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Abstract

OBJECTIVES: Access to oral health care and utilization of available services are important factors in minimizing the oral health disparities among underserved minorities. Our objective was to evaluate the racial and other factors related to 'realized access' to oral health care among Alabama Medicaid children.

METHODS: Data were obtained from 308,538 Alabama Medicaid claims submitted in 1995-96 and analyzed using regression analyses.

RESULTS: A lower proportion of Blacks (24%) and other racial groups (22%) compared to Whites (31%) and a lower proportion of 15-19-year-olds (15%) compared to younger age groups (30%) obtained dental services (P < 0.05). Odds of males obtaining care were slightly lower compared to females (OR = 0.96; 95% CI = 0.94-0.99). However, there was a significant interaction of race with other factors in determining service utilization. Subjects who were continuously eligible for Medicaid throughout the fiscal year were more likely to obtain care (OR = 2.86; 95% CI = 2.78-2.93). About one-fourth of the visits had an emergency procedure included in the treatment rendered. Availability of a participating dentist within the county of residence and the lower reimbursement-to-charge ratio were among the other related factors for underutilization of services.

CONCLUSIONS: There is a significant racial
disparity in utilization of dental services even among the Medicaid-eligible children. However, this was not a simple function of race, but a complex interaction of race with other factors such as age, gender, and location.

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