



Children's Health Issue Brief

Open Wide or Lock Jaw?

Children's Dental Health Access in Kentucky

We often assume that most children have access to the dental health system, but in Kentucky two-thirds of the children enrolled in Medicaid and KCHIP did not receive any dental services in 2002. This is of particular concern because these are the children who have the greatest need for dental services. According to a National Governor's Association report, 80 percent of tooth decay is concentrated in only 25 percent of children.

The U.S. Surgeon General reports that dental care has become the most common unmet health need among American children. This is especially true for low-income children who encounter multiple barriers in getting adequate dental services. Dental problems have become "the silent epidemic" in our communities. The Oral Health Office in the Kentucky Department of Public Health discovered the reality of this in its 2001 study: 47 percent of the 2 to 4 year olds that were surveyed were diagnosed with early childhood caries (cavities). This is twice the national rate.



The purpose of this report is to start a public discussion about children's oral health care access in Kentucky by taking an initial look at state Medicaid and KCHIP dental access data. This report is not intended to point fingers, but to simply provide a glimpse of the current oral health status of our children.

Major findings of the report include:

- Only one-third of eligible children in Kentucky received any dental services through Medicaid and the Kentucky Children's Health Insurance Program (KCHIP) in 2002.
- Kentucky's children did not have adequate access to dentists in 2002. Only eight counties had the nationally recommended ratio of licensed dentists to people. Access for low-income children enrolled in Medicaid or KCHIP was even more limited — only 40 percent of dentists in Kentucky billed Medicaid for any dental services in 2002.

FINDING 1: Only one-third of eligible children received any dental services through Medicaid and the Kentucky Children's Health Insurance Program (KCHIP) in 2002.

Access to affordable and comprehensive medical insurance is usually a strong predictor of access to dental care. However in Kentucky, this association does not hold up for children enrolled in Medicaid or KCHIP. Two-thirds of the children enrolled did not receive any dental services in 2002, even though dental care is covered under the program guidelines. Low-income children are guaranteed dental care through Kentucky's Medicaid and KCHIP programs, but this does not guarantee access or actual provision of services.

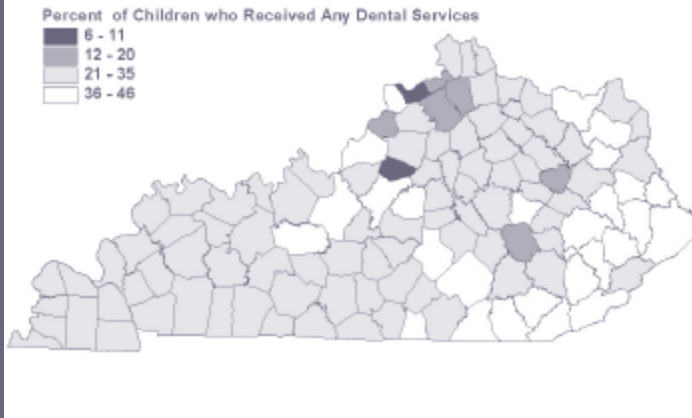
Kentucky Medicaid Program

Medicaid covers approximately 315,000 low-income children in Kentucky. Medicaid enrolled children are entitled to limited dental care including: annual oral exams, emergency visits, x-rays, extractions, fillings, root canal treatment, and sealants. Crowns and braces are also available, if medically necessary, with prior-authorization. Only about 32 percent of eligible children received any of these dental services from general dentists, oral surgeons, pediatric dentists, or orthodontists in 2002.

Kentucky Children's Health Insurance Program (KCHIP)

There are approximately 51,000 children enrolled in Kentucky's Children's Health Insurance Program

Only One in Three Children Enrolled in Medicaid or KCHIP Received Any Dental Services in 2002



(KCHIP). For children in families that earn less than 150 percent of the federal poverty level, KCHIP services are identical to the services that Medicaid offers. KCHIP services are also available to children from families of 150 to 200 percent of the federal poverty level. These children receive full Medicaid benefits with some exceptions including the early, periodic, screening, diagnostic and treatment services and non-emergency transportation.

A potential barrier for children enrolled in the KCHIP program is the collection of monthly premiums for families in the 150–200 percent of the federal poverty level. The premium will make it difficult for these families to remain enrolled in the program. For more information on KCHIP premiums see www.kyyouth.org for a children's health policy brief called "Current Policy Conundrum: Charging KCHIP Premiums".

