

# Preventative Dental Care Among Children with Developmental Disabilities

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Approximately one in six children in the United States has a developmental disability, a group of conditions characterized by impairments in physical functioning, learning, language, behavior, and self-care.<sup>1</sup> Children with developmental disabilities face several unique challenges in accessing health care<sup>2</sup> and, as a result, are less likely to receive important health care services. Parents of children with developmental disabilities report that their children have higher levels of unmet health care needs as compared to children without developmental disabilities.<sup>3,4</sup>

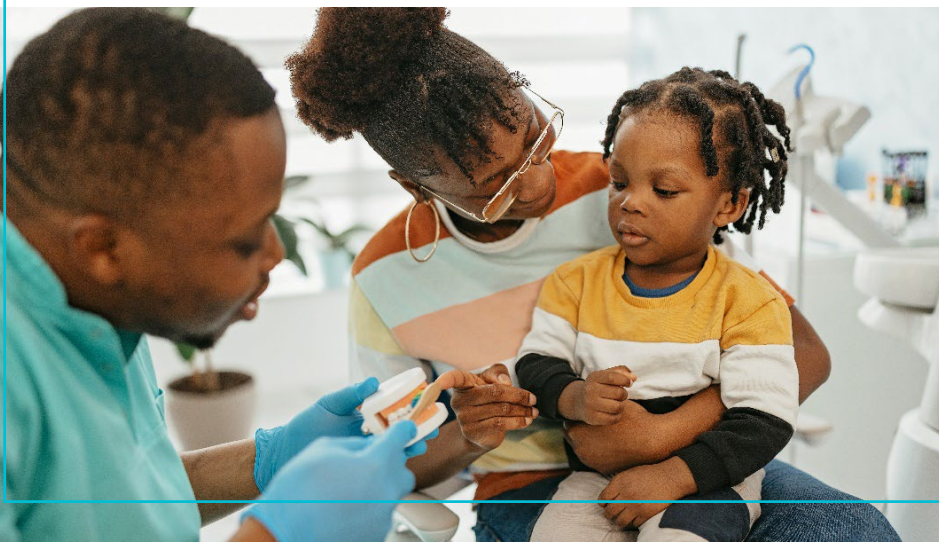
Preventive dental care is essential for maintaining the oral health of all children. Children with developmental disabilities in particular experience an elevated risk of oral health problems.<sup>5</sup> The extent to which children with developmental disabilities receive preventive dental care, and how their utilization compares to that of children without developmental disabilities, are critical questions that we answer in this data brief. The data for this analysis are drawn from the National Survey of Children's Health (see the Data and Methods section for details).



