



## Study: Dental care lacking State's poor children often go untreated



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Two-thirds of the state's children eligible for dental treatment under Medicaid or a similar government health plan for the poor never saw a dentist last year, according to a new study by Kentucky Youth Advocates.

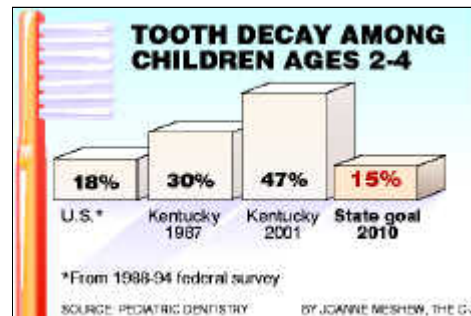
The finding comes as public health officials warn that dental disease is increasing among Kentucky's children with some of the worst problems being found among the youngest. The most recent statewide survey in 2001, led by researchers at the University of Kentucky, found that nearly half of Kentucky's children ages 2 to 4 had untreated dental decay.

"The most important thing that stands out to me is that only one-third of the children received any sort of dental services over the entire year," said Lacey McNary, author of the 2002 youth advocates' study. "Those children are the ones suffering from higher rates of childhood cavities."

The study cited a shortage of dentists in rural areas as one reason children covered by Medicaid and the Kentucky Children's Health Insurance Program aren't seeing dentists.

Medicaid covers about 315,000 poor children in Kentucky and KCHIP about 51,000 children of low-income parents who make too much money to qualify for Medicaid.

The study also reported that more than half of the state's dentists don't see Medicaid



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patients and that many reported that reimbursement rates are too low. Of the 2,169 licensed dentists in Kentucky, only 871 — about 40 percent — billed the state for treating Medicaid patients in 2002.

**General dental-care guidelines**

Dr. James Cecil, administrator of oral health for the Kentucky Cabinet of Health Services, offers some general dental-care guidelines:

- Dental professionals recommend that children see a dentist by age 1, soon after they begin to get their first teeth.
- After that children should see a dentist twice a year if possible or at least once a year for cleaning and checkups.
- Parents should seek treatment from a dentist if they suspect their child has a problem.
- People who can't afford treatment or need information should first contact their local health department. Some care also is available through the University of Kentucky and University of Louisville dental schools.

Payments to dentists and other health providers have been frozen in recent years to try to ease the state's Medicaid budget crisis. The study reported Medicaid covers only about half the actual cost of a pediatric dental procedure.

The youth-advocates study also reported that Kentucky has the second-poorest adult dental health in the nation, according to one measure, ranking just above West Virginia in the number of adults who have lost six or more teeth to decay or gum disease.

Public health officials say the state must improve its dental health care — starting with children.

"Those adults got to be that way because they were not taken care of as children," said Dr. J. David Hardison, a UK College of Dentistry professor. "If we ever want to break the cycle, we need to intervene."

THE REASONS people don't seek treatment include lack of access to dentists who take Medicaid or KCHIP, Hardison said. But it also may include lack of transportation in rural areas or lack of understanding of the importance of treating dental disease in a state where many take tooth decay for granted, public health officials said.

Dr. Gary Thompson, one of two dentists in Wolfe County, a poor county in Eastern Kentucky, said he accepts Medicaid patients but is discouraged by those — especially children — who don't follow up on treatment.

"It breaks your heart, it really does," Thompson said. "You try to do the best you can, but they still just don't follow through with getting the work."

Hardison, who assisted with the youth advocates study, said it is critical to treat dental decay and gum disorders — infectious diseases caused by bacteria — because they are linked to a host of other health problems

including low-birth-weight babies, heart and coronary disease and other infection.

"Tooth decay is an infectious disease. It is the most common childhood disease," Hardison said. "It is six times more common than asthma."

Tooth decay is caused by bacteria that enter the mouth from various sources — including from mother to child, Hardison said. The bacteria feed on food — especially sugar — and excrete acid that causes decay, he said.

The high-sugar diet blamed in part for rising obesity rates in children is also a factor in their dental problems, health officials said.

"The same things that put the weight on put holes in teeth," said Dr. John Williams, dean of the University of Louisville dental school.

The youth advocates' report also said that children with dental disease suffer from pain and swelling and are more likely to miss school or have trouble concentrating in school.

It estimates that in Kentucky, children miss from 20,000 to 30,000 school days a year because of dental problems — a loss to districts in funds tied to daily attendance of about \$400,000 to \$600,000 a year.

It also costs the state more because poor families are more likely to use the emergency room when dental problems become acute — a much more costly treatment than a dentist's office.

Hardison, who also helped lead the 2001 statewide survey of the dental health of about 10,000 children in Kentucky — the largest such effort in the country — called the situation "disturbing" and "unacceptable."

The 2001 survey found 43percent of children ages 2 to 4 had visible, untreated tooth decay and nearly 10percent needed emergency treatment for severe decay or infection. Forty percent of the preschool children in the survey had never been to a dentist even though all children should receive a checkup by age 1, Hardison said.

About 28percent of grade-school children in Kentucky had untreated dental decay, it found. Fifty-one percent reported bleeding gums — a sign of infection or inflammation — and 23percent said they had not been to a dentist in the past year, it found.

THE PROBLEM has worsened from the late 1980s, the last time a much narrower statewide survey was done, he said. "It bothers me on a personal level that we have children in our state that have world-class dental problems. That's not acceptable to me."

Reasons for Kentucky's poor dental health are complex — but low reimbursement to dentists from public health programs and lack of funds are certainly part of the problem, said Dr. James Cecil, a UK dental professor who also serves as administrator of oral health for the state's Health Services Cabinet.

Kentucky spends about \$2million a year on oral health compared with more far-reaching efforts by surrounding states that provide a "safety net" of community clinics for people without access to a dentist or who can't afford care, he said.

For example, Tennessee spends about \$14million a year to fund such a network, he said.

"We could run a nice program out of that if we had those kinds of investments," Cecil said.

But Kentucky has no dental clinics for low-income or indigent patients except at the dental schools at UK and UofL and a community health center in Covington, he said.

And the state's most severe dental disease is among the poorest residents.

Kentucky also has among the lowest Medicaid reimbursement rates for dentists in the country, Cecil said.

"In parts of Kentucky, there are no Medicaid providers who will see new patients," he said.

In order to attract more dentists to rural areas — where poverty rates are higher and many are on Medicaid — "You're going to have to pay them," he said. "They're going to have to make a living wage."

But more money isn't the only answer, he said. Cecil said one of his goals is to "change the culture" in Kentucky, where people accept dental disease and loss of teeth as inevitable.

Hardison said the public needs to realize tooth and gum disease is a health problem just like any other disease. "We accept a level of disease in our mouths and our children's mouths that we would not accept in any other part of our bodies," he said.

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