2002 Kentucky Dental Facts:

Number of licensed dentists: 2,169
 Number of Medicaid enrolled dentists who billed Medicaid for services: 871

FINDING 2: Kentucky’s low-income children did not have adequate access to dentists in 2002.

According to national recommended guidelines, only eight counties in Kentucky had fewer than 1,500 people per dentist. Access to dental care for low-income children was even more limited - less than one in two dentists billed Medicaid for any dental services in 2002. The report briefly describes the Kentucky’s current dental care landscape and its effects on low-income children.

One of the reasons that children did not have access to dental services was the lack of dentists who treated children enrolled in the Medicaid and KCHIP program. Without dental care low-income children suffer unnecessarily from painful dental problems. There are many short and long term negative consequences that children suffer if their dental problems are left untreated.

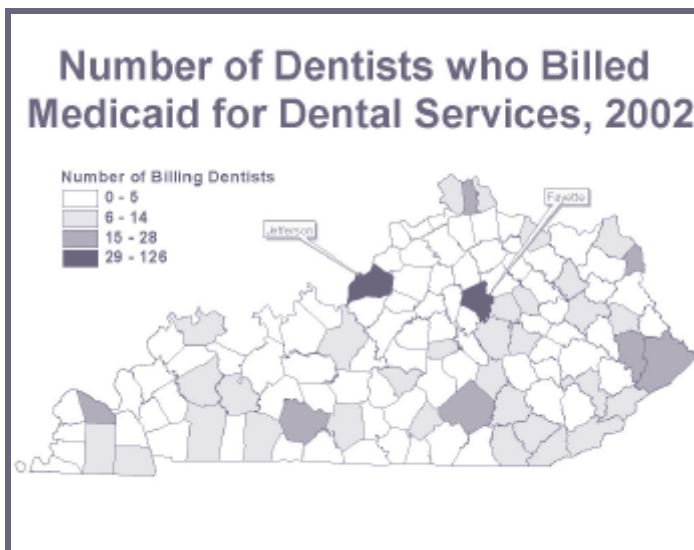
Although many dentists formally enroll as Medicaid providers, only 40 percent of dentists in Kentucky billed Medicaid for any dental services in 2002. This affects the number of children who have access to dental care and especially those in rural areas. (See map below.)

Counties With the Best and Worst Ratio of Medicaid Recipients to Dentists who Billed Medicaid in 2002

<u>Best Ratios</u>	Billing Dentists	Person: Dentist
Nelson	13	294
Fayette	104	315
Boyle	14	355
Mason	10	407
Oldham	4	421
<u>Worst Ratios</u>	Billing Dentists	Person: Dentist
Jackson	0	
Menifee	0	
Lincoln	1	6092
Casey	1	4602
McCreary	2	3940
Wolfe	1	3632
Bath	1	3618

Dentists have documented many reasons why they do not enroll in Medicaid or bill for services:

- Low Medicaid and KCHIP reimbursement rates** discourage dentists from participation. For example, in a recent survey, 90 percent of dentists in Kentucky thought the current reimbursement rates were inadequate for the services they provide. Average reimbursement rates for dentists in Kentucky hover around 50 percent of what the services they provide actually cost. For instance, when a pediatric dentist pulls a tooth it costs \$62.00 yet the Medicaid reimbursement rate is just \$38.00. The dentist would lose 39 percent of the actual cost. Kentucky is in the bottom 10 percent in reimbursement compared to the rest of the country.
- Broken appointments** lead to wasted time and money for dentists. According to the American Dental Association, one-third of Medicaid dental appointments result in no shows. This is important to



dentists because they usually end up spending approximately 65 percent on overhead costs and they can only pay the bills if they are serving patients.

- **Perceived administrative barriers** such as complicated enrollment and billing forms, excessive prior authorization requirements, and slow payments are cited by dentists.
- **The dental workforce is shrinking** in Kentucky. Half of our dentists are over 50 years old and not being replaced. Between 1997-1999 only 230 Kentucky residents were accepted to dental school. According to the Kentucky Board of Dentistry, the number of newly licensed dentists in Kentucky increased by less than 100 in the past two years.

