

ABSTRACT

Research Objective: The National Center for Educational Statistics indicates that between 2011-12 and 2017-18, the number of children receiving special education services in public schools increased from 6.4 to 7.0 million. The most frequently reported unmet need for services among these children is oral health care. This study aimed to identify major access barriers and assess their impact on utilization of dental care services among children with special needs.

Study Design: The study used data from the Consumer Survey of Health Care Access that is fielded by the Association of American Medical Colleges. In 2019, an oral health care access module was added to the survey to collect information related to parents' perspectives about their ability to obtain needed oral health care for their children as well as their demographics, socioeconomic factors, oral health literacy, perceived barriers to oral health care, and other topics. Survey data were analyzed using Chi-Square test and relative risk (RR) in SAS v9.4.

Population Studied: The online survey sample of parents was drawn from a representative national panel of about 1.2 million adults. The analytic study sample included 1,785 parents with children under 18 years of age who were living in the household at the time of survey. Among the study cohort of 3,070 children, 760 had a diagnosed emotional, developmental, or behavioral condition that needed treatment or counseling.

Principal Findings: About 73.0% of children with special needs were reported needing dental services and the majority (87.4%) "always" obtained dental care when needed during the past 12 months. However, 12.6% received needed dental care only "sometimes" (12.0%) or "never" (0.6%). While the majority (63.6%) of children with special needs had no reported difficulties in obtaining dental care as often as needed, more than 1 in 3 children had one or more access barriers. Among these children, the most commonly identified barriers were lack of dental insurance (24.5%), difficulty finding dentists who accepted their insurance (24.2%), issues related to cost (19.2%), insurance not paying for the services needed (17.4%), child was afraid of going to the dentist (15.8%), and dental services the child needs were not available in the area (12.8%). Children with special needs whose parents indicated difficulties in obtaining dental care were about 2.6 times less likely to receive dental care when needed compared to children without barriers to care (RR=2.57, 95% CI=2.08-3.17; P<.0001). With the exception of the availability of dental services in the area and anxiety about going to the dentist, all major access barriers indicated by parents had a significantly negative impact on utilization of needed dental services among children with special health care needs.

Conclusions: The most prominent barriers to dental care among children with special needs were related to insurance, although other factors included cost of dental care, timeliness of care, and transportation.

Implications for Policy or Practice: The associations between financial and structural barriers to care and utilization of needed dental services among children with special health care needs suggest that present efforts to link underserved populations with oral health services remain important policy initiatives at the federal and state level.

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INTRODUCTION

About 14.6 million children in the US had a special health care need in 2012.¹ Families of children with special needs have identified oral health as the most common unmet health care need for their child.²

Incorporating the consumer perspective on access to oral health services is important in the design of public policies and programs to improve the oral health status of the underserved.

This study objective was to highlight unique access barriers for children, including specific barriers for children living in rural or other underserved geographic areas, underrepresented minorities, and children with special needs.

METHODS

Data Source:

- Consumer Survey of Health Care Access fielded by the Association of American Medical Colleges (AAMC) in 2019; This is an online survey conducted biannually using a national panel of about 1.2 million adults

Oral Health Module:

- Designed by the Oral Health Workforce Research Center (OHWRRC),³ the survey included 25 questions asking about:
 - Respondents' ability to obtain needed oral health care for their children
 - Perceived barriers to and facilitators of oral health services for children
 - Children's oral health status and oral health behaviors

Study Sample:

- Oral health data were collected from 1,785 parent respondents with 3,070 children under 18 years of age who were living in the household
- About 1 in 4 children (n=760; 26.4%) in the survey sample had a special need as reported by their parents (*Definition of a special need:* a diagnosed emotional, developmental, or behavioral health condition requiring treatment or counseling)

