

# Snapshot of America's Children 2014

AAPD New Board Member Orientation  
June, 2014



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# Objectives

1. Identify data sources for information related to children in the US
2. Familiarity with national indicators of well-being
3. Overview of children's dental health in the US
4. Understanding of the difficulty in comparing data across sources



# Facts about Children

- \* *America's Children: Key National Indicators of Well-Being, 2013*, an annual report to the Nation on the condition of children in America.  
<http://www.childstats.gov/americaschildren/>
- \* The Annie E. Casey Foundation. Kids Count Data Center  
<http://datacenter.kidscount.org/>
- \* The Medical Expenditure Panel Survey (MEPS)  
<http://meps.ahrq.gov/mepsweb/>
- \* National Institutes of Health: National Information Center on Health Services Research and Health Care Technology (NICHSR)  
<http://www.nlm.nih.gov/hsrinfo/datasites.html>
- \* The National Survey of Children's Health and the National Survey of Children with Special Health Care Needs relates survey results to Healthy People objectives.  
<http://www.childhealthdata.org/browse/healthy-people-2020>



# CDC National Oral Health Surveillance System ([www.CDC.gov/nohss/](http://www.CDC.gov/nohss/))

**CDC National Oral Health Surveillance System provides state by state information on:**

- \* Percentage of people served by public water systems who receive fluoridated water;
- \* Percentage of 3<sup>rd</sup> grade students with caries experience, including treated and untreated tooth decay;
- \* Percentage of 3<sup>rd</sup> grade students with untreated tooth decay;
- \* Percentage of 3<sup>rd</sup> grade students with dental sealants on at least one permanent molar tooth.

Note that these are not updated on a regular basis and updates vary by state



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# The National Survey of Children's Health and the National Survey of Children with Special Health Care Needs

Healthy People 2020 Objective	NSCH/NS-CSHCN Measure(s)	2007 NSCH	2009/10 NS-CSHCN
OH-1: Reduce the proportion of children and adolescents with dental caries experience in their primary or permanent teeth	Children age 1-17 years with decay or cavities in the past 6 months	K2Q53	
OH-2: Reduce the proportion of children and adolescents with untreated dental decay	Unmet needs for dental care	Indicator 4.6a	K4Q21 C4Q05_31A
OH-7: Increase the proportion of children and adults who use the oral health care system each year	Children who had one or more [preventive dental care/other dental care] visits in the past year	Indicator 4.2	K4Q21
OH-8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year			

<http://www.childhealthdata.org/browse/healthy-people-2020>



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# Form CMS 416

Used by CMS to collect basic information on State Medicaid and CHIP programs to assess the effectiveness of EPSDT.

- \* Total eligibles\* receiving a sealant on a permanent molar
- \* Total eligibles receiving dental diagnostic services.
- \* Total eligibles receiving oral health services by a non-dentist
- \* Total eligibles receiving any dental or oral health service
  - \* (\*total who received service/total eligible for EPSDT for 90 continuous days)

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html>

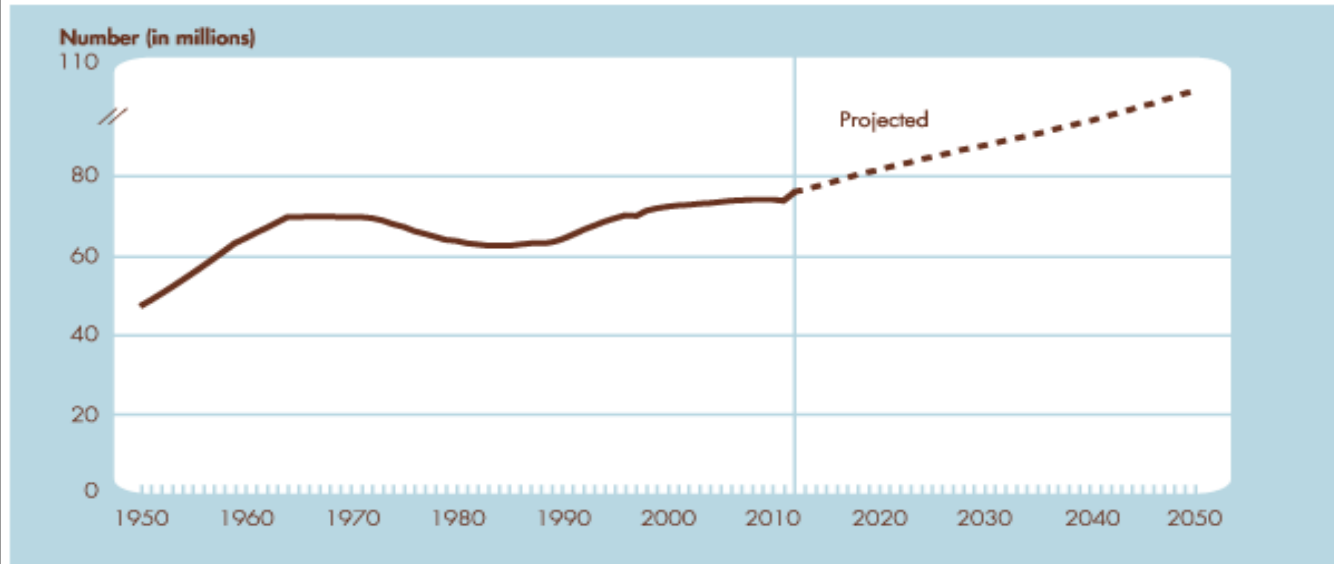


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# 74.1 million children in U.S. Equals 24% of the population

Number of children ages 0–17 in the United States, 1950–2011 and projected 2012–2050

INDICATOR POP1: NUMBER OF CHILDREN AGES 0–17 IN THE UNITED STATES, 1950–2011 AND PROJECTED 2012–2050



NOTE: Population projections are based on Census 2000 and may not be consistent with the 2010 Census results. Projections based on the 2010 Census are scheduled for release in late 2012.

SOURCE: U.S. Census Bureau, Decennial Censuses and Population Estimates and Projections.



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# Basic Child Stats

## Key National Indicators of Well-Being (CDC)

- \* Economic Well-being
- \* English Proficiency
- \* Child Injury and Mortality
- \* Child Maltreatment
- \* Obesity

<http://www.childstats.gov/>



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# Kids Count Indicators of Child Well-being

