

Office of the Governor
Ronnie Musgrove, Governor



Improving Oral Health Access and Outcomes for Children

A response to the National Governor's
Association Center for Best Practices Request
for Applications

Unprecedented Goals. Unparalleled Progress

SEPTEMBER 15, 2000

Oral Health Care in Mississippi

Governor Musgrove's Vision

Governor Ronnie Musgrove's commitment to assuring access to quality healthcare can be expressed in his inaugural message, "Unprecedented goals. Unparalleled progress." He recognizes the importance of building relationships among all sectors to provide access to healthcare to all Mississippians regardless of socio-economic status. Governor Musgrove's commitment to improved access to healthcare can be demonstrated through his aggressive work to enroll every qualified child in the Mississippi Health Benefits Program. This program incorporates the State Children's Health Insurance Program (SCHIP).

The Mississippi Division of Medicaid, Office of the Governor, under the leadership of Rica Lewis-Payton, Executive Director, is obtaining information from health care providers, business leaders, academicians, policymakers, and the public on how Mississippi can better focus its resources and its energies.

Opportunity Identification

The State of Mississippi is seeking participation in the Policy Academy on Improving Oral Health Access and Outcomes for Children to address the dental challenges faced by children. Every child deserves the right to grow up healthy, happy and drug free. Improving access to oral health services and outcomes for children increased the chances that this will be a reality for most children in our state. The policies enacted at the state level provide the cornerstone for improving the quality of life of our citizens.

Participation in the Academy will permit us to develop strategies that focus on the development and implementation of a statewide education and awareness campaign targeting families and children.

Access to oral health care is a primary barrier in the rural health area of the state. The State of Mississippi intends to increase our efforts to build science-based practice and apply it more effectively to improve oral health. In addition, we intend to strengthen the local and state capacity to perform core public health functions; remove barriers between children and the receipt of oral health services and use public-private partnerships to improve the oral health of those who still suffer disproportionately from oral disease.

Many children in the State of Mississippi do not have access to effective measures to prevent oral diseases and conditions. For example, The Centers for Disease Control and Prevention, Division of Oral Health, reports that dental caries (decay) remains one of the most common infectious diseases among U.S. children. This preventable health problem begins early. Seventeen percent (17%) of children age 2-4 years has already had caries. Dental decay affects 52% of 8-year-old children and 78% of 17-year-old children. Among low-income children, almost 50% of tooth decay remains untreated, resulting in pain, dysfunction, underweight and poor appearance. These problems greatly reduce a child's capacity to succeed in the educational environment.

Low and moderate-income children have the greatest dental needs and the least dental care of all children. Millions of our nation's children suffer daily the distraction of chronic toothache, the acute and searing pain of dental abscess, the disfigured smiles, the dysfunctional speech and the difficulty eating which result from extreme tooth decay. Chronically poor oral health is associated with failure-to-thrive in toddlers, compromised nutrition in children, and cardiac and obstetric dysfunction in adulthood.

Children's oral health goes beyond tooth decay. Other concerns including trauma, soft tissue pathology malocclusions and cranio-facial defects compound the oral status of our children who are healthy, medically compromised and handicapped.

Today, more children ages six to eight have unrepaired decay than ten years ago. Additionally, fewer children see a dentist before kindergarten than ten years ago, despite widespread acceptance of the scientific proof that decay activity is established before age two. A recent report by the Health Resources and Services Administration reports that in the United States, 25 percent of children and adolescents who are the most vulnerable experience 80 percent of all dental decay occurring in permanent teeth. A general overview of this report indicates the following:

