



THE
PEW
CHARITABLE TRUSTS

The Cost of Delay

Shelly Gehshan, Director
Pew Children's Dental Campaign
www.pewcenteronthestates.org/dental

March 30, 2010

The Cost of Delay

State Dental Policies Fail **One in Five** Children



Produced with the support of the W.K.Kellogg Foundation and the DentaQuest Foundation

The Report

Graded 50 states and the District of Columbia on eight measures in these areas:

- *Cost -effective prevention* (school-based sealant programs and community water fluoridation)
- *Medicaid performance*—how states are doing in getting dentists to treat low-income children
- *New workforce models* that expand the number of providers to care for children
- *More and better information* gathering data to measure and improve performance



The 8 benchmarks:

- At least 75% of water supplies are fluoridated
- 25% of low income schools have a sealant program
- Dentists exam not required before hygienists apply sealants
- Medicaid rates for dentists are higher than cost of providing care
- 38% or more Medicaid children had a dental visit
- Medicaid reimburses physicians for fluoride varnish
- State licenses new primary care dental providers
- State submits data to NOHSS



Why these benchmarks?

- They provide a “snapshot” of state performance on prevention, access, workforce, and state data
- Each has a firm research basis
- Data is available for all jurisdictions (except NOHSS)
- Vetted choices extensively
- Checked data multiple ways to ensure accuracy

Bad news/good news

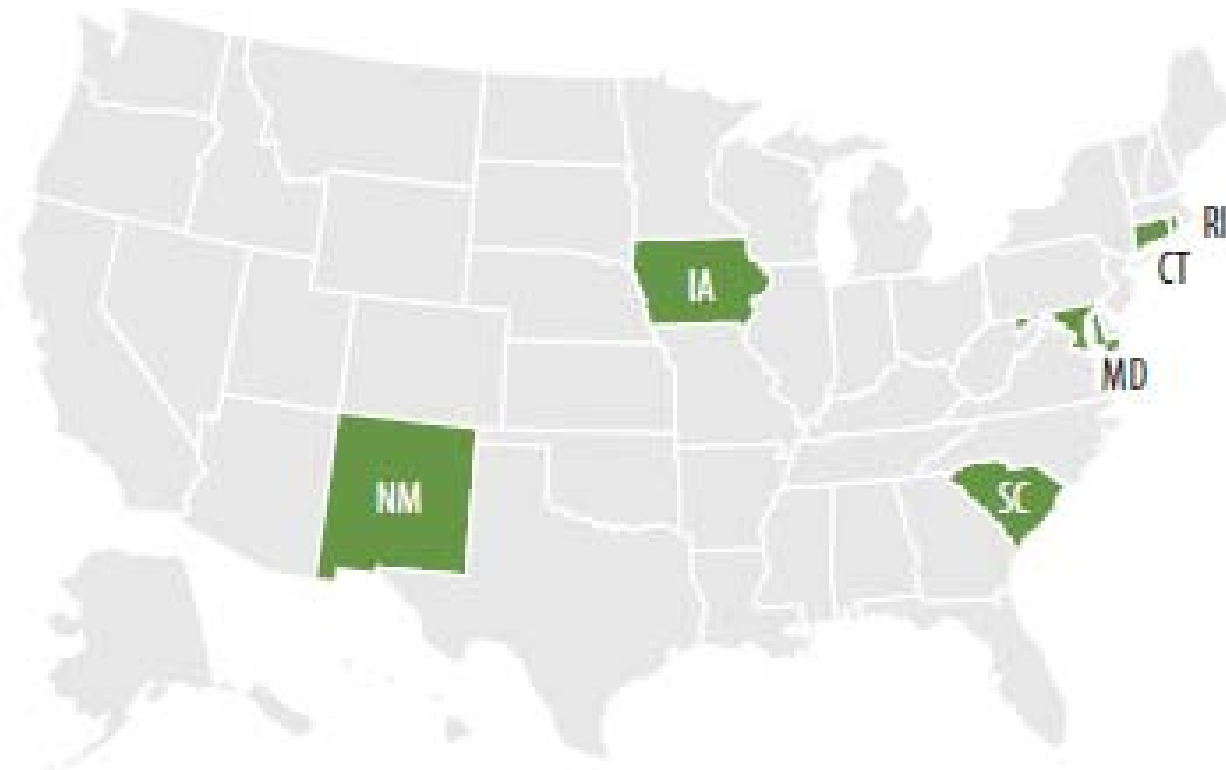
Bad news:

- 17 million children—or one child in five—go without access to dental care
- Two thirds of the states are doing a poor job of enacting policies to ensure children’s dental health

Good news:

- This is fixable with a handful of effective policies
- A number of states are leading the way