## NATIONAL KIDS COUNT PUBLICATIONS INDICATORS

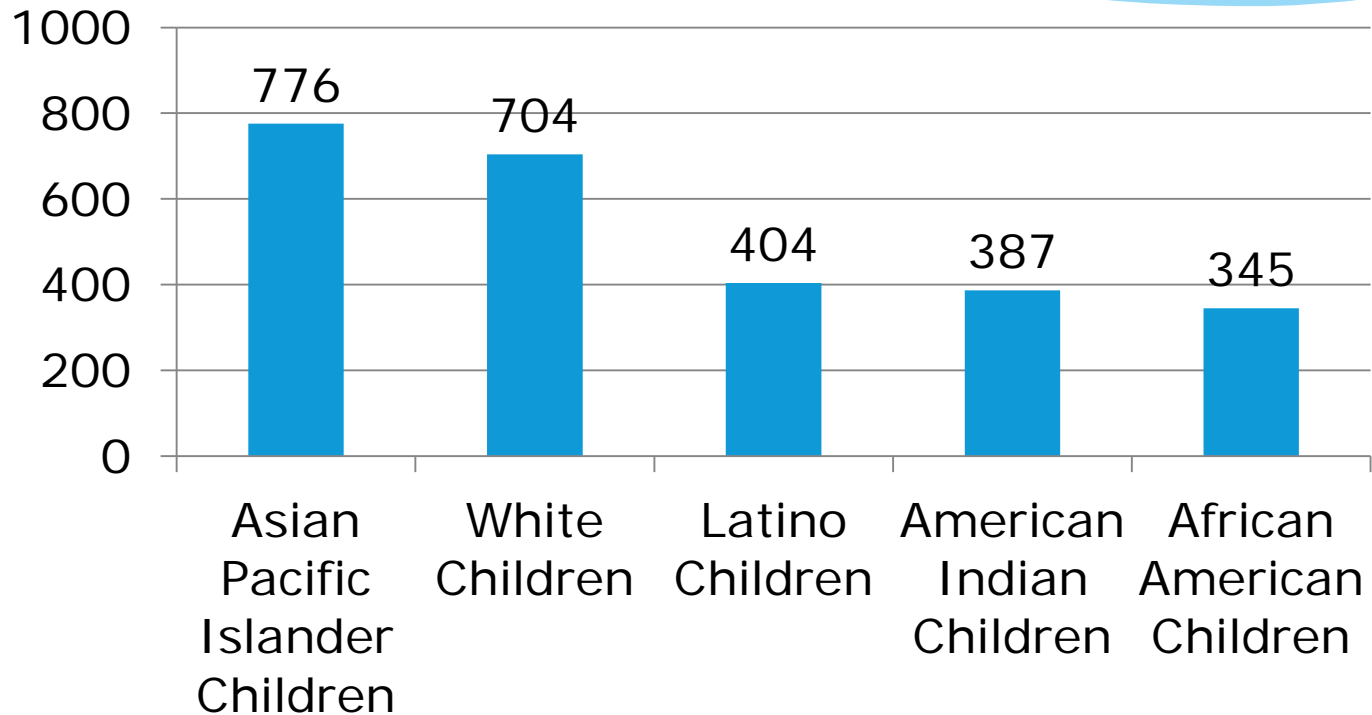
### Race for Results

- ▲ Race for Results index values, by race and ethnicity
- ▲ Babies born at normal birthweight, by race and ethnicity
- ▲ Children age 3 to 5 enrolled in nursery school, preschool or kindergarten, by race and ethnicity
- ▲ Fourth graders who scored at or above proficient in reading, by race and ethnicity
- ▲ Eighth graders who scored at or above proficient in math, by race and ethnicity
- ▲ Females 15 to 19 who delay childbearing until adulthood, by race and ethnicity
- ▲ High school students graduating on time, by race and ethnicity
- ▲ Young adults ages 19 to 26 who are in school or working, by race and ethnicity
- ▲ Young adults ages 25 to 29 who have completed an associate's degree or higher, by race and ethnicity
- ▲ Children who live with a householder who has at least a high school diploma, by race and ethnicity
- ▲ Children who live in two-parent families, by race ethnicity
- ▲ Children who live in families with incomes at or above 200 percent of poverty, by race and ethnicity
- ▲ Children who live in low-poverty areas (poverty<20 percent), by race and ethnicity



# African-American, Latino and Native American Children Face Barriers to Success

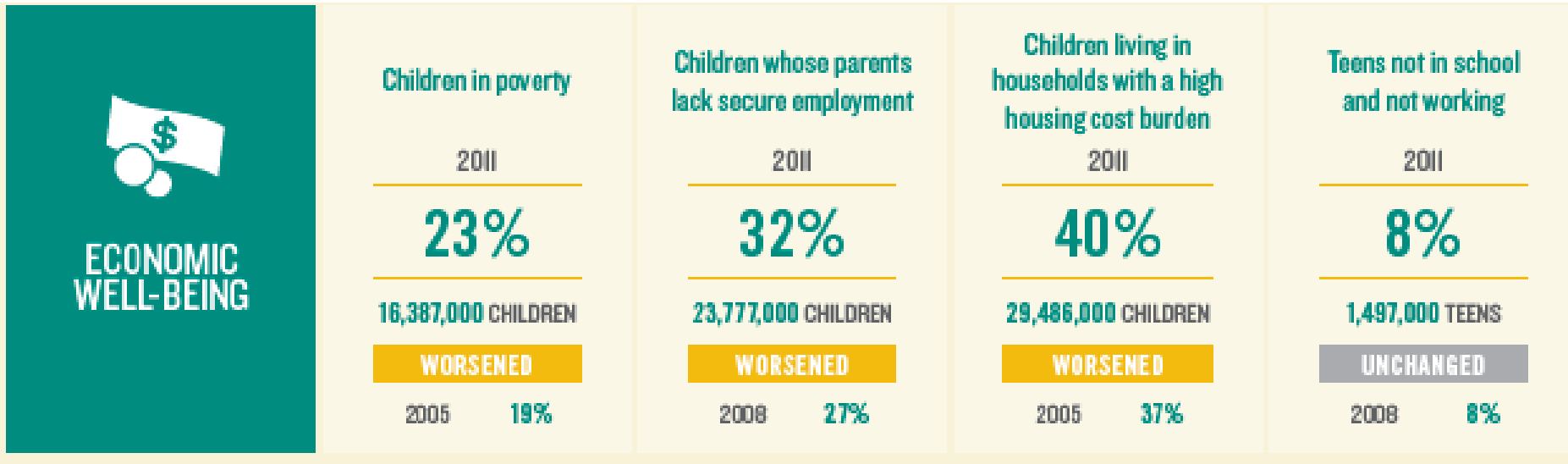
**SCORE**



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Data from <http://datacenter.kidscount.org/updates/show/44-african-american-latino-and-native-american-children-face-barriers-to-success>, April, 2014

