

# How Does the Oral Health Care System in Texas Work?



## BACKGROUND

Texans receive dental care in a wide range of settings, including private dental offices, for-profit or nonprofit dental clinics, Community Health Centers (CHCs), school-based programs, charitable programs and hospital emergency departments.

## HOW IS DENTAL CARE PAID FOR IN TEXAS?

The four primary payment sources for dental services in Texas are:

- Self-pay
- Private insurance
- Government programs
- Charitable care

### *Self-pay*

Dental patients frequently “self-pay” the entire cost of their treatment. In 2005, Texans paid nearly 54 percent of their dental expenditures out of pocket—compared to the national average of about 49 percent. Of the 10 largest states, Texas had the third highest percentage of dental expenses paid out of pocket, after Florida and New Jersey (see *Exhibit 1*).<sup>1</sup>

### *Private dental coverage*

Private insurance coverage is another important payment source for dental care. In 2005, private insurance paid for about 43 percent of dental care expenditures nationwide—compared to about 38 percent in Texas (see *Exhibit 1*).<sup>2</sup> According to the National Association of Dental Plans, about 96 percent of dental benefits today are provided through employment or group coverage.<sup>3</sup>

Most patients with private dental insurance coverage self-pay a portion of their dental care. The amount paid out of pocket, the type of services covered and the flexibility for selecting a dentist vary widely, depending on the specific type of dental insurance coverage provided.

“While nine million children lack health insurance coverage, more than 20 million children are not covered for dental services.”<sup>5</sup>

SOURCE: *The Kaiser Commission on Medicaid and the Uninsured, 2007. Numbers cited are national.*

“In 2003, Texas had the highest percentage of children without dental insurance among the 10 largest states.”<sup>6</sup>

SOURCE: *National Survey of Children’s Health.*

## WHO HAS DENTAL COVERAGE?

Although it is widely known that about 25 percent of Texans have no health insurance coverage, the percentage of the total Texas population without dental coverage is unknown. State-level estimates for children without dental coverage, however, are available from the National Survey of Children’s Health. According to the survey, **in 2003 Texas had the highest percentage of children without dental coverage (32 percent) among the 10 largest states (see *Exhibit 2*)**. Among all 50 states, only three (North Dakota, South Dakota and Montana) had a higher percentage of children without dental insurance than Texas.<sup>4</sup>

1 J.P. Sommers, “Dental Expenditures in the 10 Largest States, 2005,” Statistical Brief #195, January 2008, Rockville, MD: Agency for Healthcare Research and Quality, <[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st195/stat195.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st195/stat195.pdf)> (3 March 2008).

