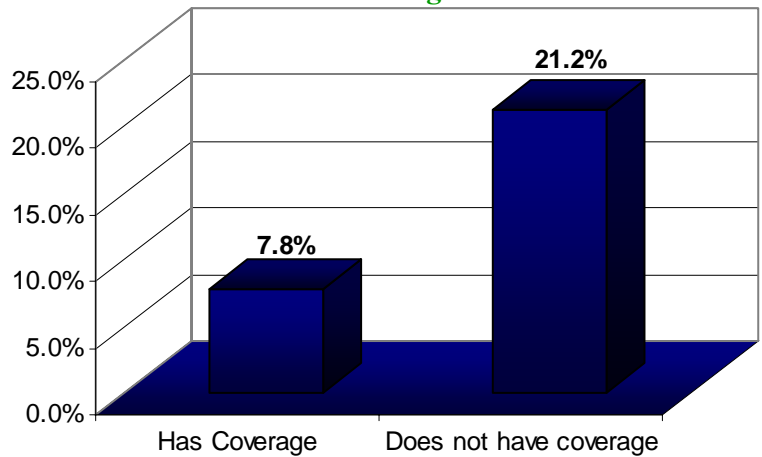
- ☞ Approximately 71% of respondents had complete or partial dental coverage; almost 29% did not.
- ☞ There has been a 4.4% drop in the number of adults without dental coverage from 33.2% in 2001 and a 5.4% drop since 1998.
- ☞ Adults without dental coverage were nearly 3 times more likely to have gone more than a year without visiting the dentist than adults with coverage.

found that rates of dental uninsurance in racial and ethnic minority communities is a problem. Vietnamese and Hispanic respondents were more likely as compared to other racial or ethnic groups to be without dental coverage.

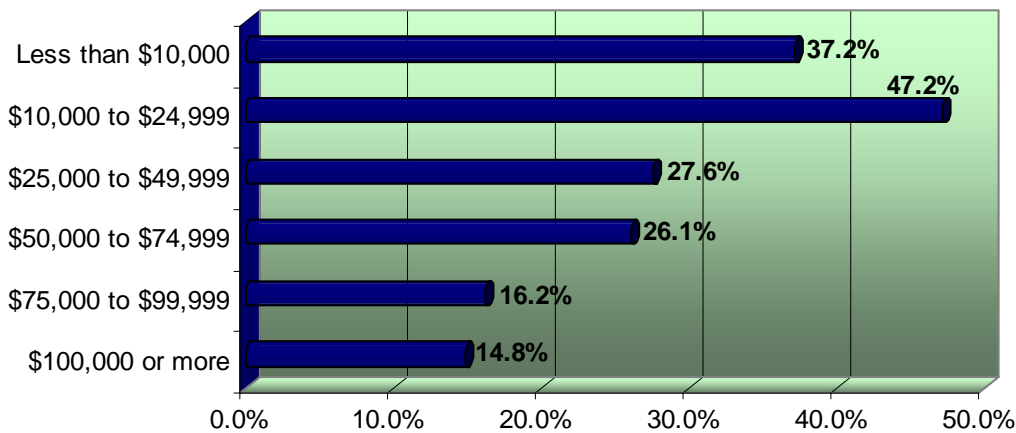
Dental Coverage Status of Orange County Adults



Adults: Did Not Visit a Dentist In Past Year Within Dental Coverage Status



Adults: No Dental Coverage Within Each Household Income Level



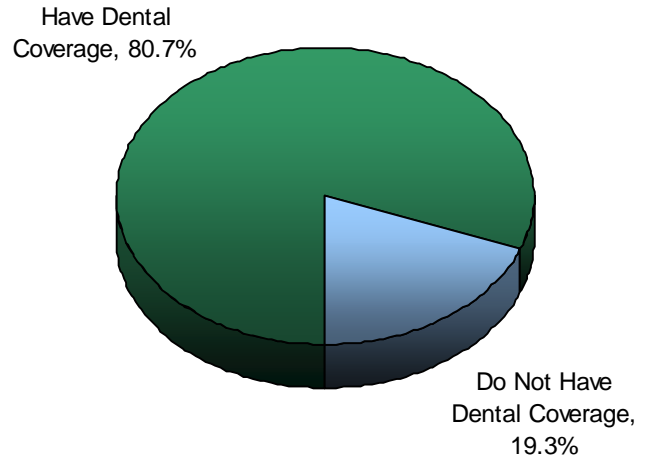
- ☞ Close to half of adults in the second lowest income category did not have dental coverage.