# Indicators of Well-being: Economic

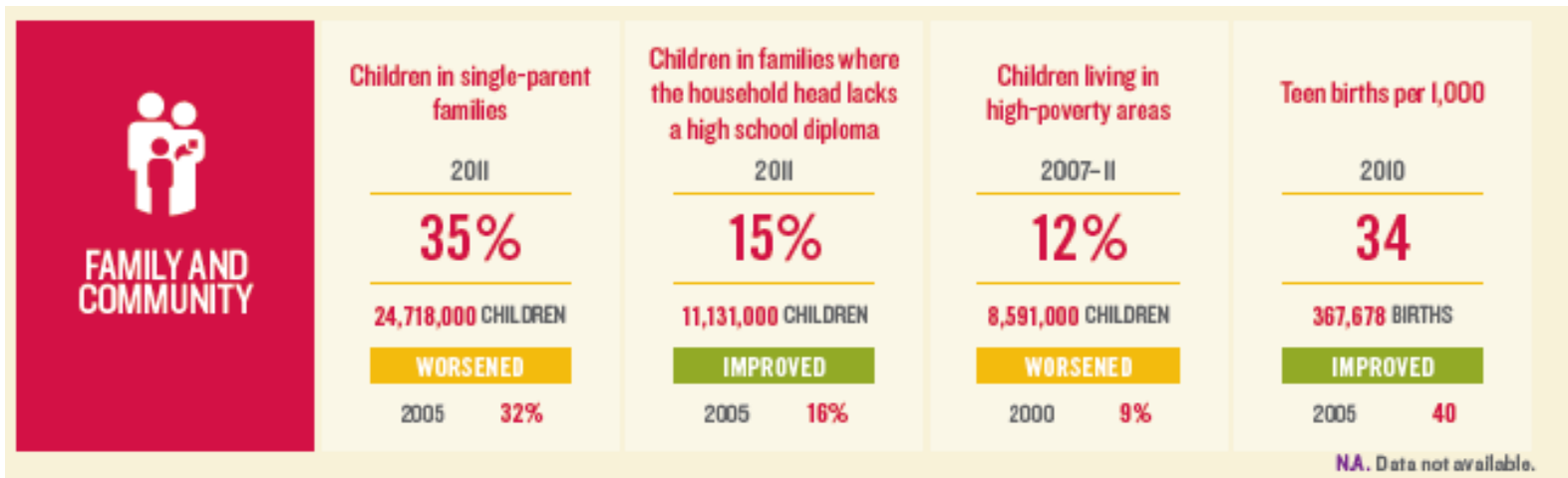


Source: Annie E. Casey Foundation, 2013 Kids Count Data Book



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# Family and Community



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Only the cash income available to families, without accounting for many safety net supports that a family might receive:

- \* Federal tax credits
- \* Child care and housing vouchers
- \* Food aid through the Supplemental Nutrition Assistance Program

Does not reflect the ways in which costs—like housing and child care—vary from region to region

Source: Annie E. Casey Foundation, 2013 Kids Count Data Book



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Nationally, 23 percent of children (16.4 million) lived in poverty in 2011, up from 22 percent in 2010 (15.7 million).

PERCENTAGE OF CHILDREN WHO LIVED IN POVERTY: 2011



SOURCE: U.S. Census Bureau, 2011 American Community Survey.

# What does this mean?

On average, families need an income of roughly twice the federal poverty level to cover basic expenses for housing, food, transportation, health care and child care.

\$45,622 for a family of four is 200% of the federal poverty level

## **Safety net services have an impact!**

when key safety net programs were included in a poverty measure, some 40 million people in 2011 rose above the poverty line.

Source: Annie E. Casey Foundation, 2013 Kids Count

Data Book

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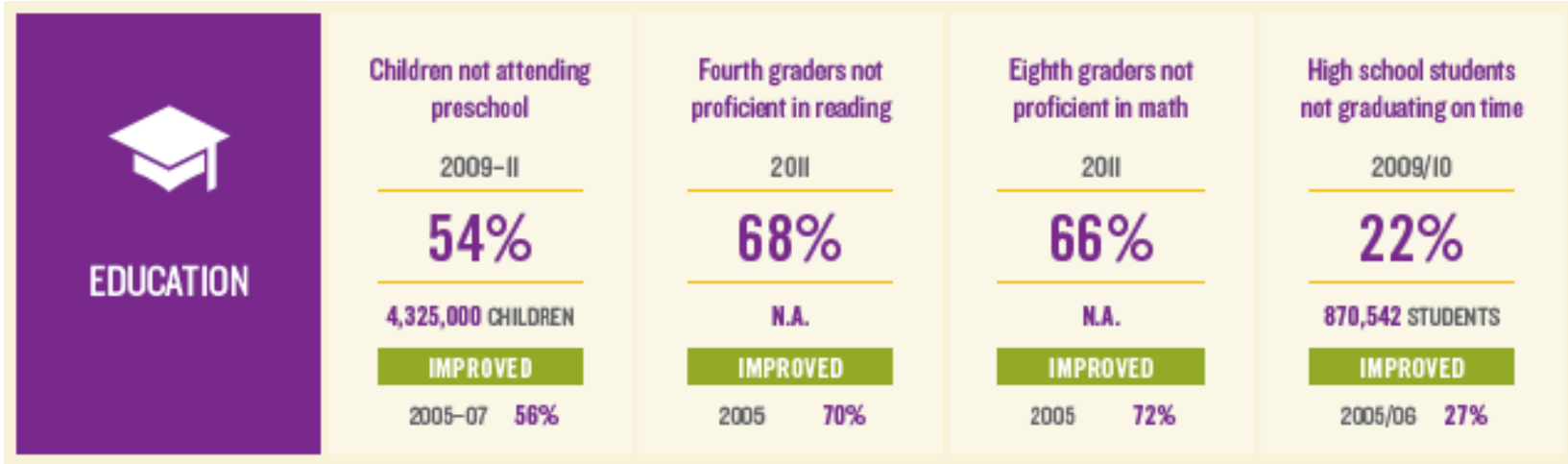
# Food insecurity

## A family's ability to put enough nutritious food on the table

- \* About 22 percent of children lived in households that were food insecure at times in 2010,
- \* Federal Programs:
  - \* SNAP: USDA's Supplemental Nutrition Assistance Program serves 36.5 million people
  - \* USDA's National School Lunch program serves 31 million children
  - \* Special Supplemental Nutrition Program for Women, Infants and Children, or WIC serves nearly half of all infants



# Education



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Source: Annie E. Casey Foundation, 2013 Kids Count Data Book



# Health



HEALTH

Low-birthweight babies

2010

8.1%

325,563 BABIES

IMPROVED

2005 8.2%

Children without health insurance

2011

7%

5,528,000 CHILDREN

IMPROVED

2008 10%

Child and teen deaths per 100,000

2010

26

20,482 DEATHS

IMPROVED

2005 32

Teens who abuse alcohol or drugs

2010-11

7%

1,752,000 TEENS

IMPROVED

2005-06 8%



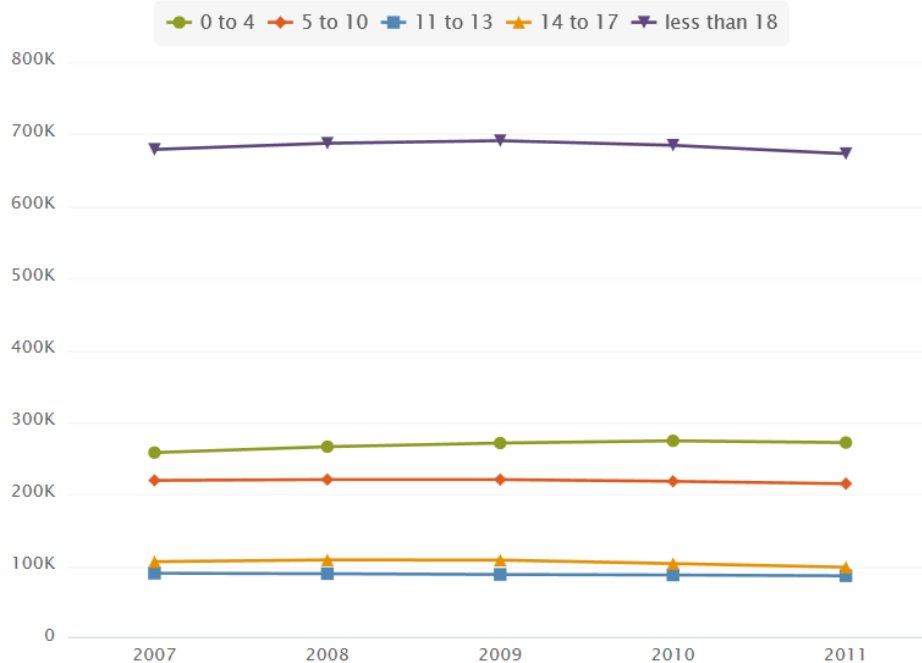
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# Child Maltreatment

