



Almost 300,000 Children (Ages 5 to 15) With Disabilities in California

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ABSTRACT

The 2000 Census data on the numbers of children with disabilities in California are presented by city, metropolitan area and congressional districts. There are numerous difficulties associated with the delivery of dental care to these youngsters with special needs. Nevertheless, if all dentists were willing to help, each practitioner would need to care for 13 of these youngsters. This paper will cover demographics, children with disabilities, dental services, and politics.

The Census Bureau reported that of the more than 2.6 million noninstitutionalized U.S. children between the ages of 5 and 15 in 2000, 5.8 percent in that population group had one or more disabilities, including almost 300,000 children in California (Table 1). At the state level, the proportion of children with disabilities ranged from a low of 4.7 percent in Hawaii to a high of 7.6 percent in West Virginia. Compared to other states, California ranked the 48th lowest proportion of children with disabilities. The Census Bureau defines disability as a long-term physical, mental or emotional condition. Disability is determined for noninstitutionalized persons over the age of 5.

However, the use of national or statewide numbers and proportions, or the fact that California has a low rate of “only 4.8 percent” of children with disabilities tends to overlook the impact of any of these particular realities on individuals and their families. It is essential to somehow personalize these “numbers” and “proportions” to bring about increased attention to the youngsters with special needs — including their requirement for oral health services. There is a need to convey the message that these children

reside in all communities and many are members of families that already are treated in dental practices. The 2002 *Kids Count Census Data Online* produced by the Annie E. Casey Foundation¹ was used to develop a listing of the number of children with one or more disabilities in the cities, metropolitan areas, and the congressional districts of California. The Foundation is a private, charitable organization dedicated to helping build better futures for disadvantaged children in the United States.

Residence

Cities

As would be expected, the greatest number of children with disabilities reside in areas with the largest population. Among the 57 cities in California identified by the Census Bureau, the number of children with disabilities ranged from 390 in Daly City, to more than 8,000 children in San Diego, and more than 29,000 in Los Angeles (Table 2).

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Table 1

Disability State of Noninstitutionalized Children Ages 5 to 15 Years in the 2000 U.S. Census

	United States		California	
	Number	Percent	Number	Percent
Noninstitutionalized children	45,133,667	100.0%	5,813,105	100.0%
Children with no disability	42,518,748	94.2	5,535,602	95.2
Children with one disability	2,080,569	4.6	211,895	3.6
Sensory disability	238,498	0.5	28,714	0.5
Physical disability	161,401	0.4	20,150	0.3
Mental disability	1,604,363	3.6	147,963	2.5
Self-care disability	76,307	0.2	15,068	0.3
Children with two or more disabilities	534,350	1.2	65,608	1.1
Total number of children with disabilities	2,614,919	5.8	277,503	4.8

Table 2

Number of Noninstitutionalized Children (5 to 15 years) With Disabilities by Cities in California: 2000

City	Number	City	Number
Anaheim	2,423	Oakland	2,762
Bakersfield	2,659	Oceanside	1,434
Berkeley	414	Ontario	1,576
Burbank	518	Orange	959
Chula Vista	1,125	Pasadena	775
Costa Mesa	1,465	Oxnard	1,668
Concord	809	Palmdale	1,676
Corona	573	Pomona	1,747
Daly City	390	Rancho Cucamonga	962
Downey	768	Riverside	2,532
East Los Angeles	1,376	Sacramento	4,010
El Monte	877	Salinas	1,329
Escondido	1,197	San Bernardino	2,339
Fontana	1,136	San Diego	8,201
Fremont	1,305	San Francisco	3,001
Fresno	5,312	San Jose	5,377
Fullerton	664	Santa Ana	2,688
Garden Grove	1,256	Santa Clara	539
Glendale	709	Santa Clarita	1,323
Hayward	952	Santa Rosa	1,048
Huntington Beach	902	Simi Valley	1,070
Inglewood	882	Stockton	3,088
Irvine	807	Sunnyvale	535
Lancaster	1,675	Thousand Oaks	1,015
Long Beach	4,335	Torrance	940
Los Angeles	29,483	Vallejo	1,026
Modesto	2,285	Ventura	905
Moreno Valley	1,755	West Covina	720
Norwalk	746		

Metropolitan Areas

In addition, the Census Bureau identified 28 California Metropolitan Statistical Areas (MSAs) and Consolidated Metropolitan Statistical Areas (CMSAs) that encompass a general urbanized population (including and surrounding an inner city). The number of children with disabilities in these metropolitan communities ranged from more than 1,500 in Redding (MSA) and Yolo (Primary Metropolitan Statistical Areas) to more than 33,000 in Riverside-San Bernardino (PMSA), and more than 135,000 in Los-Angeles-Riverside-Orange County (CMSA) (Table 3).