Children (Ages 0-17)

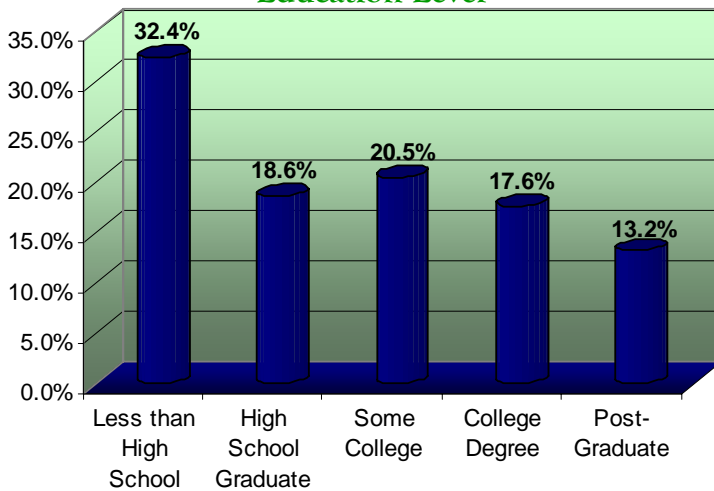
Unfortunately, dental health coverage is often treated as an “extra” or an expendable part of health care. In fact, dental and oral health are essential components of children’s overall health. Having dental coverage is important because it facilitates regular dental care which might otherwise be overlooked. For example, parents don’t always realize that it is just as important to take care of baby teeth as it is to take care of permanent teeth.

Having regular health coverage is a strong predictor of access to dental care. Uninsured children are 2.5 times less likely than insured children to receive dental care.⁹ Children without dental coverage were more than twice as likely to not have visited a dentist in the past year.

Dental Coverage Status of Orange County Children

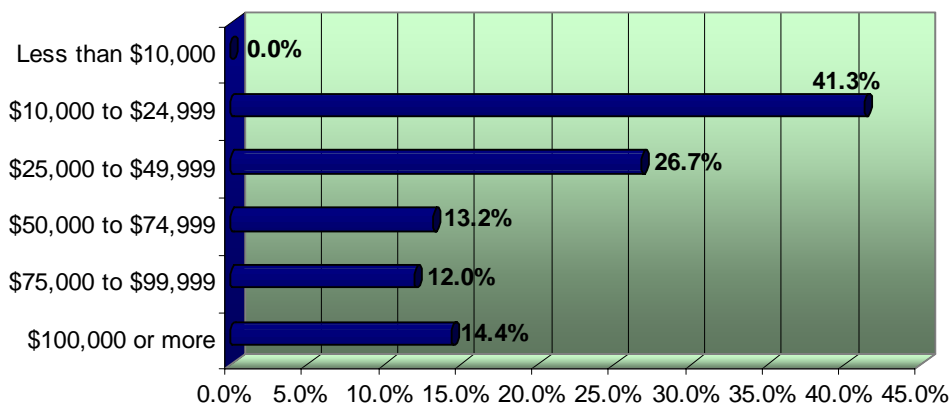


Children: No Dental Coverage Within Each Education Level



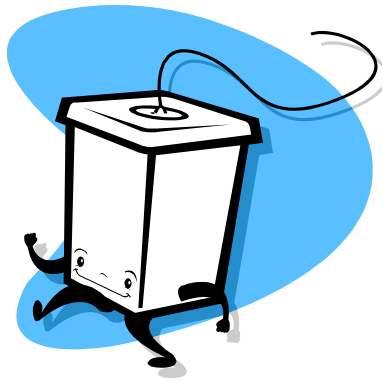
- An estimated 19% (152,089) of children ages 0 to 17 in Orange County lack dental coverage.
- There has been a 5% decrease in the number of children with dental coverage since 2001.
- Close to a third of children living with parents with less than a high school level education did not have dental coverage.

Children: No Dental Coverage Within Each Household Income Level



- Over 40% of children living in a household in the second lowest income category did not have dental coverage.