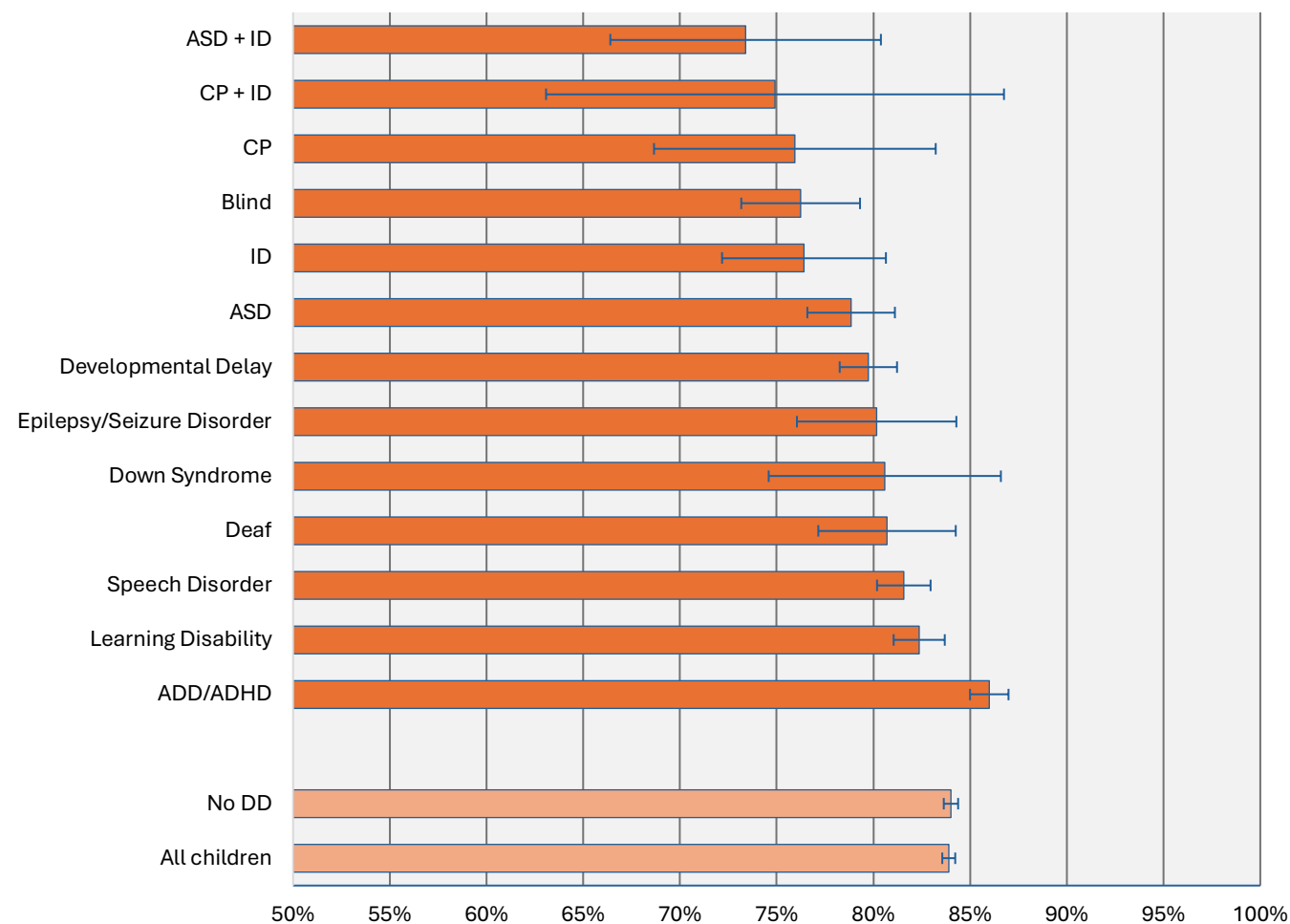
**Children with developmental disabilities tend to be less likely to have had a preventive dental care visit with a dental provider in the past year than children without developmental disabilities.**

Nationally, 84% of all children – and a similar percentage of children without developmental disabilities – had at least one preventive dental care visit. With the exception of children with Attention-Deficit/Hyperactivity Disorder (ADD/ADHD), children with developmental disabilities had lower levels of preventive dental care utilization as compared to children without developmental disabilities. For some groups, the difference was considerable: 79% of children with autism spectrum disorder (ASD) and 76% each of children with intellectual disability (ID), cerebral

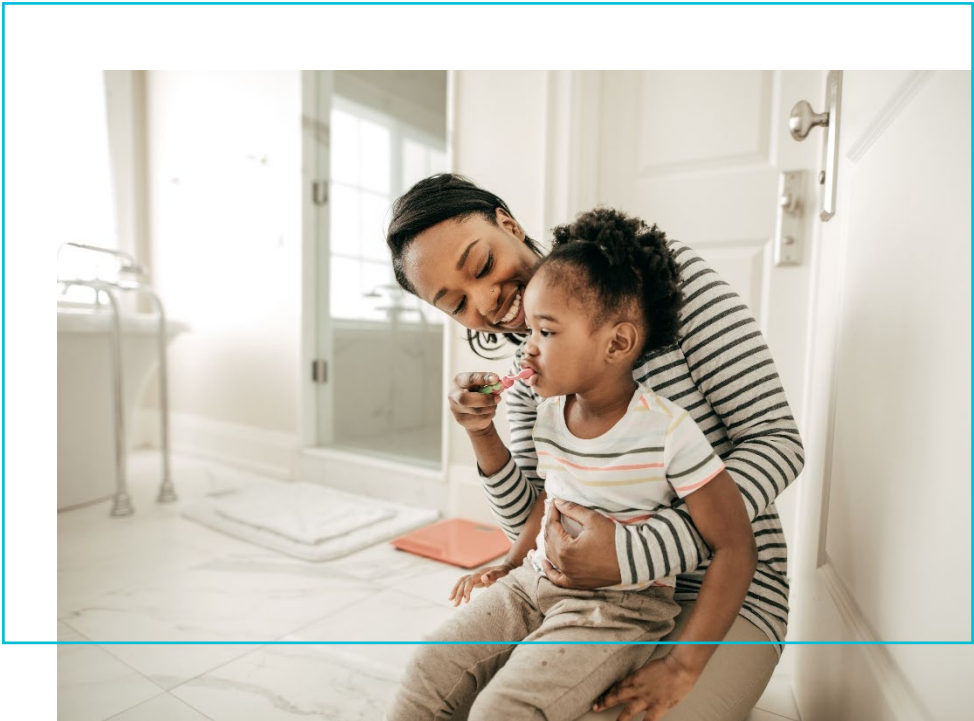
palsy (CP), and those who are blind had received preventive dental care in the prior year. Children with ASD or CP who have co-occurring intellectual disability had the lowest level of preventive dental care utilization. Fully one in four children with CP and ID did not have a preventive dental care visit in the prior year. Among children with ASD and ID, nearly 27% went at least one year without receiving preventive dental care.



