Dental Services

Use of dental services

Although appropriate self-care at home and population-based prevention are essential to prevent the onset of oral diseases, professional care also can help maintain optimal oral health. Regular dental visits provide opportunities for the early diagnosis, prevention, and treatment of oral diseases and conditions for people of all ages, as well as for the assessment of self-care practices.

Children (0-17 years)

Use of dental services is an important component of care. HP 2010 includes specific targets for use of dental services by children at least two years old (56 percent).

In Washington State:

- About 44 percent of children younger than five years have never visited a dentist.
- Hispanic children are more likely to have never visited a dentist than are other children.
- About 90 percent of children ages 12-17 years visited a dentist within the past 12 months. [50]
- Adolescents who do not speak English at home were significantly less likely to have visited a dentist within the past 12 months and

Figure 35: Use of oral health system by children, 2003 NSCH.

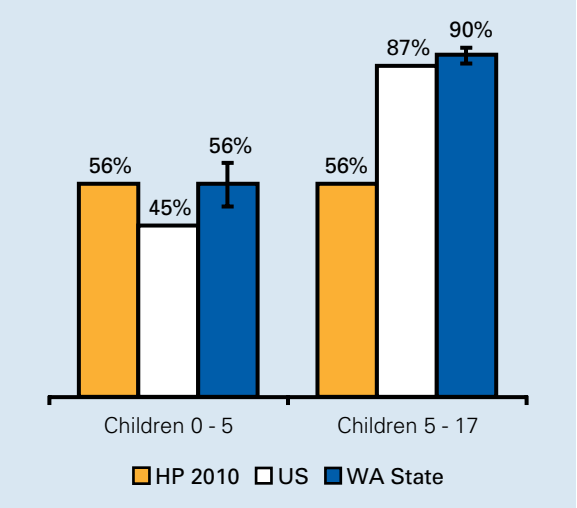


Table 16: Proportion of Washington children (0-17 years) who visited a dentist within the past year, 2003 NSCH.

Demographics	Dental visit < 1 year Children (0-17) (%)
Age	
0-4 years	52.7 (47.0-58.5)
5-9 years	90.5 (87.1-93.1)
10-14 years	89.4 (85.4-92.4)
15-17 years	90.1 (84.9-93.6)
Race	
White	82.5 (80.0-84.7)
Black	83.0 (69.9-91.1)
Multiracial	79.8 69.4-87.3)
Other	78.5 (66.0- 87.3)
Hispanic	
Yes	78.0 (70.5- 84.0)
No	82.4 (80.0- 84.5)
Poverty level	
<100% FPL	72.0 (64.2- 78.7)
100-185% FPL	77.6 (71.1- 83)
185-200% FPL	83.7 (71.5- 91.3)
200-400% FPL	84.0 (80.2- 87.3)
400+% FPL	86.1 (82.8- 88.8)
Maternal education	
Less than 12 years	84.1 (73.6-90.9)
12 years	75.3 (68.2-81.3)
More than 12 years	83.3 (80.9-85.4)

also significantly more likely to have never visited a dentist.

- About one in four adolescents in the eighth, tenth and twelfth grade reported that they had not been to a dentist in the past 12 months. [51]

Table 17: Dental visits among Washington eighth, tenth and twelfth grade adolescents by language spoken at home, 2004 WA HYS.

Time since last dental visit	Language spoken at home	Eighth grade (%)	Tenth grade (%)	Twelfth grade (%)
≤12 months	English	75.5 (72.8- 78.0)	77.2 (74.8- 79.5)	76.2 (76.7- 78.6)
	Other	58.1 (53.6- 62.5)	55.5 (50.7- 60.1)	53.0 (48.1- 57.8)
Never	English	1.6 (1.2- 2.1)	1.4 (1.0- 2.0)	1.6 (1.1- 2.2)
	Other	6.3 (4.6- 8.4)	5.1 (3.3- 7.7)	7.4 (5.4- 10.0)

Adults (≥ 18 years)

Adults who do not receive regular professional care may develop oral diseases that eventually require complex treatment, leading to tooth loss and other health problems. People who have lost all their natural teeth are less likely to seek periodic dental care than those with teeth, a situation that decreases the likelihood of early detection of oral cancer or soft tissue lesions from medications, medical conditions, and tobacco use; or from poor fitting or poorly maintained dentures.