Rural Areas

Almost 11,000 children with disabilities reside in the nonmetropolitan areas of the state.² The number of children with disabilities in rural areas was not reported directly by the Census Bureau. It was developed by subtracting the number of children with disabilities in the reported MSAs and CMSAs from the overall state total.

Political Jurisdictions

The 2002 *Kids Count Census Data Online* provides additional information about children with disabilities for each

Table 3**Number of Noninstitutionalized Children (5 to 15 years) with Disabilities by Metropolitan Area: 2000**

Metropolitan Area	Number	Metropolitan Area	Number
Bakersfield (MSA)	8,062	San Diego (MSA)	21,311
Chico-Paradise (MSA)	2,187	San Francisco (PMSA)	7,983
Fresno (MSA)	9,786	San Francisco-Oakland-San Jose (CMSA)	44,175
Los Angeles-Riverside-Orange County (CMSA)	135,539	San Jose (PMSA)	9,419
Los Angeles-Long Beach (PMSA)	77,040	San Luis Obispo-Atascadero-Paso Robles (MSA)	2,042
Merced (MSA)	2,403	Santa Barbara-Santa Maria-Lompoc (MSA)	2,860
Modesto (MSA)	5,138	Santa Cruz-Watsonville (PMSA)	1,897
Oakland (PMSA)	16,693	Santa Rosa (PMSA)	3,585
Orange County (PMSA)	18,414	Stockton-Lodi (MSA)	5,920
Redding (MSA)	1,566	Vallejo-Fairfield-Napa (PMSA)	4,598
Riverside-San Bernardino (PMSA)	33,070	Ventura (PMSA)	7,015
Sacramento (PMSA)	15,497	Visalia-Tulare-Porterville (MSA)	3,695
Sacramento-Yolo (CMSA)	17,070	Yolo (PMSA)	1,573
Salinas (MSA)	3,143	Yuba City (MSA)	1,686

Note: MSA = Metropolitan Statistical Area
 CMSA = Consolidated Metropolitan Statistical Area
 PMSA = Primary Metropolitan Statistical Area (a component of a CMSA)

of the 58 counties in California, the 95 American Indian lands and the state's 53 U.S. congressional districts.¹ The availability of these details at the level of congressional districts provides a further opportunity to personalize the "numbers" and "proportions" of youngsters with special needs, particularly for those individuals who could affect increased financial support for dental services, i.e. members of Congress. Since "all politics is local," according to former Speaker of the House Tip O'Neill, then a recitation of localized numbers would be more meaningful to individual politicians, i.e. the needs and demands of their own voting constituents. Rather than the statement that there are millions of children with disabilities in the nation, members of the California congressional delegation would be pre-

sented with the realities of thousands of youngsters with special needs in each of their own districts. This includes more than 5,000 children with disabilities in 16,000 congressional California districts, more than 6,000 children with disabilities in six congressional California districts, more than 7,000 children with disabilities in five congressional California districts, and more than 8,000 children with disabilities in one congressional California district. (Table 4)

The Challenge for Dentists

It is emphasized that many of these children reside in each of our communities. In addition, it may be concluded that they may be members of families of record in many dental practices. But the reality is, there are many barriers associated with the delivery of oral health ser-

vices to youngsters with special needs. These include:

- Limited educational opportunities in most dental schools to prepare practitioners for the care of these children.²
- Increased time requirements to provide preventive and restorative services.
- Inadequate third-party reimbursement.³

Nevertheless, these youngsters are in need of oral health services. Yet, one cannot anticipate that the 480 private practicing pediatric dentists in California can provide all the needed dental services for these children.⁴

The results from a recent study of pediatric dentists in Texas amplifies the difficulties faced by families in their attempt to secure needed dental services for their children with disabilities.