Prevention Matters



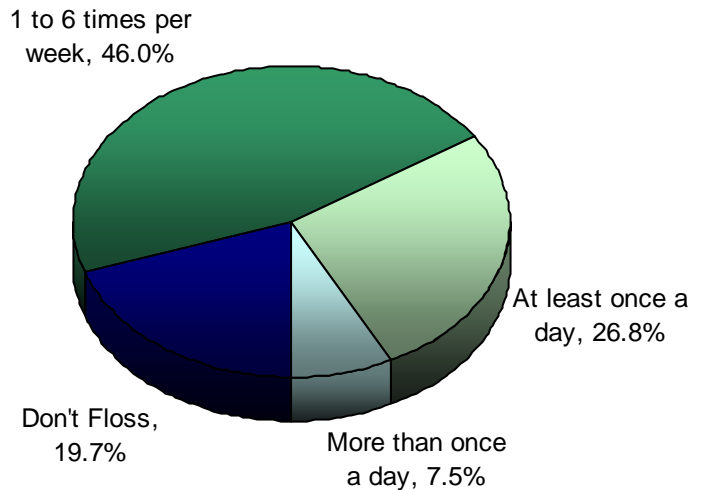
Flossing

Flossing is an important part of good dental hygiene that helps prevent gum disease. Dentists recommend flossing at least once a day.

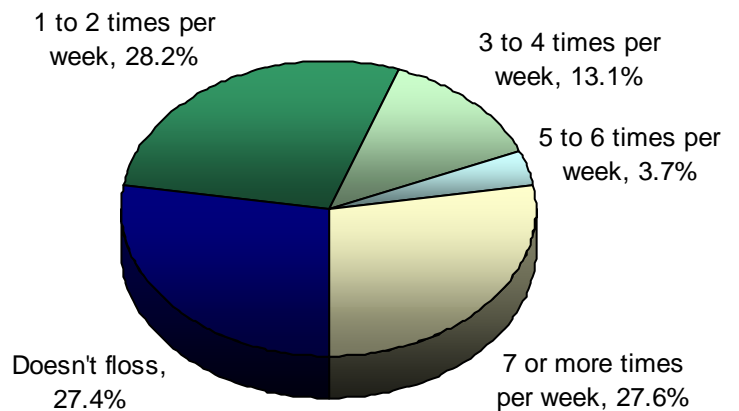
- ☞ Almost 20% of adult respondents indicated that they don't floss.
- ☞ Vietnamese were least likely to floss at all, with 35.2% reporting such.

For kids, a parent can usually begin to help their child floss at about 3 to 4 years old, but they will probably need help until they are about 8 years old.¹⁰ In addition to teaching a child the importance of regular brushing and flossing, routine visits to the dentist, and a healthy diet for good dental health, it is also important that a parent set an example by practicing good dental hygiene. If a parent does not brush and floss each day or regularly see a dentist, then it is unlikely that their children will either.

Adults: Number of Times Flosses per Week



Children: Number of Times Flosses per Week

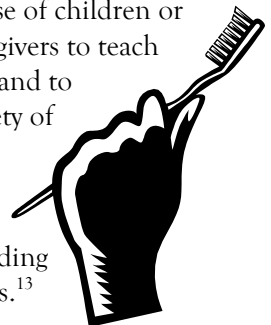


How Your Lifestyle Affects Your Teeth

Individuals actually have a great deal of control over their dental and oral health. The everyday choices that people make contribute to the maintenance of dental health.

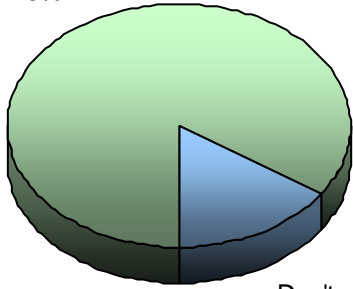
- ☞ **Diet and Nutrition:** Nutrition and diet contribute to dental and oral development and to the maintenance of these tissues throughout life. Refined sugars have been linked to the development of caries. Reduced calcium intake is associated with greater levels of periodontal disease.¹¹

- ☞ **Care Seeking:** Seeking health care—both dental and medical—on a regular basis and whenever a problem manifests is important. In the case of children or dependent adults, it calls for caregivers to teach and encourage healthy behaviors and to seek appropriate care from a variety of care providers.¹²
- ☞ **Tobacco Use:** The use of tobacco in all forms increases the risk for oral cancers, and smoking is a leading risk factor for periodontal diseases.¹³



