National Health Policy Forum

Oral Health Update: Ten Years After the Surgeon General’s Report

A State Perspective: South Carolina

Presented by: Christine Veschesuio
About South Carolina

- Largely rural state
- High rates of poverty
- High rates of Medicaid enrollment
- High unemployment rate
- Large state budget deficit
- Policy – generally a lever of last resort and not necessarily legislatively routed
- Greatest strength – caring, compassionate people who are dedicated to improving the health of the state’s residents!
Understanding Dental Workforce: SC Dental HPSA by Type
Creating the perfect storm

1999
- CDC funding - Dept of Ed
- Children's Coalition

2000
- SCDA lead effort to increase Dental Medicaid Rates
- DHEC establishes Dental Director position
- Dental included in School Health Profile
- NGA OH Policy Academy
- First OH Summit

2001-2002
- DHEC receives funding from CDC for SOHP
- DHEC receives funding from HRSA and RWJF
- Conduct 1st School Nurse Training
- 1st OH Needs Assessment – K-5/3rd Grade

2003
- OH Advisory Council
- State OH Plan v1
- Children's Coalition to address lifespan
- Medical and Dental OH training-Early Childhood

2003 to present:
- Head Start OH Child Care Training
- Dental Practice Act – General Supervision of DH in PH setting—Public Schools
- Established the DHEC School Dental Program

2006 - present
- State OH Plan v2
- 2007-Fluoride Varnish for medical providers
- 2009 Clinical Practice Guidelines for Women who are Pregnant and Early Childhood
- 2008 OH Needs Assessment
- 2008-CDC funding-SOHP
- 2009 SCDA Fluoridation ‘Strike Force’
- 2010-Funding from AAPD-Dental Home Initiative
- 2009-2010-DHEC SDP 20,000 kids
- 2010-Dental Screening Law/COHC
Community Water Fluoridation

- HP 2010 Goal: 75%
- SC: 91% of public water systems are fluoridated
  - Present CDC/ADA Water Quality Awards annually at the Annual Surface Water Meeting
  - Provide water operator training
  - Conduct a mini-grant program to replace or repair fluoridation equipment
  - Provide WF Education and Advocacy Training with SC Dental Association
Early Childhood

What the data tells us:

Dental Home: Age 24 months & under
• 16.3%

Fluoride Varnish: Age 3 and under
• 23.3%
  ○ Reimbursement for physicians is linked to EPSDT visit
  ○ Only 1/3 receiving an EPSDT visit

Data: Amy B. Martin, DrPH, USC, ASPH
School Age Kids: Sealants

• No differences detected for:
  o Race
  o Age
  o Gender
  o Free & Reduced Lunch Participation
  o Rural-Urban location of school

• Medicaid Enrollment
  Children enrolled in Medicaid more likely to have sealants than other children.
Caries Experience

Race*  Black children more likely to have caries than White.

Grade*  3rd graders more likely to have caries than children in K-5

Gender  No differences

Medicaid*  Medicaid kids more likely to have caries than others

F&RL*  F&RL participants more likely to have had caries than non-participants

Rural-Urban Status*  Rural more likely to have caries than urban
Untreated Caries

Race* Black children more likely than White to have untx caries

Grade* 3rd graders more likely to have untx tooth decay than children in K-5

Gender No differences

Medicaid No differences

F&RL* F&RL kids more likely to have untx tooth decay than non-participants

Rural-Urban Status* Rural more likely to have untx tooth decay than urban

Percent of 3rd Grade Children with Untreated Tooth Decay from OHNA HP2010 Goal: 21%

![Bar chart showing comparison between 2002 and 2007/2008]
School Nurse Survey

• OHNA 2008 yielded lots of “whys.”
• School Nurse Survey (87% response rate) (ADA/SCDA)
  o Dental partnerships
    • Most have public health or private dentist partners
  o Types of services provided
    • Lots of cleaning and preventive care
  o Barriers to referral completion
    • Parents & Payment!
  o Policy/practice implications:
    • Education for parents
    • Enabling services for children
    • Partnership development for school nurses
School Age Children

- Sealant use isn’t great
- Caries experience, untreated caries, and treatment urgency are on the decline, **with some exceptions.**
- School nurses are critical links in the oral health system
- How do we empower the system?
Women who are pregnant

- South Carolina perspective:
  - 42.2% of births are to single mothers
  - 23% of births to mother with less than a high school education
  - 10.1% of births are low birth weight
  - 15.5% preterm births
  - Approximately, 57% of births paid by Medicaid

Adult Dental Medicaid Program – Emergency Dental Care Only: Ceased as of 2/2011.

- Teeth Cleaned Before Pregnancy
- Teeth Cleaned During Pregnancy
- Teeth Cleaned After Pregnancy

- Rural
- Urban
Adults: ages 18 through 64

Key Issues:
• 1/3 of SC’s working adults are uninsured
• Emergency Rooms—ambulatory care sensitive conditions
• Dental is #1 in all rural counties but one
  o Dental is #2 statewide
  o ER Charges for dental related visits: $9.1 million
• Adult Dental Medicaid Program –
  o Emergency Dental Care Only: Ceased as of 2/2011
• No policy mechanism in place
• What we do have:
  o FQHCs- sliding scale fees
  o SC Dental Association—Dental Access Days
    • 2009: 1,500 individuals served; nearly $600,000 free dental care
    • 2010: 2,000 individuals served; $740,000 free dental care

Data: Amy B. Martin, DrPH, USC, ASPH
Older Adults

Key Issues:

• Adult Dental Medicaid Program –
  o Emergency Dental Care Only: **Ceased as of 2/2011**

• No policy mechanism in place

• What we do have:
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  o SC Dental Association—Dental Access Days
Thank You!

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