



Forum Session Meeting Announcement

Friday, April 20, 2007
11:45am — Lunch
12:15–2:00pm — Session

Not All Smiles: Access to Oral Health Care for Low-Income Children

A Presentation by:

Burton L. Edelstein, DDS
Professor of Dentistry and Health Policy & Management
Columbia University
Founding Director and Board Chair
Children's Dental Health Project

With a Discussion Featuring:

Dan Brody, DMD
Chief of Oral Health and Health Science Education
Valley Health Systems, Inc.
Assistant Clinical Professor
Department of Dental Practice and Rural Health
School of Dentistry
West Virginia University

Todd Cruse
Senior Vice President of Development and Government Relations
FORBA (For Better Access) Dental Management

Shelly Gehshan
Senior Program Director
National Academy for State Health Policy

Mary G. McIntyre, MD
Medical Director
Alabama Medicaid Agency

Location

**Reserve Officers Association
of the United States**
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
*(Across from the Dirksen Senate
Office Building)*

Registration Required

Space is limited. Please respond
as soon as possible.

Send your contact information by
e-mail to: nhpfmeet@gwu.edu

THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON DC

Not All Smiles: Access to Oral Health Care for Low-Income Children

OVERVIEW

This Forum session will examine the current oral health status of low-income children and discuss what is known about their access to dental services through public health insurance programs. Speakers will highlight a number of state, local, and private sector strategies to improve oral health access, and the discussion will address the appropriate federal role in these efforts.

For additional information — See Jennifer Ryan, “Improving Oral Health: Promise and Prospects,” *National Health Policy Forum, Background Paper, June 13, 2003*; available at www.nhpf.org/pdfs_bp/BP_OralHealth_6-03.pdf. ■

SESSION

Good oral health is critical to overall health, yet the mouth is often viewed as separate from the rest of the body instead of one of its main gateways. The evidence of this widely held attitude is significant—dental caries (tooth decay), not asthma or obesity, is the most common and chronic childhood disease and its occurrence is particularly concentrated among low-income children. Poor oral health in childhood can lead to difficulty eating, sleeping, and concentrating at school. In extreme cases, dental caries can lead to abscessed teeth, and oral infections have the potential to spread to other parts of the body. Left untreated, dental decay can cause significant health problems and, tragically, sometimes even death.

Dental coverage, like the dental delivery system, differs in significant ways from medical insurance coverage and care delivery in the United States. Some 45 million Americans lack medical insurance, but it is estimated that three times as many lack dental insurance. For children, having dental coverage has been shown to increase the chance of receiving dental care by 2.5 times, yet one in five children are estimated to lack dental insurance.¹

Twenty-eight million low-income children receive dental coverage through Medicaid via the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which requires that children receive regular screenings and any treatment needed. Despite the availability of this benefit, many Medicaid children do not receive dental services. In 2004, just 30 percent of Medicaid children received any dental care; for those up to age 5, only 19 percent received a dental service.² (The American Academy of Pediatrics recommends that children see a dentist by age 1.) A key reason children in Medicaid have a hard time accessing dental services is the limited number

National Health Policy Forum
Facilitating dialogue.
Fostering understanding.

2131 K Street NW, Suite 500
Washington, DC 20037

202/872-1390
202/862-9837 [fax]
nhpf@gwu.edu [e-mail]
www.nhpf.org [web]

Judith Miller Jones
Director

Sally Coberly
Deputy Director

Monique Martineau
Publications Director

Forum Session Manager
Jessamy Taylor
Senior Research Associate

of dental providers who will accept their insurance. Nonparticipating dentists argue that payment rates in Medicaid are too low, that administrative barriers are too high, and that Medicaid patients miss appointments too often in comparison to patients who pay with private insurance.

Dental coverage in SCHIP (the State Children's Health Insurance Program) depends on the way the state created its program—through a Medicaid expansion, a stand-alone program, or a combination of the two. For stand-alone SCHIP programs dental benefits are optional, but all states with that program design currently offer some dental benefits; coverage varies significantly from state program to state program. Little is known about dental access for the 6.6 million children covered by SCHIP because such reporting to the Centers for Medicare & Medicaid Services (CMS) is not required. While some of the access problems observed in Medicaid are often found in SCHIP as well, dentists appear more willing to serve children covered by SCHIP in states that have set higher dental payment rates in their SCHIP programs than in Medicaid.

Although the recent case of a 12-year-old Maryland boy's death from a brain infection that originated as a tooth infection has given renewed prominence to this issue,³ state and federal efforts to improve low-income children's oral health and access to oral health services are not new. In 2000, the Surgeon General published a report chronicling the state of oral health in the United States,⁴ and the Government Accountability Office published two reports focused on dental disease and low-income populations.⁵ Throughout 2000 and 2001, the National Governors Association convened a series of oral health policy academies to help states develop action plans and work on improving access to oral health services for their low-income populations. Federal dental experts throughout the Department of Health and Human Services worked as an interagency team to remove barriers and direct more resources to aid these state efforts, for example, by dedicating funds to expand oral health services in community health centers.

