



Introduction

Children's access to Dental Health Care is a long-stablished issue in the U.S.

This Cross-Sectional Study reviewed EHRs (axiUm) of all Children (M & F) aged 0–12 years seen at TU-CDM's Pediatric Dental Clinic between 07/01/2018 and 12/30/2022

		Dental Conditions				Medical Conditions			
		Caries	Non-cavitated Caries Lesions	High Caries Risk	Visible Plaque	Asthma	Autism	Special Needs	Develpmental Disorder
		95%CI AOR p-value Lower Upper	95%CI AOR p-value Lower Upper	95%CI AOR p-value Lower Upper	95%CI AOR p-value Lower Upper	95%Cl AOR p-value Lower Upper	95%Cl AOR p-value Lower Upper	95%CI AOR p-value Lower Upper	95%Cl AOR p-value Lower Upper
Age-group	0-2 yrs. 3-5 yrs.	ref 10.3 (2.8 - 37.3) <.001 ***	ref 8.1 (1.8 - 36.4) 0.006 **	ref 3.3 (1.5 - 7.3) 0.003 **	ref 6.7 (1.9 - 23.7) 0.003 **	ref	ref	ref	ref 0.7 (0.1 - 7.0) 0.766
	, 6-9 yrs. 9-12 yrs.	14.1 (4.0 - 50.3) <.001 *** 11.7 (3.3 - 41.8) <.001 ***	11.7 $(2.7 - 51.2)$ 0.001 ** 10.1 $(2.3 - 44.4)$ 0.002 **	2.4 (1.1 - 5.1) 0.021 ** 1.6 (0.8 - 3.4) 0.203	1.3 (0.4 - 4.6) 0.692 0.0 (0.0 - 0.0) 0.993	-	-		2.5 (0.3 - 19.2) 0.382 2.3 (0.3 - 17.5) 0.435
Sex	Female Male	ref 1.0 (0.7 - 1.3) 0.826	ref 1.1 (0.8 - 1.5) 0.521	ref 0.9 (0.7 - 1.1) 0.311	ref 0.9 (0.6 - 1.5) 0.694	ref 2.5 (1.3 - 4.7) 0.004 **	ref 4.8 (1.3 - 17.3) 0.016 **	ref 1.2(0.6 - 2.5) 0.568	ref 1.8 (1.0 - 3.3) 0.048 **
Median Household Income (% of poverty)	0–99 100–199 200–399 >400	ref 1.3 (1.0 - 1.8) 0.053 * 3.9 (1.5 - 9.9) 0.005 ***	s 1.3 (1.0 - 1.8) 0.083 * 2.4 (1.0 - 5.5) 0.043 **	ref 1.5 (1.1 - 2.0) 0.007 ** 2.4 (1.0 - 5.7) 0.045 **	ref 1.5 (0.9 - 2.6) 0.091 0.0 (0.0 - 0.0) 0.998	ref 0.9(0.5 - 1.7) 0.795 2.6(0.7 - 9.5) 0.153 -	ref 0.8 (0.3 - 2.6) 0.765 5.2 (1.0 - 28.1) 0.055 -	ref 1.0 (0.4 - 2.0) 0.901 1.8 (0.4 - 9.1) 0.466	ref 1.0 (0.6 - 1.9) 0.931 1.3 (0.3 - 5.9) 0.747
Insurance Status	Self-pay Public Private	ref 1.6 (1.0 - 2.4) 0.051 * 1.5 (1.0 - 2.5) 0.074 *	ref 1.9 (1.1 - 3.1) 0.015 ** 1.8 (1.0 - 3.0) 0.041 **	ref 1.4 (0.9 - 2.2) 0.103 1.5 (0.9 - 2.5) 0.087 *	ref 1.3 (0.6 - 2.8) 0.583 1.5 (0.6 - 3.5) 0.373	ref 0.7 (0.3 - 1.6) 0.368 1.1 (0.4 - 2.5) 0.908	ref 2.5 (0.3 - 19.9) 0.401 1.9 (0.2 - 17.3) 0.577	ref 1.7 (0.5 - 6.0) 0.397 1.1 (0.3 - 4.4) 0.899	ref 0.9 (0.4 - 2.0) 0.775 0.6 (0.2 - 1.5) 0.262
Child is a Recent Immigrant	No Yes	ref 3.8 (1.7 - 8.7) 0.002 **	ref 2.2 (1.1 - 4.5) 0.033 **	ref 4.0 (1.7 - 9.4) 0.002 **	ref 2.2 (0.7 - 6.5) 0.153	ref 0.4 (0.1 - 3.4) 0.439	ref 1.3 (0.1 - 11.7) 0.804	7.5 (2.9 - 19.3) <0.001 ***	2.5 (0.8 - 7.5) 0.114
Caregiver has Caries	No Yes	ref 1.4 (0.8 - 2.7) 0.255	ref 2.1 (1.1 - 3.9) 0.023 **	ref 2.3 (1.2 - 4.5) 0.013 **	ref 4.9 (2.5 - 9.5) <0.001 ***	ref 0.9 (0.2 - 4.0) 0.85	ref 1.8 (0.2 - 16.0) 0.612	ref 1.5 (0.4 - 5.8) 0.593	ref 0.4(0.1 - 3.5) 0.433

- As ages increases, the odds of a person presenting with caries was higher than those in the 0-2 year cohort
- Caries and non-cavitated lesions in the 6-9 age-group was slightly higher than other age-groups
- High caries risk and visible plaque was significant for the 3-5 year cohort
- Higher income groups presented with more caries , more non-cavitated lesions and had high caries risk • This is different from previous literature showing the opposite trend
- Recent immigrants had higher chance of presenting caries and non-cavitated lesions as well as high caries risk
- Caregiver(i.e. mothers) with caries had children with higher plaque levels

Impact of Socio-Demographics Status on Children's Dental vs. Medical Health Student Presenter: Anish Cheriyan, B.S.

Touro University College of Dental Medicine at New York Medical College | Hawthorne, NY

Materials & Methods

- Disorders, Special Needs, etc.)

Results

Dental Conditions

Conclusions

Sociodemographic(i.e. age group and poverty level) seem to play a major role in dental conditions compared to medical health Parents education and knowledge of own health is important Caregivers that take care of themselves will be able to properly take care of their kids Future study to look into the association between race and dental conditions at Touro College of Dental Medicine **CONFLICT OF INTEREST: THE AUTHORS DECLARE NO CONFLICT OF INTEREST**

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Objectives

Assess possible associations between Dental and Medical Conditions based on patient's socio-demographics to further understand the population we serve, aiming to improve dental care

Quantify disease burden in the area as a proxy for the Community's overall healthcare Create a risk assessment model for Dental providers & parents to assess the child's needs

Data Analysis

Dependent variables: Dental, presence of Caries & Plaque (Y/N) and Medical Conditions (Autism, Asthma, ADHD, Developmental)

Independent variables: Age Groups, Sex, Race, Insurance status & Median Household Income Analysis: Frequency Distribution and Logistic Regression Analysis were Performed Using SPSS v 28

Medical Conditions

- Sex played a role in patients presenting with Asthma, Autism, Special Needs or **Developmental Disorders**
- Other sociodemographic factors did not play a significant role
- population

• Special needs conditions had higher odds of presenting among the recent immigrant