Only Six States Earned an “A” by Meeting at Least 6 of the 8 Benchmarks



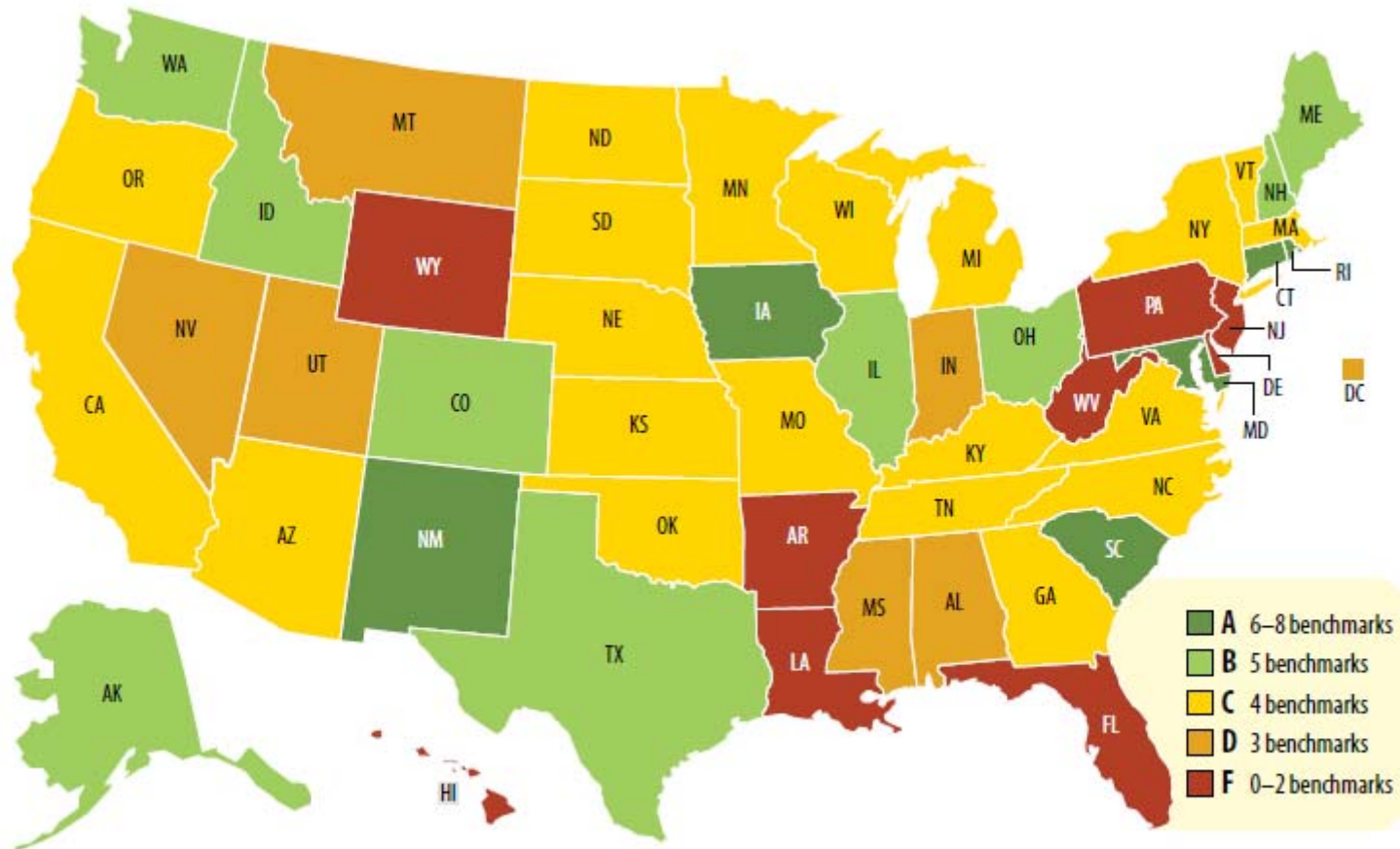
- Diverse in size and geography
- Addressing the issue using a wide range of tools
- Despite an “A” grade, there is much room for improvement

Nine States Met Only 1 or 2 Benchmarks



- Not taking advantage of low- and no-cost interventions
 - Hygienist regulation
 - Use of medical providers
- NJ – the lowest performer – meets only 1 benchmark

33 States and DC Received a C or Lower



SOURCE: Pew Center on the States, 2010.

Why did we do it?



- Report card format works to get media and policymakers' attention
- Report tells a story—can attract people new to the issue
- Give advocates, foundations, associations, state officials a tool to use to push agenda
- Establish a starting point to track state progress
- Give states ideas for cost-effective solutions



Raising the Grade:

1. Cost-Effective Prevention

- **School-based sealant programs** are a cost-effective preventive strategy. Sealants are protective coatings that cost one third what a filling costs, and prevent 60% of cavities.
- **Water fluoridation** is one of ten great public health achievements of the 20th century (CDC). It saves up to \$38 in treatment costs for every \$1 invested. But 30% of Americans on community water systems don't get fluoridated water. Texas has seen \$24 per child in Medicaid savings from fluoridation.