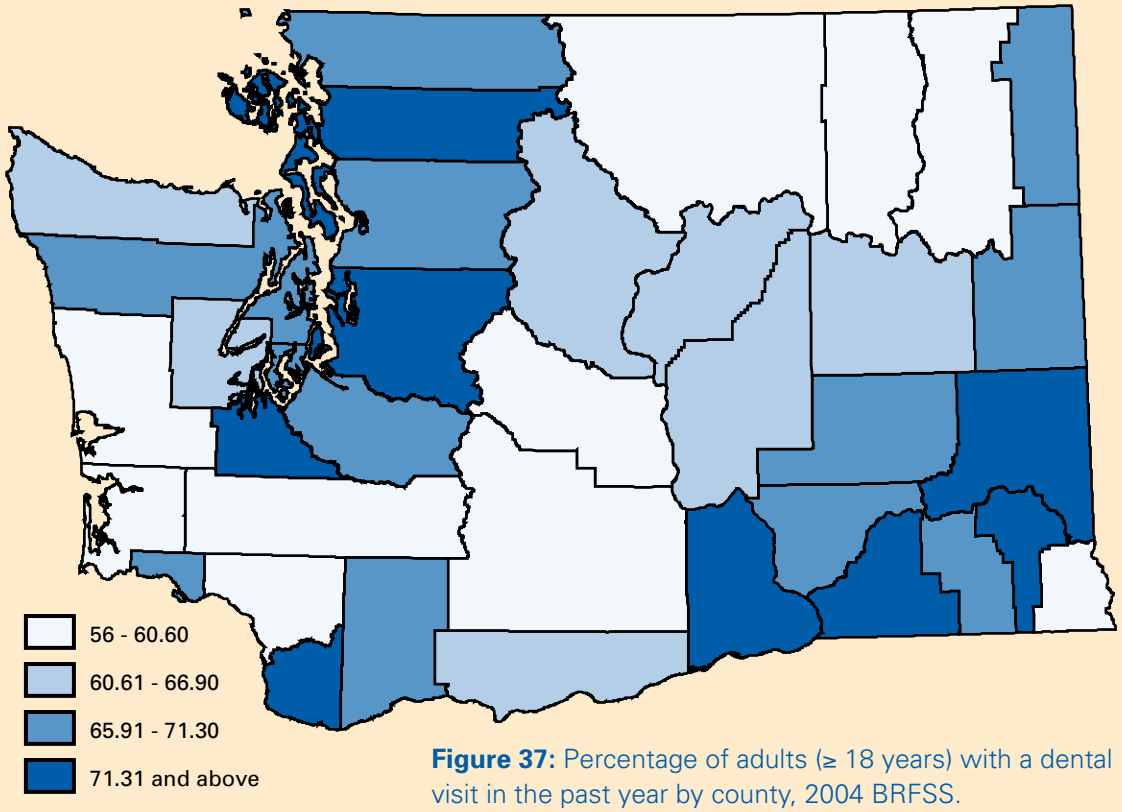
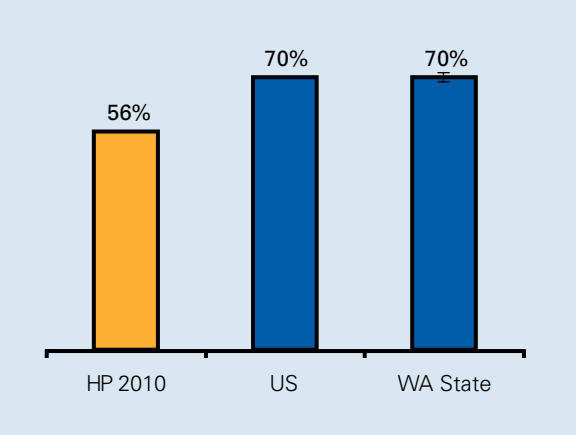


Figure 37: Percentage of adults (≥ 18 years) with a dental visit in the past year by county, 2004 BRFSS.

In Washington State:

- In 2004, about 70 percent of adults had visited a dentist within the past 12 months.
- American Indians, Hispanics, and those with high school or lower educational levels were among those people who were significantly less likely to have visited a dentist.

Figure 36: Use of oral health system by adults (18 years and older), 2004 BRFSS



Pregnant women

Studies documenting the effects of hormones on the oral health of pregnant women suggest that 25 percent to 100 percent of these women experience gingivitis, and up to 10 percent may develop more serious oral infections. [52, 53] Recent evidence suggests that oral infections such as periodontitis during pregnancy may increase the risk for preterm or low birth weight deliveries. [54] During pregnancy, a woman may be particularly amenable to disease prevention and health promotion interventions that could enhance her own health or that of her infant. [55] Pregnant women are strongly recommended to visit a dental professional during pregnancy for teeth cleaning and urgent services.

In Washington State:

- From 2001-2003, about 28 percent of pregnant women reported needing to see a dentist for a problem.
- Compared to white women, Native American and African American women were less likely to visit a dentist during their pregnancy when they had a dental problem.

Table 18: Dental visits during pregnancy by selected demographic characteristics, 2001-03 WA PRAMS.

Demographics	Had a problem/ Did not go to dentist (%)	Had a problem/ Did go to dentist (%)
Race and ethnicity		
Hispanic	8.0 (6.3-10.0)	29.2 (26.3-32.4)
African American	10.7 (8.7-13.2)	20.3 (17.5-23.3)
Native American	16.5 (13.8-19.6)	23.6 (20.6-26.8)
Asian Pacific Islander	7.0 (5.5-8.8)	20.3 (17.8-23.0)
White	8.1 (6.6-9.8)	16.0 (14-18.3)
Age		
15-17 years	§	20.3 (11.5-33.4)
18-19 years	14.0 (8.8-21.4)	19.8 (13.7-27.6)
< 20 years	13.2 (9.0-19.0)	19.8 (14.6-26.3)
20-24 years	11.8 (9.3-15.0)	21.7 (18.4-25.3)
25-29 years	9.1 (7.0-11.8)	19.0 (16.1-22.2)
30-34 years	5.6 (4.0-7.7)	16.6 (13.9-19.7)
35+years	2.8 (1.7-4.7)	17.1 (13.6-21.3)
Rural/urban		
Rural	9.1 (7.2-11.4)	19.1 (16.6-21.9)
Urban	7.8 (6.5-9.3)	18.6 (16.8-20.7)
Maternal education		
< 12 years	9.1 (6.8-12.2)	23.7 (20.2-27.7)
12 years	12.6 (10.1-15.6)	22.4 (19.2-26.0)
13+ years	5.6 (4.4-7.2)	14.5 (12.6-16.6)

Note: *(§) represent data where the Relative Standard Error (RSE) is >30%; therefore the data is too unreliable to report.*

Children with special health care needs and individuals with disabilities

Children with special health care needs and individuals with disabilities often have complex oral health conditions. Underlying congenital anomalies, as well as an inability to receive the personal and professional health care needed to maintain their oral health, may cause continuing problems.

