

Access to Dental Care

DEFINITION

Access to dental care is the percentage of children under age 21 who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2004 and had received dental services at any point during the previous federal fiscal year (October 1, 2003 - September 30, 2004).

SIGNIFICANCE

Dental caries (tooth decay) is the most common chronic disease among children 5 to 17 years old.¹ Preschool children with untreated dental caries are more likely to develop poor eating habits, to have difficulty socializing with peers and to have speech problems. Children with poor dental health are at increased risk for future dental caries in their permanent teeth.² Chronic dental problems in school-age children and adolescents can lead to reduced school performance, poor self-image and absenteeism.³

Children in families with incomes below the poverty threshold and minority children have the greatest extent of untreated dental problems. In the U.S., 80% of the tooth decay occurs in 25% of the children, primarily those from low-income families.⁴ Children from families without dental insurance are three times more likely to have dental needs

than children with either public or private insurance.⁵ National estimates indicate that for every child without medical insurance there are 2.6 children without dental insurance.⁶ In Rhode Island the percentage of children with dental insurance increased from 62% in 1990 to 73% in 2001.⁷ Minority families, low-income families and families with low education levels are the most likely to be uninsured for dental care.⁸

For children in low-income families, the efficacy of public dental insurance is a critical factor in access to dental prevention and treatment.⁹ Children eligible for Medicaid services experience twice the ratio of untreated dental disease as more affluent children.¹⁰ Barriers to obtaining oral health services for children enrolled in RIte Care, RIte Share or Medicaid fee-for-service include difficulty finding a provider who will accept Medical Assistance, inadequate financial resources to pay for dental care, and lack of parental education on the need for dental prevention and treatment services.¹¹ Obtaining services from dental specialists is especially difficult for children covered through public health insurance programs.¹² Children with disabilities or special health care needs may also have problems accessing providers who are equipped to address their special needs.¹³



Access to Dental Care

- ◆ Twenty-three percent (23%) of all children between the ages of 2-17 in the U.S. had untreated dental caries in 1999-2000. Among very young children (ages 2-5), 45% of children living in families below 100% of the federal poverty threshold had untreated dental caries, compared with 17% of those whose families were at 100-199% of the poverty threshold.¹⁴
- ◆ The federal Medicaid program mandates that states provide comprehensive dental services to eligible children up to age 21 including preventive dental care, dental treatment services, translation services and transportation.¹⁵
- ◆ Forty-three percent (43%) of children who were enrolled in RIte Care, RIte Share or Medicaid fee-for-service on September 30, 2004 received any dental service during federal fiscal year 2004.¹⁶



Reimbursement Rates

- ◆ The Rhode Island Department of Human Services spent \$9.5 million in state and federal funds on dental services for children and adolescents under age 21 enrolled in Medical Assistance programs (RIte Care and Medicaid fee-for-service) in state fiscal year 2003. This is less than 0.63% of the total state Medicaid expenditures for that year.¹⁷
- ◆ Low reimbursement rates that fail to cover the cost of services and administrative difficulties are two reasons cited by dentists for limiting or not serving Medicaid patients. State efforts to attract more dentists to Medicaid by paying higher fees and streamlining administrative requirements can result in increased access to dental care services.¹⁸
- ◆ Rhode Island's Medicaid dental reimbursement rates were last increased in 1992. When comparing Rhode Island's 2004 Medicaid reimbursement rates and average fees charged by dentists in the state, 14 out of 15 rank below the 1st percentile. This means that fewer than 1% of dentists in Rhode Island would consider the Medicaid rate to be equal to or greater than their current charge.¹⁹




Early Detection and Prevention of Dental Disease

◆ Nearly one half of children in the U.S. do not receive dental care in accordance with the American Academy of Pediatric Dentistry's recommendations of two visits per year beginning at age one. The youngest children are the least likely to receive dental care.²⁰

◆ Although figures for Rhode Island are not available, a study of young children enrolled in Medicaid in North Carolina found that those who see a dentist by age one are more likely to have subsequent preventive visits than children who had their first preventive visit at age two or three. Those children who had their first visit later were more likely to have subsequent preventive, restorative and emergency visits, which are more costly.²¹