2 Ibid.

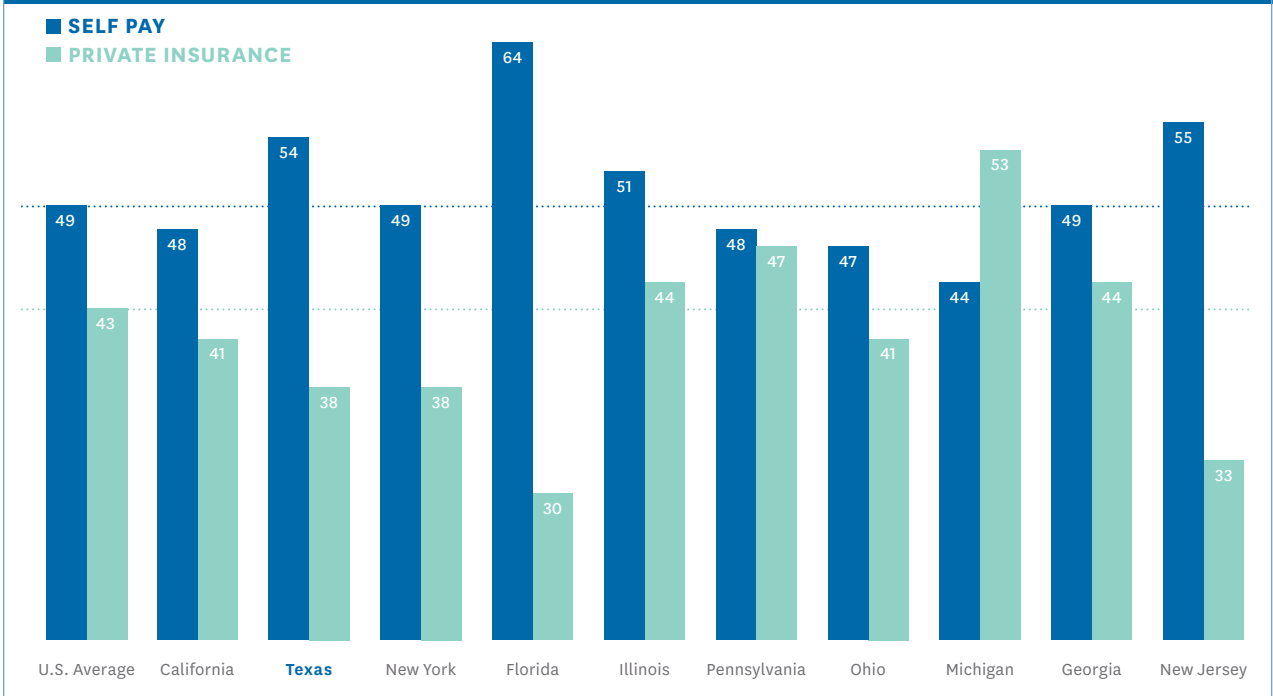
3 National Association of Dental Plans. “Frequently Asked Questions.” Downloaded from <[www.nadp.org](http://www.nadp.org)>.

4 The National Survey of Children’s Health (NSCH) was conducted by the National Center for Health Statistics, the Centers for Disease Control and Prevention, and the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration. Data query performed at <[www.nschdata.org](http://www.nschdata.org)> on April 16, 2008. All numbers are rounded.

5 The Kaiser Commission on Medicaid and the Uninsured, “Dental Coverage and Care for Low-Income Children: The Role of Medicaid and SCHIP,” The Henry J. Kaiser Family Foundation (Washington, D.C., 2007).

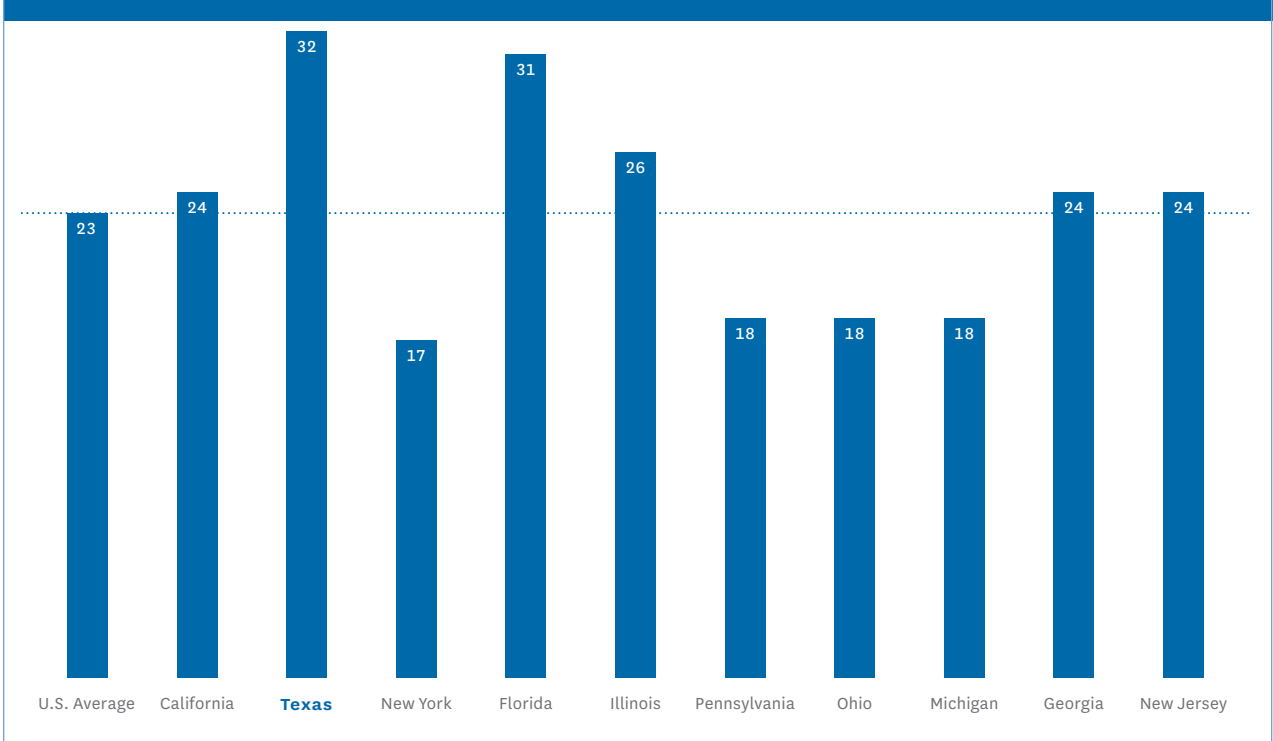
6 The National Survey of Children’s Health (NSCH) was conducted by the National Center for Health Statistics, the Centers for Disease Control and Prevention, and the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration. Data query performed at <[www.nschdata.org](http://www.nschdata.org)> on April 16, 2008. All numbers are rounded.