Dental care access is especially important for low-income children because they are at greater risk of suffering from unmet dental needs, Some of their special concerns include:

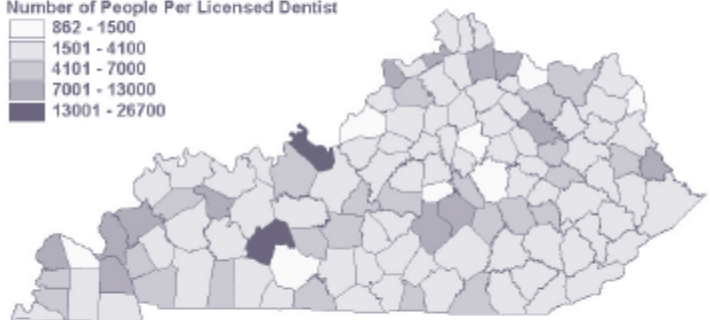
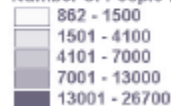
- In Kentucky, the average ratio of people per licensed dentist is around 1,800 and in many counties the ratio is much higher. (See map below) The National Oral Health Grading Project study recommends that one dentist to no more than 1,500 people is adequate. In Kentucky, only eight counties meet this standard.
- Children from low-income families are particularly vulnerable to tooth decay and cavities due to barriers to preventive care, poor health in general, parents' tooth decay being passed on to children, and secondhand smoke exposure. When children do not receive adequate care, the effects are life long. For example, among the 50 states, Kentucky ranks second after

West Virginia, in the percent of persons who have lost six or more teeth because of decay or gum disease.

- Most dentists in Kentucky do not see children ages 1 to 3, low-income or otherwise, as part of their regular practice. Dr. James Cecil of Kentucky's Oral Health Program reports that there are only about 50-60 pediatric dentists in Kentucky and approximately half regularly bill Medicaid for services.
- A family's education level is another factor in the dental health of Kentucky's children. Research has shown that children from families with low educational levels were almost three times more likely to have dental needs as children from families with high educational levels.
- Immigrant and migrant children are alienated from Kentucky's dental health care system because of language or cultural barriers, high medical costs, or lack of knowledge about available medical programs. This is critical because, according to the 2000 Census, the Latino/a population in Kentucky grew 173 percent from 1990 to 2000. There are at least 21,508 Latino/a children living in Kentucky. This is probably an underestimate because this number does not include the people who are undocumented.

Number of People per Licensed Dentist, 2002

Number of People Per Licensed Dentist



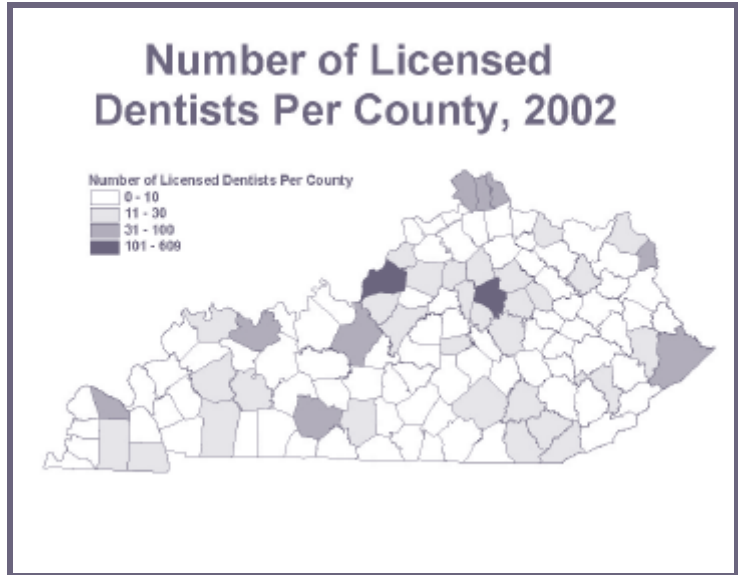
*The National Oral Health Grading Project's suggested ratio is one licensed dentist per 1,500 people.

The effect of inadequate dental care has short and long-term health, educational, social, and financial consequences:

- One of the main symptoms of poor oral health is constant pain and swelling. This pain influences a child’s ability to eat comfortably and could eventually lead to unhealthy weight loss. In infants, early childhood caries (ECC), contributes to failure to thrive due to chronic infection and pain associated with the disease. Nationally, 20 percent of children from low-income families suffer from ECC. According to Dr. David Hardison of University of Kentucky, almost 50% of children in Kentucky have ECC.
- Children with dental problems may have trouble concentrating and learning in school, have frequent absences, and could develop more serious disabilities that could affect their ability to learn and grow. In Kentucky, children miss anywhere from 20,000- 30,000 days of school a year because of dental pain. According to Kentucky’s per pupil per day formula, school districts could be losing between \$399,200 and \$598,800 every year because of children’s dental problems.
- Hospital emergency room use for dental care is expensive for families and Kentucky, but oftentimes it is the last resort for dental care. As the problems get worse, the medical interventions become more and more expensive.