◆ The Healthy People 2010 target is for 50% of children to have dental sealants, which are plastic coatings applied to the chewing surfaces of back teeth to prevent decay.²² In 2001, 42% of children between 6 and 17 years of age in Rhode Island had at least one dental sealant. Thirty percent of children enrolled in RIte Care had sealants, compared with 46% of those with private insurance.²³



Emergency Room Care and Hospitalizations for Untreated Dental Disease

◆ In Rhode Island, an average of 541 children under age 21 were treated each year for a dental related condition in Lifespan Emergency Departments (Rhode Island Hospital, Hasbro Children's Hospital, The Miriam Hospital, and Newport Hospital) during fiscal years 2001, 2002 and 2003.²⁴

◆ Between 1998 and 2004 in Rhode Island, an average of 46 children under 18 years of age were hospitalized each year with a diagnosis that included an oral health condition. For an average of 13 of those children, an oral health condition was the main reason for the hospitalization.²⁵

References

- ^{1,5,6,8,10} National Institute of Dental and Craniofacial Research. (2000). *Oral health in America: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health.
- ² *Promoting awareness, preventing pain: Facts on early childhood caries* (1999). Washington, DC: Georgetown University, National Center for Education in Maternal and Child Health.
- ^{3,22} U.S. Department of Health and Human Services. (2000). *Healthy people 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office.
- ⁴ Edelman, B. L. (1998). *Crisis in care: The facts behind children's lack of access to Medicaid dental care*. (NCEMCH Policy Brief.) Washington, DC: Georgetown University, National Center for Education in Maternal and Child Health.
- ^{7,23} *Rhode Island Health Interview Survey* (1990, 1996, 2001). Providence, RI: Rhode Island Department of Health, Rhode Island Medicaid Research and Evaluation Project, Health Indicator Project, Rhode Island Oral Health Access Project.
- ⁹ *Factors contributing to low use of dental services by low-income populations*. (2000). Washington, DC: United States General Accounting Office.
- ^{11,15} *The special Senate commission to study and make recommendations on ways to maintain and expand access to quality oral health care for all Rhode Island residents*. (2001). Providence, RI: Rhode Island State Senate.
- ¹² *Pediatric dental care in CHIP and Medicaid: Paying for what kids need, getting value for state payments*. (1999). New York, NY: Milbank Memorial Fund.
- ¹³ *Inequalities in access: Oral health services for children and adolescents with special health care needs*. (2000). Washington, DC: Georgetown University, National Center for Education in Maternal and Child Health.
- ¹⁴ National Center for Health Statistics. (2004). *Health, United States, 2004: With chartbook on trends in the health of Americans*. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- ¹⁶ Rhode Island Department of Human Services, January 2005.
- ¹⁷ Rhode Island Department of Human Services, September 2004.
- ¹⁸ Cuadro, R. & Scanlon, A. *Does raising rates increase dentists' participation in Medicaid? The experience of three states*. (2004). Washington, DC: National Conference of State Legislatures.
- ¹⁹ *State innovations to improve oral health care for low-income children: A compendium update*. (2005). Chicago, IL: American Dental Association.
- ²⁰ Yu, S. M., Bellamy, H. A., Kogan, M. D., Dunbar, J. L., Schwalberg, R. H. & Schuster, M. A. (2002). Factors that influence receipt of recommended preventive pediatric health and dental care. *Pediatrics*, 110(6), 73-81. Retrieved January 19, 2005 from www.pediatrics.org/.
- ²¹ Savage, M. F., Lee, J. Y., Kotch, J. B. & Vann, W. F. (2004). Early preventive dental visits: Effects on subsequent utilization and costs. *Pediatrics*, 114(4), 418-423. Retrieved October 22, 2004 from www.pediatrics.org.
- ²⁴ Lifespan, Decision Support Services, August 2004.
- ²⁵ Rhode Island Department of Health, Office of Health Statistics, January 2005.