

## EXECUTIVE SUMMARY

Poor oral health affects more than just the mouth. It can seriously compromise a person's general health, quality of life and life expectancy. Oral diseases can and do lead to systemic problems — damaging other parts of the body and resulting in the need for expensive emergency department visits, hospital stays and medications. The consequences of poor oral health, however, go far beyond damaging medical effects. Oral disease can also wreak economic havoc — keeping children out of school and adults home from work — not to mention lower productivity of workers in pain. Untreated oral diseases can also drive up health care costs in general.

The good news is that with proper oral health care, both at home and in professional settings, many of the negative consequences associated with poor oral health can be prevented.

The State of Texas has a unique and unprecedented opportunity to significantly increase access to oral health care for all Texans. Complying with the *Frew* agreement is a key priority. However, there are additional ways that Texas policymakers can improve the oral health of the state.

**In an effort to begin a constructive dialogue about improving the oral health of all Texans, the Texas Dental Association (TDA) with grant funding from the American Dental Association (ADA) commissioned an independent third-party report on the issue of access to oral health care in Texas modeled after the 2000 groundbreaking surgeon general's report, *Oral Health in America*.** The TDA assembled a team of five nationally recognized dentists from both academia and private practice to oversee the project. The dentists (hereafter called the editorial review board or ERB) were asked to identify the state's most pressing issues, needs and challenges associated with improving the oral health of all Texans, with a special focus on the state's most vulnerable.

The ERB looked carefully at the economic, medical and social consequences of untreated oral disease in Texas. It reviewed the current systems of oral health care delivery and payment throughout the state. The team also studied the oral health status of Texans in general and analyzed the oral health disparities that exist in the state. Finally, the ERB made specific and practical policy recommendations to expand access to oral health care in Texas, including:

- ① **Identifying a “dental home” for every Texan**
- ② **Strengthening the Texas Department of State Health Services (DSHS) Oral Health Program (OHP)**
- ③ **Creating new programs to encourage general dentists and specialists to practice in underserved areas and to treat underserved populations**
- ④ **Developing a comprehensive oral health public awareness and education campaign**
- ⑤ **Expanding access to oral health services for older Texans**

As the face of Texas continues to change, the state must put in place a new, more aggressive strategy to improve access to oral health care. This challenge must be approached as a shared responsibility — among dentists, allied health professionals, primary care providers, policymakers, community-based organizations, parents and schools. The job is too big — and too important — for any one group to try to tackle alone. **The time to act is now.**

Texas can and should do a better job of improving access to oral health care, especially for the state's most vulnerable residents.

# What is *Frew v. Hawkins*?

*Frew v. Hawkins* was filed in 1993 on behalf of Texas Medicaid recipients. The class-action lawsuit alleged that children enrolled in Medicaid (known as Texas Health Steps) were not adequately receiving the preventive and specialty care services (including dental care) available to them under the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

In April 2007, after 14 years in court, the State of Texas reached an agreement with the plaintiff's counsel in the *Frew* lawsuit. The agreement allocated \$1.8 billion (including \$707 million in state revenues) to expand access to children's Medicaid services for the 2008–09 biennium.

Most of the *Frew* funding will be used to improve medical and dental Medicaid reimbursement rates in an effort to attract more providers into the Medicaid program. About \$150 million has been set aside during the 2008–09 budget period for “strategic medical and dental initiatives” to increase access to care, including dental services, in underserved areas. Another \$45 million for the 2008–09 biennium has been allocated to expand outreach and education for Medicaid-enrolled families and health care providers.

## INTRODUCTION

The State of Texas is in a unique — and unprecedented — position to take decisive action to build better oral health for all Texans. Complying with the *Frew* agreement is a key priority. However, there are additional ways that Texas policymakers can improve the oral health of the state. Texas dentists, as leaders of the dental team, are ready to work with lawmakers, state officials, community organizations, parents and schools to improve access to oral health for all Texans — and make a real difference today and for generations to come.

## UNDERSTANDING THE BARRIERS TO ORAL HEALTH CARE

There are many reasons why so many Texans do not receive the oral health care they need. Some of the barriers are financial, while others are structural or cultural. The policy recommendations described in this report are designed to remove as many of these barriers as possible—and move Texas toward the ultimate goal of establishing a dental home for all of its residents.