What can be done?

Kentucky does have a long way to go before all children have access to dental care regardless of income, location, age, race, or disability. Research tells us that prevention and parental education are the least expensive and most effective ways to care for children’s life long oral health. Preven-



tion includes measures such as fluoridated water, fluoride mouth rinses, fluoride varnishes, dental sealants, and regular visits to the dentists.

With this in mind, we need a commitment from state and federal policymakers to adequately fund dental prevention programs, especially for our youngest children. The recent collaboration between Kentucky’s Oral Health office and the Division of Early Childhood Development is an example of a low cost, effective way to reach thousands of low-income children for prevention services.

It is also critical that more dentists enroll in the Medicaid program and then actually provide service to low income patients. Research has shown that to have increased participation in Medicaid, fees must approach market levels to maintain access and high quality among the dental profession. Without adequate options for dental care, children’s dental problems will only get worse.

There also has to be support from local communities to ensure that all children have access to dental care. It is unacceptable that only 32 percent of low-income children had access to care in 2002.

When looking through the county level data, ask yourself the following questions:

- Are there enough licensed dentists to serve people in my county?
- Are there enough dentists in my county treating children enrolled in Medicaid and KCHIP?
- How many dentists are actually billing Medicaid for services that they provided?
- What percentage of low-income children in my county are getting dental services?
- How does my county compare to others?