% of high-risk schools with sealant programs, 2009	Number of states
75-100%	3
50-74%	7
25-49%	7
1-24%	23
None	11

% of population on community water supplies receiving optimally fluoridated water, 2006	Number of States
75% or greater	26
50-74%	16
25-49%	7
Less than 25%	2



Raising the Grade: 2. Strong State Oral Health Programs

- Every state needs strong oral health programs focused on prevention and reaching children at highest risk.
- And states need federal support for prevention. Only 16 states receive CDC funding for prevention strategies. We need it in *every* state.



Raising the Grade:

3. Improving State Medicaid Dental Programs

- All Medicaid-enrolled children are entitled to dental care. Only Alabama, Texas, and Vermont provide dental care to more than half of their enrollees under the age of 18
- High-grade states have shown the way: program changes in Rhode Island saw dentists' participation in Medicaid grow from 27 to 217 – nearly half of the state's dentists

% of Medicaid children receiving any dental service, 2007	Number of States
59% or greater	0
50-58%	3
38.1-49.9%	26
30-38%	13
Less than 30%	9



Raising the Grade:

4. Innovative Workforce Models To Expand Access

- *Dental therapists* have been used around the world for decades to expand access to basic dental care; in 2003, Alaska tribes began using “DHATs.” In 2009, Minnesota became the first state to authorize dental therapists.
- Health care reform legislation specifically authorizes demonstrations of new allied dental providers, and allows the expansion of DHATs in tribal lands (under state law).
- *Physicians* can provide preventive dental care to young children. An evaluation in North Carolina is expected to show a 40% reduction in cavities among participants.

Before *Cost of Delay* Report Release

- Teleconference for reporters the day before the report was released
- “Heads up” briefing calls for:
 - Association of State and Territorial Dental Directors (ASTDD)
 - Oral Health Funders
 - Medicaid S-CHIP Dental Association
 - ADA and state association leaders

Hill Briefing



- More than 80 people in attendance
- At least 18 offices of Members of Congress were represented

Media Coverage



- 245 television and radio airings in 107 markets
- Articles in *USA Today*, *The Columbus Dispatch*, *Hartford Courant*, and *The Tallahassee Democrat*
- Video footage ran 231 times on 135 television stations, and on over 400 radio stations, reaching millions
- 15 radio interviews, including statewide networks in North Carolina, Iowa, Pennsylvania, the Dakotas, and Texas
- Stories on NPR and CBS Radio
- Interview requests still coming!

Quad City Times (IA), “Kids’ dental care earns ‘A,’” February 24, 2010

Honolulu Star-Bulletin (HI), “Dentists agree that state fails to serve low-income children,” February 25, 2010

The Herald (Everett, WA), “Care for all must start early,” February 24, 2010

Hartford Courant (CT), Connecticut Improves Dental Care For Children, Pew Report Says,” February 24, 2010

Study: 1 in 5 kids don't see dentist each year

By Alison Young
USA TODAY

At least one in five U.S. children go without annual dental care and most states lack key policies to ensure access to cost-saving preventive treatments, according to a study released today by the Pew Center on the States.

Six states received an “A” grade from the non-profit policy analysis group for their dental health policies. But even children in those states have problems accessing care, the report said. “Americans will be spending \$106 billion on dental care this year,” said Shelly Gehman, director of the Pew Children’s Dental Campaign. Much of that care pays for costly treatments such as fillings and root canals, which have their origins in poor childhood dental care, she said.

Among eight policy solutions it graded states on:

► **School-based dental sealant programs.** Just 17 states have programs to apply cavity-preventing sealants to children’s molars in at least 25% of schools with low-income children.

► **Fluoridated water.** Only 26 states have at least 75% of their citizens on community water supplies with adequate fluoride to prevent tooth decay.

► **Medicaid payments.** Many dentists aren’t willing to accept Medicaid reimbursement rates set below the actual cost of treatment. Only 25 states pay dentists at least 60.5% of retail fees. Medicaid is a joint state-federal program serving low-income patients, and state policies vary.

“That is a huge issue,” American Dental Association President Ron Tankersley said. In states covering actual costs, “dentists will step up to the plate and take care of these kids.”

In Rhode Island, which received an “A,” the number of dentists treating Medicaid children increased from 27 to 217 — nearly half of dentists statewide — after the state increased payments and made other program changes in 2006.

South Carolina, which ranked best in the study, has in place seven of the eight dental policies.

“The policies have definitely impacted children’s dental health,” said Christine Vecchiuto, South Carolina’s oral health director. “But we still have more children than we would like that are in school with untreated tooth decay.”

New Jersey ranked last with only one of eight benchmark policies. Suzanne Esterman, a state Medicaid spokeswoman, said the agency questions some measures in the report. “New Jersey has made great strides . . . to improve the number of children who receive care,” she said.

For grades of every state, go to usatoday.com

Examples of Use by Advocates

- New York State Oral Health Coalition (NYSOHC) – sent out packet and outlined steps the state needs to take
- OHAC – action alert announcement by California coalition urging legislative action
- *Harold Net*– advocates in Washington State placed an op ed stating “early dental care for all is essential, medically and morally”



THE
PEW
CHARITABLE TRUSTS

Shelly Gehshan, MPP
sgehshan@pewtrusts.org
202-552-2075