EXHIBIT 1 Percentage of dental expenditures paid for by self-pay and private insurance in the U.S. and the 10 largest states (2005)



SOURCE: Medical Expenditure Panel Survey results published January 2008.<sup>7</sup> ALL NUMBERS ARE ROUNDED.

EXHIBIT 2 Percentage of children without dental insurance in the 10 largest states (2003)



SOURCE: National Survey of Children's Health, 2003.<sup>8</sup> ALL NUMBERS ARE ROUNDED.

<sup>7</sup> J.P. Sommers, "Dental Expenditures in the 10 Largest States, 2005," Statistical Brief #195, January 2008, Rockville, MD: Agency for Healthcare Research and Quality, <[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st195/stat195.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st195/stat195.pdf)> (3 March 2008). All numbers rounded.

<sup>8</sup> The National Survey of Children's Health (NSCH) was conducted by the National Center for Health Statistics, the Centers for Disease Control and Prevention, and the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration. Data query performed at <[www.nschdata.org](http://www.nschdata.org)> on April 16, 2008. All numbers are rounded.

National data on dental coverage for both adults and children are available from the Medical Expenditure Panel Survey. In 2004, the most recent year for which data is available, 53.9 percent of the total U.S. community population had private dental coverage; 11.5 percent had public dental coverage and 34.6 percent had no coverage at all. When broken down by age group, older adults are the least likely to have dental coverage, while children are the most likely to have some form of dental coverage.<sup>9</sup>

## DOES PRIVATE DENTAL COVERAGE INFLUENCE THE USE OF DENTAL CARE?

Studies have shown that persons with private dental coverage are more likely to receive dental care than persons without coverage. A study published in the *Journal of the American Dental Association*, for example, found that persons with private dental coverage were more likely to visit a dentist and have more frequent visits and higher expenditures than persons without coverage. The study's authors concluded that private dental insurance coverage was a strong determinant of dental care use, but not the only determinant. Other factors that played a role in the decision to seek care included demographics and socioeconomic status. For example, regardless of insurance coverage, whites were more likely to have visited a dentist than non-Hispanic blacks or Hispanics, while low-income persons had fewer visits to the dentist and lower expenditures than higher-income persons.<sup>10</sup>

The results from the most recent Medical Expenditure Panel Survey also suggest a strong relationship between insurance coverage and dental service utilization. According to the survey, children (age 0–20) with private dental coverage were twice as likely to have visited a dentist as children with no coverage.<sup>11</sup> Another study that analyzed the results of the National Survey of Children's Health found that "children uninsured for dental care were less than half as likely to have received PDC" (preventive dental care).<sup>12</sup>

### Government programs

Government plays a relatively limited role in the delivery and financing of oral health services, both nationwide and in Texas. In 2004, dental services accounted for only about 4.6 percent of total health care spending in Texas.<sup>13</sup> Medicare, the national health insurance program for retirees, does not cover most dental care. Medicaid, the state/federal health program for the poor, provides dental coverage for children. However, only a small number of states

**"Dental care represents a small portion of total health care spending. In 2006, dental services expenditures in the United States were \$91.5 billion, only about 4.3 percent of total health care expenditures."<sup>14</sup>**

SOURCE: Center for Medicare and Medicaid Services.