Nationally, 78 percent of CSHCN reported needing dental care in the past 12 months in 2003, which was second only to prescription medications in the frequency of need. Of those who reported a dental care need, an estimated 755,581 or 10.4 percent of CSHCN did not receive all of the dental care they needed. Dental care is the most prevalent unmet health care need for CSHCN. Dental care should be an integral and explicitly stated part of the comprehensive coordinated services that the Medical Home aims to provide for CSHCN. [56]

Table 19: Percentage of children with special health care needs who had seen a dentist within the past year, 2003 WA NSCH.

Demographics	Percent who saw a dentist within past year
Race and ethnicity	
White	86.2 (80.4-90.4)
Black	§
Multiracial	95.3 (72.5-99.4)
Other	70.8 (31.2-92.9)
Hispanic	97.4 (89.4- 99.4)
Gender	
Male	83.5 (74.0- 90.0)
Female	89.4 (82.2-93.9)
Maternal education	
Less than 12 years	88.3 (44.1-98.6)
12 years	73.4 (52.6-87.3)
More than 12 years	89.5 (84.4-93.0)
Poverty level	
<100% FPL	67.8 (44.6-84.7)
100-185% FPL	80.8 (58.6-92.6)
185-200% FPL	§
200-400% FPL	87.9 (79.4-93.2)
400+% FPL	94.6 (89.6- 97.3)
Age	
0-4 years	63.7 (46.4-78.1)
5-9 years	88.6 (77.8-94.5)
10-14 years	85.9 (71.2-93.8)
15-17 years	95.0 (85.0-98.5)

***Note:** (§) represent data where the Relative Standard Error (RSE) is >30%; therefore the data is too unreliable to report.*

In Washington State:

- Children with special health care needs are more likely to have seen a dentist within the past year (86 percent) than are other children (82 percent).
- Adults with disabilities (age 18 years and older) were less likely to have seen a dentist in the past year compared to those without disabilities (63 percent vs. 72 percent, respectively). [11]

Long-term care residents

Residents of long-term care facilities have less access to dental providers. [57] HP2010 sets a target of 25 percent for use of the oral health system by adults in long-term care, compared with a current nationwide rate of 19 percent. There are currently no state data available on access to dental care by this population group.

HIV/AIDS

In Washington State:

- In 2006, about 14 percent (12,17 percent) of 18-65 year olds got tested for HIV in the past 12 months. [58]
- In the 2006 Statewide HIV Care Services Comprehensive Needs Assessment, providers considered oral health one of the two major gaps in access to services, and consumers considered oral health one of their four top health priorities.

Table 20: HIV/AIDS oral health service needs, 2006 HIV Care Services Comprehensive Needs Assessment.

Oral health services	Washington State (excluding Seattle-King County)				Seattle-King County			
	Consumer (n=518)		Provider (n=109)		Consumer (n=436)		Provider (n=187)	
	Rank¥	%	Rank¥	%	Rank¥	%	Rank¥	%
Service priority	2	65%	5	42%	4	62%	10	28%
Service gap	3	38%	1	41%	4	28%	2	48%
Service utilization	5	56%	N/A	N/A	6	59%	N/A	N/A

¥ Ranges from 1 to 10, where 10 is least important.

Financing of dental services

Dental insurance

Insurance coverage can help improve access to care when providers are willing to accept insured patients and to offer them regular examinations and needed treatment. About 16 percent of Americans were without medical insurance in 2005. [59] Rates of dental insurance coverage tend to be traditionally lower than those for medical insurance coverage—itself a major national concern.

Table 21: Dental insurance coverage for Washington children, 2003 NSCH.

Age	Washington State (%)	National (%)
Younger than 5 years	82.6 (78.9- 85.9)	75.7 (74.8-76.6)
5-9 years	87.0 (82.9-90.1)	84.1 (83.3-84.9)
10-14 years	86.9 (82.9-90.0)	83.1 (82.2-83.9)
15-17 years	88.6 (84.6-91.7)	81.7 (80.6-82.6)
Total (0-17 years)	86.1 (84.2-87.8)	81.1 (80.6-81.5)

In Washington State:

- About 86 percent of children ages 0-17 years were reported to have some type of dental coverage in 2003. [50]
- Approximately 70 percent of adults (ages 18 years and older) had some dental coverage in 2001. Only 34 percent of people older than 65 years reported having dental coverage. [60]

Nationally, only 22 percent of older persons were covered by dental insurance in 1995; most elderly dental expenses are paid out-of-pocket. [61] People with disabilities (59 percent) were significantly less likely than other people to report having dental insurance (68 percent). Lack of insurance was strongly related to whether someone recently used dental care. [60]

Table 22: Dental insurance coverage for Washington adults, 2001 WA BRFSS.