2002 Dental Access Report

Counties	Total Pop. 2001 Census Report	# Licensed Dentists	Person Per Licensed Dentist	Total Eligible Medicaid Recipients	# Dentists who Billed Medicaid for Services	Medicaid Recipients per Billing Dentist	Total # of Children 2000 Census	Medicaid or KCHIP Eligible Recipients Under 21 Years Old	Unduplicated Recipients Under 21 who Received Any Dental Services	% of Recipients under 21 who Received Any Dental Care
Adair	17,291	5	3,458	4,693	2	2,347	4,053	2,452	809	33%
Allen	18,056	4	4,514	3,655	2	1,828	4,601	2,054	510	25%
Anderson	19,564	7	2,795	2,185	3	728	5,077	1,397	407	29%
Ballard	8,158	1	8,158	1,664	1	1,664	1,911	954	273	29%
Barren	38,592	15	2,573	8,311	11	756	9,210	4,308	1,317	31%
Bath	11,355	1	11,355	3,618	1	3,618	2,678	1,916	603	31%
Bell	29,873	11	2,716	12,424	8	1,553	7,329	6,278	2,751	44%
Boone	90,489	58	1,560	7,599	12	633	24,644	4,610	1,024	22%
Bourbon	19,478	11	1,771	3,272	5	654	4,843	1,890	657	35%
Boyd	49,727	35	1,421	11,399	20	570	10,840	6,230	2,120	34%
Boyle	27,612	23	1,201	4,964	14	355	6,276	2,769	855	31%
Bracken	8,441	1	8,441	1,676	2	838	2,115	995	298	30%
Breathitt	16,024	4	4,006	7,344	4	1,836	4,106	3,458	1,272	37%
Breckinridge*	18,871	3	6,290	4,258	3	1,419	4,647	2,507	741	30%
Bullitt*	63,043	21	3,002	7,676	5	1,535	16,640	5,277	1,720	33%
Butler	13,131	1	13,131	3,294	1	3,294	3,288	1,846	438	24%
Caldwell	12,898	5	2,580	2,840	2	1,420	2,927	1,558	505	32%
Calloway	34,206	17	2,012	4,938	8	617	6,406	2,960	769	26%
Campbell	88,362	33	2,678	11,341	14	810	22,717	6,855	1,763	26%
Carlisle	5,345	1	5,345	997	1	997	1,251	595	204	34%
Carroll*	10,133	3	3,378	2,202	1	2,202	2,570	1,273	80	6%
Carter	27,024	9	3,003	8,128	4	2,032	6,583	4,554	1,691	37%
Casey	15,726	2	7,863	4,602	1	4,602	3,786	2,370	935	39%
Christian	71,649	26	2,756	12,695	8	1,587	20,459	8,011	1,786	22%
Clark	33,409	18	1,856	6,443	8	805	8,223	3,718	1,177	32%
Clay	24,506	6	4,084	10,493	5	2,099	6,232	5,054	1,622	32%
Clinton	9,616	2	4,808	3,708	2	1,854	2,184	1,767	674	38%
Crittenden	9,281	1	9,281	1,908	1	1,908	2,178	1,019	296	29%
Cumberland	7,188	3	2,396	2,293	3	764	1,689	1,098	379	35%
Davies	91,793	53	1,732	16,819	26	647	23,620	10,115	2,915	29%
Edmonson	11,775	2	5,888	2,916	2	1,458	2,745	1,634	539	33%
Elliott	6,777	2	3,389	2,706	3	902	1,712	1,425	517	36%
Estill	15,407	5	3,081	4,887	6	815	3,697	2,470	900	36%
Fayette	260,414	302	862	32,731	104	315	55,533	19,540	4,061	21%
Fleming	14,140	3	4,713	3,309	5	662	3,500	1,852	554	30%
Floyd	42,350	23	1,841	16,031	18	891	10,034	8,561	3,307	39%
Franklin	48,210	27	1,786	6,573	4	1,643	10,776	3,787	1,023	27%
Fulton	7,784	3	2,595	2,559	1	2,559	1,928	1,405	331	24%
Gallatin	7,961	1	7,961	1,685	1	1,685	2,247	1,012	167	17%
Garrard	15,260	3	5,087	3,155	1	3,155	3,602	1,870	555	30%
Grant	23,237	6	3,873	4,935	3	1,645	6,425	3,172	639	20%
Graves	36,900	12	3,075	7,799	6	1,300	9,068	4,395	1,316	30%
Grayson*	24,203	8	3,025	5,893	3	1,964	5,876	3,285	1,628	50%
Green	11,627	3	3,876	2,723	2	1,362	2,614	1,310	427	33%
Greenup	36,823	12	3,069	8,113	7	1,159	8,699	4,501	1,559	35%
Hancock	8,434	4	2,109	1,429	3	476	2,241	837	181	22%
Hardin*	95,070	57	1,668	15,046	11	1,368	25,963	9,656	4,187	43%
Harlan	32,683	9	3,631	13,043	10	1,304	8,297	6,994	2,603	37%
Harrison	18,048	8	2,256	3,294	2	1,647	4,497	1,856	523	28%
Hart	17,383	4	4,346	4,658	4	1,165	4,488	2,538	805	32%
Henderson	44,835	21	2,135	8,299	10	830	11,043	4,809	1,384	29%
Henry*	15,178	3	5,059	2,675	3	892	3,820	1,650	484	29%
Hickman	5,170	1	5,170	1,105	1	1,105	1,162	568	138	24%
Hopkins	46,327	18	2,574	10,222	14	730	11,240	5,845	1,963	34%
Jackson	13,651	2	6,826	4,753	0	0	3,516	2,530	488	19%
Jefferson*	692,910	609	1,138	109,241	126	867	168,271	68,420	25,169	37%
Jessamine	40,016	12	3,335	6,406	4	1,602	10,300	4,180	1,196	29%
Johnson	23,471	5	4,694	7,812	7	1,116	5,628	4,261	1,612	38%
Kenton	151,366	69	2,194	21,355	22	971	39,899	13,299	2,805	21%
Knott	17,653	5	3,531	7,010	3	2,337	4,319	3,546	1,508	43%
Knox	31,717	11	2,883	13,406	11	1,219	8,324	6,934	2,855	41%
Larue*	13,395	3	4,465	2,733	2	1,367	3,348	1,627	362	22%
Laurel	53,691	14	3,835	15,773	8	1,972	13,401	8,910	2,986	34%