<sup>9</sup> Richard J. Manski and Erwin Brown, Jr., "Dental Use, Expenses, Dental Coverage, and Changes, 1996 and 2004," Medical Expenditure Panel Survey, MEPS Chartbook No. 17, U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2007, <[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/cb17/cb17.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/cb17/cb17.pdf)> (11 April 2008):10–11.

<sup>10</sup> Richard J. Manski, Mark D. Macek and John F. Moeller, "Private Dental Coverage: Who Has It and How Does It Influence Dental Visits and Expenditures?" *Journal of the American Dental Association* 133 (2002).

<sup>11</sup> Richard J. Manski and Erwin Brown, Jr., "Dental Use, Expenses, Dental Coverage, and Changes, 1996 and 2004," Medical Expenditure Panel Survey, MEPS Chartbook No. 17, U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, 2007, <[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/cb17/cb17.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/cb17/cb17.pdf)> (11 April 2008).

<sup>12</sup> Charlotte Lewis et al., "Dental Insurance and Its Impact on Preventive Dental Care Visits for U.S. Children," *Journal of the American Dental Association* 138 (2007): 369.

<sup>13</sup> "The Texas Health Care Primer," Center for Public Policy Priorities, November 2007, <<http://www.cppp.org/files/3/sidebysidebyside.pdf>> (28 March 2008): 4.

<sup>14</sup> Table 4, "National Health Expenditures by Source of Funds and Types of Expenditures: Calendar Years 2001–2006." <[www.cms.hhs.gov/NationalHealthExpendData/downloads.tables.pdf](http://www.cms.hhs.gov/NationalHealthExpendData/downloads.tables.pdf)>.

## Did you know?

# Different types of dental benefit products:

### Dental Health Maintenance Organizations

offer comprehensive benefits within a defined network of dentists. Providers are normally paid under a “capitation agreement” in which payment is made on a per-person rather than a per-service basis. Dental HMO plans sometimes allow enrollees to seek care from a non-network dentist.

**Dental Indemnity Plans** involve an employer transferring risk of claims to a third-party insurer for a specific premium. Providers are reimbursed on a nondiscounted fee-for-service basis.

**Discount Dental Plans** are a noninsurance product in which a group of dentists agrees to provide services for enrollees at a special discount price or at a percentage discount of their usual charge. Enrollees pay a monthly fee to access the network of dentists and are directly responsible for all payments.

**Direct Reimbursement (DR) Plans** are a unique way for employers to offer dental benefits. Under a DR plan, employers agree to reimburse their employees a portion of the actual cost of dental care received. DR plans are self-funded and not an insurance or HMO product.



SOURCES: *National Association of Dental Plans, American Dental Association.*

## Medicaid and the Frew agreement

One of the primary goals of the *Frew* agreement is to increase the number of Medicaid children who seek and use the dental care that they are entitled to receive. One of the key strategies the state has implemented to meet this goal is to encourage more Texas dentists to treat Medicaid patients. Effective September 1, 2007, Medicaid reimbursement rates for 38 of the most common dental services were increased by 100 percent.

provide comprehensive dental care for adults on Medicaid.<sup>15</sup> Most states, like Texas, only cover emergency dental care for adult Medicaid recipients. In Texas dental care for adult Medicaid recipients is extremely limited — generally covering only extractions related to life threatening conditions.