Demographics	Percent with dental coverage
Gender	
Male	70 (67-72)
Female	67 (65-69)
Race and ethnicity	
White	67 (66-69)
Black or African American	77 (67-87)
Asian	81 (75-88)
Native Hawaiian or other Pacific Islander	64 (43-86)
American Indian or Alaskan Native	75 (64-86)
Hispanic	63 (54-72)
Non-Hispanic	68 (67-70)
Age	
18-24 years	67 (61-73)
25-34 years	76 (73-80)
35-44 years	80 (77-83)
45-54 years	77 (74-80)
55-64 years	67 (63-72)
65+years	34 (30-37)

Dental Medicaid for children and adults

National perspective

Medicaid is a significant source of financing for oral health services, particularly for children and adolescents. Nearly all state Medicaid programs have identified access to dental care as a significant and persistent problem for enrolled persons with Medicaid. [62]

Oral health status and access to dental services are issues for all populations served by Medicaid. Dental caries are concentrated in low-income children, who are most likely eligible for Medicaid coverage. Recent surveys indicate that Medicaid-eligible children have three times the level of unmet dental care than do children in higher-income families. [62] Medicaid provides health care coverage for about a fourth of all children in the United States and plays a significant role in providing access to health care for other population groups, including low-income women, pregnant women, adults with disabilities, and the elderly. Medicaid is also the only insurance that covers both dental and medical services, which is a significant benefit to CSHCN and individuals with disabilities.

In a 1999 survey of Medicaid dental programs, nearly all responding states (42 of 44) indicated problems with access to dental care for Medicaid-enrolled children. Reflecting the priority placed by states on improving access to dental services, nearly every state has undertaken efforts to improve access to dental care for Medicaid beneficiaries. [62]

The significant barriers that low-income people face to accessing dental services include:

- State budget limits that make it difficult for Medicaid to match mainstream dental insurance in terms of reimbursement levels and covered services.
- Low or declining participation of dentists in Medicaid.
- A declining supply of dentists and dental hygienists for the general population, particularly in inner city and rural areas.
- Inadequate dental service capacity of “safety net” providers.
- Administrative procedures (including coverage and billing) that are incompatible between Medicaid and other dental insurance.

- Dentists' negative perception of Medicaid enrollees.
- Burdensome authorization procedures or billing requirements in some Medicaid programs.

Services provided

Washington's dental Medicaid program is designed to provide quality dental and dental-related services to eligible Medicaid clients. Although most Medicaid clients are enrolled in managed care plans for health services, all oral health services are delivered on a fee-for-service basis. The two major types of dental coverage through Medicaid in Washington are:

- Comprehensive dental coverage for young children (age 0-5 years) and school-age children (age 6-17 years)
- Limited coverage for adults (18 years and older), which excludes crowns, posterior root canals, and some surgical procedures. Some services require prior authorization, such as dentures and anterior surgical extractions. (Several state programs provide no adult services.) Washington is one of the 11 states that still provide dental services for adults.

For more information, refer to the website www.dshs.wa.gov; searching for the dental Medicaid program.

Eligibility and utilization

Eligibility for Medicaid is governed by both national and state criteria. People who are not U.S. citizens may qualify for Medicaid to cover only the costs of responding to life-threatening medical emergencies. Dental services are required as a benefit for most Medicaid-eligible individuals 21 years and younger as part of the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. Services must include, at a minimum, relief of pain and infections, restoration of teeth, and maintenance of dental health. Dental services may not be limited to emergency services for EPSDT recipients.

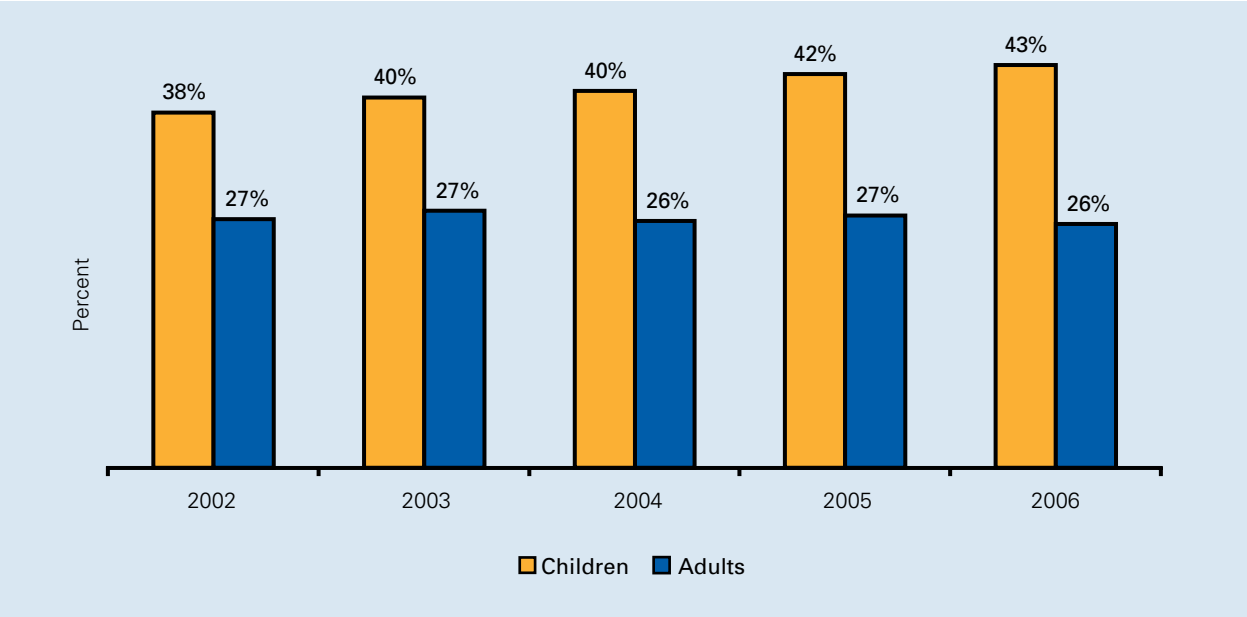
In 2005, Medicaid covered pregnant women up to 185 percent of the FPL and for the costs of prenatal care and deliveries for about 48 percent of births in Washington State. [63]

