

Executive Summary

Oral Health Status of Low-Income Children in Pennsylvania: A Rural-Urban Comparison

By:

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This research analyzed the oral health care delivery system for low-income children in Pennsylvania, focusing on the differences between the delivery system in rural and urban areas. The overall goal was to develop recommendations for public policy to improve the oral health status of low-income children residing in rural Pennsylvania.

Specifically, the research, conducted in 2018-2019, analyzed: (1) the oral health component of the Medical Assistance (MA) program for children in Pennsylvania, (2) the Children's Health Insurance Program (CHIP), (3) a variety of additional oral health programs and services, (4) the school oral health program, (5) the supply and geographic distribution of dentists in Pennsylvania, and (6) the overall oral health care delivery system for low-income children in rural Pennsylvania.

The researchers used data from the U.S. Census Bureau, the Pennsylvania Department of Human Services, the Pennsylvania Department of Health, and the American Dental Association.

Research Results

The Supply and Distribution of Dentists

- The overall supply of dentists in Pennsylvania is sufficient to meet current demand under the assumption of equal access for all residents.
- Geographic access is not equal, however, as the urban dentist supply rates are nearly twice that of rural rates. Market mechanisms are likely to maintain this inequality.
- Access inequalities also exist between areas of higher socio-economic status and those of lower socio-economic status.
- Considering these inequalities and the overall dentist supply, an importance public policy issue is the geographic distribution of dentists. The issue of overall supply also should be considered.



created in 1987 under Act 16, the Rural Revitalization Act, to promote and sustain the vitality of Pennsylvania's rural and small communities.

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The Center for Rural Pennsylvania is a bipartisan, bicameral legislative agency that serves as a resource for rural policy within the Pennsylvania General Assembly. It was

The Supply and Distribution of Dentists Participating in the MA Program

- In 2017, there were 2,280 dentists providing service to MA-insured children at 3,441 unique locations. Many providers offered service at multiple locations.
- The number of service delivery sites for MA-insured children increased 21.7 percent between 2014 and 2017. The number of unique dentists serving MA-insured children increased 14.6 percent between 2014 and 2017.
- Fifty percent of dentists contributed less than 7 percent of a full-time equivalency (FTE) to treating MA-insured children. Only a small percentage of dentists predominately served MA-insured children.
- Dental specialists provided MA service in all urban counties but provided service in only about half of rural counties.
- Relatively large contiguous rural areas had no MA dental service in 2017. These occur in the Northern Tier and throughout the rural central region of Pennsylvania.
- In 2017, there was no MA dental service provided in 48 percent of rural school districts, and 24 percent of urban districts.
- Dental service is higher in urban counties, counties with higher median family incomes, and counties with more dentists.

Use Patterns Among Medical Assistance Child Enrollees

- The MA program is the largest insurer of children in Pennsylvania. About one in three children and the majority of low-income children are enrolled in the MA program. The MA program has generous dental benefits for children.
- Dental care utilization has been increasing over the past decade for all children.
- Children insured by MA have lower annual use rates than those insured by commercial insurance plans (privately insured), but this difference has been decreasing in recent years.
- In 2017, among the 53.5 percent of enrollees who had a dentist visit, 89 percent had at least one preventive/diagnostic visit.
- Between 2014 and 2017, 68 percent of MA enrollees with a dentist visit visited two or more dentists (many visited several). This pattern is not consistent with the recommendation of establishing a dental home. A dental home is an approach to oral health care that is patient-

centered and prevention-focused, rather than one that is disease-centered.

- There are wide variations in the number of visits per enrollee: 15 percent had only one visit, while 12 percent had 10 or more visits.
- In 2017, the ratio of visits to enrolled children in Pennsylvania was 1.10 to 1. This ratio varied considerably by county.
- In 2017, the urban visits-to-enrollee ratio was 35 percent higher than the rural ratio. This difference has been slightly decreasing since 2014.
- Overall, MA-insured children have a yearly dentist visit at rates less than that of their privately insured counterparts. Among those who have a visit, they tend to use preventive services at rates near recommended levels; however, they tend to not establish a dental home.