2002 Dental Access Report

Counties	Total Pop. 2001 Census Report	# Licensed Dentists	Person Per Licensed Dentist	Total Eligible Medicaid Recipients	# Dentists who Billed Medicaid for Services	Medicaid Recipients per Billing Dentist	Total # of Children 2000 Census	Medicaid or KCHIP Eligible Recipients Under 21 Years Old	Unduplicated Recipients Under 21 who Received Any Dental Services	% of Recipients Under 21 who Received Any Dental Care
Lawrence	15,722	4	3,931	5,862	4	1,466	3,936	3,047	1,031	34%
Lee	7,905	2	3,953	3,196	1	3,196	1,797	1,577	551	35%
Leslie	12,315	4	3,079	5,086	3	1,695	3,051	2,515	1,104	44%
Letcher	25,018	7	3,574	9,107	6	1,518	5,996	4,607	1,513	33%
Lewis	13,903	3	4,634	4,422	3	1,474	3,570	2,496	889	36%
Lincoln	23,922	3	7,974	6,092	1	6,092	5,997	3,319	1,173	35%
Livingston	9,769	1	9,769	1,872	1	1,872	2,188	1,056	292	28%
Logan	26,586	10	2,659	5,460	6	910	6,825	3,165	974	31%
Lyon	8,216	2	4,108	1,105	2	553	1,275	533	183	34%
McCracken	72,408	52	1,392	12,843	19	676	15,315	7,412	2,118	29%
McCreary	13,219	3	4,406	7,880	2	3,940	4,729	4,223	1,543	37%
McLean	18,401	2	9,201	1,998	1	1,998	2,405	1,210	339	28%
Madison	30,308	28	1,082	11,766	12	981	15,512	6,743	2,073	31%
Magoffin	12,596	6	2,099	5,807	4	1,452	3,570	2,967	1,155	39%
Marion*	16,844	4	4,211	4,055	4	1,014	4,596	2,057	466	23%
Marshall	64,790	9	7,199	4,599	2	2,300	6,560	2,628	676	26%
Martin	17,057	2	8,529	5,664	5	1,133	3,539	3,047	1,107	36%
Mason	9,949	11	904	4,070	10	407	4,053	2,235	607	27%
Meade*	27,008	2	26,679	3,667	3	1,222	7,839	2,572	612	24%
Menifee	6,642	1	6,642	2,431	0	0	1,634	1,336	249	19%
Mercer	20,897	7	2,985	3,439	1	3,439	5,080	1,910	529	28%
Metcalfe	10,119	3	3,373	2,768	4	692	2,471	1,501	496	33%
Monroe	11,745	4	2,936	3,392	4	848	2,811	1,643	562	34%
Montgomery	23,042	11	2,095	5,706	12	476	5,615	3,237	945	29%
Morgan	14,168	6	2,361	4,376	6	729	3,118	2,306	786	34%
Muhlenberg	31,813	17	1,871	7,282	7	1,040	7,206	4,399	1,355	31%
Nelson*	38,592	13	2,969	6,433	13	294	10,372	3,818	1,762	46%
Nicholas	6,827	3	2,276	1,828	2	914	1,608	979	336	34%
Ohio	23,036	7	3,291	5,759	4	1,440	5,704	3,366	1,090	32%
Oldham*	48,000	17	2,824	2,729	4	421	12,644	1,682	336	20%
Owen	10,766	3	3,589	2,261	3	754	2,694	1,412	265	19%
Owsley	4,856	1	4,856	2,830	1	2,830	1,194	1,228	370	30%
Pendleton	14,611	2	7,306	2,620	1	2,620	4,084	1,668	414	25%
Perry	29,279	15	1,952	11,626	14	830	7,161	5,830	2,214	38%
Pike	67,887	35	1,940	20,578	27	762	16,285	10,839	4,184	39%
Powell	13,294	4	3,324	4,319	2	2,160	3,524	2,467	804	33%
Pulaski	56,774	30	1,892	15,792	23	687	13,156	8,334	2,987	36%
Robertson	2,294	0	2,294	581	1	581	539	309	91	29%
Rockcastle	16,629	3	5,543	4,888	6	815	4,054	2,617	812	31%
Rowan	22,174	11	2,016	4,979	8	622	4,475	2,729	818	30%
Russell	16,492	8	2,062	5,180	9	576	3,675	2,602	868	33%
Scott	34,519	11	3,138	5,168	4	1,292	8,685	3,219	826	26%
Shelby*	34,120	13	2,625	4,383	4	700	8,391	2,801	743	27%
Simpson	16,460	8	2,058	2,919	4	730	4,305	1,769	509	29%
Spencer*	13,039	4	3,260	1,596	2	798	3,171	962	108	11%
Taylor	23,034	8	2,879	5,444	7	778	5,365	2,877	766	27%
Todd	12,048	2	6,024	2,689	2	1,345	3,183	1,607	476	30%
Trigg	12,828	3	4,276	1,924	2	962	2,886	1,112	302	27%
Trimble*	8,442	1	8,442	1,566	2	494	2,145	987	395	40%
Union	15,488	4	3,872	2,718	1	2,718	3,957	1,678	527	31%
Warren	93,232	68	1,371	18,024	28	644	21,398	10,644	2,905	27%
Washington*	11,032	5	2,206	2,107	4	527	2,757	1,133	516	46%
Wayne	19,950	6	3,325	6,722	5	1,344	5,049	3,532	1,233	35%
Webster	14,034	3	4,678	2,908	1	2,908	3,406	1,724	445	26%
Whitley	36,466	18	2,026	13,927	13	1,071	9,245	7,329	2,730	37%
Wolfe	6,953	1	6,953	3,632	1	3,632	1,831	1,698	601	35%
Woodford	23,331	11	2,121	2,354	4	589	5,891	1,506	418	28%
Other	0	0	0	1,420	0	0	0	88	17	19%
Kentucky	4,065,556	2,169	1,874	837,563	871	962	994,818	476,854	153,559	32%
2001 Numbers	4,041,769	2,191	1,845	817,355	870	939	994,818	460,600	135,421	29%

