Oral Health: A Critical Need for Children in Michigan

November 2007

Maintaining Oral Health is Crucial for Child Well-Being

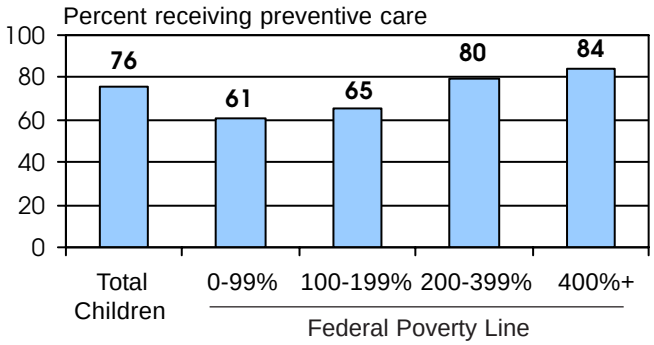
Oral health is intricately linked to overall physical health. Poor oral health affects diet and nutrition by making it difficult to bite, chew or swallow foods, and oral health problems can disrupt sleep, psychological status, and social interactions. Neglecting oral health can even be dangerous and lead to the need for emergency care; three of every 10 hospital emergency room visits are dental related. The connection between oral health and overall health was tragically demonstrated by the death of a Maryland boy whose fatal brain infection was the result of untreated tooth decay.[1]

Good oral health is especially critical for children. Physically unhealthy children are much less likely to have excellent or very good oral health than those children with excellent physical health. Cavities are more common in children than in adults and are the most prevalent chronic childhood disease, occurring five times more frequently than asthma. Failure to receive preventive dental care when young can lead to serious problems, such as gum disease and oral cancer, in adulthood.

Income and Oral Health

Family financial capacity and access to health benefits are the usual reasons children do not receive dental care. Repeated findings indicate that the higher the income of the family, the more likely children will receive dental care. Less than two-thirds of poor or low-income children in Michigan received dental care, compared to 80 percent or more of children in families with incomes more than double the poverty level (at or above 200% of the federal poverty line).[2]

Michigan children in families below 200 percent of poverty were much less likely to receive preventive dental care.



Source: U.S. Department of Health and Human Services. The National Survey of Children's Health 2003.

Such lack of preventive care compromises the oral health of poor children, who are almost twice as likely as affluent children to have only good, fair, or poor oral health.[3] Children and youth in low-income families are more likely to suffer from untreated dental decay.[4] An estimated 465,000

[1] Mary Otto, ''For Want of a Dentist.'' *Washington Post*. February 28, 2007.
[2] The National Survey of Children's Health, 2003.
[3] Children's Dental Health Project, May 2006. ''New Federal Study Confirms Ongoing Disparities in Children's Oral Health & Dental Care,'' p. 2. Accessed at: http://www.cdhp.org/CDHPPubs/IssuePolicyBriefs.asp.
[4] The National Survey of Children's Health, 2003.

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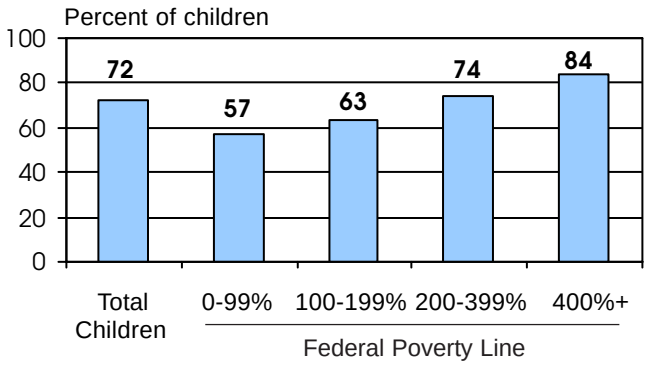
Michigan children in families below 200 percent of poverty were much less likely to have excellent or very good teeth.



Source: U.S. Department of Health and Human Services. The National Survey of Children's Health 2003.

Michigan children under 18 who lived in families with incomes below the poverty level in 2005 were at-risk for compromised oral health.

