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.

Research objective: 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’s Health Care Access Fielded by the Association of American Medical Colleges in 2019. Oral health data was accrued from parents of children aged 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.

Principal 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 need for oral health services and poorer oral health outcomes.

RESULTS

Table 1. Parental Oral Health Literacy (OHL)

<table>
<thead>
<tr>
<th>Oral Health Knowledge Statements</th>
<th>Correct</th>
<th>Incorrect</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children whose parents had lower OHL were more likely to experience children’s oral health symptoms in the past year (P=0.009) compared to children whose parents had higher OHL levels (P=0.017)</td>
<td>60.0%</td>
<td>40.0%</td>
<td>100.0%</td>
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</tbody>
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Proportionally more parents with lower OHL reported that their children did not need oral health services in the past year (P=0.056) and only sometimes or never received needed care in the past year (P=0.017).

IMPLICATIONS

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, dental caries, 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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