Percentage of Children with and without Developmental Disabilities with At Least One Preventive Dental Visit in the Prior Year



**Note:** Autism spectrum disorder (ASD), Cerebral palsy (CP), Blind (Blindness or vision impairment), Intellectual disability (ID), Deaf (Deafness or hearing impairment), Speech disorder (Speech or other language disorder), ADD/ADHD (Attention-Deficit/Hyperactivity Disorder), DD (Developmental disability)



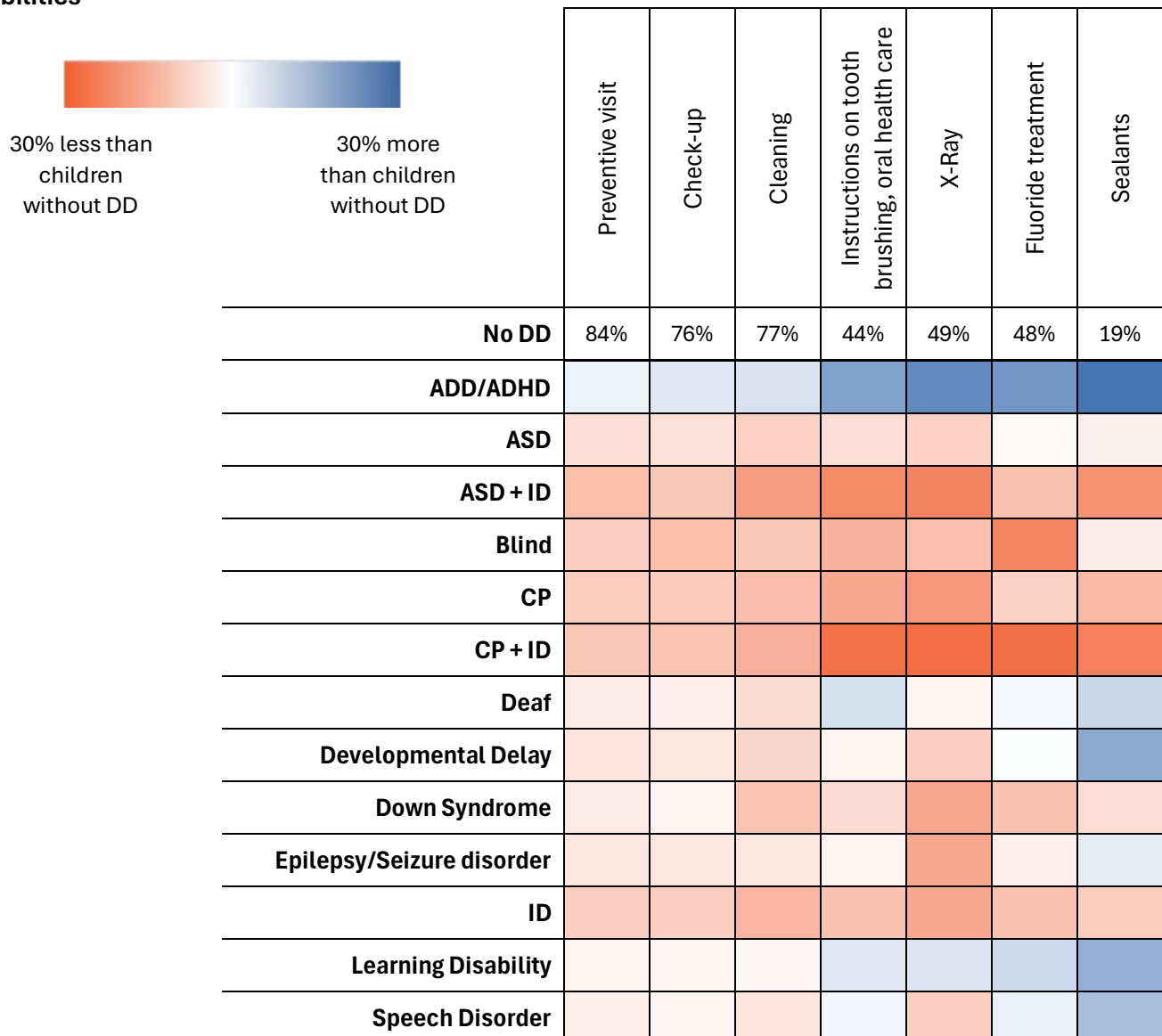
## Preventive dental services such as cleanings, X-rays, and fluoride treatment are provided less frequently to children with most types of developmental disabilities than to children without developmental disabilities.