## Children Who Are Confirmed By Child Protective Services As Victims Of Maltreatment By Age Group

Year(s): 5 selected | Age group: All | Data Type: Number

Data Provided by: National KIDS COUNT



CPS Confirmed victims 2011: 672,786

Neglect: 73%

Physical Abuse: 17%

Sexual Abuse: 9%

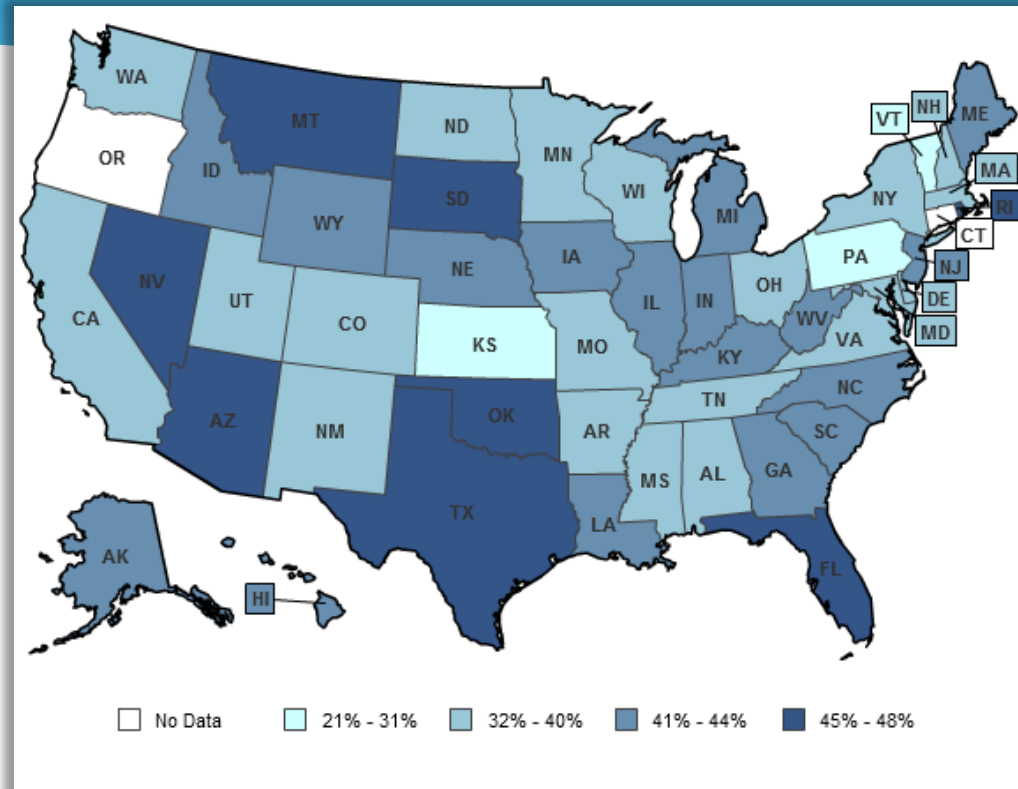
Medical Neglect: 2%



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Source: Kids Count, 2013

# Child Maltreatment



Children age 0-4 confirmed victims of child maltreatment by state:  
Varies from 21% - 45%



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Source: *Kids Count*, 2013

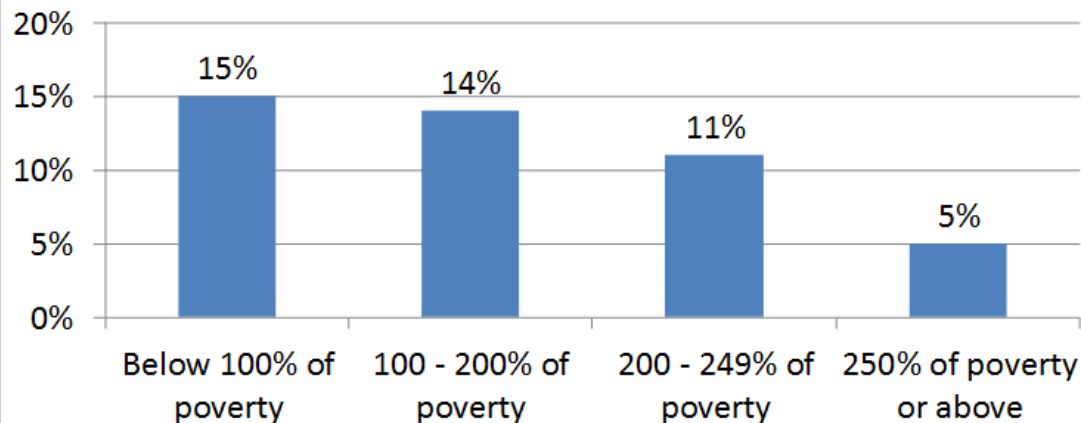
# Health Insurance, Dental Visits, and Untreated Caries

- \* **Health Insurance Sources**
- \* **Dental Visits**
- \* **Untreated Caries**
- \* **Perceived Need for Dental Services**