**MEDICAID** Under federal law, Texas' Medicaid program for children must provide dental services to most Medicaid-eligible children under the age of 21 as part of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. In Texas, EPSDT is known as Texas Health Steps (THSteps). THSteps dental coverage includes:

- Complete preventive care, including dental exams, cleanings and application of fluoride and sealants
- Restorative services such as fillings, crowns, tooth extractions, treatment of gum disease and dentures
- Medically necessary orthodontic care, such as the correction of a cleft palate
- Emergency care, including procedures necessary to control bleeding, relieve pain and eliminate acute infection or treatment of injuries to the teeth or supporting structures

In fiscal year 2007, the cost for Medicaid dental services in Texas was \$400.9 million, up from \$369.7 million in fiscal year 2006 and \$357.5 million in fiscal year 2005.<sup>16</sup>

Although Medicaid covers dental care for children, not all children receiving Medicaid see a dentist each year. According to data prepared by the Department of State Health Services, in state fiscal year 2007, 50 percent of eligible Medicaid children received any dental service, while 45 percent received a dental checkup. Although these numbers are low, they represent an increase from 47 percent and 43 percent, respectively, in state fiscal year 2006.<sup>17</sup>

There is no single explanation for the relatively low rate of dental visits among Medicaid recipients. Some parents may not take their children to the dentist because they lack reliable transportation, because the distance is too great or because they cannot get time off from work to go to an appointment. Some parents may delay dental care until there is an obvious problem causing serious pain. Some families may want to take their child to the dentist, but have difficulty finding a local Medicaid provider.

**CHILDREN'S HEALTH INSURANCE PROGRAM** The Children's Health Insurance Program (CHIP) is a health coverage program for children whose parents earn too much to qualify for Medicaid, but not enough to afford private insurance. In 2006, a family of three would need to earn less than \$33,200 per year to qualify for CHIP (or 200 percent of the Federal Poverty Level or FPL). Unlike Medicaid, CHIP families pay annual enrollment fees and co-payments for services like office visits and prescription drugs.

<sup>15</sup> Summary Report. Synopsis of State Dental Public Health Programs. Data for FY 2005-6. Association of State and Territorial Dental Directors. August 29, 2007:8.

<sup>16</sup> Electronic communication from Texas Department of Health and Human Services, 6 August 2008.

<sup>17</sup> "Dental Services Summary 2005-2007" Excel spreadsheet compiled by HHSC, July 14, 2008.

The CHIP program began serving Texas children in April 2000, but was dramatically scaled back in 2003 due to a state budget deficit. Dental services were reinstated in April 2006. Current CHIP dental benefits include preventive, diagnostic and therapeutic services at participating providers or clinics. Examples include cleanings, fillings, crowns, root canals and extractions. Preventive benefits are capped at \$250 per 12-month period, while the annual maximum for therapeutic benefits is limited to \$280 – \$565.

### **Other public programs**

Although Medicaid and CHIP provide most government-funded dental services, several other programs provide oral health services to Texas children. One of these programs is the Maternal and Child Health Block Grant (Title V), which provides oral health care to non-Medicaid eligible children through fee-for-service contracted providers. The Children with Special Health Care Needs (CSHCN) services program also covers dental services for children whose families earn 200 percent of the FPL or less. Coverage is limited to what is necessary to prevent, treat or correct dental and oral complications. The STAR Health Program for children in foster care is a new managed care program that became operational in April 2008. Children enrolled in the program will have a medical home through a primary care physician and access to a wide range of health benefits, including physical and behavioral health, vision care and dental services provided through an enrolled dentist.

### **School-based and Head Start preventative dental services**

The Texas Department of State Health Services (DSHS), through the Oral Health Group (OHG), maintains offices in Austin, Lubbock, Tyler, Houston, San Antonio and Midland, and currently provides preventive dental services to low-income, underserved, preschool and school-aged children who are Texas residents. The two major direct preventive services programs are the school-based dental sealant program (portable clinics) and working with Head Start programs in rural areas of Texas.

In addition to providing preventive dental services to underserved populations, the OHG has other responsibilities, including recruiting Medicaid dental providers, monitoring oral disease and oral health services utilization in Texas, and working with the Texas Fluoridation Project, which monitors community water fluoridation levels, inspects fluoridation sites, provides water operator training and provides technical assistance to Texas communities regarding water fluoridation.

### **Community Health Centers**

Community Health Centers (CHCs) are local, nonprofit or public outpatient clinics that provide a wide range of primary health care services to low-income and medically underserved communities. Under federal law, CHCs must provide care to all persons regardless of their ability to pay and offer support services such as referrals, case management, translation and transportation assistance.

