Oral Health Care for Young Children 0-5 Years:  
From Research to Recommendations

A Synthesis of Findings from the University of Michigan’s  
Child Health Evaluation and Research (CHEAR) Unit

The oral health of young children is a national concern. Dental caries – the presence of one or more decayed, missing or filled tooth surfaces in any primary (“baby”) tooth – is the most prevalent chronic disease of childhood. Untreated dental caries result in pain, loss of tooth structure, and infection in the periodontal tissue, with lasting effects on function, growth and development. Despite national goals to address oral health problems in children, the prevalence of dental caries has actually increased over the last ten years. Both nationally and in Michigan, oral health problems are more common among low-income children who are served by Medicaid, Head Start, and other government programs.

To assess the status of oral health care for Michigan children 0-5 years of age, the Early Childhood Investment Corporation contracted with the University of Michigan’s Child Health Evaluation and Research (CHEAR) Unit to conduct a multi-phase project:

- Compilation of baseline information about oral health status, access, and initiatives for Michigan children, with national data for comparison;
- Mailed survey of a random sample of general dentists practicing in Michigan;
- Online survey of a convenience sample of Michigan parents of children 0-5 years of age, with comparison data from a national online parent survey conducted by the C.S. Mott Children’s Hospital National Poll on Children’s Health; and
- Analysis of screening data from Head Start and other oral health initiatives directed at young children.

The study has yielded several key findings that may guide future recommendations to enhance oral health care for Michigan children.

Key Finding #1: An “awareness gap” about oral health exists among parents of young children.

The American Academy of Pediatric Dentistry (AAPD) recommends that all children begin routine dental care starting at age 1, or when the first tooth emerges. Early dental care allows for prompt detection of tooth decay and application of sealants, fluoride varnish, and other preventive treatments; and early dental visits allow providers to offer guidance for parents on how to properly care for baby teeth. However, survey data from a national random sample of parents collected through the C.S. Mott Children’s Hospital National Poll on Children’s Health, along with survey data collected from a convenience sample of Michigan parents by the CHEAR Unit, indicate that less than a quarter of children begin routine dental care at the recommended age.
In both the national data and Michigan data, only 37% of parents believed a child’s first dental visit should occur at 1 year of age. Importantly, those beliefs frequently translate into action: among parents who thought the first dental should be at age 1 year, 53% reported their children had a dental visit at that time, compared with only 3% for parents who thought the first dental visit should be at age 2 years or later.

Key Finding #2: A “readiness to change gap” exists for oral health care in young children.
A 2011 survey of general dentists in Michigan found that while three-quarters of dentists knew that the AAPD recommendations call for routine dental care to begin at 1 year of age, only about one-third recommend that their own patients begin routine dental care at that age. The age at which dentists recommend starting routine dental care was strongly linked to dentists’ own comfort with providing routine and problem-oriented care to young children.
Child health experts call for children’s oral health issues to be addressed in medical settings. The American Academy of Pediatrics recommends that children begin receiving oral health risk assessments by 6 months of age by a pediatrician or qualified pediatric health care professional. However, in the convenience sample of Michigan parents, less than half reported that the health care provider examined their child’s teeth at the last well-child visit, and only one-third reported that the health care provider discussed keeping their child’s teeth healthy. Moreover, only 1 in 5 parents reported that their child’s health provider recommended a dental visit at 1 year of age.

Key Finding #3: An “access gap” limits the ability of parents to obtain dental care for their young children.
Access to dentists is limited for children who are beneficiaries of Medicaid—in Michigan and across the country—because the low reimbursement rate, administrative burden, and the high no-show rate of appointments creates a significant financial loss for dentists. Indeed, the online survey of Michigan parents found that among those who had not yet taken their child to a dentist, nearly half cited an inability to find a dentist who accepts Medicaid; this corresponds to the survey of general dentists, which showed that only half of dentists reported accepting any patients with Medicaid.

Findings were more hopeful in the context of Michigan’s Healthy Kids Dental program. Begun in 2000, Healthy Kids Dental converted traditional fee-for-service Medicaid dental benefits into a managed care dental service delivery model, with increased reimbursement which creates a break-even scenario for most dentists. Prior analyses have found that under Healthy Kids Dental dentist participation has more than doubled, rates of preventive dental care have increased, and the proportion of young children with an annual dental visit is significantly higher in counties with Healthy Kids Dental compared to fee-for-service counties. In this survey of general dentists, most respondents who accept Medicaid do so under Healthy Kids Dental, and the Healthy Kids Dental dentists were more likely to recommend beginning dental care at age 1 year.

Together, these three key findings provide a road map for statewide recommendations to guide future oral health initiatives.