Child Uses Fluoride Toothpaste

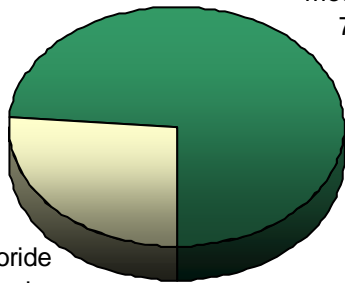
Use fluoride toothpaste, 84.5%



Don't use fluoride toothpaste, 15.5%

Child Uses Fluoride Mouthwash

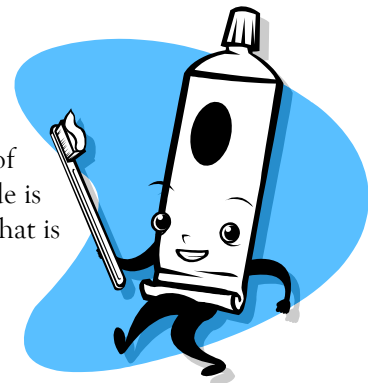
Doesn't use fluoride mouthwash, 73.7%



Uses fluoride mouthwash, 26.3%

Fluoride

Children begin to need supplemental fluoride by the age of six months. Fluoride is a natural chemical that is beneficial to dental health because it strengthens enamel (the hard outer coating on teeth), helps prevent decay, and helps repair early damage to teeth.¹⁴ Fluoride is available in most municipal water supplies, and is also available as a supplement. Only two cities in Orange County, Fountain Valley and Huntington Beach, fluoridate their water supply.

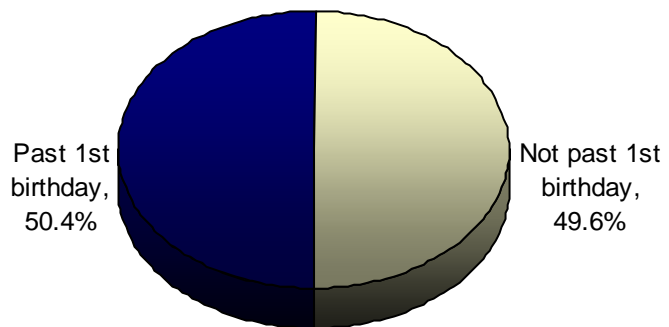


- Close to 16% of respondents reported that their children regularly used fluoride toothpaste when brushing.
- Only about a quarter of Orange County children used fluoride mouthwash to help prevent cavities.

Bottle Use

Children who regularly use a bottle past their first birthday are more likely to have tooth decay; hence, the American Pediatric Association and American Dental Association encourage parents to have infants begin drinking from a cup as they approach their first birthday. Steps can be taken very early in a child's life, before as well as after tooth eruption, to develop good dental habits, maintain oral hygiene and prevent dental caries. Oral hygiene begins with cleaning the infant's teeth, eliminating bottles in bed, and avoiding frequent exposure to foods that can lead to early childhood caries.¹⁵

Child Used Bottle Past First Birthday



- Approximately half of all Orange County children used a bottle past their first birthday. This suggests that many parents are unaware of the potential damage this may cause to his or her child's teeth.

Orange County Health Needs Assessment



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About OCHNA

OCHNA is a community based, public-private, not-for-profit collaborative, which serves as the primary source for data on the health needs and well-being of Orange County's 3 million residents. Data from the tri-annual OCHNA survey provides a comprehensive overview of the health status of Orange County and also serves to highlight the unmet health needs of residents. Since 1997, OCHNA has grown into the largest health assessment of its kind at the county level in California.

To obtain a copy of the full-length 2005 Data Report, which contains in-depth data on dental health and a number of other health topics, or if you have any questions, please contact OCHNA.

*Every tooth in a man's head is more valuable
than a diamond.*

~ Miguel de Cervantes, Don Quixote, 1605

References

- ¹ U.S. Surgeon General, 2000. *Oral Health in America: A Report to the Surgeon General.*
- ² Ibid.
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- ¹⁰ University of Maryland Pediatric Medicine, 2003. *Children's Health Guide: Dental Health.*
- ¹¹ U.S. Surgeon General, 2000. *Oral Health in America: A Report to the Surgeon General.*
- ¹² Ibid.
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