



## Prevalence of Dental Disease Among California's Latino Children

The most recent California Oral Health Needs Assessment Survey (conducted in 1993–1994) found that 41% of all Latino children under age five suffered from unmet oral health needs (Figure 1).<sup>1</sup> The number for children in elementary school was 68% (Figure 2) and in high school, 75% (Figure 3). There is no reason to believe that oral health outcomes for California's Latino children have improved since 1994.

A 2003 study (based on the 1993–1994 Needs Assessment Survey data) that examined the association of race/ethnicity and early childhood caries (ECC) among California Head Start (HS) and non-HS preschool children found that 30% of the HS Latinos had ECC compared to 13% of HS white children.<sup>2</sup> Another recent study of more than 2,000 young children near the California-Mexico border found that 58% had ECC.<sup>3</sup> Finally, a 1999 study of ECC in migrant Hispanic children in Stockton found that among the study population, more than 25% were classified as having a high level of caries.<sup>4</sup>

## Limited Access to Dental Care Among California's Latino Children

Data from the California Health Interview Survey (CHIS) 2001<sup>5</sup> provide further evidence that many Latino children do not have access to the dental care they need to improve their oral health outcomes. Among children ages 2–11, Latino children were less likely to have seen a dentist in the past year than white or African-American children: respectively, 67%, 79%, and 78%. The results were similarly poor for Latino adolescents. It is well established that children with dental insurance are much more likely to have access to dental care than children without dental insurance. Researchers asked parents with children aged 2–11 whether the children had dental insurance coverage for the 12 months prior to the survey. Among all racial and ethnic groups studied, Latino children were the least likely to have dental insurance coverage: 69%, compared with 80% of white children and 86% of African-American children.

### Percentage of Children in Need of Dental Care California 1993-1994

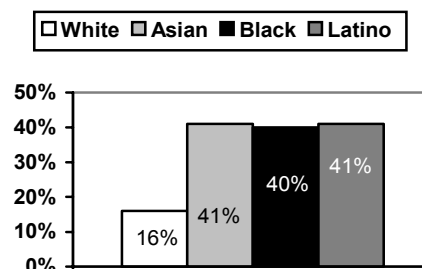


Fig. 1: Preschool Children

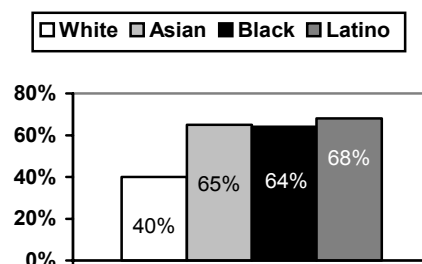


Fig. 2: Elementary School Children

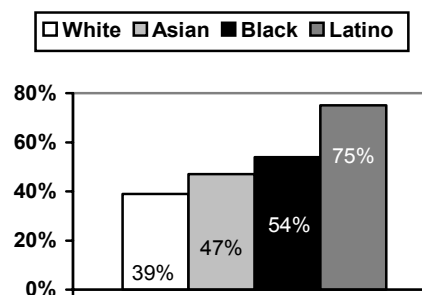


Fig. 3: High School Children

SOURCE: *The Oral Health of California's Children: Halting a Neglected Epidemic*, The Dental Health Foundation 2000. Includes urgent and non-urgent needs.

## Barriers That Prevent Latino Children from Accessing Oral Health Care

**Lack of Dental Insurance Coverage:** A 2000 study<sup>6</sup> of 249 Latino immigrants living in Southern California found that nearly 70% had no dental insurance. Those without dental insurance gave the following reasons: insurance was too expensive (60%); ineligible for public benefits (40%); job no longer provides dental insurance (25%); and

employer does not provide dental insurance (15%). Seventy-six percent of study participants who had insurance used dental services within the year, compared to only 47% of those without coverage.

**Lack of Awareness About Medi-Cal and Healthy Families Dental Insurance:** Many Latino families that are eligible for Medi-Cal or Healthy Families coverage may be deterred from accessing the programs due to misconceptions about eligibility requirements and language/cultural barriers.<sup>7</sup> They may also be unaware that Medi-Cal and Healthy Families include dental coverage.

