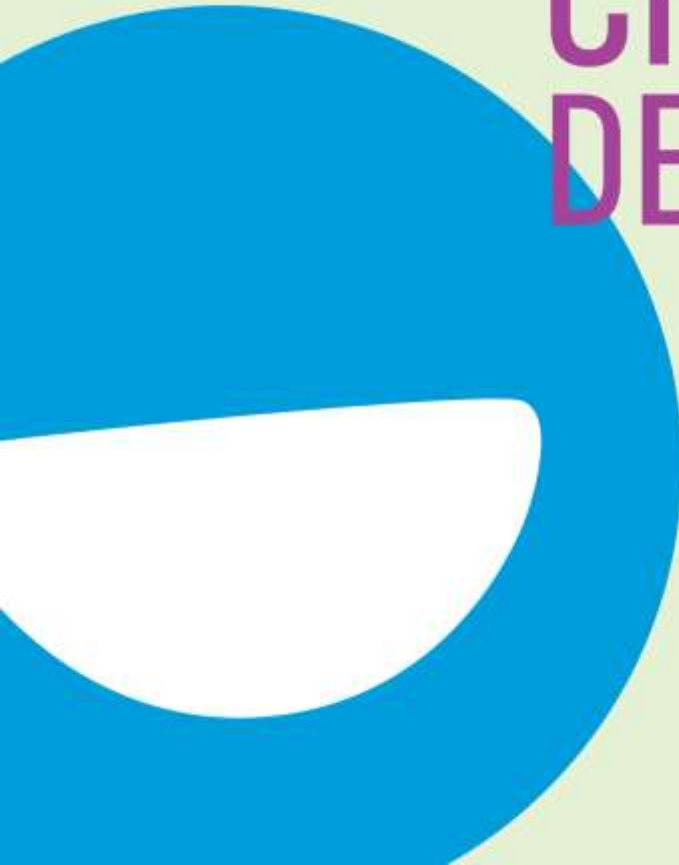




Connecticut Health  
FOUNDATION  
*Changing Systems, Improving Lives.*

CONNECTICUT  
VOICES  
FOR CHILDREN

THE IMPACT OF FAMILY ON  
CHILDREN'S  
DENTAL CARE



# CHILDREN NEED HEALTHY TEETH



Tooth decay is the most common **chronic disease** of childhood\*

Children miss twice as many school days due to dental treatment, **pain, and infection** than due to asthma\*

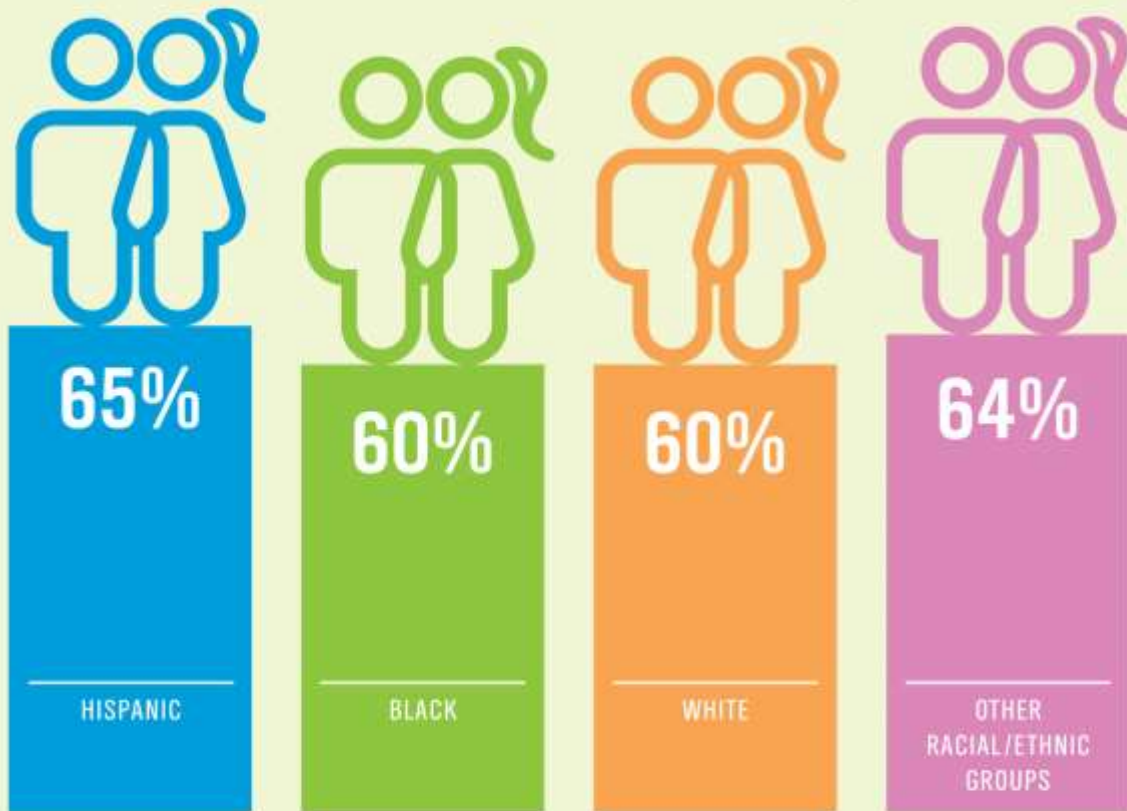
Pain and infection from untreated tooth decay can lead to **problems eating, playing, and learning**\*

