

Oral Health and Colorado's Children

A Healthy Mouth Now, Better Health for a Lifetime

Starting out with a healthy mouth can pave the way for a lifetime of better overall health for Colorado's children.

Because dental insurance is an important factor in whether children receive dental care, Colorado's legislators, dental providers and child health advocates have focused on increasing the number of children with coverage, primarily

through the Medicaid and Child Health Plan Plus (CHP+) programs.

But having dental coverage is just one step. Data from the 2013 Colorado Health Access Survey (CHAS) reveal that good oral health and use of dental services among Colorado's children varies by insurance type, access to a dental provider – and even where they live.

What the CHAS Tells Us

1. Coverage and Access

- The percentage of children with dental insurance has increased significantly in recent years, from 74.4 percent in 2009 to 79.0 percent in 2013.
- While Colorado children are visiting dental providers at about the same rate as 2009, those with dental insurance are significantly more likely to visit a dentist. The 2013 survey data show that 81.1 percent of children with dental insurance visited a dentist in the 12 months before the survey compared to 52.1 percent of children without dental insurance.
- Improvements in dental insurance coverage may be reducing cost barriers to seeking dental care. Today, fewer children are reporting cost as a barrier for getting needed dental care. The rate has steadily decreased from 14.6 percent in 2009 to 10.2 percent in 2013.

81.8%

of children with dental insurance visited a dentist

52.1%

of children without dental insurance visited a dentist

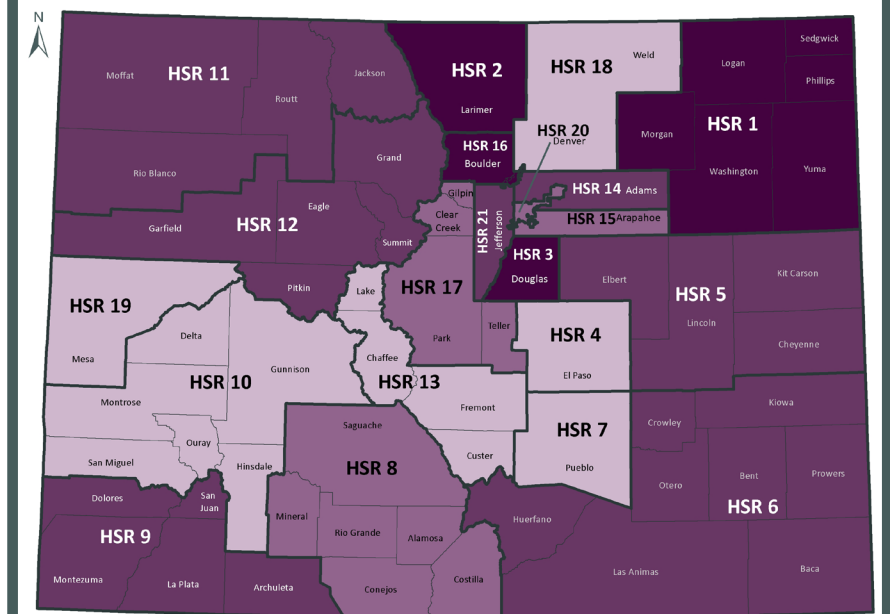
Colorado Kids (0-18) and Insurance Coverage

	Number	Percentage
2009		
Has dental insurance	982,061	74.4%
Does not have dental insurance	337,165	25.6%
2013		
Has dental insurance	1,048,680	79.0%
Does not have dental insurance	278,359	21.0%

2. Regional Differences

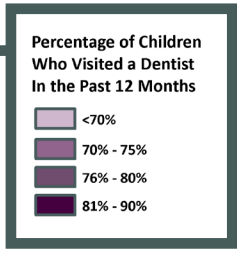
- Three of four Colorado children visited a dentist in the past 12 months, a rate that has remained relatively stable since 2009.
- Children in rural counties in the west and southwest as well as children from the higher-population counties of Denver, El Paso, Pueblo and Weld, visited at lower rates. Limited availability of dental providers, and providers who accept dental insurance, may play a role in whether children are able to access dental care.

Percentage of Colorado Children (Ages 0-18) Who Visited a Dentist in the Past 12 Months, by Health Statistics region, 2013



Map prepared February 5, 2014 by the Colorado Health Institute

Source: 2013 Colorado Health Access Survey



3. Oral Health: Demographics and Income

- Nearly all children (94 percent) report excellent, very good or good oral health, the highest levels.
- Non-Hispanic white children report good oral health at about the same rate as Hispanic children.
- Low-income children are more likely to have fair or poor oral health – the two lowest levels - than those with higher incomes. Among the lowest income children in Colorado, those up to 133 percent of the federal poverty level (FPL), about one of ten report fair or poor oral health. In comparison, only one percent of children in families with incomes of at least four times the poverty level report fair or poor oral health.

- Children without dental insurance are more likely to have fair or poor oral health

Children with fair or poor oral health are NEARLY THREE TIMES as likely not to get needed dental care due to cost as children with excellent, very good and good oral health.

(8.8 percent) than those with insurance (4.9 percent).

- Three of four (74 percent) children with good oral health had a preventive doctor visit in the past year compared to 54 percent of children with poor oral health.

Improving Children’s Oral Health: Options and Opportunities

Good oral health for Colorado’s children is a high priority for parents, policymakers, dental providers and health advocates. A number of policies and programs hold promise for increasing access to dental insurance coverage and care.

Federal health reform made pediatric dental benefits one of the 10 essential health benefits that all individual and small group insurance plans must provide. State legislation that extends these benefits in Colorado may help more children gain coverage and access dental care.

As more adults gain dental coverage through Medicaid in 2014, their children will be more likely to obtain dental care. As a result, dental providers who accept Medicaid may see an uptick in demand.

Finally, because children tend to visit a medical doctor more often than a dentist, pediatricians have a unique opportunity to promote basic oral hygiene

and prevention. Colorado Medicaid already pays medical professionals who provide some preventive dental services, including fluoride varnish. Efforts to link children with well-child care may yield improvements in oral health.

The CHAS, which will next be fielded next in 2015, will be an important source of data on how well Colorado is doing to help improve the oral health of the state’s children.

CHAS: The Basics

Who: 10,224 randomly selected households with one person at least 18 years old

What: Twenty-minute telephone survey on health insurance, access to health care

and use of health care

When: Between April 15 and July 27, 2013

Where: Statewide, divided equally among 21 Health Statistics Regions