GUIDE TO THE DATA CHARTS:

- **Total Population 2001 Census Report:** [Data from US Census Bureau.]
- **# Licensed Dentists:** Total number of licensed dentists per county. [Data from the Kentucky Board of Dentistry (April, 2002)]
- **Person Per Licensed Dentist:** The ratio of licensed dentists to residents of each county. [KYA Calculation]
- **Total Eligible Medicaid Recipients:** All people enrolled in Medicaid and KCHIP in each county. [Data from the Kentucky Cabinet for Health Services, Department for Medicaid Services (2002) *Dental Access Report for 2002.*]
- **# of Dentists who Billed Medicaid for Services:** The number of licensed dentists who enrolled as Medicaid providers and billed the state for services. [Data from the Kentucky Cabinet for Health Services, Department for Medicaid Services (2002) *Dental Access Report for 2002* and Doral Dental Services of Kentucky (2003) *Personal Communication with Marybeth Crouch.*]
- **Medicaid Recipients per Billing Dentist:** The number of Medicaid recipients per dentist who billed Medicaid for services in their county. [Data from the Kentucky Cabinet for Health Services, Department for Medicaid Services (2002) *Dental Access Report for 2002.*]
- **Total # of Children 2000 Census:** Total number of children under age (18) in each county. [Data from US Census Bureau.]
- **Medicaid or KCHIP Eligible Recipients under 21 years old:** [Data from the Kentucky Cabinet for Health Services, Department for Medicaid Services (2002) *Dental Access Report for 2002.*]
- **Unduplicated Recipients under 21 who Received any Dental Services:** The number of children who received any type of dental services including EPSDT, surgery, general dentistry, orthodontic, or pediatric. [Data from the Kentucky Cabinet for Health Services, Department for Medicaid Services. (2002) *Dental Access Report for 2002* and Doral Dental Services of Kentucky (2003) *Personal Communication with Marybeth Crouch.*]
- **% of Recipients Under 21 who Received any Dental Care:** [Data from the Kentucky Cabinet for Health Services, Department for Medicaid Services. (2002) *Dental Access Report for 2002.*]

* These counties' Medicaid programs are administered by Passport and the dental services by Doral Dental Services of Kentucky . The number of unduplicated recipients under 21 who received any dental services is approximate.

SOURCES:

- Aligne CA, Moss ME, Auinger P, et al. (2003). *Association of Pediatric Dental Caries with Passive Smoking*. JAMA: The Journal of the American Medical Association 289(10):1195-1334.
- American Dental Education Association. (2003). *State Demographic Information*.
- Children's Dental Health Project. *At-a-Glance: Barriers to Medicaid Dental Care*. Retrieved from the World Wide Web at www.cdhp.org on September 17, 2003.
- Children's Dental Health Project. *At-a-Glance: Medicaid and SCHIP Dental Programs*. Retrieved from the World Wide Web at www.cdhp.org on September 17, 2003.
- Crall, J. et al., "Disparities in Children's Oral Health and Access to Dental Care," *Journal of the American Medical Association*, Vol. 284, No. 20 (November 2000), 2625-2631.
- Edelstein, B (2001). "*Proceedings: Kentucky Dental Health Summit. May 24-25, 2001*". Kentucky Dental Health Coalition.
- Ferretti, G. (2003) Presentation: *Early Childhood Oral Health Update*.
- Hardison, J.D. et.al. (2002). *Final results: 2001 Kentucky Children's Oral Health Survey*. Lexington, KY: Division of Dental Public Health, College of Dentistry, University of Kentucky.