CHIP and Other Programs in Pennsylvania

- CHIP provides coverage for uninsured children who do not meet the income eligibility requirements of the MA program. CHIP is offered at three levels: free, reduced premium, and full-cost premium.
- About 6 percent of all children age 18 or younger are enrolled in CHIP.
- CHIP is similar to the MA program in several important respects. First, dental coverage is quite comprehensive in both programs. Second, both programs are administered through managed care contracts. Third, both are joint federal-state programs.
- Among other programs for low-income children, the Community Health Center (CHC) program is the most important. CHCs are comprehensive health clinics that receive a federal grant to partially cover costs and receive favorable federal and state reimbursement for the services that they provide. They are designed to serve the Medicaid, low-income, and uninsured populations. There are 264 CHC clinical sites in Pennsylvania; 84 percent of which have on-site dental services and the remainder have a contract with an outside dentist. Thirteen percent of CHC patients were uninsured and 51 percent were insured by MA in 2016.
- While not required to offer oral health services, many Rural Health Clinics (RHCs) have started to integrate oral health and coordinate care for their patients. RHCs were federally authorized

in 1977 to address physician shortages for patients with Medicare in rural areas through the use of non-physician providers. RHCs are paid an all-inclusive rate for preventive and primary care services.

- A variety of other programs offer service to the low-income population including Head Start, Sealant Saturday, free clinics, and others.

School Health Program

- The oral health component of the school health program mandates examinations or screenings for children entering school and in Grades 3 and 7. School districts can choose to participate in the Mandated Dental Program (MDP) or the Dental Hygiene Services Program (DHSP). Both programs encourage students to obtain a dental examination from their family dentist and provide an examination or screening in the school for those who do not visit or have a family dentist.
- Most districts have chosen the MDP.
- There is evidence that the vast majority of students in mandated grades are being examined or screened.
- Students in rural districts more frequently receive their dental screening or examination at school.
- Fluoride programs are more frequently offered in rural school districts.
- The school health program is an important gateway to oral health care, as there is no other program that is open to almost all children in Pennsylvania, regardless of socio-economic status, geographic location, or health status.

Oral Health Care System for Low-Income Children

When one considers the MA program, CHIP, the school health program, and the other points of entry for low-income children into the oral health system, it is clear that the oral health care system is complex and difficult to navigate.

The managed care delivery system of the two major insurers for low-income families, MA and CHIP, adds to the complexity. The beneficial aspect of this system is that care is being offered from many points of entry. The disadvantages are that finding the proper entry point and identifying a sustainable source of care is very complicated.

Policy Considerations

Despite the broad scope of the oral health care delivery system for low-income children, it is complex and difficult to navigate. As a consequence, the researchers suggest that before any new policies are implemented, it first should be determined how they would affect system complexity.

Complexity is important because it makes navigation of the system difficult for the user and can limit sources of care. The researchers suggest that the Pennsylvania Department of Human Services (DHS) and the DHS Office of Medical Assistance Programs (OMAP) consider allowing enrollees to see any dentist participating in the MA program regardless of their and their dentist's Managed Care Organization (MCO) membership. A transfer payment methodology within OMAP can direct reimbursement to the proper destination. The system can be made transparent to enrollees and providers.

The school health program stands alone in its inclusiveness as a contact point between children and the oral health care system. The universal availability of oral health screenings and examinations in the school setting allows for care navigation and is the first step in securing sustainable care for all students, regardless of socioeconomic status, insurance status, and geographic location. Including preventive oral health services and education in the school setting will facilitate equal opportunity for all children to access routine services. However, the current reimbursement incentives for school-based oral health screenings and examinations are insufficient to encourage full compliance. Consideration should be given to altering the current reimbursement in an effort to encourage more complete compliance. This is especially important in school districts where the population-to-dentist ratio is in low supply. In these districts complete coverage is more important since opportunities for care outside of the school system are more limited.

The full report, *Oral Health Status of Low-Income Children in Pennsylvania: A Rural-Urban Comparison*, is available on the Center's website at www.rural.palegislature.us.

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