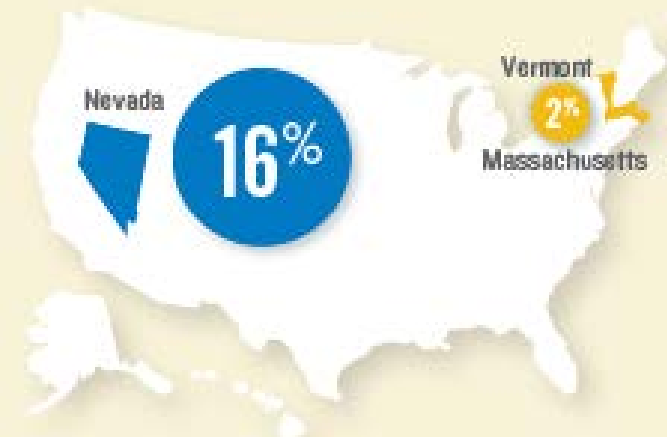


# Across the nation, 7 percent of children (5.5 million) lacked health insurance in 2011 were uninsured

Percent children without health insurance, 2010



PERCENTAGE OF CHILDREN WITHOUT HEALTH INSURANCE: 2011

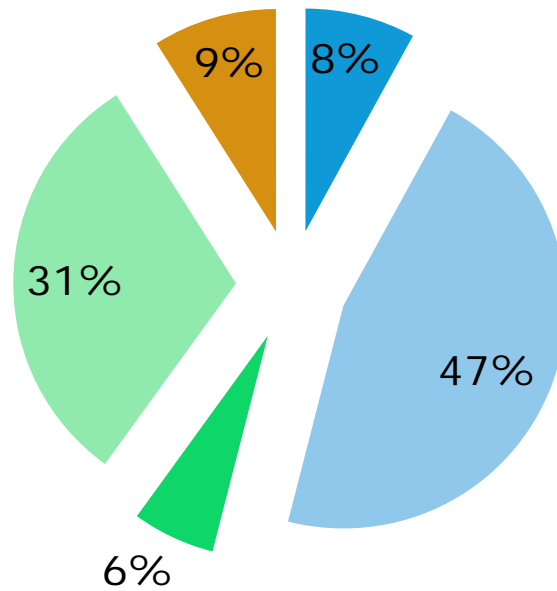


SOURCE U.S. Census Bureau, 2011 American Community Survey.



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# Health Insurance by type, 2011



- Both Public and Private
- Employer Only
- Private, individual only, other
- Public Only
- Uninsured



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Source: *Kids Count, 2013*

# Dental Visits

	America's Children (2010)	MEPS (2009)	National Survey of Children's Health (2011)	CMS 416
"Low income"	52.3% - 77%	36.9%	68% - 72%	any dental service: 45% Any dental/OH: 46% Diagnostic: 41%
"High income"	51.6% - 89.3%	63.9%	79.7% - 85%	
All			77.2%	



# Dental Visits

- \* **Questions to ask:**
  - \* How was the data collected
  - \* Who was it collected from
  - \* What question was asked
- \* **Different Sources=Different Information**





# Percentage of children ages 2-17 with a dental visit in the past year by age – 2000/2010

Poverty Status	Ages 2-4		Ages 5-11		Ages 12-17	
	2000	2010	2000	2010	2000	2010
Below 100%	44.1	52.3	68.5	80.8	62.7	75.4
100-199%	47.0	54.8	73.4	81.8	68.3	77.0
200% and above	43.7	51.6	87.5	90.9	88.2	89.3

Source: *America's Children: Key National Indicators of Well-Being, 2012*



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# Percentage of children ages 2-17 with a dental visit in the past year by age – 2000/2010

Children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" In 2001 and later years, the question was "About how long has it been since your child last saw a dentist?" Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists



# MEPS (Medical Expenditure Panel Survey)

- \* Uninsured children ages 2–17 received routine dental checkups at lower rates than children who were covered by either public or private insurance (25.9 percent versus 40.5 percent and 56.5 percent)
- \* Poor children made routine dental checkup visits during the last year at lower rates than children from high income families. Almost two-thirds (63.9 percent) of children from high income families reported at least one routine dental checkup visit during the last year as compared with 36.9 percent of children from poor families

Source: June 2011, Statistical Brief #326

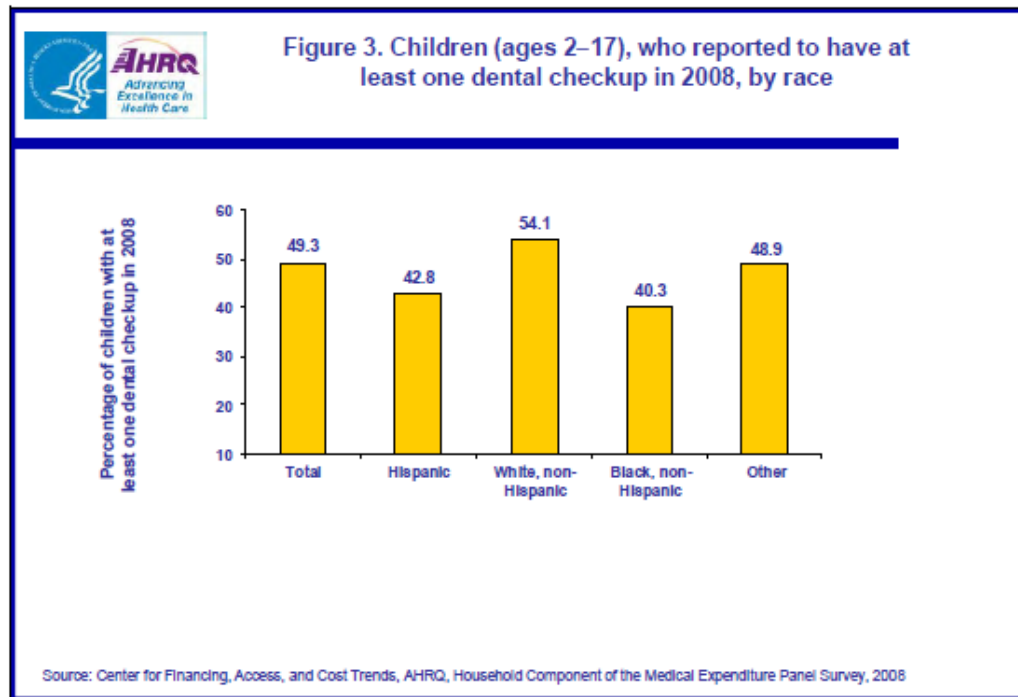
*Children's Dental Care: Advice and Checkups, Ages 2-17, 2008*



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# Dental Visits by Race (MEPS)



# 77.2% of Children Received a Preventive Dental Visit in 2011

- \* Publically insured: 73.5
- \* Privately insured: 82.5
- \* Uninsured: 47.7

Indicator 4.2: During the past 12 months/since [his/her] birth, how many times did [child name] see a dentist for preventive dental care such as check-ups and dental cleanings? (details)

		No preventive dental care visits	One or more preventive dental care visits	Total %
0-5 yrs old	%	<b>45.7</b>	<b>54.3</b>	<b>100.0</b>
	C.I.	(44.3 - 47.0)	(53.0 - 55.7)	
	n	11,018	13,797	
	Pop. Est.	9,058,476	10,782,309	
6-11 yrs old	%	<b>12.4</b>	<b>87.6</b>	<b>100.0</b>
	C.I.	(11.5 - 13.3)	(86.7 - 88.5)	
	n	2,958	28,007	
	Pop. Est.	3,020,590	21,334,256	
12-17 yrs old	%	<b>14.9</b>	<b>85.1</b>	<b>100.0</b>
	C.I.	(13.9 - 15.9)	(84.1 - 86.1)	
	n	3,965	30,495	
	Pop. Est.	3,724,476	21,271,270	

