

Oral Health and Preventive Dental Care

2011 Greater Cincinnati/Northern Kentucky Child Well-Being Survey



Most parents describe their child's teeth as "Excellent" or "Very Good," but this varies by race/ethnicity, household income, and location

In the 2011 Child Well-Being Survey, parents were asked to describe the general condition of their child's teeth. Approximately **72% of parents described their child's teeth as "excellent" or "very good,"** but this varied by certain demographic characteristics.

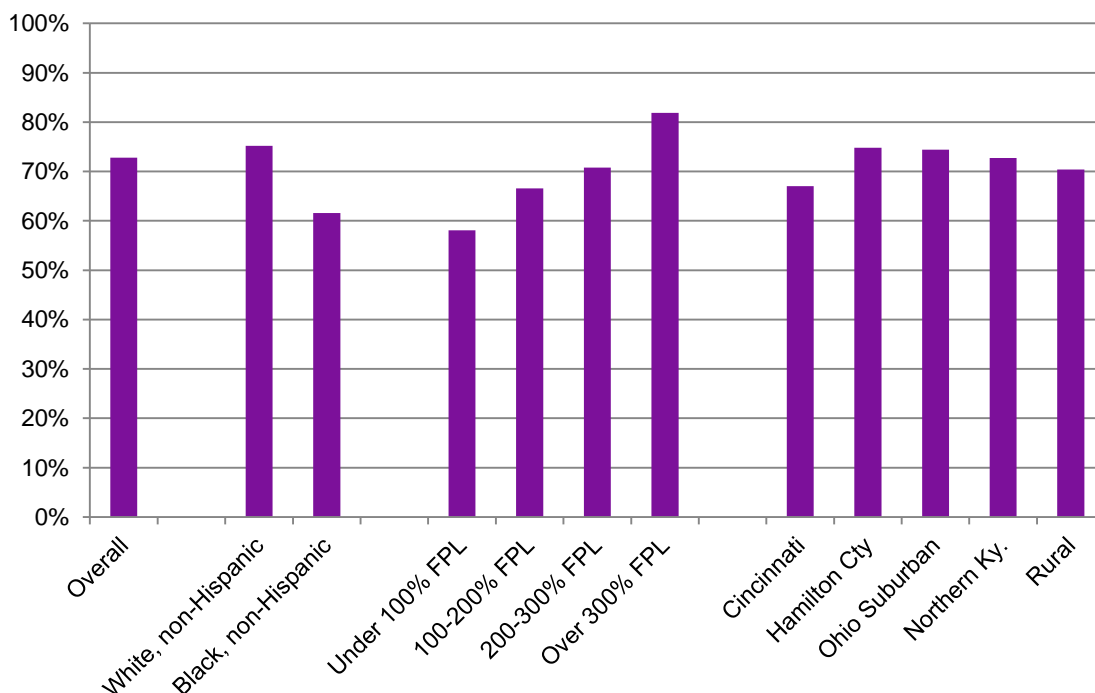
Condition of teeth varies by race...

Parents of White, non-Hispanic children were more likely than parents of Black, non-Hispanic children to rate their child's teeth as "excellent" or "very good" (75% compared to 62%).

...and household income

Parents' ratings of their child's teeth increased as household income increased, as well, with only 58% of parents in households under 100% FPL reporting their child's teeth to be "excellent" or "very good" compared to 82% of parents in households above 300% FPL. (In 2011, the Federal Poverty Level for a family of four was \$22,350).

Percent of parents who describe their child's teeth as "excellent" or "very good," by selected demographic characteristics, 2011



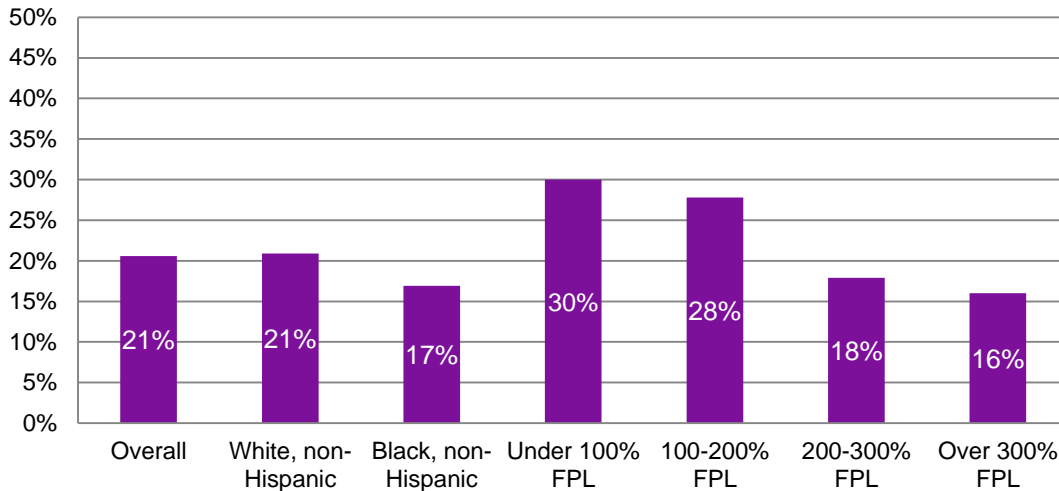
Oral health is worse in Cincinnati

Similar percentages were reported across the region, with some small differences. In the city of Cincinnati, only 63% of parents described their child's teeth as "excellent" or "very good."