Children with and without developmental disabilities receive specific types of preventive dental services at different rates, as shown in the colored grid.

With the exception of children with ADD/ADHD and learning disabilities, children with each type of developmental disability had lower utilization across most preventive dental services as compared to children without developmental disabilities. Children with ASD, CP, Down syndrome, ID, and those who are blind had lower levels of utilization on all forms of preventive dental services as compared to children without developmental disabilities.

Some diagnostic groups, such as children who are deaf and those with learning disabilities, had higher levels of utilization on some services but lower levels on others as compared to children without developmental disabilities, suggesting a pattern of inconsistent dental treatments. Ensuring that all children, including those with developmental disabilities, receive thorough and comprehensive preventive dental care should be prioritized by public health systems and clinicians.

### Differences in Preventive Dental Service Utilization between Children with and without Developmental Disabilities



## Data and Methods

We analyzed data from the National Survey of Children's Health (NSCH), a national household survey about the health of children aged 0 to 17 years.<sup>6</sup> The NSCH is administered by the US Census Bureau and the Maternal and Child Health Bureau within the Health Resources and Services Administration. The analysis for this brief used data from 2016 through 2023. Survey weights were used in the analysis. We included developmental disabilities as defined by the Centers for Disease Control and Prevention.<sup>1</sup>

We examined several measures of preventive dental care. Parent respondents were asked whether, in the last 12 months, their child had a preventive dental visit and, if so, whether they had one visit or two or more visits. We dichotomized this measure as 'no visits' and 'one or more visits'. Among those who reported a preventive dental visit, parents were asked whether their child received a dental check-up, cleaning, instructions on tooth brushing and oral health care, X-rays, fluoride treatment, or sealants. With the exception of sealants, we analyzed all measures for children aged 3 years and older as many developmental disabilities are not diagnosed prior to that age. The sample size was 285,227 children. Consistent with clinical practice,<sup>7</sup> we examined the receipt of sealants among children aged 6 years and older (223,178 children). For each service type, we included all children in the denominator, not only those who had received a preventive dental visit.

The bar chart shows the percentage of children who had at least one preventive dental visit in the past year among those without developmental disabilities and those with various types of developmental disabilities; 95% confidence intervals are shown.

To generate the colored grid, we first tabulated the percentage of children without developmental disabilities who had received each type of preventive dental service. Next, we tabulated the percentage of children with developmental disabilities who had received each service and calculated the *percent difference* in utilization relative to children without developmental disabilities. This approach was used so that the differences across the various service types were calculated and reported on a standardized scale.

## References

1. Zablotsky B, Black LI, Maenner MJ, et al. Prevalence and trends of developmental disabilities among children in the US: 2009-2017. *Pediatrics*. 2019;144(4):e20190811. doi:10.1542/peds.2019-0811
2. Lindly OJ, Zuckerman KE, Kuhlthau KA. Healthcare access and services use among U.S. children with autism spectrum disorder. *Autism*. 2019;23(6):1419-1430. doi:10.1177/1362361318815237
3. Cheak-Zamora NC, Thullen M. Disparities in quality and access to care for children with developmental disabilities and multiple health conditions. *Matern Child Health J*. 2017;21(1):36-44. doi:10.1007/s10995-016-2091-0
4. Karpur A, Lello A, Frazier T, Dixon PJ, Shih AJ. Health disparities among children with autism spectrum disorders: Analysis of the National Survey of Children's Health 2016. *J Autism Dev Disord*. 2019;49(4):1652-1664. doi:10.1007/s10803-018-3862-9
5. Sarvas E, Webb J, Landrigan-Ossar M, et al. Oral health care for children and youth with developmental disabilities: Clinical report. *Pediatrics*. 2024;154(2):e2024067603. doi:10.1542/peds.2024-067603
6. U.S. Census Bureau. *2023 National Survey of Children's Health*.; 2024. <https://www.census.gov/programs-surveys/nsch.html>
7. Wright JT, Crall JJ, Fontana M, et al. Evidence-based clinical practice guideline for the use of pit-and-fissure sealants: A report of the American Dental Association and the American Academy of Pediatric Dentistry. *JADA*. 2016;147(8):672-682.e12. doi:10.1016/j.adaj.2016.06.001

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