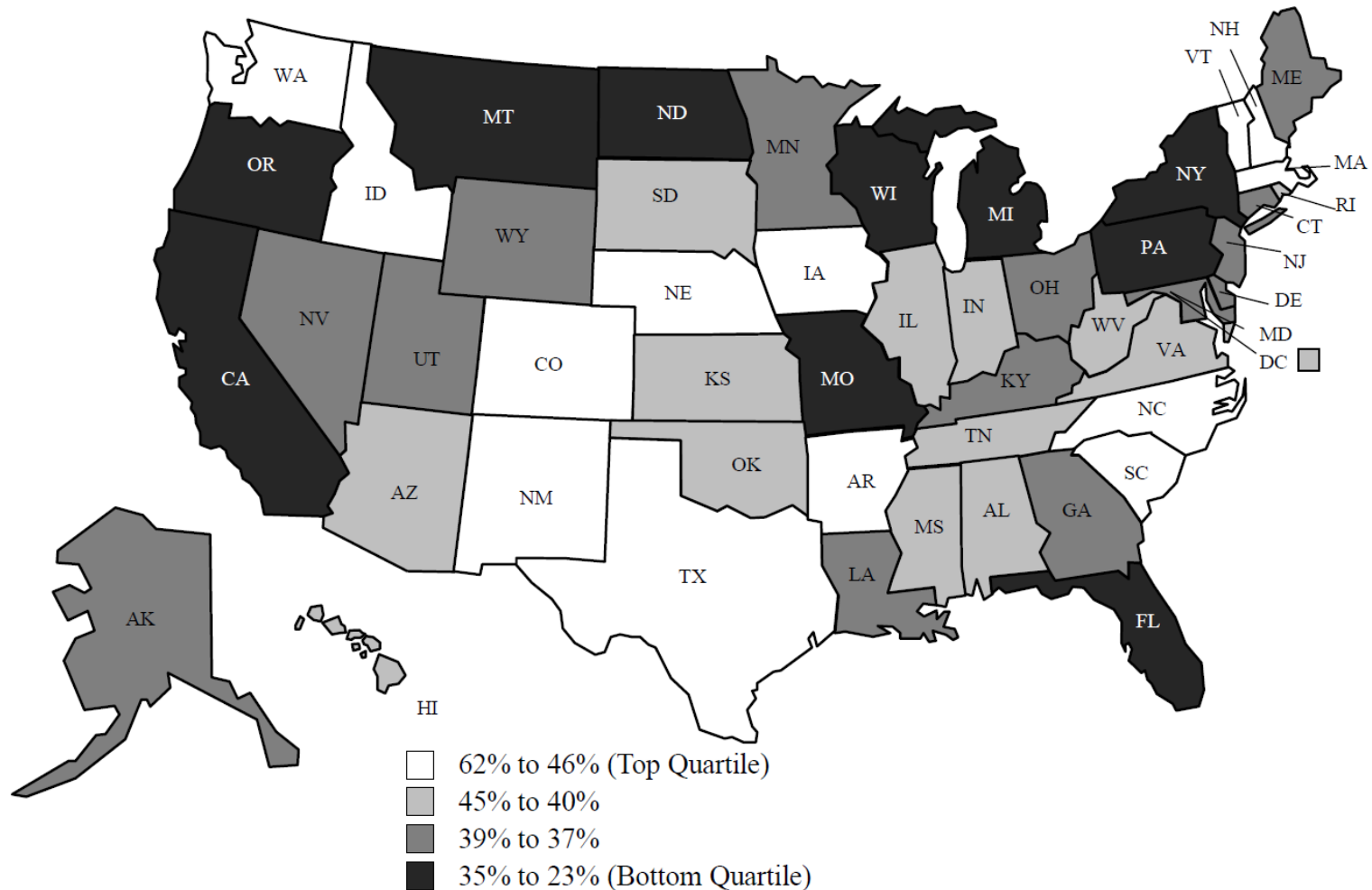
C.I. = 95% Confidence Interval. Percentages are weighted to population characteristics.  
n = Cell size. Use caution in interpreting Cell sizes less than 50.

Source: 2012 Survey of Children's Health



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# Geographic Variation in the Percentage of Children Receiving Any Dental Service, FFY 2009



SOURCE: CMS-416, Line 12a, 2009

Varies: 23% - 62%

Source: CMS, Use of Dental Services in Medicaid and CHIP, 2011

# Unmet Dental Needs

2012 Survey of Dental Health  Parent interviews	CDC Health United States  NHANES	CDC National Health Interview Survey (most recent survey 2007)  parent questionnaire	CDC NHANES  Exams by Hygienists – mobile units	America's Children: Key National Indicators of Well-Being, 2012	National Oral Health Surveillance System  State open-mouth surveys
5.4%	Age 2-5: 19.3  Age 6-19: 15.6	7.0%	13.3%	9.6% – 21.5%	3 <sup>rd</sup> grade: 12% - 42.7%



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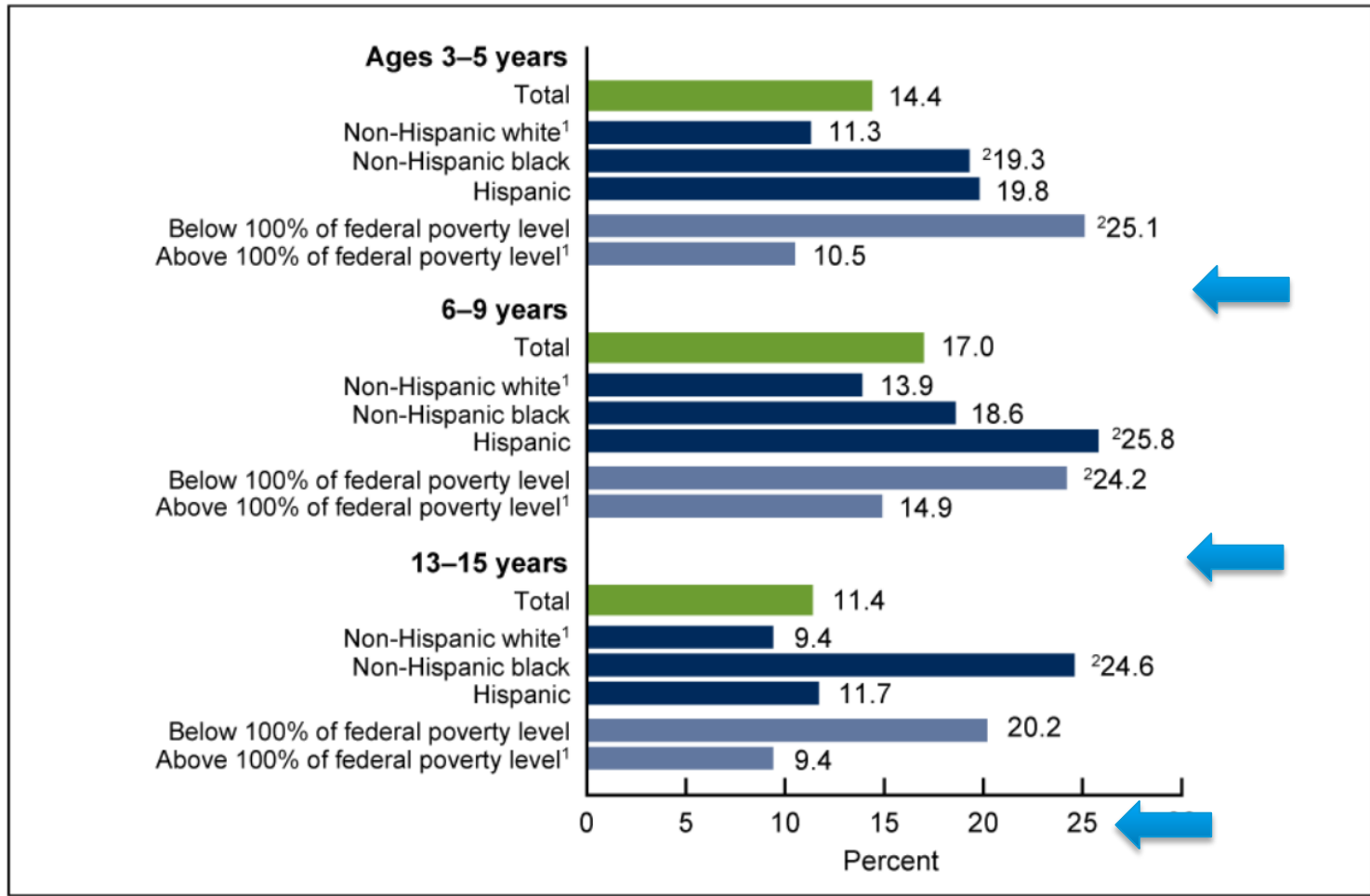
# CDC Summary Health Statistics for U.S. Children: National Health Interview Survey, 2010