As of July 2008, 463,939 Texas children were enrolled in the traditional CHIP program.<sup>18</sup>

SOURCE: Texas Health and Human Services Commission, 2008.

*“Good oral health is as important as good physical and mental health to the overall wellness of a child. Just as we want to ensure all children have access to a medical home we encourage the same access to a dental home and are proud to partner with general and pediatric dentists at the community level in making this a reality.”*

DR. OSCAR BROWN  
President, Texas Pediatric Society

In 2007, Texas had 61 Community Health Centers, with nearly 300 service delivery sites. About 58 percent of the 770,338 patients seen at Texas CHCs in 2007 were uninsured, while another 23 percent were Medicaid recipients.<sup>19</sup>

SOURCE: Texas Association of Community Health Centers.

<sup>18</sup> “Children enrolled in Medicaid, CHIP, and CHIP Perinatal Average by Month.” <[www.hhsc.state.tx.us/research/medicaid-chip-chipperinatal-counts.html](http://www.hhsc.state.tx.us/research/medicaid-chip-chipperinatal-counts.html)>.

<sup>19</sup> Texas Association of Community Health Centers Fact Sheet.

Federally Qualified Health Centers (FQHCs) are required to provide some form of access to preventive dental services to their patients — either in-house or through contractual arrangements. According to the Texas Association of Community Health Centers (TACHC), 48 of the 55 FQHCs and FQHC look-alikes in Texas, for which the organization has information, provide dental services on-site. The remaining seven CHCs either have plans to provide on-site dental in the near future or have referral arrangements in place.<sup>20</sup>

In 2007, Texas CHCs employed 110 dentists who logged more than 285,000 patient visits.<sup>21</sup> Although some CHCs contract with private dentists or hire part-time clinical staff, most hire dentists on a full-time basis. Recruitment of dentists, however, continues to be a problem in Texas and across the nation. Average salaries paid to CHC dentists are slightly higher than those in academic positions, but less than in private practice employment or ownership.<sup>22</sup> Nevertheless, some graduating dentists consider working at CHCs due to their eligibility for assistance with student loan repayment.

“No matter how much free care dentists give, volunteerism alone won’t solve the problem. Charity is not a health care system.”

SOURCE: American Dental Association.

## CHARITABLE CARE

A recent TDA survey of Texas district dental societies found that dental professionals in every area of the state volunteer time, money and resources to help people of all ages receive care. Local charitable care programs abound. The Theo Project, for example, sponsors a fleet of vans that travel to Central Texas schools providing free dental care to children in need, while the Centro de Salud Familiar La Fe in El Paso offers a full-service family dental center. The Love and Care Ministries in Abilene provides indigent medical and dental care weekly using mobile medical and dental buses.

Several of the state’s larger dental societies host major fundraising events, such as golf tournaments. For example, in North Texas, the local dental society organizes an annual “Rite to Smile” golf tournament fundraiser for the Rite to Smile Foundation, the society’s nonprofit entity. All funds are donated to the TDA Smiles Foundation and the Texas Scottish Rite Hospital for Children.

The section that follows briefly describes some of the national, state and local programs that provide free or discounted dental care to those in need. The discussion is by no means exhaustive. Rather, it represents only a small sample of the volunteer efforts and charitable programs that exist throughout the state.

### *The Texas Dental Association Smiles Foundation*

In 2006, two charitable foundations affiliated with the Texas Dental Association merged to form the Texas Dental Association Smiles Foundation (TDASF). The goals of the TDASF are to educate the public and profession about oral health, enhance the public image of dentistry and improve access to dental care for the citizens of Texas. The foundation accomplishes these goals through

<sup>20</sup> Electronic communication from Texas Association of Community Health Centers staff. A FQHC is a type of CHC that is recognized by the Centers for Medicaid and Medicare Services and eligible for certain benefits.

<sup>21</sup> Texas Association of Community Health Centers Fact Sheet.

<sup>22</sup> “Community Health Center. Board Work Groups Report,” Texas Dental Association, 2008.