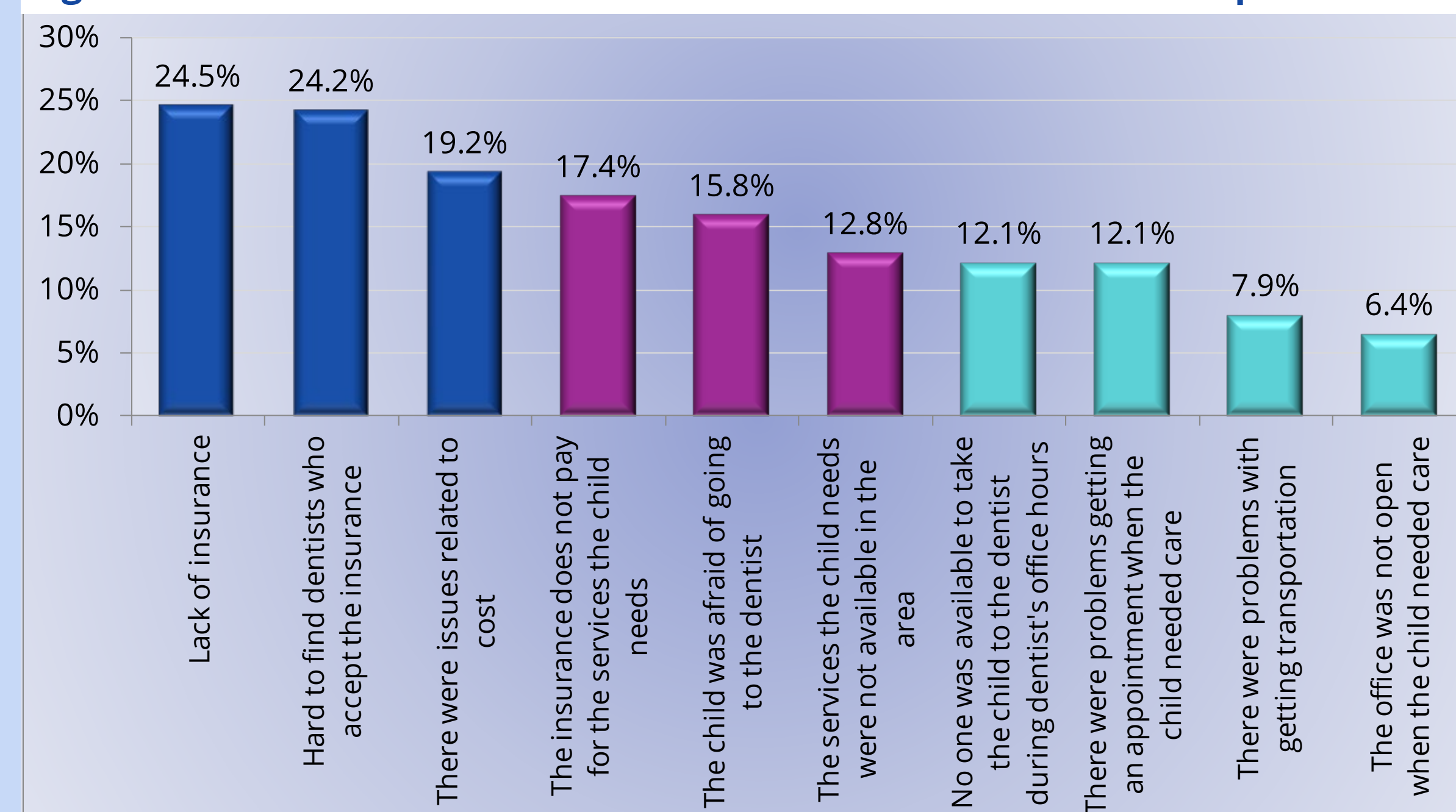
Data Analyses:

- Descriptive statistical analyses (ie, chi-square test; linear trend; relative risk, 95% CI) were used to estimate associations between children's utilization of oral health services and access barriers to dental care
- Survey data were weighted to better represent the characteristics of the US adult population as measured by the US Census Bureau

RESULTS

- The most commonly identified barriers in obtaining dental care for children with special needs were:
 - Lack of dental insurance (24.5%)
 - Difficulty finding dentists who accepted the child insurance (24.2%)
 - Issues related to cost of dental care (19.2%)