- \* In 2010, 4.3 million (7%) children aged 2–17 years had unmet dental need because their families could not afford dental care.
- \* Uninsured children (26%) were more than six times as likely to have unmet dental need as children with private health insurance (4%) and more than four times as likely as children with Medicaid or other public coverage (6%).
- \* Non-Hispanic white children were more likely to have had a dental contact in the past 6 months (67%) than non-Hispanic black (55%) or Hispanic (57%) children.





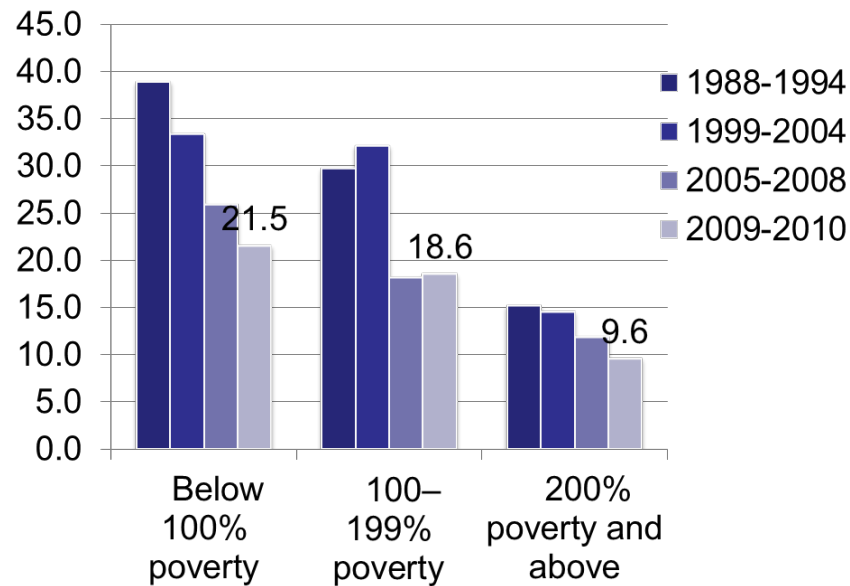
Figure 1. Prevalence of untreated dental caries among children and adolescents, by age, race and ethnicity, and poverty level: United States, 2009–2010.



Source: NCHS Data Brief Number 104, August 2012. Oral Health Disparities as Determined by Selected Healthy People 2020 Oral Health Objectives for the United States, 2009–2010

# Untreated Dental Caries

Percentage of children ages 5–17 with untreated dental caries (cavities) by poverty status



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# National Oral Health Surveillance System

Lowest % of 3 <sup>rd</sup> graders – w/ caries experience:	CT: 40.6%
Highest % of 3 <sup>rd</sup> graders – w/ caries experience:	ID: 67.1%
Lowest % of 3 <sup>rd</sup> graders - untreated tooth decay:	NH: 12%
Highest % of 3 <sup>rd</sup> graders - untreated tooth decay:	TX: 42.7%
Lowest % of 3 <sup>rd</sup> graders - with dental sealants:	SC: 23.9%
Highest % of 3 <sup>rd</sup> graders - with dental sealants:	VT: 66.1%

Source: CDC National Oral Health Surveillance System:  
school years ranged from 1999 - 2011



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# All children: Perception of Need

Did not need dental care: **73.3%**

Got all needed dental care: **21.3%**

Unmet dental care needs: **5.4%**

		Did not need other dental care	Got all needed other dental care	Unmet other dental care needs	Total %
0 - 5 yrs old	%	<b>91.7</b>	<b>6.6</b>	<b>1.6</b>	<b>100.0</b>
	C.I.	(90.5 - 92.9)	(5.5 - 7.8)	(1.2 - 2.1)	
	n	6,692	490	102	
	Pop. Est.	2,114,396	153,280	37,299	
6 - 11 yrs old	%	<b>75.6</b>	<b>19.5</b>	<b>4.9</b>	<b>100.0</b>
	C.I.	(74.5 - 76.8)	(18.4 - 20.5)	(4.2 - 5.6)	
	n	11,851	3,368	584	
	Pop. Est.	3,240,493	833,373	209,758	
12 - 17 yrs old	%	<b>61.5</b>	<b>30.6</b>	<b>7.9</b>	<b>100.0</b>
	C.I.	(60.2 - 62.9)	(29.3 - 31.8)	(7.0 - 8.8)	
	n	10,506	5,545	1,012	
	Pop. Est.	2,759,175	1,370,850	354,530	