African-Americans are disproportionately poor, and thus also at higher risk for not receiving dental care. Such disparities lead African-American males in Michigan to have the highest oral cancer rates among all races and gender groups in the nation.[5]

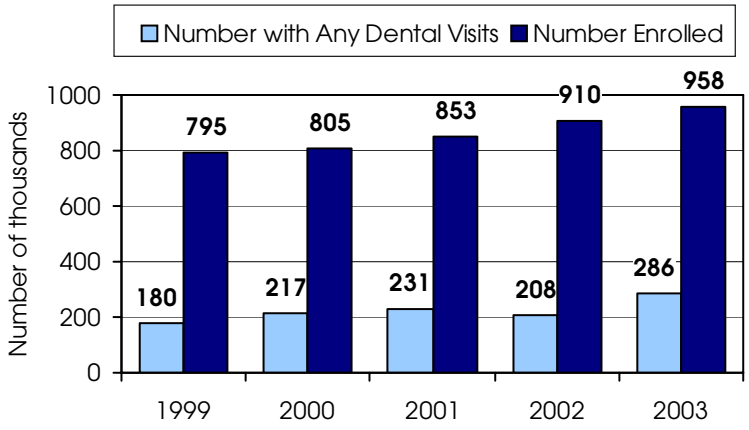
Medicaid and SCHIP: Too Few Poor Children Receive Dental Care

More children in Michigan lack dental coverage than health coverage; in 2003, more than 15 percent of Michigan children had no dental coverage compared to 7 percent without health coverage. However, this figure does not include the 859,000 children in the state covered by Medicaid who have little or no access to dental care, even though such care is part of the package of preventive services covered.

The Michigan Medicaid program provides comprehensive health and dental benefits to children ages one to 18 from families with incomes up to 150 percent of the federal poverty level ($24,900 for a family of three in 2007). However, enrollment in the Medicaid program does not guarantee a child will have access to dental care. Indeed, ''less than 40 percent of children ages 4-21 in the state's Medicaid program see a dentist each year,'' a much smaller percentage than children who have access to private coverage.[6] Many dentists do not accept Medicaid; fewer than 10 percent of dentists in Michigan serve at least 3-4 Medicaid children per week.

MIChild, funded through the State Children's Health Insurance Program (SCHIP) is the other public health insurance program for children; it also includes dental benefits. This program is available for uninsured children who are not eligible for Medicaid and whose family income does not exceed 200 percent of the federal poverty level (roughly $33,200 for a family of three in 2007). In

Few Medicaid-enrolled children receive an annual dental vist.



Source: Michigan Medicaid/SCHIP Dental Care for Children: Overview, p. 2

[5] Michigan Department of Community Health, *The Burden of Oral Disease in Michigan*, 2005, p 21.
[6] *An Overview of Children's Health Issues in Michigan - 2006*: Access and Coverage, pp. 7-8

2005, roughly 34,000 Michigan children were covered under MIChild during an average month. This program offers a different array of services than Medicaid and provides more access to dental care, as dentists are reimbursed at private dental insurance rates.

Lack of Access to Dental Care

Low Medicaid reimbursement rates to dentists and a shortage of dentists that serve low-income populations limit dental care access for Michigan children. Reimbursement rates are too low for almost all (99%) dentists in Michigan. Other states in the region have low reimbursement rates as well, but Michigan is among the worst in the Midwest. Moreover, the majority of Michigan counties suffer from shortages of dentists serving low-income populations.

▸ Inadequate Medicaid Reimbursement

Reimbursement rates for the Michigan Medicaid program are very low; rates are comparable to those in Wisconsin, slightly worse than those in Illinois and Ohio, and much worse than those in Indiana. Reimbursement rates for 14 of the 15 procedures reimbursed by Medicaid are at less than one percent of dentists' claims, meaning 99 percent of dentists in Michigan charge more than Medicaid will reimburse.[7] Many dentists will not provide care for Medicaid children because of these low reimbursement rates; those who do provide care for Medicaid children are providing largely uncompensated care.

▸ Provider Shortages

The shortage of dental health care providers in the majority of Michigan counties also limits access, according to a 2005 state government report.[8] The federal government gauges access to dental care using the Health Professional Shortage Area (HPSA) criteria, to determine whether a county has enough providers for either the entire county or for specific groups in a county, such as low-income or minority ethnic or racial populations. If a county has inadequate numbers of providers—a ratio of 5,000:1 or worse—it is designated as a dental HPSA.