<sup>23</sup> American Dental Association, Give Kids a Smile (GKAS) <<http://www.ada.org/prof/events/featured/gkas/index.asp>> (23 July 2008).

<sup>24</sup> Telephone interview with the Greater Houston Dental Society Staff, 5 May 2008.

<sup>25</sup> Telephone interviews with Dr. Mary Swift, 5th Dental District, and Becca Haynes, Attitudes and Attire Program Manager, May 12, 2008 and information from the Attitudes and Attire web site <[www.attitudesandattire.org](http://www.attitudesandattire.org)>.

## Give Kids a Smile

The American Dental Association's Give Kids a Smile Day (GKAS) is an event held on the first Friday of every February as part of National Children's Dental Health Month. Dentists across the nation spend one day providing free care to children in need. As of September 2008, there were an estimated 1,883 GKAS programs serving approximately 478,000 children nationwide.<sup>23</sup> Most dental societies in Texas participate in the GKAS program. The Greater Houston Dental Society, for example, annually collaborates with The University of Texas at Houston Dental Branch to participate in Give Kids a Smile Day. In 2007, 54 dentists and other oral health professionals treated 131 patients at this event alone.<sup>24</sup>

## Dentists Who Care

The Dentists Who Care program, operating as a 501(c)(3) in the Rio Grande Valley since 1996, uses more than 130 volunteer dentists to provide care to children in need. Supported in part by a local golf tournament, the organization provides care via a mobile clinic, but also provides "Valley Smile Coupons" to children who need more extensive or specialty care. Local dentists give two to three coupons per month to school nurses, who refer children, distribute the coupons and make the appointments for dental care.

## The Hope Clinic

The Hope Clinic in Alvin, Texas, is a nonprofit organization conceived by a handful of local dentists and supported almost entirely by charitable contributions and volunteers. The clinic opened its doors for service in January 2008 and as of July 2008 had already provided dental services to 366 patients valued at \$188,909. Operating two days a week and staffed by 15 area dentists, patients come to the clinic from more than 10 different cities in the region and pay for care on a sliding scale, with fees generally ranging from \$5-\$15 per visit.

## Hopeful Smiles

Hopeful Smiles provides free restorative care to women recovering from abusive relationships, addiction, homelessness or other serious personal challenges. Created by a Dallas area dentist, the program operates in partnership with "Attitudes & Attire," a nonprofit organization in Dallas "dedicated to promoting personal growth for women seeking self-sufficiency." In 2007, more than 50 women received restorative care, which was provided by 15 general dentists and four specialists.<sup>25</sup>

## Best practice case studies



Charitable care is a vital component in the overall distribution of oral health care in Texas, but it is part of a safety net rather than a strategy for increasing access to regular care.

charitable and educational programs, including Texas Missions of Mercy and Texas Donated Dental Services.

**TEXAS MISSIONS OF MERCY (TMOM)** In 2001, the TDA Smiles Foundation established Texas Missions of Mercy (TMOM). The program provides free restorative care to as many people in need as possible, usually over a two-day period. In 2007, the cities of Dallas, Hereford and Houston hosted TMOMs, treating more than 2,700 people in need. Several other areas of Texas, including El Paso, Nueces Valley and South Plains, are planning to host TMOM events in the future. Between November 2001 and November 2007, nearly 12,000 Texans received free dental services through the TMOM program.<sup>26</sup>

**TEXAS DONATED DENTAL SERVICES (TXDDS)** The Texas Donated Dental Services program provides comprehensive oral health care for persons with a permanent disability and/or those over the age of 55. All of the care provided by TXDDS is donated by Texas dentists and other oral health professionals. In 2007, 727 volunteer dentists participated in TXDDS, providing care valued at nearly \$710,000. Demand for services far exceeds the capacity to provide them. As a result, applicants eligible for services may have to wait more than three years to start receiving care.

#### *University-based care*

Texas' three dental schools provide charitable care in several ways. Faculty and students serve patients in their communities through outreach efforts, as well as through required community rotations and mobile clinics. In addition, each of the schools, The University of Texas Health Science Center at Houston Dental Branch (UTHSC-H), The University of Texas Health Science Center at San Antonio Dental School (UTHSC-SA) and the Texas A&M Health Science Center Baylor College of Dentistry (Baylor), has university-based clinics, outreach clinics and faculty-provided services.