States have employed a number of strategies to improve access for low-income children. Many have worked to raise Medicaid and SCHIP payment rates, simplify reporting requirements, and expedite payment. Other states have been focused on workforce issues: using loan repayment and other financial incentives to encourage dentists to serve the uninsured and participate in Medicaid and SCHIP, examining the scope of practice laws in the state that govern the work dental hygienists can do under different levels of dentist supervision, and expanding the supply of providers capable of treating children by training and reimbursing pediatricians to provide oral health guidance to parents and children and to apply fluoride varnishes to young children. And, states have advocated for a provision in the SCHIP reauthorization that would allow the creation of a dental "wrap-around" benefit that would enable families to retain employer-sponsored health insurance coverage but be able to obtain low-cost dental coverage through SCHIP.

Some efforts to expand access to dental services are being led by the private sector. Two for-profit companies have recently emerged that have developed a business model for serving Medicaid and SCHIP children exclusively. And in some communities, volunteer dentists and free clinics try to address the unmet dental needs of children and adults. Despite these efforts to facilitate access, challenges persist.

This Forum session will examine the current oral health status of low-income children and discuss what is known about their access to dental services through public health insurance programs. It will highlight a number of state, local, and private sector strategies to improve oral health access, and the discussion will address the appropriate federal role in these efforts.

SPEAKERS

Burton L. Edelstein, DDS, founding director and board chair of the Children's Dental Health Project and professor of dentistry and health policy & management at Columbia University, will set the stage for this discussion. He will provide an overview of dental status and access for children in Medicaid and SCHIP and will highlight key factors causing access problems. **Mary G. McIntyre, MD**, medical director for Alabama's Medicaid program, will discuss her state's experience in working to improve oral health access through its dental program, *Smile Alabama!* She will also discuss how access to dental services in Alabama Medicaid compares to Alabama's SCHIP. **Dan Brody, DMD**, chief of oral health and health science education at Valley Health Systems, Inc., a community health center network located in southwestern West Virginia that provides dental services at 4 of its 26 sites, will offer a safety net provider perspective on improving access to dental services for insured and uninsured children. **Shelly Gehshan** is a senior program director at the National Academy for State Health Policy, where she covers oral health workforce and access issues. She will provide information on state efforts to expand the oral health workforce to serve low-income children. **Todd Cruse**, senior vice president of development and government relations for FORBA Dental Management, a for-profit network of dental clinics in 17 states and the District of Columbia that exclusively serves children with Medicaid and SCHIP coverage, will discuss the company's strategy for serving this population.

KEY QUESTIONS

- What is the recommended oral health care for children, and are America's children receiving that care? Is utilization of dental services by low-income children comparable? How does having dental insurance coverage affect a child's oral health access and status?
- How do the financing and delivery systems for dental care compare to those used for general medical care?

- What is the extent of dental coverage and access for children with Medicaid? For those in SCHIP?
- What does the dental safety net look like for uninsured children? What challenges are unique to dental safety net providers, such as community health centers?
- What are the key factors (workforce, payment, perception) creating barriers to access to dental care for uninsured children and children in public health insurance programs?
- What strategies have states employed to improve access, and what has been their outcome? Are there private sector innovations that are improving access to care for low-income children?
- What is the appropriate federal role in addressing dental access issues? To what extent should interventions focus on improving public insurance programs, versus strengthening population-based efforts to promote oral health and develop dental service capacity?

ENDNOTES

1. Jihong Liu *et al.*, "Disparities in Dental Insurance Coverage and Dental Care Among US Children: The National Survey of Children's Health," *Pediatrics*, 119, supp. 1 (February 2007): pp. 12–21, and Richard J. Manski, Burton L. Edelstein, and John F. Moeller, "The impact of insurance coverage on children's dental visits and expenditures, 1996," *Journal of the American Dental Association*, 132 (August 2001): pp. 1137–1145.
2. Shelly Gehshan and Matt Wyatt, "Improving Oral Health Care for Young Children," National Academy for State Health Policy, forthcoming in April (available at www.nashp.org).
3. Mary Otto, "For Want of a Dentist: Pr. George's Boy Dies After Bacteria From Tooth Spread to Brain," *Washington Post*, February 28, 2007.
4. National Institute of Dental and Craniofacial Research, *Oral Health in America: A Report of the Surgeon General*, U.S. Department of Health and Human Services, May 2000; available at <http://silk.nih.gov/public/hck1ocv.www.surgeon.fullrpt.pdf>.
5. U.S. General Accounting Office (GAO), "Oral Health: Factors Contributing to Low Use of Dental Services by Low-Income Populations," GAO/HEHS-00-149, September 2000, available at www.gao.gov/new.items/he00149.pdf; and GAO, "Oral Health: Dental Disease Is a Chronic Problem Among Low-Income Populations," GAO/HEHS-00-72, April 2000, available at www.gao.gov/new.items/he00072.pdf.



The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at www.nhpf.org.