The State Children's Health Insurance Program (SCHIP) provides Medicaid coverage for children of families with incomes between 200 percent and 250 percent of FPL.

Of Washington's FY 2005 total Medicaid enrollment of about 1.1 million individuals, about 36 percent used Medicaid-financed dental services. For at least one month of the year, 650,000 children were enrolled in Medicaid, and 28,000 were enrolled in SCHIP.

The following graph shows that the percentage of Medicaid users in Washington has increased over time.

Figure 38: Dental users as a percentage of people eligible for Medicaid in Washington, 2002-06 WA Medicaid data.



Expenditures

Nationally, federal Medicaid expenditures for dental care totaled $2.3 billion in 2003, or three percent of the $74.3 billion spent on dental services nationally. [64] In Washington, total Medicaid payment for dental care has decreased for adults, but it increased for children during 2004-06. See Figure 40 for details. In 2006, Medicaid payments per user per year were $283 for those ages 0-5 years, $277 for those ages 0-20 years, and $280 for those ages 21 and older.

Figure 39: Annual Medicaid expenditures by age, FY 2002-06 WA Medicaid data

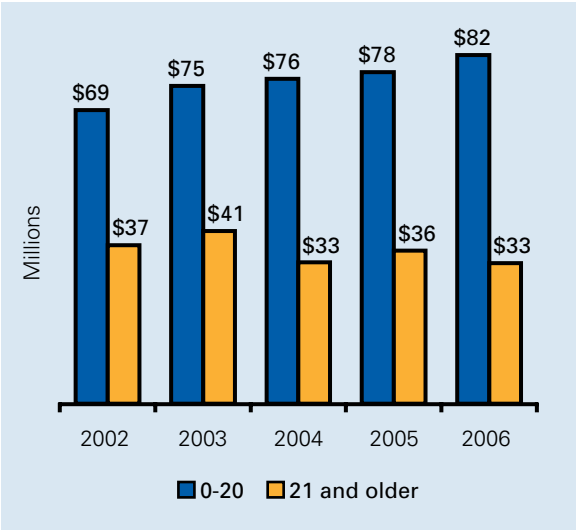
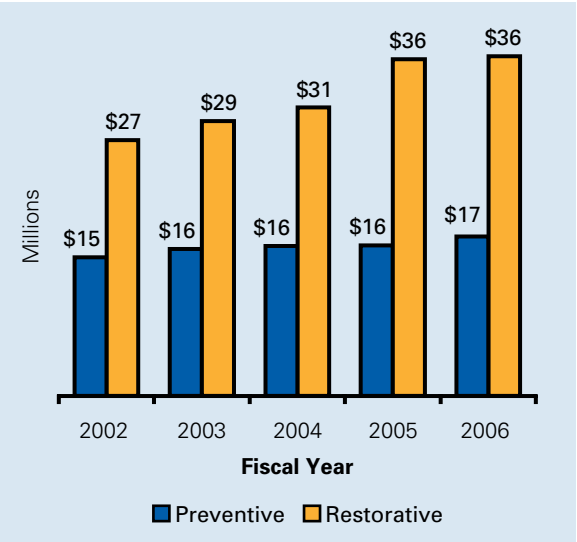


Figure 40: Annual Medicaid payments by type of procedure, FY 2002-06 WA Medicaid data



