

# Negative experiences at dentist much more common for low-income, nonwhite children

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"Our data make clear that minority families and those with low incomes have more negative experiences at the dentist than do higher-income, Caucasian and English-speaking families," says Stephanie Reich, UCI associate professor of education and lead author of the study. "The role of dentists and their staff must be considered in order to reduce pediatric oral health disparities."

Disparities in young children's experiences at the dentist are linked to income, ethnicity and language, according to a new study from the University of California, Irvine. Published in *Academic Pediatrics*, it found that families with lower incomes or from ethnic or linguistic minority groups were more likely to report negative incidents, such as the child being physically restrained, separated from a caregiver or sedated without consent.

"The prevalence of developmentally inappropriate care significantly differed between [lower-income](#), Latino or Asian families and higher-income or Caucasian families," said Stephanie Reich, UCI associate professor of education and lead author of the study. "Although Medicaid expansion has greatly increased children's oral healthcare coverage, utilization of services and health

outcomes haven't matched that growth."

Poor dental health in childhood predicts future dental disease. Research to date on oral healthcare use has focused primarily on structural issues, including [insurance coverage](#), finding a Medicaid provider, transportation challenges and parental knowledge. Few studies consider the role that dentists and staff play in hindering or facilitating children's oral healthcare utilization.

"We found that cost constraints, access to providers and lack of knowledge were not the primary barriers to initiating and continuing dental care," Reich said. "The data suggest that [negative experiences](#) likely reduce the probability of returning or taking other children to the dentist."

Focus groups with caregivers of young children were convened in four cities, followed by a survey (in English, Spanish and Vietnamese) of 1,184 caregivers of children under 6 between May 2016 and June 2018.

Positive interactions at the dentist were reported most often by white caregivers, who were 2.26 times more likely to have had experiences that made them happy. Upsetting incidents were much more common among low-income and minority families.

"Our findings that nonwhite and low-income children were significantly more likely to experience developmentally [inappropriate care](#) demonstrate poor communication between providers and parents, and yet the role of dentists and their staff is not systematically studied. These data suggest it should be," Reich said. "They need to receive better training in how to work with young children and interact with diverse families, and the issue of identifying ways in which bias may alter the quality of care must be addressed too."

**More information:** Stephanie M. Reich et al.

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