Counties can have either full or partial HPSA designation; a full designation includes the entire county or population group, while a partial designation may include cities or townships in the county.

In 2007, a sizeable majority (60) of Michigan's 83 counties, mostly in northern Michigan and the Upper Peninsula, were designated full or partial HPSA's for dental services, mostly for low-income residents.

Healthy Kids Dental

To improve access to dental care for children enrolled in Medicaid in Michigan, the state initiated Healthy Kids Dental in 2000. This public-private partnership between the state Medicaid program and Delta Dental, an insurer of private services in Michigan, with the Michigan Dental Association increased reembursement to Delta's commercial plan rates and reduced the administrative burden. In those counties where Healthy Kids Dental is available, access to dental care has significantly improved for Medicaid-enrolled children.

In May 2006, through a negotiation with providers to accept lower reimbursement rates, the program expanded to 59 of Michigan's 83 counties, including the entire Upper Peninsula. It is anticipated that 40,000 more low-income children will be served by this expansion, for a total of 200,000 children. The program has been so successful that in 2004, the American Dental Association named Healthy Kids Dental one of five national innovative models that has ''produced significant gains in both utilization of dental services by Medicaid-eligible children and participation by private-practice dentists.''[9]

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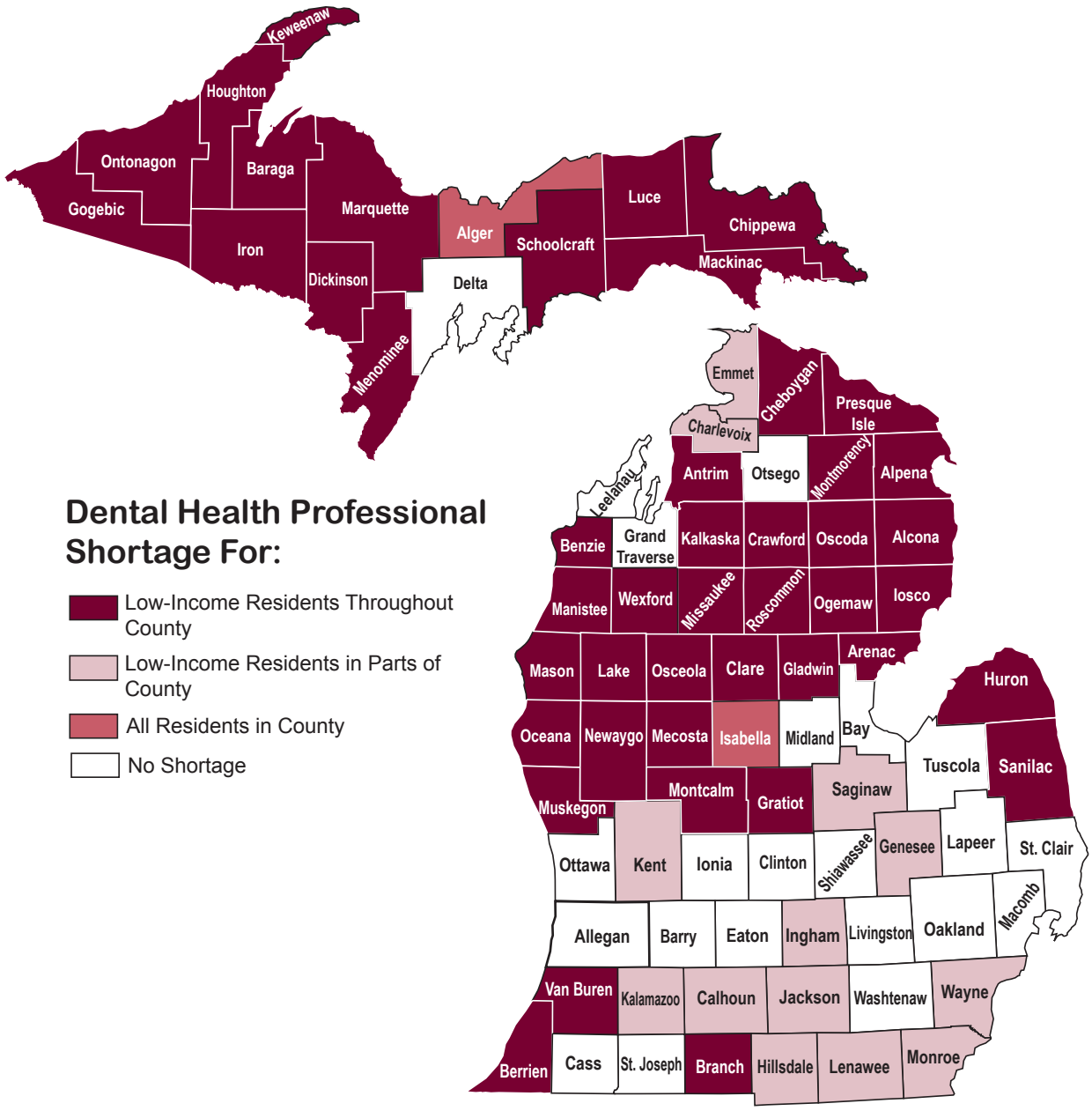
[7] American Dental Association, 2004. ''Michigan Medicaid/SCHIP Dental Care for Children: Overview'' [http://www.prnewswire.com/mnr/ada/20973/#].