- An estimated 5-10 percent of preschool-age-children have baby bottle tooth decay/early childhood caries, a severe form of tooth decay. The percentage is higher in certain populations: Survey results show that 20 percent of children from families with low incomes and 43 percent of children in some American Indian populations have baby bottle tooth decay/early childhood caries.
- Baby bottle tooth decay/early childhood caries increase a child's risk for future tooth decay.
- Sixty percent of adolescents have gum disease.
- Almost 52 million school hours are missed by children because of oral problems.
- Excessive tooth decay, pain, or infection can cause eating, learning and speech problems for children.
- Many adolescents with oral problems such as decayed or missing teeth suffer embarrassment and diminished self-esteem.
- Vulnerable populations of children (especially children from families with low incomes, those who are homeless, those in families without dental insurance, and those with special health care needs) have more oral problems and less access to dental care than the general population. These children suffer from oral problems frequently and generally receive inadequate dental care.

A compounding issue to access to oral health care is healthcare coverage for uninsured children. A March 1997 report from the Families USA Foundation illustrates one of the most serious problems facing U.S. society today is that millions of children have no form of health insurance. Contrary to what one might expect, most of these uninsured children aren't dependents of the poor. Medicaid covers children in families earning less than 130% of the official poverty level. While "poor outreach and other barriers" prevent an estimated 3 million eligible children from receiving Medicaid, according to Families USA report, that leaves 7 million uninsured children in families earning a third more than poverty levels. Nor are uninsured children dependents of the unemployed – the Census Bureau,

says some 80% have at least one working parent; and two-thirds of them live in dual-parent families.

The Urban Institute (1997) reports there were 415,213 children in the State of Mississippi with employer health insurance coverage, and 37,509 children with other private health insurance coverage. Additionally, there were 167,603 children with Medicaid/State health insurance coverage. As of June 30, 2000, there were 22,460 children enrolled in CHIP (Medicaid MMIS, 2000). The Robert Wood Johnson Foundation and the U.S. Census Bureau – Health Related Behaviors, cited similar findings. For example:

- In 1996, 10.6 million children younger than 18 years of age had no insurance coverage, an increase of 600,000 from 1995.
- 13.8% or 9.8 million of all U.S. children under the age of 18 had no health insurance in 1995.
- 3.1 million or 21.4% of poor children did not have health insurance in 1995.
- In 1997, 26.8% of Hispanic children, 15.3% of African American children, and 13.4% of White children had no health insurance.
- Minority children were more likely to be covered by Medicaid than White children: Medicaid covered 45.5% of African American children, 37.4% of Hispanic children and 18.3% of White children in 1995.

Data supplied from the MS Division of Medicaid Information Retrieval System, which can be found in Appendix I, shows that less than one in four Medicaid children eligible for a dental service in FY2000 actually received any services. Also, it can be noted that Medicaid's average cost per child for dental services for the same period was only \$265.00, for a total of \$20,693,770. Provider participation was more respectable as 75% of the dental providers enrolled as Medicaid providers billed services for children in FY2000. However, with an estimated 1300 dentists in Mississippi, only 433 billed Medicaid for services during this time frame illustrating the access problems facing Medicaid beneficiaries.

Challenges Faced By The State

Specifically, the State of Mississippi has identified a number of challenges to improving access to and outcomes for oral health services for children. According to the Urban Institute National Survey of America Families (NSAF) 1997, there were 145,821 children between the ages of 0 to 17 years of age who were uninsured in the state of Mississippi. In addition, other challenges in Mississippi, include, but are not limited to, the following:

1. Enrollment of eligible children in CHIP.
2. Inadequate number of Medicaid dental providers. There are 574 Mississippi Medicaid Dental Providers. Of those, 433 are currently billing for dental services (Refer to Appendix II).
3. No designated Director of Dental Health for children in the state and no coordinated advocacy efforts.

4. Insufficient education/awareness campaigns for dental health.
5. Lack of adequate transportation services in the State.
6. Lack of parental and/or guardian compliance in regard to preventative dentistry for children and keeping dental appointments.
7. Lack of value placed on oral health and dental services. Many individuals have the perception that dental care is elective and there is little recognition that oral health is an important and integral part of overall health.

