



Iowa Research Online
The University of Iowa's Institutional Repository

Health Policy

2-1-2004

Access to Oral Health Care in Iowa

Public Policy Center, The University of Iowa

Copyright © 2004 Public Policy Center, the University of Iowa

Hosted by Iowa Research Online. For more information please contact: lib-ir@uiowa.edu.



Health Policy Brief

Access to Oral Health Care in Iowa



University of Iowa, Public Policy Center

February, 2004

Background

Oral health care is the most difficult health care service for low-income children and adults and seniors in nursing homes to receive.

Good oral health is an important part of good total health. Recent research has found strong associations between oral health status and diabetes, heart disease and low-birth weight. While significant improvements in oral health have been realized in the last 40 years, these gains have not been for everyone.

There are important segments of society, including low-income children and adults and institutionalized seniors for whom there are significant barriers to accessing oral health care services. Workforce projections indicate that access to dental care may become an issue for many others such as those living in rural areas.

This policy brief draws information primarily from studies conducted at the University of Iowa Public Policy Center regarding access to primary care services, including statewide studies of children's health and well-being, evaluations of the Iowa Medicaid managed care program, and the Iowa State Child Health Insurance program (*hawk-i*). Information from national studies and reports such as the 2000 US Surgeon's Report: *Oral Health in America* are also included.

The policy recommendations are drawn from research findings and statewide committees regarding oral health in which PPC researchers have participated over the past 10 years.

Oral health care for children

80% of dental problems are in 20% of the children

National studies have indicated that although dental decay is the most common chronic disease among children, 80% of the disease is isolated in 20% of the children.

Public Policy Center research has shown that in Iowa, among uninsured children joining *hawk-i*, one in nine children had a chronic dental problem lasting at least three months. It was the second most common chronic condition after allergies/sinus problems.

About three-quarters of Iowa children have a dental visit each year. 15% have never been to a dentist. While most are under age 4, 3% of children ages 5-9 have never been to a dentist.

In a statewide study of children's health, dental care was the most frequent service area with unmet need. About 25,000 children were stopped from receiving dental care in 2000, more than twice as many as had unmet need for medical care. The most frequently reported reasons for this unmet need were inability to get an appointment and cost of dental care/lack of insurance.

Since dental insurance is often not provided with medical insurance, children are significantly more likely to be without dental insurance than without medical insurance. One in four children did not have dental insurance compared to 6% without medical insurance.

Twice as many children had unmet need for dental than medical care

Seniors are keeping their teeth longer but having crowns, bridges and implants also complicates the oral health care needed if they are in a nursing home.

Oral health care for seniors

As seniors in Iowa are living longer, more active lives, their oral health has also improved in general. They are less likely to have lost all of their teeth and have full dentures. While keeping their natural teeth greatly improves their quality of life, it also complicates their oral health care needs as their physical and/or mental health declines.

Since Medicare does not cover dental care, seniors are the least likely group to have dental insurance. In a 1993 Public Policy Center study of Iowa rural elders, only 6% reported having dental insurance.

Nursing homes in Iowa are required to provide oral health evaluations when a person enters the nursing home, have a dentist of record for the resident, provide adequate daily oral health care, and make emergency dental services available to residents.

Seniors in nursing homes face many additional barriers to having good oral health. Some nursing homes have difficulty finding dentists to serve residents due to low Medicaid reimbursement and lack of comfort seeing medically compromised patients. For others, the facilities place less emphasis on adequate daily oral hygiene and non-emergent dental care.

72 counties in Iowa are designated as dental health profession shortage areas by the Iowa Department of Public Health.

Dental workforce issues

The adequacy of the future dental workforce in Iowa is unclear. A 2001 review by the Iowa Department of Public Health found that the number of dental health profession shortage areas (DHPSA-areas roughly defined as having dentist to population ratios less than 1 to 5000 in a county) increased from two to 72 counties since the previous analysis of this type 10 to 20 years earlier.

Future dental workforce projections are also influenced by: the fact that the average age of practicing dentists is getting older, they are less likely to practice in towns under 10,000 people, and dentists may be more likely to work fewer hours than dentists in the past.

If these trends hold, having fewer dentists in many parts of the state could reduce access to dental care for many Iowans.

Medicaid and **hawk-i** reduce unmet need for dental care significantly but 8% of **hawk-i** enrolled children and 34% of Medicaid-enrolled adults had unmet need for dental care.

Medicaid and SCHIP (**hawk-i**)

Medicaid and SCHIP (called **hawk-i** in Iowa) have reduced financial barriers to dental care for many lower income Iowans. Both programs cover the majority of dental services for enrollees.

A 2003 Public Policy Center study of the impact of the **hawk-i** program found that the percentage of children with unmet dental need declined substantially, however, 8% still had unmet need for dental care. One in four adults and one in six children in Medicaid reported unmet dental need in 2003.

About 40% of Iowa children in Medicaid and 50% of children in **hawk-i** who were enrolled for a year had a preventive dental visit. This is higher than most national estimates for these programs but leaves many children without dental care.

Even with coverage, Medicaid enrolled adults rated their oral health status worse than their general health, with one-third rating their oral health as fair or poor.

The most common reason for unmet need for dental care, especially for Medicaid enrollees, was the inability to find a participating dentist.