### *Financial barriers*

Financial considerations are among the most frequently cited barriers to oral health care. Many individuals do not seek dental care for themselves or a family member because they do not have enough money to pay for treatment and do not have any help to pay, such as dental insurance or other third-party payer coverage. Others can afford to pay, but are not willing to pay for comprehensive oral health care out of their own pocket. Some individuals who can afford dental care (or who have coverage) choose not to seek care for other reasons (see *cultural barriers*). Others who can afford care may have physical limitations that make it difficult to visit a dentist (see *structural barriers*). Although the cost of a dental visit or procedure is a major hurdle for some Texans, other financial considerations, such as lost wages, transportation and child care costs, also influence an individual's decision to seek dental care.

### *Structural barriers*

Cost is a frequently cited barrier to oral health care. However, physical or logistical barriers should not be overlooked. Individuals with limited mobility, such as nursing home residents or persons with special needs, may not be able to find adequate transportation to and from dental appointments, despite the availability of some public programs. And some Texans who live in rural areas of the state may need to travel many miles to find a practicing dentist. Low-income Texans who live in communities with limited public transportation face special challenges.

There is also a need for more dentists in Texas (and the nation) with the specific expertise and training to treat the elderly and patients with special needs. Finding anesthesiologists trained and willing to treat children who require sedation for certain dental procedures, especially at Medicaid reimbursement rates, is often challenging. Long wait times to schedule an appointment, especially for specialty providers, can also deter people from seeking the oral health care they need.

### **Cultural barriers**

There are also many cultural or attitudinal factors at play that prevent some Texans from seeking the oral health care they need. Even though they may understand that oral health is important, when balancing competing household demands, many families place oral health at or near the bottom of their priority list. Language barriers also prevent some Texans from seeking care for themselves or their children. Some people fear dental procedures, while others are embarrassed about the condition of their teeth and avoid dentists unless there is an emergency. Still others lack basic knowledge about the importance of preventive oral health care. Some cultures are less accustomed to the traditional American dental delivery system, which usually requires patients to schedule appointments in advance and arrive at a given location at a specific time.

### **STUDY SCOPE AND ORGANIZATION**

This study is the first in a series of planned public policy reports to be published by Texas dentists over the next few years. The goal of this report is to raise public awareness about the importance of oral health and to begin a constructive dialogue about improving the oral health of *all* Texans. Because of limited time, space and data, this report does not fully address all issues related to access to oral health care.

**CHAPTER ONE** describes the economic, medical and social consequences of untreated oral disease and reasons why Texas must take action—now—to improve access to oral health care.

**CHAPTER TWO** describes the oral health care system in Texas as it exists today. The chapter details the settings in which dental care is delivered, the variety of funding mechanisms used to pay for oral health care services and the role of charitable care.

**CHAPTER THREE** presents a snapshot of the current oral health status of Texas using the most recent state and national comparative data available.

**CHAPTER FOUR** analyzes the oral health disparities that exist now in Texas, particularly among populations that face special challenges accessing oral health care services.

**CHAPTER FIVE** provides practical public policy recommendations to expand access to oral health care in Texas. It also documents best practices from other states.

A comprehensive bibliography is included at the end of the report. The sources cited represent only a sample of the academic journal articles, public policy studies, surveys, Web sites, newspaper articles and statistical analyses reviewed by the editorial review board.

## How is “access to oral health care” defined in this study?

There are many different ways to define the term “access to oral health care.”

The authors of this report developed an approach to access to care that takes into account both the need to: (1) increase the availability of oral health care services for all Texans regardless of income, geography, race or ethnicity; and (2) enhance the public’s understanding of the importance of oral health care.

## What is a dental home?

The American Academy of Pediatric Dentistry and the American Dental Association define a dental home as “the ongoing relationship between the dentist who is the Primary Dental Care Provider and the patient, and includes comprehensive oral health care, beginning no later than age one.”<sup>2</sup>

<sup>2</sup> American Academy of Pediatric Dentistry Foundation, “The Dental Home: It’s Never Too Early to Start,” February 2007, <<http://www.aapd.org/foundation/pdfs/DentalHomeFinal.pdf>> (March 26, 2008).