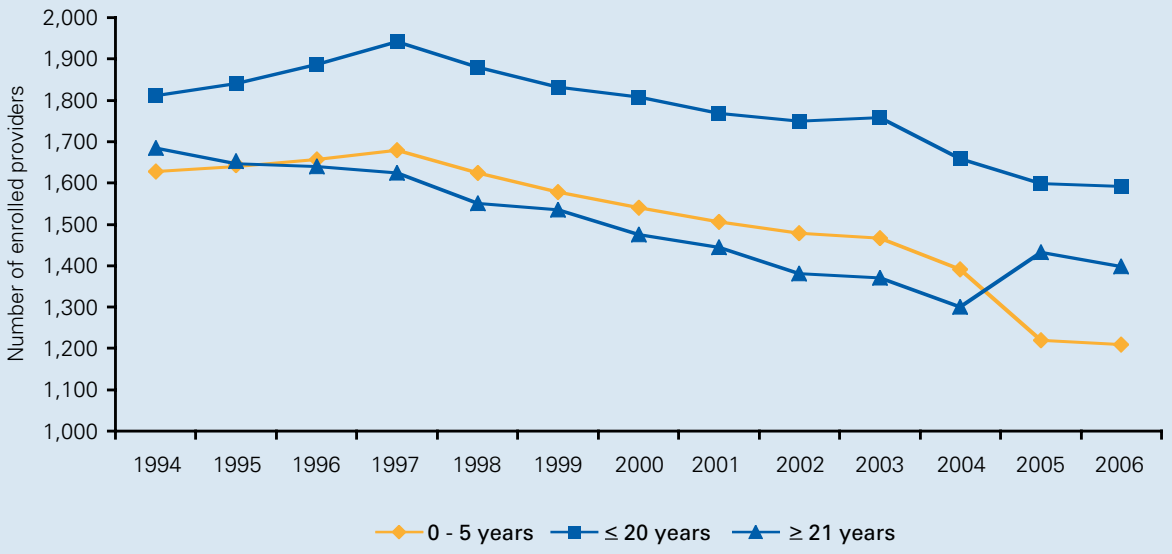
Providers enrolled

The declining participation of dental providers in Medicaid is a national problem. In Washington, one county (Skamania) had no Medicaid dental providers as of December 2006.

States have considered a variety of approaches to improving access to dental services for Medicaid enrollees. Strategies include the following:

- Adequate coverage for enrollees.
- Adequate payment for providers.
- Improved dentist participation.
- Enrollment outreach to eligible persons.
- Expanding eligibility standards through Medicaid and SCHIP. [62]

Figure 41: Dental provider participation in Washington Medicaid, 1994-2006 WA Medicaid data

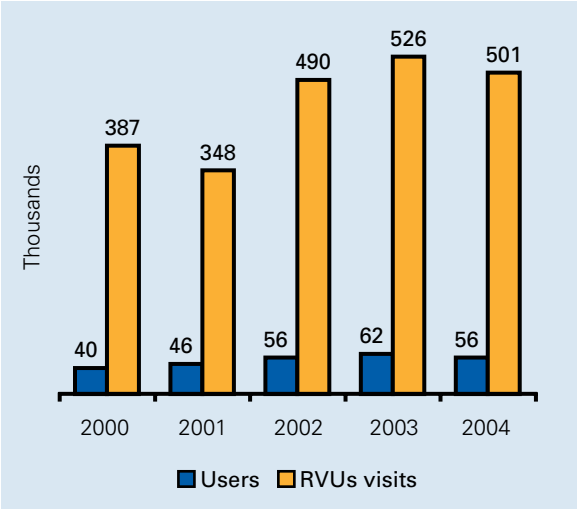


Community Health Services grant program (Health Care Authority)

The Washington State Health Care Authority Community Health Services (CHS) Program supports clinics that serve people without health insurance. Contracting with 33 clinics in 2005, CHS helped to provide medical, dental, and migrant services for low-income and special populations throughout Washington. The target populations for these grant-funded services are people with incomes within 200 percent of FPL with no other health care coverage.

In 2005, the number of "sliding fee" clinic visits and patients decreased, a drop attributed to changes in Medicaid and to a reduction in the number of appointments available.

Figure 42: Number of relative value unit (RVU) visits in Washington Community Health Services clinics, 2000-04.



Oral health programs and services

The Oral Health Program is organizationally placed within the Office of Maternal and Child Health at the Department of Health. This program focuses on prevention through assessment, policy development, and assurance.

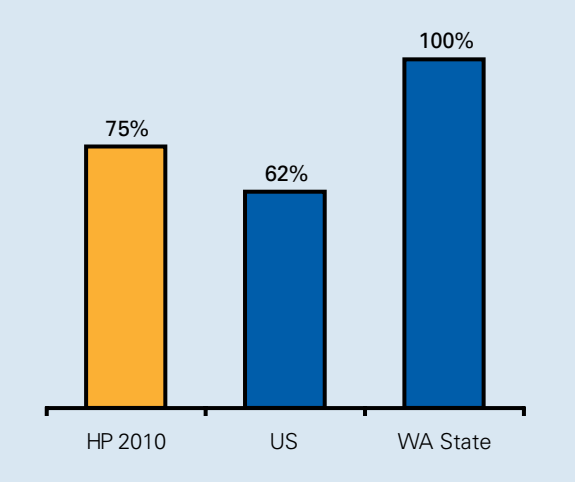
Although the State Oral Health Program does not provide direct clinical services, it works in close cooperation with 35 local health jurisdictions to address local oral health issues. Other organizations that provide dental public health services include: primary care safety net dental clinics (community and migrant health centers, free clinics, Public Health—Seattle & King County dental clinics), Indian Health Services dental clinics, correction facilities, mobile dental services, faith-based and charitable organizations, the ABCD Program, and Kids Get Care.

Local Health Jurisdictions (LHJs)

The MCH Oral Health Program relies on the close cooperation with local health jurisdictions (LHJs) to respond to public health issues. The LHJs are local government agencies, not satellite offices of the state Department of Health.

Local oral health activities supported by the state include surveys, coalition building, strategic planning, oral health education, school-based sealant programs, and referrals for high risk children. Local oral health coordinators facilitate communication with local agencies and technical assistance to facilitate the integration of services at the local level. This work helps build a network to assist children and families in navigating through the state's dental public health system.

Figure 43: Local health departments with oral health components in Washington.



HP2010 encourages all state and local health departments to have oral health components and oral health programs to have a dental director with a public health background.
In Washington State:

- The Department of Health has an Oral Health Program under the Office of Maternal and Child Health. The program's staff includes two dentists with graduate degrees in public health.
- All 35 LHJs have oral health programs, and all but five of these programs have a full-time oral health coordinator who provides and coordinates local oral health services. Among these staff are 11 dental hygienists and 25 public health professionals, such as nurses or health educators. Three of the 35 local oral health coordinators hold graduate degrees in public health.