How we compare: The 2007 National Survey of Children's Health found that **71%** of parents **nationally** and **75%** and **74%** in **Ohio** and **Kentucky**, respectively, described their child's teeth as "excellent" or "very good."



Percent of children with at least one reported oral health problem in the past six months, 2011



Parents were also asked whether or not their child had experienced any of four oral health problems within the past six months, including toothaches, cavities, broken teeth, or bleeding gums.

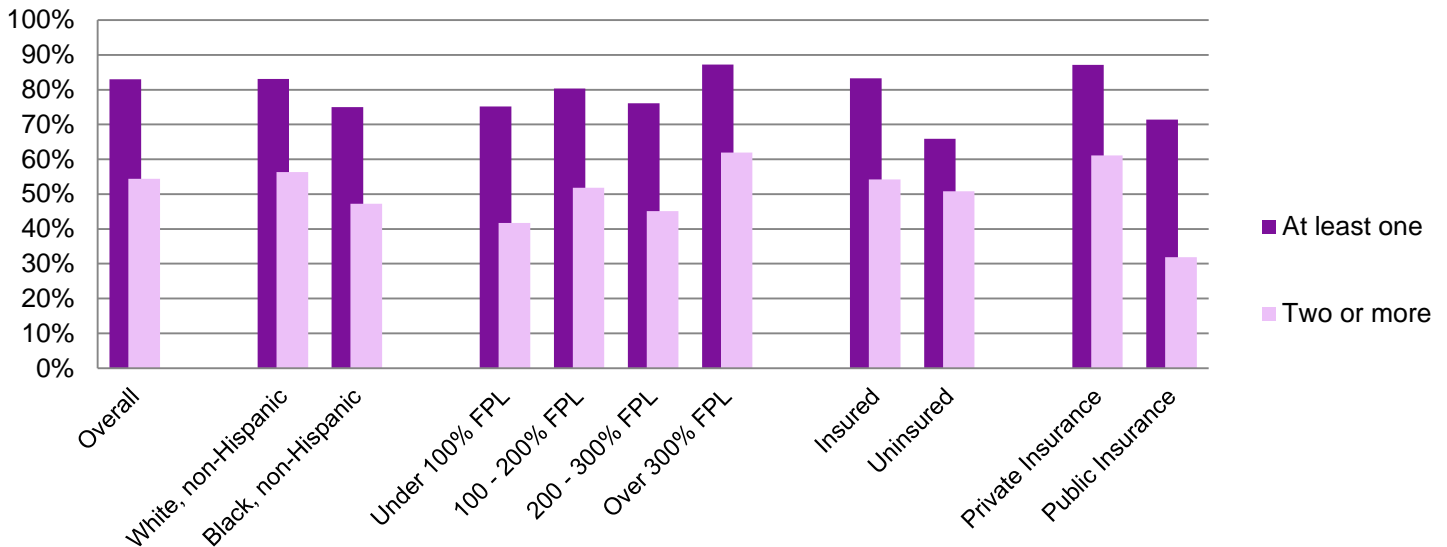
Overall, about **20%** of children had experienced **at least one of these** oral health problems within the past 6 months. White, non-Hispanic children were slightly more likely than Black, non-Hispanic children to have experienced one of these oral health problems.

In addition, children living in households below 100% FPL were nearly twice as likely to have experienced one of these problems than were children living in households above 300% FPL.

The graph below shows that while most children received at least one preventive dental care visit in the past year, **just over half received the recommended two visits.**

The percentage of children receiving the recommended two preventive dental care visits within the past year varies by race, household income, and insurance status, but the **biggest differences were between those with public and private insurance.** Only about 30% of children with public insurance received two preventive dental care visits within the past year, compared to about 60% of children with private insurance.

Percent of children receiving at least one and two preventive dental care visits, by selected demographic characteristics, 2011



The **Child Well-Being Survey (CWBS)** is a random-digit-dial (RDD) telephone survey of primary caregivers in the Greater Cincinnati/Northern Kentucky region. Primary caregivers, usually parents, are asked questions about one randomly selected child in their household. The CWBS was previously conducted in 2000 and 2005. The 2011 sample includes 2,083 completed surveys and covers several health topics, including: general health status, chronic conditions, usual source of care, oral health and preventive dental care, screen time and physical activity, food security, and neighborhood resources. The sampling error for the 2011 CWBS is $\pm 2.1\%$; the margin of error for any sub-group of the sample will be higher.

The 2011 CWBS was supported by the United Way of Greater Cincinnati, the Health Foundation of Greater Cincinnati, the Center for Clinical and Translational Science and Training at the University of Cincinnati, and Vision 2015 of Northern Kentucky.

For more findings from the 2011 Child Well-Being survey and past surveys visit www.cchmc.org/service/j/anderson-center/health-policy/well-being/ or www.HealthFoundation.org For more information, please contact Rachel Sebastian, MA at (513) 803-2396 or rachel.sebastian@cchmc.org.