



VIRGINIA KIDS COUNT ON DENTAL HEALTH

Access to Dental Care

Lack of access to dental care is a severe problem in Virginia. It is estimated that fewer than 40% of Virginia's approximately 1.8 million children younger than 19 had a preventive dental visit during 2001. Although the state's publicly funded children's health insurance programs – FAMIS and FAMIS Plus (formerly Medicaid coverage for Medically Indigent children) – provide fairly comprehensive dental benefits, this coverage does not ensure access to treatment as only one in four FAMIS Plus enrollees receive a single dental visit in a year.

One of the major barriers to access is the shortage of dental providers in Virginia. Currently 90 communities in Virginia qualify as areas of need for the Virginia dental scholarship program, meaning they have fewer than 1 dentist per 2,084 people (the state average). The supply of child specialists is even lower: there are only 81 pediatric dentists in full time practice in Virginia, and 65 of those are concentrated in the three metropolitan areas of Richmond, Northern Virginia, and Tidewater. All but one of the rest are located along an Interstate, leaving more rural areas of the state completely without pediatric dentists. Thus, the problem is one of an overall shortage as well as unequal distribution of specialists.

The Importance of Oral Health

Oral health is an important part of children's overall health and well-being, but many children do not receive comprehensive oral health care. Dental caries (tooth decay) is the most common chronic childhood disease, affecting five times as many children as asthma. In children ages 5 to 9 in the U.S., more than 50% have at least one cavity or filling. In children ages 10-17 the prevalence is 78%.

Untreated oral disorders affect a child's overall medical health, as well as their growth, school attendance, and social and economic outcomes. Approximately 250,000 school hours are lost each year to children in Virginia with dental-related illness. Particular populations of children are more likely to have oral disease: those from low-income families, minority groups, and children with special health care needs. Children in low income families have five times more untreated dental needs than children in higher-income families. For children with special health care needs (which is 18% of all children), dental care is the most common unmet health need. They face increased risk of oral health problems due to their other systemic medical problems, and many providers are not trained and do not feel comfortable delivering oral health care to this population.

KIDS COUNT on Oral Health

Virginia KIDS COUNT has not reported locality specific data on dental health or dental health care because it is not available. Virginia's Department of Medical Assistance Services (DMAS) does have data on dental visits for children enrolled in fee-for-service FAMIS Plus.

**FAMIS Plus* Dental Care
EPSDT** Dental Utilization 2001-02**

	3 to 5	6 to 14	15 to 20	Total
Individuals Eligible	71,463	180,990	86,519	339,472
Receiving Preventive Care	13,659	42,115	12,045	67,819
Receiving Corrective Care	5,986	21,866	9,026	36,878
Receiving Any Dental Care	16,314	47,080	15,912	79,306
% Utilization	22.83%	26.01%	18.39%	23.36%

* formerly Medicaid coverage for Medically Indigent Children

** Early and Periodic Screening, Diagnosis and Treatment

Source: Department of Medical Assistance Services, Report on Dental Access and Reimbursement, December 2002

There are 4,399 dentists licensed in Virginia, relatively few of whom (19%) participate in Medicaid. Of those, only 31% provide significant amounts of care. Main reasons for the low level of participation include the low reimbursement rates and participant compliance issues.

- FAMIS Plus reimbursements for dental care have increased three times since 1995, the latest being a 10% increase for all dental services in July 2000. Despite these increases, FAMIS Plus reimbursement remains at very low levels compared to other payors and other states. Virginia's reimbursement rates for most dental services falls below the 10th percentile compared to other states in the Southern Atlantic region.
- The issue of FAMIS Plus participant compliance is complex – many families do not understand the importance of oral health care and have other competing demands; in addition, many have transportation issues that make office visits difficult. The combination leads to a higher level of missed appointments than with the general population and discourages some dentists from becoming FAMIS Plus providers.

Public Policy Strategies for Improving Access

The Virginia General Assembly, DMAS, and health providers have recognized for many years that children's access to dental care in Virginia is woefully inadequate. Individually and working together, they have tried to address issues such as the shortage and unequal distribution of dentists and the reimbursement rates. Community health centers, free clinics, local health departments, and some schools have also tried to provide a safety net of dental care for underserved populations, including children. Significant improvements in public policy still need to be made, however, to provide oral health services to the thousands of Virginia children who go without.

- **Public education** is an important component of any strategy. The general public, parents, and pediatricians need to be educated that oral health is an important part of children's overall health. The American Academy of Pediatrics has recently released a policy statement advising pediatricians on oral health risk assessments and helping families establish a dental home, similar to a medical home, where they can receive comprehensive, pediatric-specific oral health care.
- **Reimbursement rates** in FAMIS and FAMIS Plus must be increased to attract dentists to serve this population. This strategy must be used in conjunction with the next recommendation, which involves efforts to assist high-risk populations in making and keeping appointments.
- **Public-private partnerships** that assist families with children at high risk of oral health problems access appropriate services should be encouraged. There are existing community-based programs that provide case management services to assist some low-income families in accessing health services, including dental, by making connections with providers and assisting with transportation and child care to encourage families to keep appointments. Currently, these programs only reach a minority of the children who are in need of dental care. Community partnerships that focus on helping children with special health care needs access oral health services are also needed.
- Virginia's **dental scholarship program** should be enhanced to encourage dentists to practice in underserved areas of the Commonwealth. The Virginia Department of Health operates a program that requires participants to serve after graduation in underserved areas or in state agencies that provide dental services. The General Assembly currently funds the program at \$25,000 per year, which only covers the cost of annual in-state tuition for two dental students. The General Assembly amended the program in 2000 to add a dentist loan repayment component, but allocated no funding.

Sources: "The Face of a Child: Surgeon General's Workshop and Conference on Children and Oral Health", May 2001; "Children's Dental Care Access in Medicaid: The Role of Medical Care Use and Dentist Participation", The Child Health Insurance Research Initiative, June 2003; materials from the Virginia Statewide Dental Summit, in cooperation with Virginians for Improved Access to Dental Care Coalition, September 2003.