INTRODUCTION

- According to the National Health and Nutrition Examination Survey, about 46% of children had dental caries and 13% of children had untreated dental caries in 2015-2016.
- Children from underrepresented minority groups and low-income families have the highest prevalence of oral health concerns, creating striking oral health disparities.
- Factors that may influence children’s access to utilization of oral health services include parental oral health literacy, cost of care, and availability of oral health providers.
- Purpose of study: To evaluate parents’ oral health knowledge and to assess the association of parental oral health literacy (OHL) with children’s utilization of dental services and oral health outcomes.

METHODS

The research was based on data collected through the Consumer Survey of Health Care Access fielded by the Association of American Medical Colleges in 2019. Oral health data was accrued from parents of children under 18 years of age who were living in their household in 2019. The sample comprised 1,785 parents with 3,070 children in their care.

Key Findings: Parents were asked to indicate whether 10 statements about children’s oral health were true or false. Over a quarter of parents answered fewer than 5 statements correctly; no single statement was correctly identified as true or false by more than 70% of parents. Lower parental oral health literacy (<5 correct answers) was associated with children’s poorer oral health outcomes such as not receiving needed care in the past year, experience of oral health symptoms, dental caries, and fair/poor oral health status.

Implications: The survey results suggest the importance of continued efforts to increase oral health literacy through the education of parents, including during dental and medical visits, to improve regular dental visits and oral health outcomes for children. Dental providers and non-dental clinicians (e.g., pediatricians, nurse practitioners) are uniquely positioned to enhance parental oral health knowledge and contribute to preventing childhood caries.

RESULTS

- Over a quarter of parents answered <5 statements correctly, while no single statement was correctly identified as true or false by >70% of parents.
- Higher levels of OHL among study parents were relatively low (no single statement was correctly identified as true or false by >70% of parents).
- Oral health does not affect overall health.
- Giving a young child fruit juice in a bottle at bedtime or naptime cannot cause tooth decay.
- It is not important to clean a baby’s gums with a soft cloth even before the baby’s teeth.
- Dental disease cannot be passed from a caregiver to a baby by sharing utensils.
- Giving a young child milk in a bottle at bedtime or naptime cannot cause tooth decay.
- Thumb sucking can cause problems with the development of a child’s teeth and jaws.
- Oral health does not affect overall health.
- If a child has been sick, you should replace the child’s toothbrush once the child is well.

Table 1. Parental Oral Health Literacy (OHL)

<table>
<thead>
<tr>
<th>Oral Health Knowledge Statements</th>
<th>Correct</th>
<th>Incorrect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth brushing before bedtime is essential in preventing tooth decay</td>
<td>68.5%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Oral health does not affect overall health</td>
<td>68.5%</td>
<td>31.5%</td>
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Figure 1. Association of Parental OHL With Children’s Need for and Utilization of Oral Health Services

Figure 2. Association of Parental OHL and Children’s Oral Health Symptoms & Dental Cavities

CONCLUSIONS

- Levels of OHL among study parents were relatively low (no single statement was correctly identified by >70% of parents).
- Only about half of parents understood that children should visit a dentist within 6 months of the first tooth erupting.
- Parents with lower OHL were less likely to report a need for dental services for their children, despite accepted guidance that children should receive preventive care at least annually.
- Parental OHL was associated with children’s utilization of oral health services, oral health symptoms, dental cavities, and overall oral health status.
- Continued efforts to increase OHL through the education of parents are essential.
- Increasing parental OHL may improve regularity of children’s dental visits and oral health outcomes.

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