Efforts To Address Challenges

To address some of these challenges, the state team members will collect data and information on the needs of our undeserved population of children. Specifically, we will collect data on the projected number of children needing oral health services and the eligible pool of oral health providers and specialists in the state. Additional data will be collected on targeting outreach efforts to improve access to services, development of a statewide education and awareness campaign, aligning public systems to promote shared accountability, building public-private partnerships and formulating and implementing strategic goals. The team focus will be on organizing and coordinating our efforts as well as directing the state's vision of "leaving no child behind."

Our participation in the Policy Academy will allow us to refine our efforts and receive valuable feedback to assist in the development and implementation of the State's strategic plan on improving oral health care services to children.

Commitment to Success

Governor Musgrove's commitment to health care can be demonstrated through his appointment of key experts and policy advocates for health services and programs. The Governor worked closely with the legislature to establish the Early Childhood Interagency Coordinating Council. The Executive Director of the Division of Medicaid serves as a member of the council. The State Department of Education, State Department of Health, Department of Human Services, Department of Rehabilitative Services and Department of Mental Health hold membership in the council. The proposed team members/designees have agreed to participate in the one-day state planning meeting; two-day policy academy; and the post academy follow-up and technical assistance phase. (Refer to Letters of Commitment in Appendix III.)

Benefits To The State

The State of Mississippi expects to benefit from the interactive policy-making process. Participation by state team members will allow participants to gather data, ideas, and information that will be useful in formulating and implementing the state's strategy on improving oral health access and outcomes for children. The intensive policy-building academy will allow our team members the opportunity to work with leading national experts to develop state specific policy initiatives. This will also allow state team members an opportunity to interact with policy makers from other states and to network and discuss their own experiences and best practices in addressing oral health issues.

Following the policy academy, our state team members will utilize the technical assistance and support services in order to implement our strategic oral health plan.

The overall benefit and results expected will be the successful development of Mississippi Strategic Plan on Improving Oral Health Services to Children, a cadre of experts knowledgeable at the state level of oral health service issues and a coordinated, concentrated effort to advance the quality of life of our state's children.

Proposed Policy Academy Members

Mrs. Rica Lewis-Payton, Executive Director
Division of Medicaid, Office of the Governor

Mr. Michael Boyd, Policy & Planning Director
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- Michael Boyd is the key policy analyst for the Governor. His participation will ensure high-level commitment from the Governor as well as serving as a catalyst for policy implementation.

Dr. Joe Young, Child Health Dental Consultant
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- Dr. Young is the state health department's leading dental public health consultant. His participation will provide expertise relating to public health dental issues.

~~Mr. Robert Pugh, Executive Director
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- ~~• Robert Pugh represents 18 community health centers and other community based health care providers. Mississippi Primary Health Care Association represents the interest of its members and their patients in statewide efforts to improve access to health and dental care for the medically underserved and indigent populations of Mississippi.~~

Honorable Bunky Huggins, Senator
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- The Honorable Bunky Huggins is currently serving as chairman of the Public Health and Welfare Committee Mississippi State Senate. His participation will be beneficial in discussing legislative issues relative to improving access to oral health services for children.

Honorable Robert J. Moody, Representative
Chairman, Public Health and Welfare Committee
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- The Honorable Robert J. Moody, Mississippi State House of Representatives, serves as chairman of the Public Health and Welfare Committee.

Proposed Policy Academy Members (continued)

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- Connie Lane is the Executive Director for the largest dental advocacy group in Mississippi, representing over 1300 dentists. Her participation in the Policy Academy provides a direct voice and support of the dental provider community in our state.

Dr. Stephen Silberman, Chairman and Professor
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- Dr. Silberman, representative of Mississippi's only dental teaching facility, will strengthen our efforts to build a science-based practice and apply it more effectively to improve oral health. His participation provides an avenue to influence the future dental providers of Mississippi.