

A REPORT FROM THE IOWA SUMMIT ON ACCESS TO CHILDREN'S DENTAL CARE

Iowa prides itself on assuring that all children start school ready to learn and remain healthy in order to learn. Yet as a state we cannot meet these goals unless we address a primary child health issue—access to dental care, particularly preventive dental care.

Why is children's oral health an important public policy issue?

Dental decay is now the single most common chronic childhood disease – it is 5 times more common than asthma and 7 times more common than hay fever. Dental decay is a bacterial infection that in its early stages produces pain, eating and sleeping problems, missed school days, and learning difficulties. Poor oral health reduces children's ability to function and affects behavior and socialization. Oral facial pain is associated with depression. Extreme dental disease hampers a child's growth and development. Left untreated, a dental infection can travel throughout the body and eventually lead to death. All of these, in turn, limit a child's educational, career and social opportunities—that is the ability to thrive and become a productive citizen.

Which Iowa children are not getting dental care?

Nationally, 80% of dental problems in children occur in the poorest 20-25% of the childhood population. Poor children suffer twice as many dental caries as their more affluent peers and their disease is more likely to be untreated. These differences continue into adolescence.

In Iowa, access to dental care is a particular problem for four groups:

Children under the age of three years

Young children can experience a severe form of tooth decay called early childhood caries or baby bottle tooth decay that can affect growth and development. It is preventable with early risk assessment, preventive treatment, and counseling. Yet most dentists won't see young children because they are uncomfortable dealing with behavioral problems associated with treating them.

Children covered by Medicaid

Although Medicaid (through EPSDT) provides comprehensive dental coverage for eligible children, too few Medicaid covered children receive dental care, particularly preventive care. In one recent yearlong national study, fewer than one in five Medicaid covered children received a single dental visit. In Iowa, thanks to recent initiatives launched by the Iowa Department of Public Health Oral Health Bureau, we have seen some improvement in the percentage of Medicaid-covered children who receive dental care; however more can and should be done. For

the year ending December 30, 2004, 35% of Iowa children on Medicaid received a preventive dental service (up from 25% in 1999) and 30% received a dental treatment (up from 13% in 1999).

Children who do not have dental benefits

Nationally, children from families without dental insurance are three times more likely to have dental needs than children with either public or private insurance. *hawk-i* affords an opportunity to provide dental coverage for the children of Iowa's working poor; however current program policies provide unnecessary barriers to access.

Children with disabilities

A survey of 744 case managers serving 18,333 clients in nine states revealed that most of the clients had experienced difficulty in locating a dentist willing to provide care; 47% had been refused treatment in the last 12 months; and 72% indicated that there were not enough dentists in the community who were willing to treat people with disabilities. Many Iowa families that include children with special needs must travel long distances and wait lengthy periods to get dental care.

What are the barriers to Iowa children getting needed dental care?

There are simply not enough dentists in either private or public practice nationally or in Iowa to see all the children. Fewer dental students are attending dental schools than in the past, and this is having a major impact on access to dental care. Currently, 72 Iowa counties are designated as low income dental Health Professional Shortage Areas (HPSAs). Another county, Polk, is considered a partial HPSA. In 2000, there were 1,435 dentists practicing in Iowa in 2000, a ratio of 1 dentist to every 2,039 Iowans. This ratio is worse than seen in 1990 in Iowa. The situation is projected to become even more profound 10 years from now as many of the dentists are approaching retirement; of the 1,313 Iowa dentists surveyed in 2003, 650 were older than 50.

Another issue is the deployment of our current dental workforce across Iowa. We are losing dentists in the most rural areas of the state. In Iowa, in 1998, 6.2% of our dentists practiced in rural sites having a population of less than 10,000. This percentage has decreased each year, and declined to 3.9% in 2001. In addition, our pediatric dentists, who care for young children, children receiving Medicaid, and children with special needs, are not strategically located throughout the state.

Other barriers exist for children who receive Medicaid. Many already overworked dentists are limiting the number of Medicaid children they see because of time constraints, poor reimbursement rates, and problems resulting from missed appointments. As for children with disabilities or special health care needs, many dentists do not feel prepared to treat these children. *hawk-i* has provided increased access for lower income children without health insurance. However, children with dental needs who have health insurance but no dental benefits are not eligible for the program.

Finally, and possibly most importantly, the reality of dental for the children of the poor is that they do not go to the dentist regularly but are driven by issues of pain. Extractions and emergency room care are the norm for these children. Many of these parents seem to be unaware of the need for and benefits of preventive dental care. Studies show many of these parents perceive dentistry as beyond their financial reach.

AN AGENDA FOR ACCESS TO DENTAL CARE FOR IOWA CHILDREN

OVERARCHING THEMES:

- Good health and dental outcomes for children are directly tied to a more positive Iowa future.
- Assuring access to dental care promotes growth and development in young children and prevents pain, missed school days, and poor school performance.
- Access to dental care for Iowa children is reaching a crisis point, and, must be addressed as a public policy issue sooner rather than later.
- Prevention, which offers the potential to decrease the need for extensive dental care is the key to solving Iowa's access problem, and should be the state's top priority.
- Parent education and outreach to vulnerable childhood groups are important parts of the solution.
- Barriers to access in Iowa's Medicaid and SCHIP programs should be addressed soon.
- Addressing the state's workforce issues will take some time, but testing of potential strategies must begin now.
- Strengthening Iowa's dental care safety net is important but should not be considered as the only solution to the access problem; we must also vigorously recruit dentists into private practice.
- State strategies must be designed to allow communities options in tailoring programs to meet individual community needs.

