

Discrepancies in Access to Dental Care between Immigrant and Non-Immigrant Families

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Purpose

The purpose of this study is to determine if there is a difference in barriers to keeping dental appointments between US-born and foreign-born parents of children seen in the Lincoln Pediatric Dentistry clinic.

Background

In the US, disparities in oral health and access to dental care are evident across different populations. Various factors such as family income, race and ethnicity, and caregiver education have been correlated with poorer oral health outcomes. With childhood poverty rates increasing from 16.2% in 2000 to 18.0% in 2007, these disparities will only become more evident in the coming years (1).

Extant research from the AAP shows significant racial & ethnic disparities in medical and dental health, access to care, and use of services in US children (2). Compared to the US and NYS averages, Bronx County has a significantly higher proportion of Hispanic residents (18.7% in US, 19.5% in NYS, 54.8% in Bronx County), many of whom are immigrants or children of immigrants from countries in Central/South America, and the Caribbean (3).

These disparities result in a litany of sequelae. It has been reported that approximately 20-25% of children experience 80% of all dental decay (4). Caries experience has been linked with a higher probability of poor school performance and poor attendance (5). Despite this relationship, only 1 in 5 children covered by Medicaid receive preventive care (4).

Methods

- Survey-based descriptive study aimed at identifying barriers to patient attendance at Lincoln Medical Center Pediatric Dental Clinic
- Inclusion criteria:
 - Parents of children ages 0 to 17 years old, who present for comprehensive or periodic oral examination appointment
 - Parents who can read and write English or Spanish
- The survey contained seven questions with Likert-like or binomial response categories and one question with an open-ended response
- Descriptive statistics and frequency counts were used to analyze the data
- Chi square analysis was used to compare survey responses between US-born and foreign-born parents. Statistical significance was $P < 0.05$.

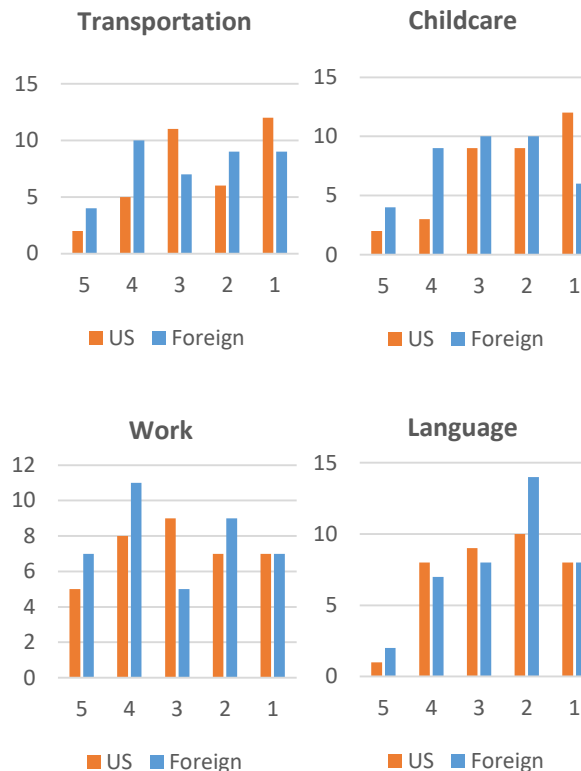
Results

- 75 responders total (36 US, 39 foreign-born)
- Responses were interpreted numerically:

Strongly agree	5
Agree	4
Neither agree nor disagree	3
Disagree	2
Strongly disagree	1

	All responses	US-born	Foreign-born
Transportation	2.6	2.417	2.77
Childcare	2.581	2.268	2.872
Work	2.987	2.927	3.051
Language	2.533	2.556	2.513

Results (con't)



	chi-square	p-value
Transportation	4.137	0.388
Childcare	5.572	0.233
Work	2.083	0.720
Language	1.007	0.909

Discussion

- Foreign-born parents and, by extension, their children, experienced greater barriers to care regarding access to transportation, childcare, and ability to miss work than did US-born parents. These barriers to care result in greater disparities in oral health outcomes.
- Better infrastructure and social welfare programs are needed to help support low income individuals, in order to work to minimize the impact of barriers to oral health care.

Conclusions

- On average, more foreign-born parents cite transportation, finding childcare, and missing work as a significant barrier to care
- Both US-born and foreign-born parents site missing work as the highest barrier to attending dental appointment
- Larger, higher power studies are required to better analyze for differences in barriers to care.
- It is the provider's duty to continue to advocate for change for improvement of their patients oral health.

References

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