**Lack of Culturally Appropriate Care:** Of the 25,273 dentists licensed to practice in California in 2000, only 1,161 were Latino. Latino dentists represented less than 5% of all dentists in the state. In contrast, the 10.9 million Latinos in the state that same year accounted for over 32% of the state's total population.<sup>8</sup>

**Other Barriers to Care:** Lack of transportation; fear that accessing health care may jeopardize immigration status; and lack of knowledge about the importance of dental care all contribute to the poor oral health outcomes of California's Latino children.<sup>9</sup> There is a cultural preference/supply issue, too, as many Latinos seek out Latino dentists. Barriers preventing more Latinos from entering dentistry include admission committee overreliance on the Dental Admissions Test, insufficient financial support, and lack of math and science preparation.<sup>10</sup>

## Recommendations

- Health-care providers and case managers must advise Latino parents about the availability of dental insurance through Medi-Cal and Healthy Families.
- Barriers to dental care, such as lack of dental insurance and lack of culturally appropriate dental care, must become a priority focus for groups that advocate for better health services for the Latino community.
- All health-care providers serving Latino children should be trained to identify the oral health needs of their patients.
- Greater effort to increase the pool of eligible Latinos that enter and graduate from dentistry programs could

include bridge programs to facilitate the transition from two-year colleges to four-year universities to accredited dentistry schools; mentoring from practicing Latino dentists; increased scholarships; and loan forgiveness programs.<sup>11</sup>

## References

- <sup>1</sup> <http://www.ucsf.edu/cando/index.html>.
- <sup>2</sup> Shiboski CH, Gansky SA, Ramos-Gomez F, Ngo L, Isman R, Pollick HF. 2003. *The Association of Early Childhood Caries and Race/Ethnicity among California Preschool Children*. J. Public Health Dent. 63(1):38-46.
- <sup>3</sup> Ramos-Gomez FJ et al. 2000 *Needs Assessment, San Ysidro Health Center, San Ysidro, CA*. Unpublished.
- <sup>4</sup> Ramos-Gomez FJ, Tomar SL, Ellison J, Artiga N, Sintes J, Vicuna G. 1999. *Assessment of Early Childhood Caries and Dietary Habits in a Population of Migrant Hispanic Children in Stockton, California*. J. Dent. Child. 66(6):395-403.
- <sup>5</sup> Holtby S et al. 2004. *Health of California's Adults, Adolescents and Children: Findings from CHIS 2001*. Available at [www.chis.ucla.edu/](http://www.chis.ucla.edu/).
- <sup>6</sup> Marcus M et al. October 2000. *Policy Implications of Access to Dental Care for Immigrant Communities*.
- <sup>7</sup> Brindis CD, Driscoll AK, Biggs MA, Valderrama LT. 2002. *Fact Sheet on Latino Youth: Health Care Access*, UCSF.
- <sup>8</sup> Hayes-Bautista DE, Kahramanian I, Gamboa C, Hsu P, Molina S, Stein RM. 2000. *The Latino Dentist Shortage, California*. The UCLA Center for the Study of Latino Health and Culture.
- <sup>9</sup> Marcus M et al. October 2000. *Policy Implications*.
- <sup>10</sup> Sullivan L et al. September 2004. *Missing Persons: Minorities in the Health Professions. A Report of the Sullivan Commission on Diversity in the Healthcare Workforce*. Atlanta, Georgia.
- <sup>11</sup> *The Big Cavity: Decreasing Enrollment of Minorities in Dental Schools*. March 2001. Prepared for the W. K. Kellogg Foundation. Battle Creek, Michigan.

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## California Program on Access to Care

California Policy Research Center • University of California Office of the President  
1950 Addison Street #203, Berkeley, CA 94720-7410 • Tel: 510-643-3140 • Fax: 510-642-7861  
Email: [cpac@ucop.edu](mailto:cpac@ucop.edu) • <http://www.ucop.edu/cprc/cpac.html>