- Kentucky Cabinet for Health Services (2002). *Welcome to the Kentucky Children's Health Insurance Program Homepage*. Retrieved from the World Wide Web at www.chs.state.ky.us/kchip on November 11, 2002.
- Kentucky Cabinet for Health Services, Department of Public Health. (2002). *Kentucky Oral Health Program's Kids' Smiles Implementation Plan*.
- Kentucky Cabinet for Health Services, Department for Medicaid Services. (2002) *Dental Access Report*.
- Kentucky Cabinet for Health Services, Department for Medicaid Services (2003). *Medicaid Monthly Enrollment Data*.
- Kentucky Cabinet for Health Services, Department for Medicaid Services (October 2003). *Dental Services Fee Schedule*.
- Kentucky Cabinet for Health Services, Department for Medicaid Services. (1998) *Kentucky Medicaid Program Dental Manual: Policies and Procedures*.
- Kentucky Dental Health Coalition, Inc. *Inadequate reimbursement for dental services by the Kentucky Medicaid program represents a substantial barrier to access to needed dental care for Kentucky's Children*.
- Kentucky Department of Education. (2003). *Personal communication regarding the per pupil per day rate*.
- National Center for Education in Maternal and Child Health at Georgetown University. (2001). *Oral Health and Learning Fact Sheet*.
- National Center for Education in Maternal and Child Health at Georgetown University. (2001). *Promoting Awareness, Preventing Pain: Facts on Early Childhood Caries (ECC) Fact Sheet*.
- National Center for Education in Maternal and Child Health at Georgetown University. (2001). *Trends in Children's Oral Health Fact Sheet*.
- The Oral Health America National Grading Project. (2003). *Keep America Smiling: Oral Health in America*.
- Personal Communication with Dr. James Cecil, 3-18-03.
- United State Census Bureau. (2000). *Census 2000*.
- United States Surgeon General. (2000). *Oral Health in America*.
- University of Kentucky Center of Excellence in Rural Health. *Chronic, Serious Dental Health Problems Impact Quality of Life for Kentuckians. Impact Quality of Life for Kentuckians*. Retrieved from the World Wide Web at www.mc.uky.edu/RuralHealth on November 21, 2002.
- Vargas, C.M. & Ronzio C.R. (2002). *Relationship Between Children's Dental Needs and Dental Care Utilization: United States, 1988-1994*. *American Journal of Public Health* 92 (11): 1816-1821.

"For each child without medical insurance there are almost three children without dental insurance."

- *National Maternal and Child Health Resource Center, 2001.*

"We have at times seen children for complete physicals with Medicaid who never visit a dentist unless we refer them. I believe many of our citizens still don't understand the importance of good dental health."

- *Ellen Blevins, Nursing Supervisor for the Little Sandy District*

"We found at the health department that the number one reason for missed appointments was transportation problems."

- *Angela Woosley, Community Health Planning Specialist for the Green River District Health Department*

Thanks to the following people:

Dr. Gerald Ferretti and Dr. David Hardison at the University of Kentucky School of Dentistry

Linda Dailey and Patti Sewell at the Kentucky Department for Medicaid Services

Dr. Jim Cecil and Linda Grace Piker at the Kentucky Oral Health Program

Dan Carey at the University of Kentucky

Ellen Blevins, Karen Cooper, Julie McKee, Lloyd Miller, Gayle Phillips, James Ratliff, Martha Vannatter, Christine Weyman, and Angela Woosley at the Kentucky Public Health Department

Marybeth Crouch at Doral Dental Services of Kentucky

Author: Lacey McNary, MSW

This KYA report is funded through the Ford Foundation's Family Assets Initiative.

Kentucky Youth Advocates would like to receive feedback on this report as well as stories about your experiences with dental care in your community. Please email Lacey McNary at lmcnary@kyyouth.org with your comments, personal stories, and questions.

KENTUCKY YOUTH ADVOCATES

2034 Frankfort Ave.
Louisville, KY 40206
voice: 502.895.8167
fax: 502.895.8225

624 Shelby Street
Frankfort, KY 40601
voice: 502.875.4865
fax: 502.875.2507

www.kyyouth.org