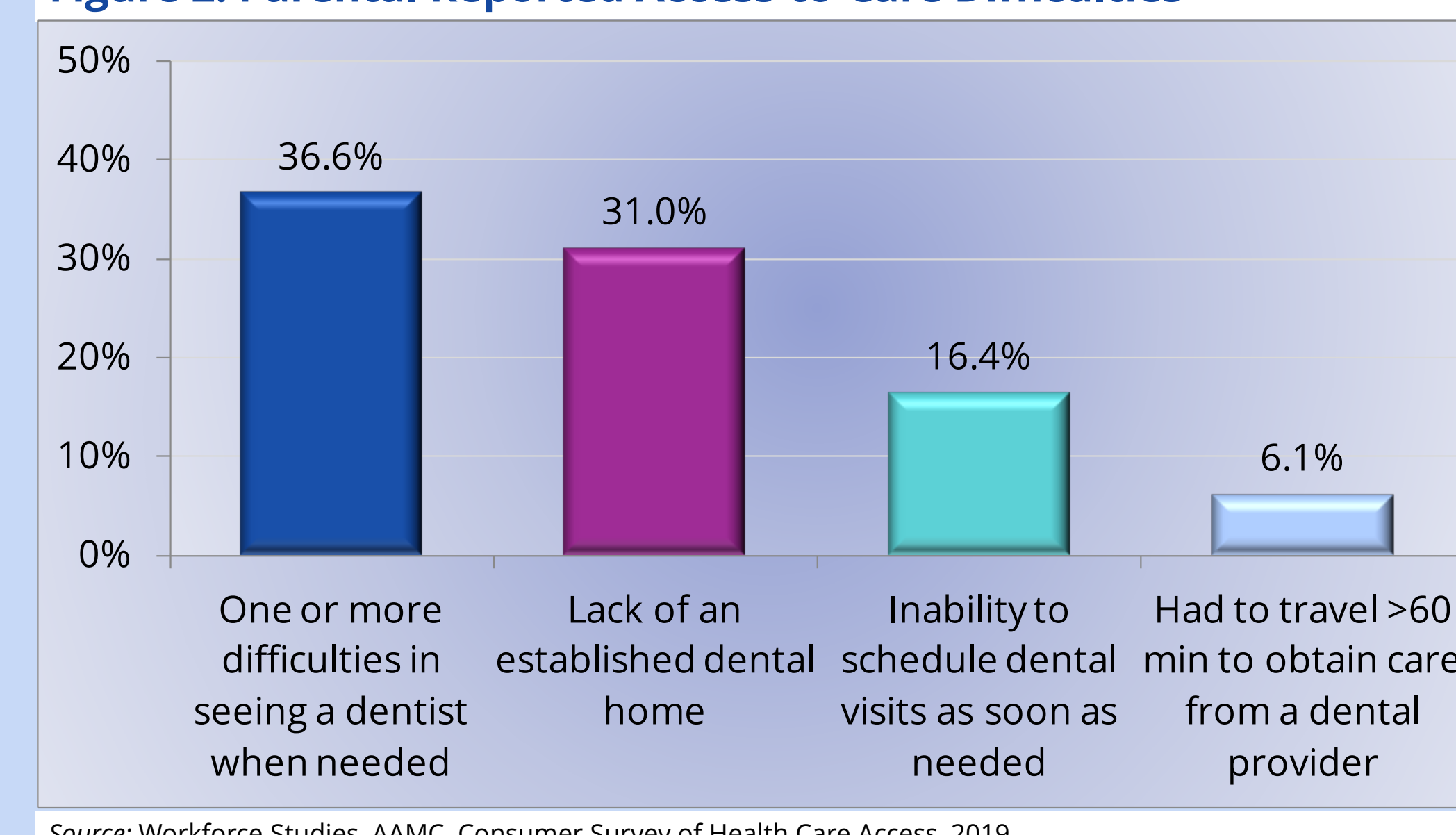
Figure 1. Parental Perceived Barriers to Dental Care for Children With Special Needs



RESULTS (cont.)