An innovative statewide model for dental care in nursing homes

Iowa is developing an innovative public-private partnership to address the problem of access to dental care for nursing home residents. With the assistance of the Public Policy Center and College of Dentistry:

1. The nursing home associations in Iowa have agreed to survey their members to identify facilities having difficulty locating dental care for their residents.
2. The information will be compiled and evaluated by the Iowa Department of Public Health.
3. The Iowa Dental Association has agreed to match dentists from the community with nursing homes.

4. The College of Dentistry and Public Policy Center have developed a model for the business agreement between the nursing home and the dentist.
5. The College of Dentistry will provide annual continuing education regarding the care of medically compromised elderly patients to participating dentists and their staff.

These activities could be supported by the use of portable dental equipment that could be housed and maintained regionally in community health centers and loaned to participating dentists and their staffs.

Iowa is establishing a statewide network for providing care to seniors in nursing homes by matching dentists to facilities in need.

Other policy options

The following options have been proposed for addressing varying aspects of the access to dental care problem:

FINANCIAL ACCESS PROBLEMS

1. Improve Medicaid reimbursement rates and/or carve out the dental program from Medicaid and SCHIP to a private insurance carrier with a strong presence in the state. This approach has been successfully used in Michigan.
2. Investigate ways to cover families and not just individuals in Medicaid and SCHIP. Studies show that children who have parents with dental insurance are 13 times more likely to receive dental services.

WORKFORCE PROBLEMS

1. Encourage more dentists to practice in Iowa's underserved areas.
 - Develop a dental-specific loan repayment program for practicing in an Iowa DHPA, tied to seeing underserved patients in the practice.

- Involve more communities in recruitment of dentists/dental hygienists.
2. Consider more efficient ways to deliver dental care.
 - Better collaboration and sharing of duties between dentists, dental hygienists and assistants. These would not require a change in practice act. For example, increase the number of dentists who allow dental hygienists to place dental sealants in their practices.
 - Consider practice act changes to allow more duties to be provided by staff. Iowa's 2003 expanded function dental assistant regulation is an example of this. Many options have been explored for over 30 years.
 - Focus the dentist's activities on health care. Esthetic procedures (e.g., bleaching) are becoming an increasingly large part of dental practices and take space from children and seniors with serious health care needs.

How do we balance the need for improving access to dental care with quality of care issues such as certifying foreign dental graduates and expanding scope of duties for assistants and hygienists?

University of Iowa, Public Policy Center

David J. Forkenbrock, PhD
Director

227 South Quadrangle
Iowa City, IA 52242

PHONE:
319.335.6800

FAX:
319.335.6801

FOR MORE INFORMATION ON THIS TOPIC CONTACT:

Peter C. Damiano, DDS, MPH
Director, Health Policy
Research Program
peter-damiano@uiowa.edu

Other research
reports are available
for download or can
be ordered from our
Website:

<http://ppc.uiowa.edu>

The tough questions

To truly address access to dental care problems in the long term, we will have to face some difficult policy questions:

1. When the Medicaid program was begun, it was the belief that the private sector was more efficient and would provide better quality care than developing a two-tiered delivery system.
 - What should the responsibility of private practitioners be in providing care to the underserved?
 - The current expansion in community health center dental clinics can help meet the need but at what cost and how will they be funded?
 - How much do we expand the number of community health centers in Iowa to provide care to underserved populations?
 - Can these new clinics be adequately staffed given the predicted dentist shortage?
2. How do we trade off improving access for perceptions (or reality) of lowered quality?
 - Could we encourage dental graduates from the University of Iowa to stay in Iowa by exempting them from taking the clinical board exam (a big cost and emotional burden for new graduates)?
 - Should we expand the scope of duties or locations that certain procedures can be done by dental hygienists and assistants? For example, what is the line between a diagnosis and a screening conducted by a dental hygienist?
 - Should foreign dental graduates be allowed to practice in Iowa without a dental equivalency degree if they have completed a specialty residency (e.g., pediatric dentistry) from an accredited US program and will limit their practice to this area?

Related PPC reports

1. Damiano PC, Willard JC, Momany ET, Tyler MA. *hawk-i: Impact on Access and Health Status*. Third Evaluation Report to the Board of Directors of the Healthy and Well Kids in Iowa Program. January 2004.
2. Damiano PC, Willard JC, Momany ET, Tyler MA, Schor E, Hageman MA, Lobas J, Penziner A, Khal B. *The Health and well-being of minority children in Iowa*. October 2003.
3. Momany ET, Damiano PC. *Outcomes of Care for Children in the hawk-i program*. Final report to the Iowa Department of Human Services, January 2004.
4. Damiano PC, Kanellis M, Momany ET and Willard JC. A Report on the Iowa Title 19 Dental Program. A Report to the Iowa Department of Human Services, April 1996.

About these policy briefs

The University of Iowa's Public Policy Center's **Policy Briefs** are designed to succinctly provide our research findings in a manner that is more accessible to policymakers and others. The nature of the Briefs does not allow for extensive explanation of the methods we used in our research however. More information about the specific methodologies used in any particular study can be obtained by contacting researchers at the Center and or by downloading reports with more detailed methods sections. We hope you find these policy briefs helpful to your discourse of some of the most challenging societal issues.

About the Public Policy Center

The University of Iowa's Public Policy Center was formed in 1987 to facilitate interdisciplinary academic research on public policy issues. A freestanding unit in the Office of the Vice President for Research, the Center's mission is to: carry out public policy-related research; facilitate collaboration among researchers from a variety of fields and disciplines; conduct research on topics that will affect future development and promote positive social change within the state and region; and disseminate research findings both to scholarly and lay audiences.