#### **THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON DENTAL BRANCH (UTHSC-H)**

The UTHSC-H Dental Branch provided over \$1 million in unsponsored charity dental care in fiscal year 2008. That same year, the Dental Branch conducted outreach at a variety of sites throughout greater Houston and the surrounding counties, providing oral health education and treating 14,756 patients. In addition, the Dental Branch conducted 20,629 treatments in Houston hospitals. As is true with the other state dental schools, UTHSC-H's community outreach enables students to provide direct care through community clinics, area schools and health fairs. In fiscal year 2008, Dental Branch faculty, students and staff participated in three Texas Mission of Mercy events, sponsored by the TDA, providing dental care in underserved areas. Students staff a mobile dental van

<sup>26</sup> Texas Dental Association Smiles Foundation, "Momentum," 2007 Annual Report.

operated by St. Luke's Episcopal Health Charities, which visit sites throughout Houston and East Texas, providing oral cancer screenings and clinical care. In fiscal year 2008, the van provided 9,437 patient treatments with an equivalent value of care of over one million dollars.<sup>27</sup>

#### THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO DENTAL SCHOOL (UTHSC-SA)

Students at the UTHSC-SA Dental School are required to complete rotations in outreach clinics as part of the school's community-based training program. The majority of patients who visit the outreach clinics are indigent. In fiscal year 2007, 93 percent of the 33,982 patients served were indigent. The total value of care provided in fiscal year 2007 was \$9,804,712, of which \$8,511,053 was donated. In addition to providing charity care, the outreach clinics accept Medicaid patients and offer discount care by students. The UTHSC-SA Dental School and students also participate in oral health fairs and are involved in other activities to promote oral health such as providing free dental sealants to local public school students and donating mouth guards to student athletes.<sup>28</sup>

#### THE TEXAS A&M HEALTH SCIENCE CENTER BAYLOR COLLEGE OF DENTISTRY

Under faculty supervision, Baylor dental students provide affordable care to patients through outreach clinics in the community and university-based clinics. Although the Texas A&M Health Science Center Baylor College of Dentistry in Dallas does not provide charitable care through its university clinics, services provided by students are discounted to 40 to 60 percent of area market costs. Charges for services vary according to the students' level of training, but are not considered unsponsored unless provided at a deeper discount or free of charge to medically or financially indigent patients. As part of a community dentistry externship, fourth-year Baylor students complete rotations through the dental clinic at the Juvenile Detention Center, the Children's Oral Health Center of Dallas and the Dallas County Sealant Initiative. Students and faculty also provide oral health education and screenings in the community.<sup>29</sup>

## CONCLUSION

The oral health delivery system in Texas is diverse and offers several points of access, including private dental offices, public and private clinics, school-based programs and Community Health Centers. Expanding access to oral health care must be approached as a shared responsibility—between dentists, policymakers, community-based organizations, parents and schools. The job at hand is simply too big—and too important—for any single entity to take on alone.

In 2005, the University of Texas Health Science Center at Houston Dental Branch provided emergency dental care to hurricane victims at the George R. Brown Convention Center in the aftermath of Hurricane Katrina. The mobile dental van spent two weeks in the convention center, providing 280 free dental procedures for 68 patients and donating 100 complete dentures. A total of 149 faculty and 445 staff hours were provided as part of this volunteer relief effort.

<sup>27</sup> The state's definition for unsponsored charity care is the "total dollar amount of indigent patient charges provided in hospitals and clinics contracted with or owned, operated and funded by the health-related institution during the reporting period," and it excludes the Faculty Practice Plan care. Data provided by The University of Texas at Houston Dental Branch, Office of Patient Care, 23 May 2008.

<sup>28</sup> Written information compiled by the University of Texas Health Science Center at San Antonio Dental School, Office of External Affairs, 19 May 2008.

<sup>29</sup> Juanna Moore, Assistant Dean, Baylor College of Dentistry, Office of Finance, phone interview with author, 23 May 2008.