- 6% to 37% of parents reported access-to-care issues such as difficulties in seeing a dentist when needed, no dental home, inability to schedule dental visits when needed, and travel >60 min to a dental provider

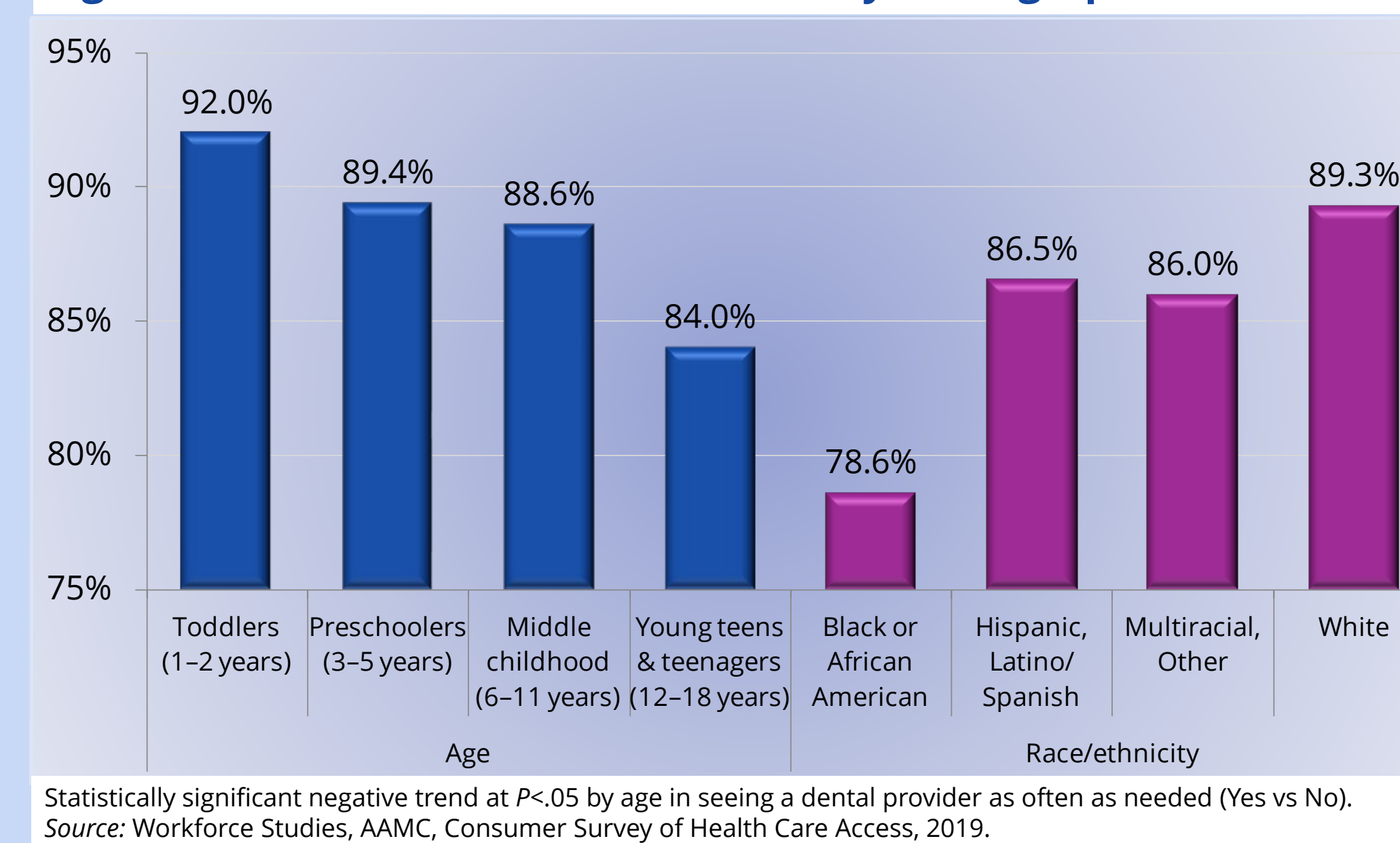
Figure 2. Parental Reported Access-to-Care Difficulties



