

Access to Dental Care Pre and Post Enrollment in a State Children's Health Insurance Program (SCHIP)

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Purpose of the Study

- **To examine differences in access to dental care for new enrollees in a SCHIP compared to the same enrollees after twelve months in the program**



Hypotheses

- **Access to dental care is related to insurance coverage, apart from family and child characteristics**
- **Child and family characteristics influence the extent to which dental care is utilized**



Research Questions

- **Are there differences in reported access to dental care for children 12 months after they enrolled in a SCHIP program compared to the time of their enrollment?**
- **Are there differences in reported access to dental care 12 months after enrollment in a SCHIP program compared to the time of their enrollment for children with particular family or child characteristics?**
- **What proportion of the observed differences in access to dental care at the time of enrollment compared to 12 months later is explained by the demographic and other characteristics?**



Methods

- **Participants:**
 - 1) All new enrollees in program year two (10/99-9/00) (n= 7258);
 - 2) All families enrolled for at least 12 months in program year three, that is, continuous enrollees (10/00- 9/01) (n= 5636)

- **Data collection:**
 - 1) mail an initial survey
 - 2) mail a post card reminder
 - 3) mail a second survey

- **Duration of data collection: four to five months**

- **Sample: respondents who returned both new and continuous surveys (n=835) and who were ages 6 to 18 (n=740)**



Variables

- Age**
- Race**
- Gender**
- Parent Education**
- Family income level**
- Urbanicity (metro, town, rural)**
- Special health care need**



Measures of Access to Dental Care

- **Questions from the surveys**
 - **Needed care but could not get it - yes/no response**
 - **Had to wait too long for needed care - yes/no response**
 - **Time since last dental visit - two years or less vs. more than two years**
- **Chi-square and logistic regression procedures used**
- **Logistic regression were dichotomized into positive change vs. no or negative change**
- **So few negative changes that the comparison is virtually positive change vs. no change**



Results

- Respondents were caregivers (usually parents) of the children
- 74% had family income <150% FPL
- 76% were at least high school graduates
- 54% lived in a metropolitan area
- 53% of the children were male
- 89% were school-age and adolescents
- 55% were Caucasian
- 18% were reported to have a special need

Results

	Before	After	Chi-square significant relationships	Logistic regression significant relationships
Needed care but could not get it	51.1%	9.7%	Age $p < .01$ Race $p < .01$ Urbanism $p = .01$ SHCN $p = .02$	Age 13 and up, 64% more likely to improve $p < .01$ Whites 74% more likely to improve $p < .01$ Town residents 52% more likely to improve $p = .05$
Had to wait too long for care	52.8%	10.6%	Age $p < .01$ Race $p < .01$ Urbanism $p = .09$ SHCN $p = .01$	Age 13 and up, 35% more likely to improve $p = .05$ Whites twice as likely to improve $p < .01$ Without SHCN 60% more likely to improve $p = .02$
More than two years since last visit	32.3%	7%	Age $p < .01$ Race $p < .04$	Age 13 and up, 62% more likely to improve $p < .01$ African Americans, 38% more likely to improve



Conclusion

- **The majority of the children enrolled in a SCHIP for 12 months had improved access to dental care**
- **Particular groups of children were more likely than others to experience improved care**
- **Other factors could be influencing access to care such as parental attitudes, knowledge about dental care/oral hygiene, nutritional factors related to dental care**



Conclusion

- **Significant relationships between the demographic variables and the outcomes, but variables explained only a small amount of the variation between age groups, racial groups, children with and without special needs, or children from urban versus rural areas**
- **Understanding the role of insurance in access to dental care as well as behavioral insights could lead to a greater understanding of those factors related to the overall oral health of more children, including those with special needs**



Questions?