Table 4
Number of Noninstitutionalized California Children (5 to 15 years) with Disabilities by Congressional District: 2000

Congressional	District Number	Congressional	District Number
1	5,726	28	4,962
2	6,428	29	3,409
3	5,688	30	2,679
4	5,758	31	5,478
5	7,079	32	4,938
6	4,312	33	5,249
7	5,766	34	6,259
8	2,569	35	6,596
9	4,032	36	4,124
10	4,914	37	6,997
11	5,311	38	5,890
12	2,668	39	5,530
13	4,138	40	4,351
14	3,508	41	6,610
15	3,541	42	4,366
16	4,110	43	7,922
17	5,045	44	5,964
18	7,660	45	5,471
19	6,361	46	3,340
20	8,141	47	5,064
21	6,563	48	3,491
22	7,039	49	5,816
23	4,877	50	3,986
24	5,906	51	5,446
25	7,351	52	5,592
26	4,550	53	4,144
27	4,787		

■ Despite the reported emphasis during pediatric dentistry residencies in the care of patients with special needs, "... less than 4 percent (of respondents) ... reported more than 30 percent of their (current practice) time and nearly 91 percent ... reported less than 20 percent of their (current practice) time was devoted to treating special needs patients."⁵

■ "It is commonly reported that these special needs children have a greater level of oral health problems, yet at the same time are less likely to receive dental care."⁵

■ The two most common responses (for not treating patients with special needs) were "insufficient financial reimbursement" and the perception that there are "not many special need patients in my geographic area."⁵

The reality is, that although general practitioners provide most dental services for children, children with particular dental complexities, special needs and/or management difficulties, they often are referred to pediatric dental specialists for services. The concentration of these young patients in the practices of a limited number of specialists

places barriers for the families to find available pediatric dentists and for the small number of these practitioners willing to accept the limited available financial remuneration to meet demand for care.

There is little doubt that insufficient funds are provided by government programs for dental services (in particular, Medicaid dental services — a primary source of support for the health services of children with special needs).^{3,6} As to the perception of the limited number of patients with special needs in the communities, this view would seem to belie the realities reported for Texas, California, and all other states in the 2000 *Kids Count Census Data Online* using Census Bureau information.¹

Summary

Nevertheless, the challenge remains in California and the rest of the country — these youngsters are in need of oral health services. Although no national studies have been concluded to determine the prevalence of oral and craniofacial diseases among the various populations with disabilities, a series of local and regional reports provide relevant data in this regard.

Populations with mental retardation or other developmental disabilities have a significantly higher rate of poor oral hygiene and a need for periodontal disease treatment.

There is a wide range of caries rates among individuals with disabilities, but overall their rates are higher than among those people without disabilities.⁷

But there are other realities to be considered. In addition to insufficient third-party funding:

■ Repeated studies have shown that dental and dental hygiene school graduates do not gain the necessary experience to treat patients with mental retardation, developmental disabilities, and other special health care needs.³

■ Dental school graduates lack suf-

ficient awareness of the capabilities of individuals with mental retardation and other disabilities.⁸

At the present time, efforts are being made to encourage the Commission on Dental Accreditation to enhance educational programs to better prepare students for the care of patients with special needs.⁹ Current practitioners may well need to explore continuing education programs (and any number of community voluntary agencies that provide services to individuals with disabilities), to better prepare them for the increasing number of youngsters with special needs — many of whom are members of family that currently are being treated by community practitioners.

Surely, the 21,129 dental practitioners in California,⁴ in cooperation with pediatric dentists, can meet the needs of these youngsters. Mathematically, it's simple. If each private practitioner carried his or her fair share, there would be 13 youngsters with a disability per dentist. Nevertheless, the reality is that some practitioners are unwilling for a variety of reasons. But, with 1) increasing educational experiences for dental students and practitioners, 2) continuing political pressure on legislators to provide improved resources for constituents in their districts, and 3) increasing awareness that these children are in families of record in many practices, increased numbers of dental practitioners may be willing to provide care. It just seems reasonable to hope that each practitioner could provide care for a dozen so youngsters with special needs. **CDA**

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