Utilization of Oral Health Services in the Past Year

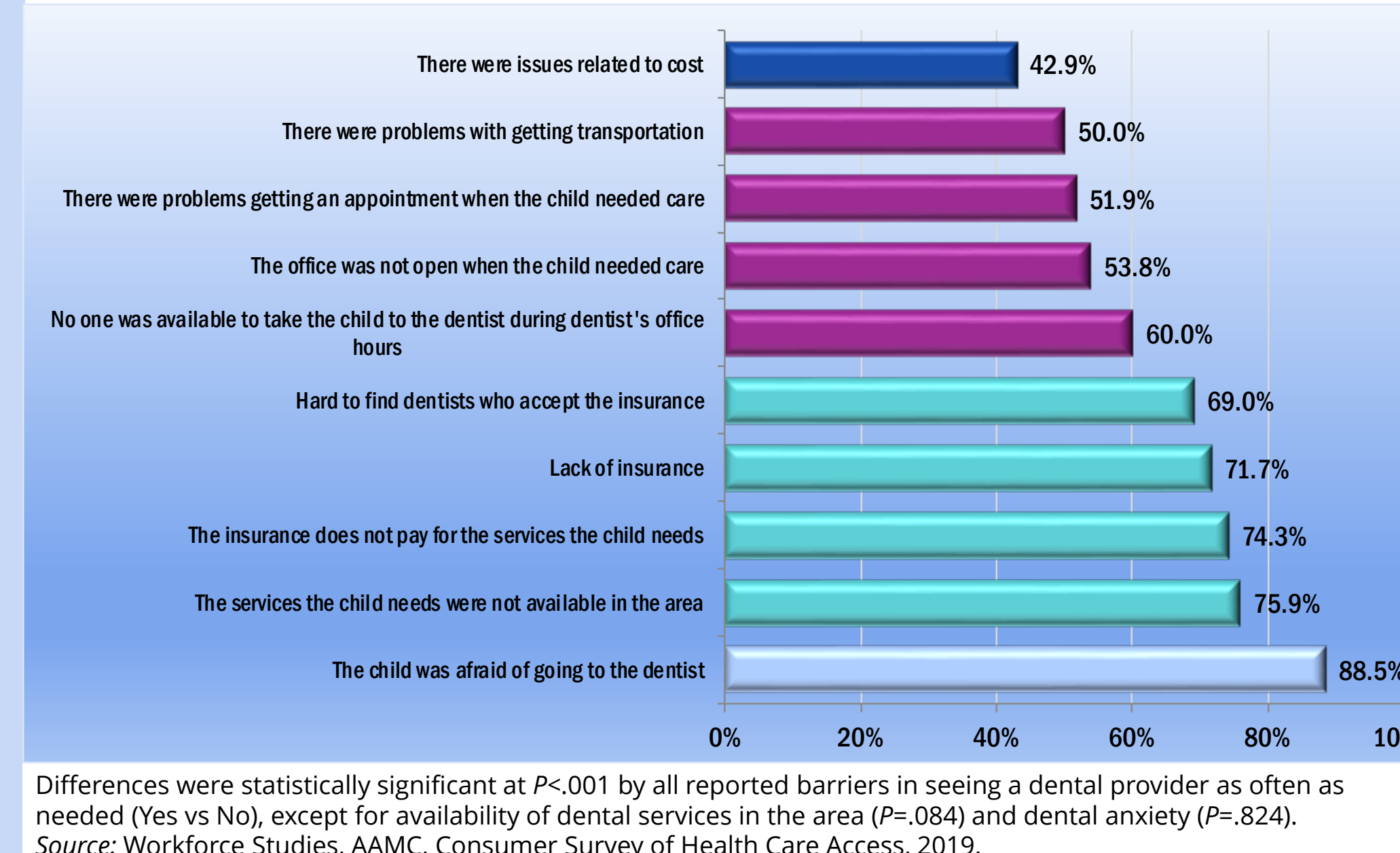
- About 73.0% of children with special needs were reported needing dental services and the majority (87.4%) *always* received dental care when needed in the past year [12.6% received needed dental care only *sometimes* (12.0%) or *never* (0.6%)]
- Utilization of care varied by demographics; **Older children** and **children from underrepresented minority groups** received dental services less often than other children with special needs in the last year

Figure 3. Utilization of Dental Services by Demographics



- Utilization of needed dental care was significantly lower for children with special needs whose parents reported **issues related to cost**, **difficulties due to dental practice location/hours**, and **problems related to insurance**
- Children with access barrier(s) were 2.6 times less likely to receive needed dental care compared to others (RR=2.57, 95% CI=2.08-3.17; P<.0001)