Primary care safety net dental clinics

Primary care safety net providers are clinics and facilities with the explicit mission and mandate to serve low-income and uninsured individuals with services that include dental care. In Washington State, these providers include:

- Twenty-five community and migrant health centers (23 federally qualified and 2 look-alikes) with a total of 130 sites, 53 of which offer dental services.
- Twenty-one free clinics, three of which provide dental services.

- Six public health clinics in Seattle and King County, all of which offer dental services.

This list does not include entities that have a supporting role, such as tribal health clinics, federally certified rural health clinics, or campus health clinics.

For a complete list of the safety net dental clinics, refer to the DOH Office of Community and Rural Health website at http://www.doh.wa.gov/hsqa/ocrh/har/safetynet.xls

HP 2010 objective requires 75 percent of local health departments and community-based health centers—including community, migrant and homeless health centers to have an oral health component. Nationally, this rate was 62 percent in 2002. [65]

Figure 44: Dental encounters and dental users at CMHCs, 2000–05
WA Health Care Authority data.

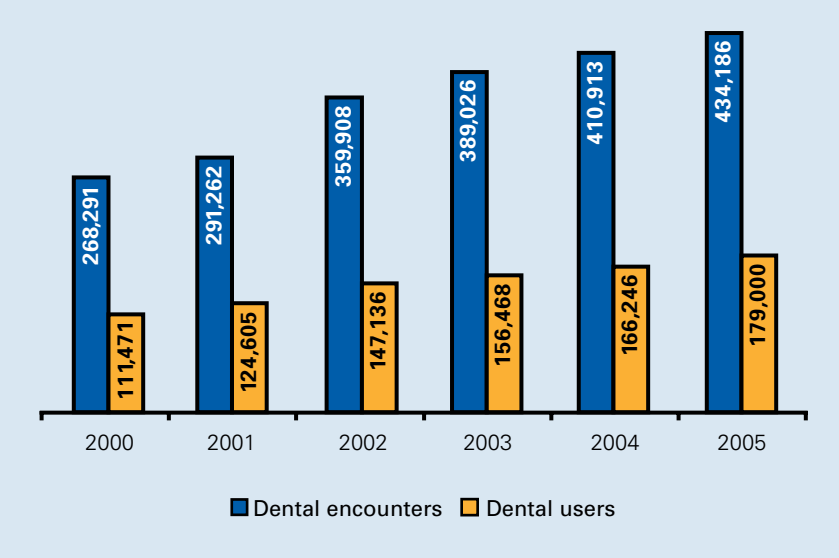
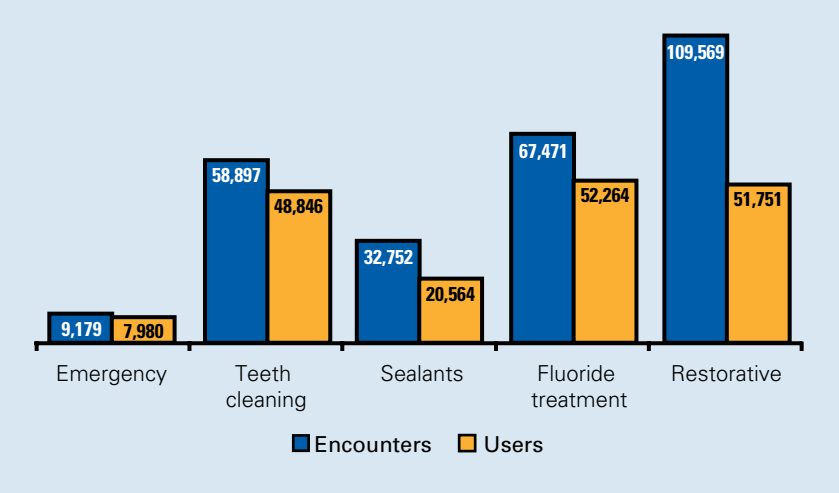


Figure 45: Dental encounters and users by services provided at CMHCs, 2004 WA HCA data.



In Washington State:

- Fifty-seven percent of Community and Migrant Health Centers (CMHCs) have an oral health component. The range of services provided varies.
- Since 2000, dental encounters in CMHCs have increased 54 percent due in part to additional dental providers—including a 38 percent increase in uninsured dental patients. In 2005, CMHC dental providers served over 179,000 dental patients (a total of 434,186 dental encounters), with an average of 940 Medicaid dental patients per provider. Most of these dental encounters were for restorative services. Nearly 9,200 encounters were for emergency dental services.

