

# Access to Dental Care

## DEFINITION

*Access to dental care* is the percentage of children under age 21 who are enrolled in RIte Care or Medicaid fee-for-service who have received dental prevention or treatment services during state fiscal year 2000.

## SIGNIFICANCE

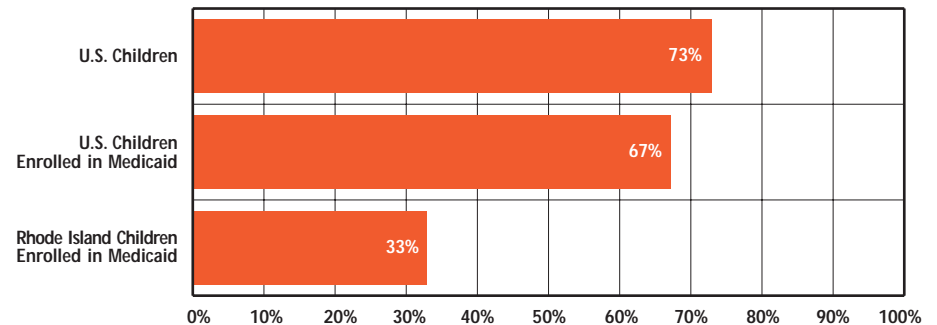
Dental caries (tooth decay) is the most common disease among children 5 to 17 years old.<sup>1</sup> Preschool children with untreated dental caries are more likely to develop poor eating habits, to have difficulty socializing with peers, and to have speech problems. Children with poor dental health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

Children without dental insurance are three times as likely as privately-insured children to be unable to access dental care when needed.<sup>4</sup> In 1999 in Rhode Island, fewer than half (45%) of employers offered dental insurance as a benefit.<sup>5</sup> National estimates indicate that for every child without medical insurance there are 2.6 children without dental insurance.<sup>6</sup> Minority families,

low-income families and families with low education levels are the most likely to be uninsured for dental care.<sup>7</sup>

For children in low-income families, the efficacy of public dental insurance is a critical factor in access to dental prevention and treatment.<sup>8</sup> 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.<sup>9</sup> Barriers to obtaining oral health services for children enrolled in RIte Care 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.<sup>10</sup> Obtaining services from dental specialists is especially difficult for children covered through public health insurance programs.<sup>11</sup> Children with disabilities or special health care needs may also have problems accessing providers that are equipped to address their special needs.<sup>12</sup>

Children with a Dental Visit in the Previous Year, United States and Rhode Island



Source: Centers for Disease Control and Prevention, Summary Health Statistics for U.S. Children; National Health Interview Survey, 1998, and Rhode Island Department of Human Services, Calendar Year 2000. Rhode Island data include RIte Care and Medicaid fee-for-service.

- ◆ In the United States, approximately 73% of all children and 67% of children enrolled in Medicaid or other public insurance have seen a dentist in the past year.<sup>13</sup> Among Rhode Island children under age 21 enrolled in public insurance programs, only one in three (33%) accessed dental prevention or treatment services during calendar year 2000.<sup>14</sup>
- ◆ Children in families with incomes below the poverty level and minority children have the greatest extent of untreated dental problems. Children eligible for Medicaid services experience twice the ratio of untreated dental disease as more affluent children.<sup>15</sup>
- ◆ The reluctance of many dentists to accept patients with Medicaid coverage compounds a general shortage of dentists nationwide, especially in urban areas. 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.<sup>16</sup> State efforts to attract more dentists to Medicaid by paying higher fees and streamlining administrative requirements have resulted in increased access to dental care services.<sup>17</sup>



## Oral Health and Schools

◆ Poor oral health has been related to decreased school performance, poor social relationships, and less success later in life. Children with chronic dental pain are unable to focus, are easily distracted and may have problems completing schoolwork. When children with acute dental problems are treated, their grades and school attendance improve.<sup>18</sup>

◆ School-based dental programs are an efficient way to reach children who do not regularly access dental care. In addition to providing students with preventative oral health services, they educate families on the importance of oral health and proper dental hygiene. Options for providing school-based dental services include on-site dental clinics that are linked to school health clinics, to dental treatment services in the community, and/or to mobile dental services.<sup>19</sup>

◆ School-based health programs have unique strengths that make them particularly capable of meeting the needs of children, especially low-income children who are at greatest risk for untreated dental problems. Health services based in schools allow students to seek care with minimal disruption to the school day and miss fewer classes. Parents are not required to take time off from work, find child care, or access transportation in order to obtain care for their children, all of which may be particularly difficult for single and low-income parents.<sup>20</sup>

◆ In the U.S., elementary school students with access to a school-based health center are more likely to have had a dental exam than students without access. Uninsured students have greater success in obtaining dental services at schools with health centers than at those without.<sup>21,22</sup>

## References

- <sup>1,3,4,6,7,15</sup> *Oral Health In America: A Report of the Surgeon General* (2000). Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.
- <sup>2</sup> *Promoting Awareness, Preventing Pain: Facts on Early Childhood Caries* (June 1999). Washington, DC: Georgetown University, National Center for Education in Maternal and Child Health.
- <sup>5</sup> *1999 Survey of Rhode Island Employers on Health Care Coverage* (2001). Providence, RI: Rhode Island Department of Health, Office of Health Statistics.
- <sup>8</sup> *Factors Contributing to Low Use of Dental Services by Low-Income Populations* (2000). Washington, DC: United States General Accounting Office.
- <sup>9,10</sup> *The Special State Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for All Rhode Island Residents*, Senator Elizabeth H. Roberts, Chair (November 2001). Providence, RI: Rhode Island State Senate.
- <sup>11</sup> *Pediatric Dental Care in CHIP and Medicaid: Paying for What Kids Need, Getting Value for State Payments* (1999). New York, NY: Milbank Memorial Fund.
- <sup>12</sup> *Inequalities in Access: Oral Health Services for Children and Adolescent with Special Health Care Needs* (2000). Georgetown, MD: National Center for Education in Maternal and Child Health, Georgetown University.
- <sup>13</sup> *Summary Health Statistics for U.S. Children: National Health Interview Survey, 1998* (2002). Atlanta, GA: Centers for Disease Control and Prevention, National Center for Health Statistics.
- <sup>14</sup> Rhode Island Department of Human Services, January 2001.
- <sup>16,17</sup> *The Disparity Cavity: Filling America's Oral Health Care Gap* (2000). Chicago, IL: Oral Health America and the W.K. Kellogg Foundation.
- <sup>18</sup> *Oral Health and Learning* (2001). Georgetown, MD: National Center for Education in Maternal and Child Health, Georgetown University.
- <sup>19</sup> *Addressing Oral Health Needs: A How To Guide* (2002). Boston, MA: Community Catalyst, Inc. and Health Care For All.
- <sup>20</sup> Hurwitz, N. and Hurwitz, S. (August 2000). "The Case for School-Based Health Centers" in *American School Board Journal*, Vol. 189, No. 8.
- <sup>21</sup> Hacker, K.A., et al (1998). "American's Views on Children's Health" in *Journal of the American Medical Association*, Vol. 280, No. 24.
- <sup>22</sup> Kaplan, et al (1999). "A Comparison Study of an Elementary-Based Health Center: Effects on Health Care Access and Use" in *Archives of Pediatrics & Adolescent Medicine*, Vol. 153, No. 3.