Goal 1: Increase parent education and outreach efforts to reach underserved childhood groups.

Potential strategies:

- Market dental hygiene preventive services and utilization guidelines to Medicaid beneficiaries through mass mailings and publications to enrolled households.
- Develop Medicaid and *hawk-i* consumer education programs including a reminder system for Medicaid recipients similar to that offered for well child care through EPSDT.
- Redouble the efforts of Iowa's public health workforce to provide community-based parent education on the importance of early and regular preventive dental care.

Goal 2: Assure that all Iowa children, birth to age three years, receive a dental risk assessment, preventive treatment and counseling.

Potential strategies:

- Actively recruit and train physicians and nurse practitioners to perform dental risk assessment, fluoride varnishes, and preventive counseling for young children and reimburse providers for the service.
- Develop an oral health screening and education program to be offered in all Iowa WIC clinics.
- Maximize preventive care offered by dental hygienists to young children in community health and education settings.

- Promote the Early Head Start train-the-trainer program that teaches childcare providers to educate parents about dental care for infants and toddlers.
- Increase the number of preschool programs, including Head Start, that offer oral health programs.

Goal 3: Increase access to preventive dental care for Iowa school-aged children.

Potential strategies:

- Maximize preventive care, including dental sealants, offered by dental hygienists to school children in community settings.
- Increase state appropriations to expand the school-based sealant program into all Iowa counties with high rates of childhood caries.

Goal 4: Make participation in Medicaid and serving children covered by Medicaid more attractive to Iowa dentists.

Potential strategies:

- Increase reimbursement rates for preventive care to at least 70% of UCR.
- Consider providing differential reimbursement to include: a) greater reimbursement levels for preventive/designated services that address dental disease as an infection, and b) increased reimbursement for providers who accept significant Medicaid patient loads.
- Divest a portion of the Medicaid budget to form a commercial insurance partnership to implement a Medicaid/SCHIP Healthy Kids Dental Program. In Michigan, a Healthy Kids Dental Program produced a nearly 300% increase in provider participation and dental visits for children receiving Medicaid increased from 18% to 44%.
- Expand Iowa’s Access to Baby and Child Dentistry program to all HPSA areas in the state, in order to match children covered by Medicaid with area dentists and decrease missed appointments.
- Extend Medicaid eligibility for dental care for children to a period of one year.

Goal 5: Increase access to dental benefits for Iowa children, particularly underserved childhood groups.

Potential strategies:

- Close the “loophole” in *hawk-i* that prevents children with medical insurance from becoming eligible for *hawk-i* dental benefits.
- Challenge Iowa dental plans to develop products and programs to meet the spectrum of needs, be they limited dollars, special populations, access or consumer education.

Goal 6: Increase the number of dentists practicing in Iowa’s dental shortage areas.

Potential strategies:

- Develop loan forgiveness programs that target the most critical underserved counties in Iowa.
- Consider developing a state matching grant program to help rural communities recruit dentists.
- Initiate a community partnership program at the University of Iowa College of Dentistry to help match communities with graduates.
- Develop community partnerships and incentives to locate pediatric dentists in areas of the state where they are needed.
- Set aside two slots a year in the University of Iowa College of Dentistry for students who will stay and practice in Iowa.

Goal 7: Improve the dental care safety net in Iowa.

Potential strategies:

- Expand public health dental clinics into more urban and rural dental shortage areas.
- Use state expansion funds to develop health center dental units and purchase portable equipment.
- Utilize dental school residents to provide outreach care in public health settings.

Goal 8: Expand the use of dental hygienists to provide preventive dental care, particularly for vulnerable and special needs populations.

Potential strategies:

- Increase the number of public health supervision contracts that allow hygienists to provide preventive care to children in community-based health and education settings.
- Consider developing a training and certification program for an advance dental hygiene practitioner that will provide direct access to care.

Goal 9: Develop a sustainable statewide oral health survey system to better describe the problem and help target our resources.

Potential strategies:

- Collect data on the extent of severe early childhood caries, emergency room treatment of children in crisis, and hospital treatment of children with severe dental disease.

MOVING THE AGENDA FORWARD

What amounts to a “silent epidemic” of oral disease is affecting the growth, development and school performance of Iowa’s most vulnerable children. Iowa can do something about the problem but must develop the collective professional, public and political will to do so. To move the agenda forward:

- Identify a locus of responsibility within state government to lead a stakeholder workgroup to refine the agenda and oversee implementation and evaluation of solutions. The workgroup must:

1. Include consumer-oriented stakeholders and primary health care groups as well as dental care providers and funders.
 2. Be given the authority to and the accountability for recommending solutions to policymakers.
 3. Study the potential strategies identified and develop consensus on a specific 3-5 year agenda with prioritized actions.
 4. Assure that the agenda developed includes measurable milestones and success criteria.
- Form a coalition of nontraditional partners to help educate the public and advocate for change.