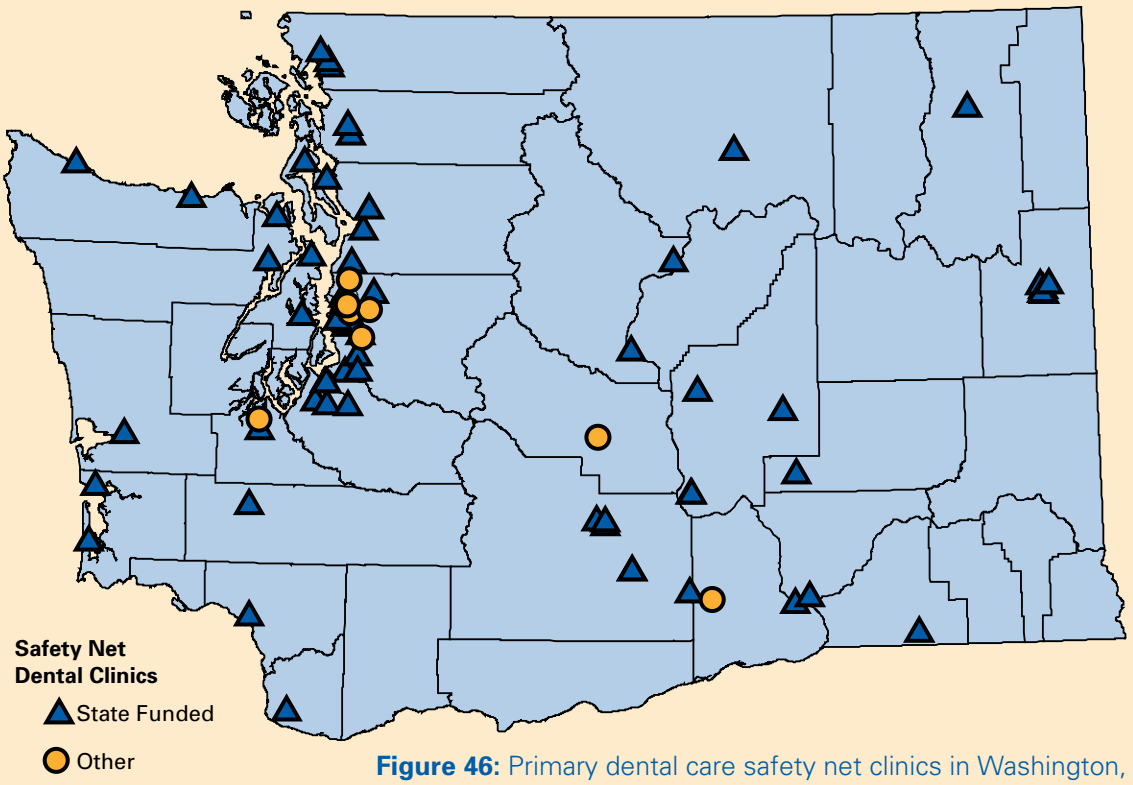


Figure 46: Primary dental care safety net clinics in Washington, 2005 DOH Office of Community and Rural Health.

Indian Health Services dental clinics

There are 29 federally recognized tribes, all of which provide health services to their members. Of these, 23 provide dental services, ranging from preventive to comprehensive care. For more information, refer to the 2005-07 American Indian Health Care Delivery Plan, July 2005 (http://www.aihc-wa.org/AIHCDP/aihcdp.htm).

Correction facilities

Of Washington's 15 prisons, ten have their own dental clinics. The Department of Corrections (DOC) employs 14 dentists and three dental hygienists who are full-time state employees and an additional six dentists and two dental hygienists who contract with the agency to provide care to inmates. Locations of these facilities and population data can be found on the DOC website at www.doc.wa.gov.

The primary mission of these dental clinics is to provide acute and urgent care for offenders. Treatments, for the most part, address infection, traumatic injuries, and severe pain. The major facilities provide routine dental screening and restorative care such as fillings, extractions, and treatment of infections for offenders housed for more than two years.

The major oral health issues common among offenders center on the dental effects of drug abuse. These include the elevated levels of serious caries among users of illegal drugs such as methamphetamine, as well as the effects of legal substances such as tobacco.

Dental mobile services

Mobile dental vans provide dental care to community residents, CSHCN, and individuals with disabilities in areas without access to other dental care providers. Some vans are operated by:

- Northwest Medical Teams International: four mobile dental clinics that served 7,055 people in Western Washington during FY 2005-06: http://nwti.convio.net/site/PageServer?pagename=what_mobile.
- Yakima Valley Farm Workers Clinic: http://www.yvfwc.com/mobile.html.
- Olympic Community Action Program: http://www.olycap.org/index.html.
- University of Washington DECOD Program (for persons with disabilities). They provide basic dental care, including fillings, extractions, prosthetic appliances (dentures and partials), preventive procedures (prophy/fluoride), routine exams, and X-rays in Seattle, Snohomish, Centralia, Clarkston, and Walla Walla: http://www.dental.washington.edu/departments/oralmed/decod/.
- Southwest Washington's Mobile (free) Clinic serves people age 21 years and younger and families, providing basic urgent dental care twice a month: http://www.freeclinics.org/.
- SmileMobile by the Washington Dental Service Foundation provides comprehensive dental care to approximately 2,100 children each year in about 33 underserved communities statewide. http://www.deltadentalwa.com/wdsfoundation/w_5.htm.
- Interfaith Community Health Center, Whatcom County: http://www.interfaithchc.org/DentalService.htm.

This list will be updated as we learn more about other mobile services around the state.

Access to Baby and Child Dentistry (ABCD) program

This program supports a collaborative approach to increasing the number of Medicaid providers serving children ages 0-5 years and improving access to preventive and restorative care starting at age one for Medicaid-eligible children. For more information, refer to http://www.abcd-dental.org/.

Kids Get Care

This program ensures that children in King County, regardless of insurance status, receive early integrated preventive physical, oral, mental, and developmental health services through attachment to a Medical Home. For more information, refer to http://www.metrokc.gov/health/kgc/.