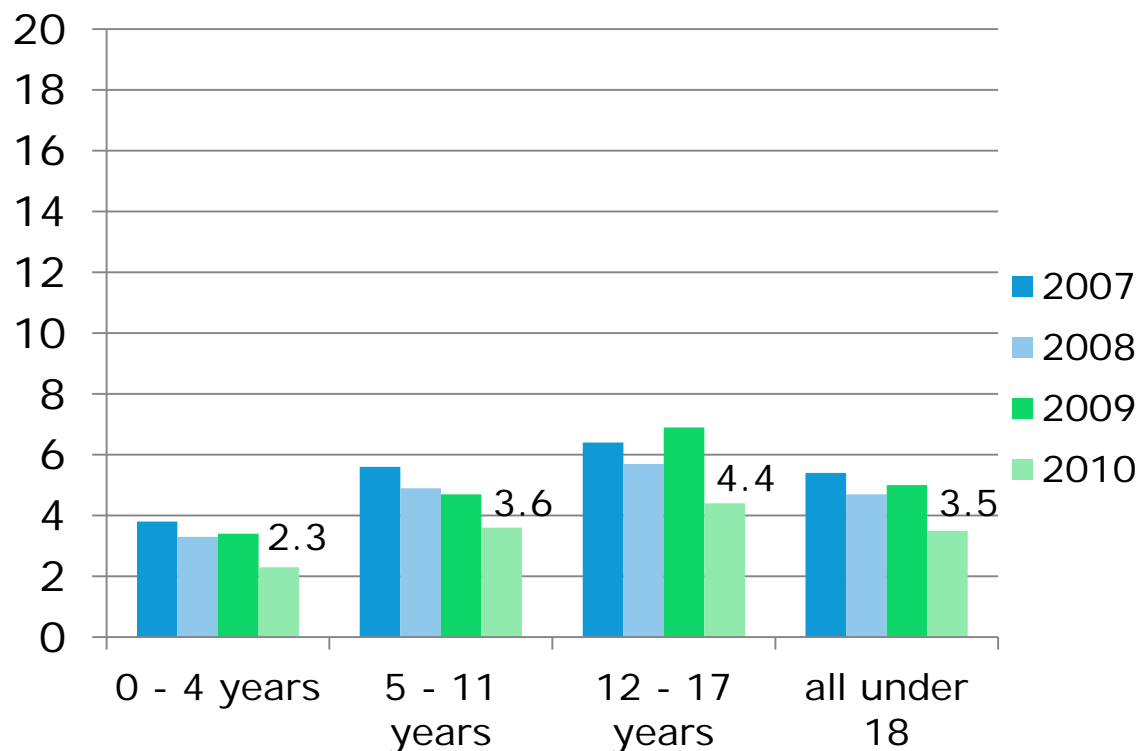


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# Percent of Parents Reporting Unable to Get Dental Care by Age

## Untreated Caries

Age 3 – 5: 14.4  
 Age 6 – 9: 17.0  
 Age 13 – 15: 11.4



Source: [www.healthindicators.gov](http://www.healthindicators.gov), accessed 6/11/13



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# Access vs. Utilization

Parents reported “no dental care needed” age 0-5	91.7%
Unable to get care age 0-4	2.3%
Untreated Caries age 3-5	14.4%

Health Literacy: Nearly one half of American adults have difficulty understanding and acting upon health information (IOM, 2004)

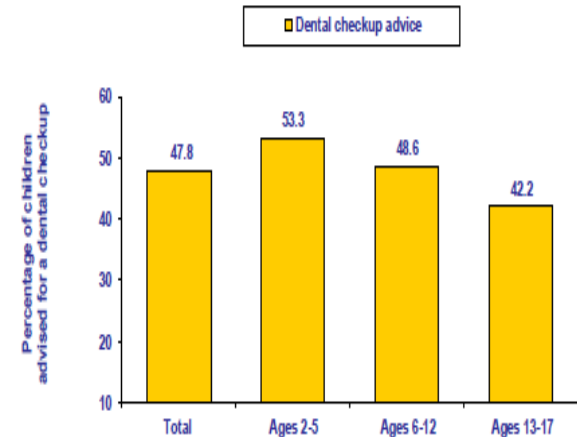


# Oral Health in Primary Care

- \* In 2008, less than half (47.8 percent) of children between the ages of 2 and 17 were offered advice from a health care provider about the need for timely routine dental checkups.
- \* Fewer uninsured children received advice from a doctor to have regular dental checkups than those who had public or private insurance (34.5 percent versus 51.9 percent or 47.4 percent)



Figure 1. Doctor ever advised a dental checkup for children (2-17), by age, 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008



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Source: June 2011, Statistical Brief #  
*Children's Dental Care: Advice and Checkups,  
Ages 2-17, 2008 (MEPS*

# AAP Policy Statement

The AAP policy statement on Preventive Oral Health Intervention for Pediatricians reinforces this conclusion. “A pediatrician who is familiar with the science of dental caries, capable of assessing caries risk, comfortable with applying various strategies of prevention and intervention, and connected to dental resources can contribute considerably to the health of his or her patients.”

2009: 50% pediatricians ID caries or address tooth-brushing

Lewis, C., Boulter, S., Keels, M., Krol, D., Mauradian, W., O'Connor, K., & Quinonez, R. Oral health and pediatricians: the results of a national survey. *Academic Pediatrics*, 2009; 9(6). 457-461.

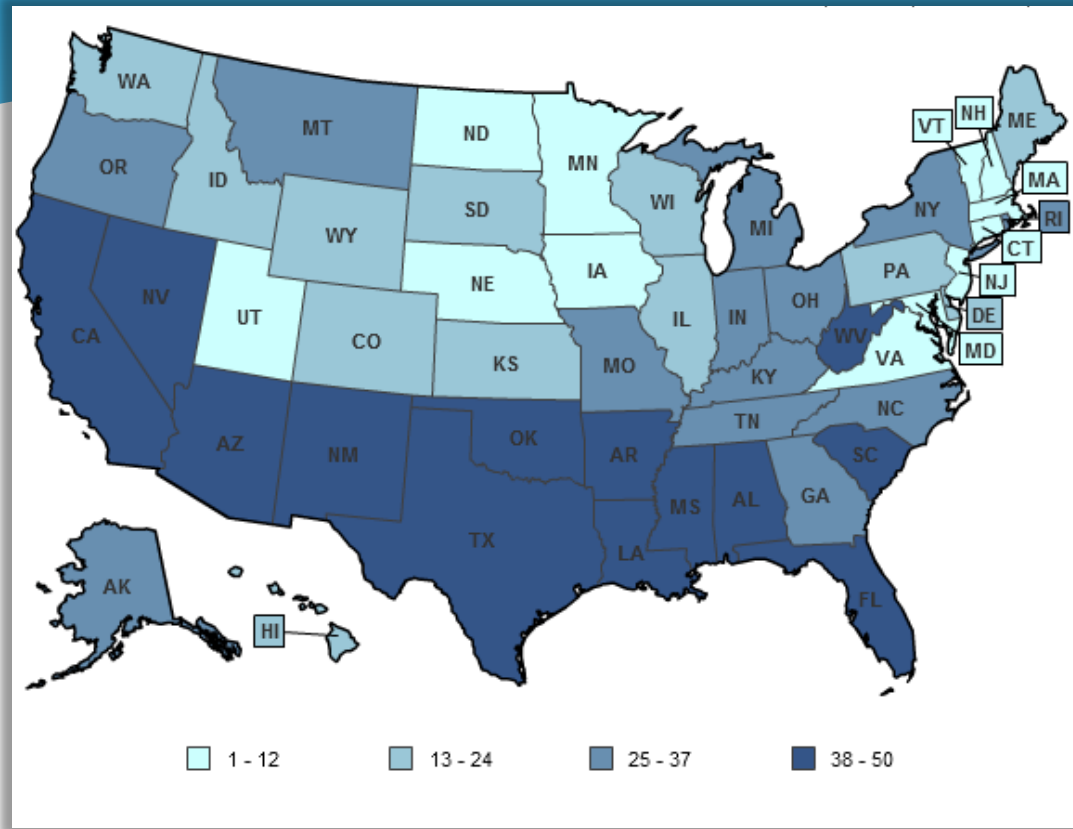
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# Kids Count—Overall Rank



Percent Low-Birth-weight Babies, Infant Mortality Rate, Child Death Rate, Teen Death Rate, and Teen Birth Rate

Data Source: Population Reference Bureau, analysis of data gathered for the 2012 KIDS COUNT data book.



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