[8] Michigan Department of Community Health, *The Burden of Oral Disease in Michigan,* 2005.

[9] Mark Berthold, ''ADA white paper targets dental care for the underserved''. ADA News, posted November 4, 2004. [http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=1143]

Michigan Dental Health Professional Shortage Areas (HPSAs) -- (November 2007)



Note: Designations are renewed on a four-year rotation by area.

Source: Access to Care Section, Health Policy, Regulation, and Professions Administration Michigan Department of Community Health

The counties in the worst position for dental health care access to children are those with full or partial HPSA as well as no Healthy Kids Dental program. Nine counties in west and northern Michigan fit this description: Berrien, Muskegon, Wexford, Oceana, Mason, Newaygo, Montcalm, Mecosta, and Osceola. Four heavily-populated urban counties have partial HPSA designation and no Healthy Kids Dental program: Saginaw, Wayne, Kent, and Genesee, although the new Fiscal Year 2008 budget calls for expansion into Saginaw and Genesee. That will mark the first time Healthy Kids Dental is available in any of the state's large urban areas.

In some counties this is particularly troublesome if poverty rates are high, so a large share of children are affected. Five Michigan counties have full HPSA designation, no Healthy Kids Dental, and child poverty rates above 20 percent: Berrien, Oceana, Mecosta, Muskegon, and Osceola. State budget shortfalls have constrained further expansion of Healthy Kids Dental into additional Michigan counties.

Summary

Good oral health is critical for a child's overall health and well-being. Access to dental services has been a problem across the state, especially for poor and low-income children insured through Medicaid. Medicaid reimbursements are abysmally low, and very few dentists provide services to Medicaid-enrolled children on a regular basis. Consequently, poor oral health is more common among children in families with incomes below 200 percent of poverty. One solution to these disparities has been the Healthy Kids Dental program, which has expanded access to dental care for Medicaid-enrolled children. While this program operates in 59 counties (61 when Genesee and Saginaw are added) and has high utilization rates, it is not available in Wayne and Berrien counties, which have large concentrations of poor children. Moreover, many of the counties that have no Healthy Kids Dental program are also designated as counties with full or partial health professional shortages in dental services.

Recommendations

- **Expand Healthy Kids Dental:** The success of the Healthy Kids Dental program is encouraging, and thus it should be expanded to include all 83 counties in the state and cover all children eligible for Medicaid. Many more children would be served, as only nine percent of all Michigan dentists are ''critical access providers,'' serving at least 3-4 Medicaid-enrolled children a week.
- **Increase Reimbursement Rates:** As almost no dentists today file claims for the paltry amount that the state Medicaid program pays, the state should increase the reimbursement rates paid to dentists who provide care to Medicaid-enrolled children.
- **Expand Awareness:** Expanding awareness in the general public about the links between general health and oral health can heighten the sense of urgency for parents and policy makers in ensuring access to oral health care for all children. The American Dental Association's annual campaign ''Give Kids a Smile'' is one example of a successful effort. On February 2, 2007, 350 dentists provided free dental care and education to more than 40,000 uninsured children in Michigan at the fifth annual event. Such efforts as these not only provide necessary care to low-income children, they also highlight the links between oral health and overall physical health.