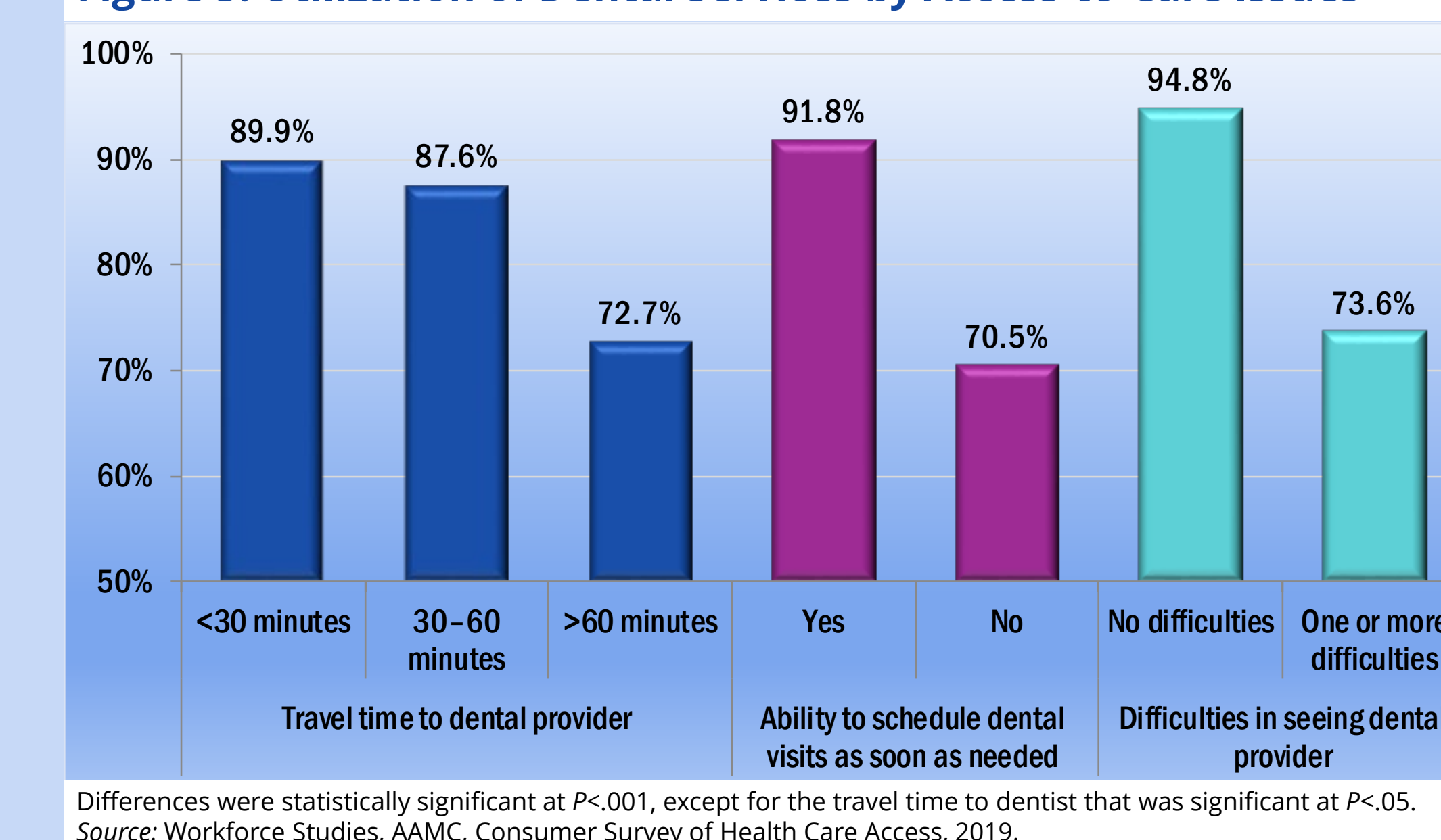
Figure 4. Utilization of Dental Services by Parental Perceived Barriers



RESULTS (cont.)

