Dental Care

A summary of the scientific literature on dental care and access to quality care.



How This Impacts Children's Development

Tooth decay is the most prevalent chronic infectious disease among children, affecting over a quarter of United States (U.S.) children under the age of five. Untreated dental pain and poor oral health have been

linked to missed school and poor academic performance. These impacts are even more pronounced in children from families with low socioeconomic status (SES), particularly those who are non-White.

Read the brief: Disparities in the Quality of Pediatric Dental Care: New Research and Recommended Changes, 2018

Desigualdades en la Calidad de la Atención Dental Pediátrica: Nuevas Investigaciones y Cambios Recomendados, 2018

Talking Points from the SRCD Brief

- A survey of over 1,000 diverse families found that many parents felt excluded from their child's dental care. Specifically, 66% were not allowed in the exam room, 27% said no one explained the procedure, 25% weren't asked to help calm their child, and 8% weren't asked for permission before medications were administered. These experiences were more common among lower-income families.
- Two-thirds of U.S. dental schools struggle to access pediatric patients for training, resulting in clinical experience primarily with adults. As a result, 80% of children using Medicaid are treated by general dentists, even though pediatric care differs significantly from adult care.
- Among low-income children, coverage by Medicaid and the Children's Health Insurance Program (CHIP) has increased greatly, allowing greater access to dental care. However, fewer dentists accept Medicaid compared to private insurance.

Policy Considerations in the Brief

1. The Commission on Dental Accreditation could make "clinical experience working with children" mandatory, as well as coursework in cultural competence and training in working with diverse populations.
2. States, federal agencies, and dental regulatory authorities could provide pediatric dental fellowships and continuing education opportunities to train the current workforce to effectively treat diverse children, and how to communicate with caregivers.
3. Regulations could hold family dentistry accountable to the same high standard as other pediatric professions in administering sedation and anesthesia to children.

4. State issuers of emergency certifications could review state regulations on administering sedation or anesthesia to children, develop nationwide training standards for pediatric sedation, and increase requirements for Pediatric Advanced Life Support certification for general dentists, along with ensuring the availability of emergency medical equipment to address sedation complications.

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