In CT and nationally, **children of color** are more likely to experience dental disease

**CHILDREN ARE ENTIRELY DEPENDENT UPON THEIR PARENTS AND FAMILIES TO COORDINATE THEIR DENTAL CARE.**

# PERCENTAGE OF CHILDREN ENROLLED IN HUSKY A WHO RECEIVED PREVENTIVE DENTAL CARE

BY RACE/ETHNICITY



Use of preventive dental services among children enrolled in HUSKY A

Children need regular checkups from dental health professionals to keep their teeth healthy

Since 2008, changes to HUSKY A, Connecticut's Medicaid program for low income children, have significantly improved access to dental care

Still, there are differences in the usage of dental services associated with race and ethnicity

The Connecticut Health Foundation commissioned research from Connecticut Voices for Children to examine **why** these differences persist.

# CHILDREN'S DENTAL HEALTH CARE DOESN'T HAPPEN IN A VACUUM

Many factors play a role in whether or not children get dental checkups.

The analysis found **children were more likely to get preventive dental care if they had:**



## CONTINUOUS COVERAGE

More opportunity to use benefits when enrolled in health insurance for an entire year



## WELL CHILD CARE

Regular checkups with a pediatrician are opportunities for dental referrals and family education on oral health



## PARENTS WHO GOT PREVENTIVE DENTAL CARE

Parents who get preventive dental care know the value of such care and how to navigate the system to get it for their children

# THE IMPACT OF EACH FACTOR ON CHILDREN'S LIKELIHOOD OF RECEIVING PREVENTIVE DENTAL CARE

ALL RACE/ETHNICITY GROUPS



# THE IMPACT OF ALL THREE FACTORS ON CHILDREN'S LIKELIHOOD OF RECEIVING PREVENTIVE DENTAL CARE



When children are:

- ▶ **Continuously covered, AND**
- ▶ **Receive well child care, AND**
- ▶ **Their parents get preventive dental care**

There are dramatic increases in children's preventive dental care utilization, meaningful reductions in racial and ethnic disparities in all age groups, and virtual elimination of disparities in the highest utilizing age groups (e.g., age 9-11).

# STEPS TO ENSURE FAMILIES HAVE ACCESS TO AND USE DENTAL CARE



**Ensure access** to health insurance, including coverage for preventive dental services, for low income children and their parents



**Advocate** for policy strategies that promote continuous eligibility and uninterrupted coverage for children



Ensure pediatricians **address oral health** when caring for children



**Educate parents** about good dental habits for the entire family and refer them to dental care



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**TECHNICAL NOTES:** Child health and health care occurs in the context of family health and decisions about health care. The purpose of this study was to determine the relative effect of family decisions about coverage and preventive care on the likelihood that children of different racial/ethnic groups would have preventive dental care. The study sample consisted of children enrolled in HUSKY A (Medicaid) between January 1 and December 31, 2011, who were age 3 to 19, with known race and ethnicity (Black, White, Hispanic, other groups), and whose parents or caregiver heads-of-household were enrolled in HUSKY A at any time in 2011. The study sample included 181,891 children (58% of those who were ever enrolled in HUSKY A in 2011). We conducted analyses of outcome (had preventive dental care: yes or no) by race/ethnicity, with adjustment in multivariate models for four other factors that may affect dental utilization (age, gender, primary household language, and town of residence). We examined the effect on differences associated with race/ethnicity in the presence of three study factors (continuous enrollment, well-child care, head-of-household had preventive dental care) separately and together.