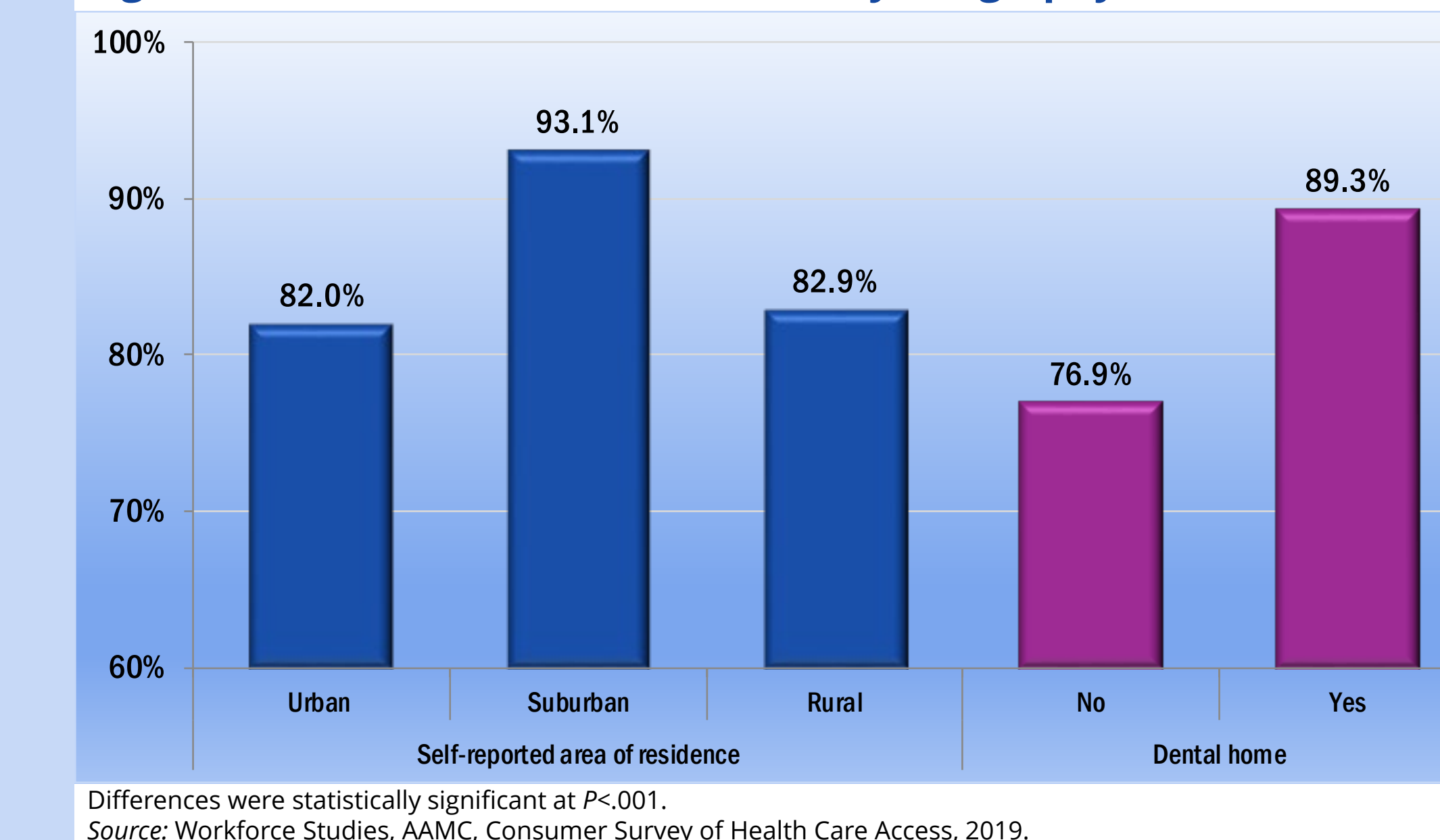
- Children with special needs who had to travel >60 minutes to a dental provider or whose parents were not able to schedule a dental visit or had difficulties in seeing a dentist as often as their child needed were significantly less likely to receive dental care than other children

Figure 5. Utilization of Dental Services by Access-to-Care Issues



- Children with special needs who lived in urban or rural areas and/or did not have an established dental home were significantly less likely to receive needed dental care than other children with special needs

Figure 6. Utilization of Dental Services by Geography and Dental Home



CONCLUSIONS

- The most prominent barriers to dental care among children with special needs were related to insurance, although other factors included cost of dental care, timeliness of care, and transportation
- The associations between financial and structural barriers to care and utilization of needed dental services among children with special health needs suggest that present efforts to link underserved populations with oral health services remain important policy initiatives

REFERENCES & ACKNOWLEDGMENTS

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