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# Children's Oral Health in Georgia: Progress and Opportunities

Georgia Health Policy Center

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# IssueBrief

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## Introduction

There is room for improvement in oral health practice and outcomes among Georgia children. According to the U.S. Surgeon General, tooth decay affects more than one-fourth of all U.S. children age two through five and one-half of those age 12 through 15.

Low-income children are hardest hit: about half of those age six to 19 years have untreated decay. Untreated cavities may cause pain, dysfunction, absence from school, underweight, and poor appearance - problems that can greatly reduce a child's capacity to succeed in life.[1]

## Georgia Survey Research

The Georgia Department of Human Resources, Division of Public Health, Oral Health Section seeks to prevent dental disease among Georgians.[2] A 2005 survey measuring the oral health status of Georgia's third graders found:

- One in two (56%) have caries experience.
- One in four (27%) have untreated dental decay.
- Four in 10 (40%) have dental sealants.
- One in four (26%) need either early (22%) or urgent (4%) dental care.
- Children from high socioeconomic status (SES) households are more likely to have good oral health than children from low SES households.
- Children from Metropolitan Atlanta are more likely to have good oral health than children from other regions, except for dental sealants.
- Children with access to dental insurance are more likely to have good oral health than children without access to dental insurance.
- Children who visited a dentist in the last year are more likely to have good oral health than children who had not visited the dentist in the last year.
- One in eight (13%) could not get dental care when needed.
- The percent of third grade children in Georgia with caries experience, untreated dental decay, and dental sealants does not meet Healthy People 2010 objectives.
- Poor oral health is a significant public health problem among children in Georgia.[3]

Goal 21-10 of Healthy People 2010 is: "Increase the proportion of children and adults who use the oral health care system each year.[4]" The Georgia Health Policy Center (Center) has worked in partnership with the Oral Health Section for the past five years in analyzing Medicaid and PeachCare claims data to measure access of Medicaid and PeachCare children to dental health services across Georgia. Results from those analyses follow.

## Georgia Claims Analysis

A 2006 retrospective analysis of claims from calendar years (CY) 2000 to 2005 reveals that access to dental health services by Medicaid and PeachCare children shows positive mprovement.

• Medicaid (M) and PeachCare (PC) enrolled children who received any dental service increased from 24 percent in CY2000 to 40.7 percent in CY2005.

• The proportion of Medicaid and PeachCare enrolled children who received a preventive service rose from 19.4 (M) and 34.5 (PC) percent in CY2000 to 33.4 (M) and 50.5 (PC) percent in CY2005.

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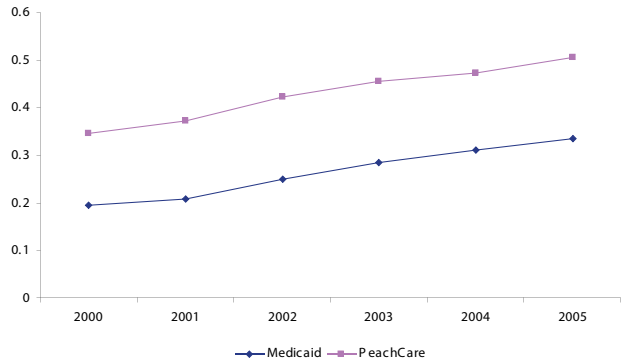
*Over the past five years, the Georgia Health Policy Center has been in partnership with the Division of Public Health, Oral Health Section to provide useful information to state and local oral health providers and advocates for program planning and decision-making.*

*In this endeavor, the Center welcomes the support and interest of public officials and philanthropic benefactors, and invites inquiries from policymakers, communities, and organizations working to promote better health.*

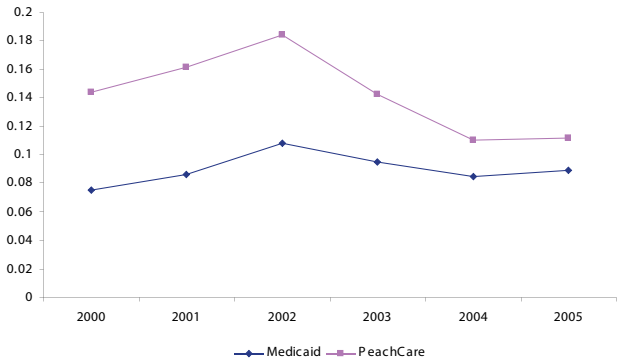
*Figure 1*
*Percent of Medicaid and PeachCare Enrolled Children under Age 19 Who Received Preventive Services CY2000, CY2001, CY2002, CY2003, CY2004, CY2005 by Statewide Totals*




In spite of these positive signs of progress, the data also reveal challenges.

The proportion of Medicaid and PeachCare enrolled children who received a restorative service peaked in CY2002 to 10.8 (M) and 18.4 (PC) percent and fell to 8.9 (M) and 11.2 (PC) percent in CY2005 – a decline of 21 percent for Medicaid children and 64 percent for PeachCare children.

*Figure 2*
*Percent of Medicaid and PeachCare Enrolled Children under Age 19 Who Received Restorative Services CY2000, CY2001, CY2002, CY2003, CY2004, CY2005 by Statewide Totals*




The decline in restorative visits cannot be attributed to any known policy change. Because the need for restorative services is often identified during preventive visits, one might expect restorative services to increase along with preventive visits as caries are identified.

The number of Georgia dentists "participating" and "active" statewide in the Medicaid and PeachCare programs increased 53 and 76 percent, respectively, from CY2000 to CY2005. Although this analysis demonstrates an overall increase statewide, several counties still do not have dental providers that accept Medicaid or PeachCare reimbursements or that see at least one M/PC client each week[5]. There is still a need for providers who will serve this population.

Nationally, there are 0.6 licensed dentists per 1,000 in urban areas and 0.4 licensed dentists per 1,000 in rural areas.[6] In Georgia, the total ratio of licensed dentists statewide per 1,000 is 0.46, and only in the Augusta, Cobb, DeKalb, and Fulton Public Health Districts does it meet or exceed 0.6 licensed dentists per 1,000. Eleven of Georgia's 18 Public Health Districts do not meet the national rural average of 0.4 licensed dentists per 1,000.

## Conclusion

Poor oral health is a significant public health problem among children in Georgia. Children with access to dental insurance and children from higher income families are more likely to have good oral health than children without access to dental insurance or from lower income families. Georgia's Medicaid and PeachCare programs have played a role in improving access to dental care among lower income children. Between 2000 and 2005, the percent of Medicaid and PeachCare enrolled children receiving preventive or restorative dental services increased, as did the number of licensed dentists "participating" and "active" in Medicaid and PeachCare.

Despite these advances, dental access challenges still remain. The percentages of third grade children with caries experience, untreated dental decay, and dental sealants remain below Healthy People 2010 objectives. Dentists per 1,000 Georgians are below the national average, and some Georgia counties still do not have a dentist that accepts Medicaid or PeachCare. Georgia's Medicaid and PeachCare programs play an important role in maintaining and improving dental access for Georgia's children.

[1] Carmona, R. "Oral Health Problems: Painful, Costly, and Preventable"; http://www.cdc.gov/nccdphp/publications/aag/oh.htm. Retrieved from the World Wide Web January 23, 2007.

[2] Oral Health Section services include: dental health prevention services to eligible children in school-based prevention programs, public health nutritionist training in promoting the prevention of early childhood caries, public health and school nurse training on providing oral screenings for dental disease, and promoting the use of fluoridated water through monitoring and surveillance of community water systems.

[3] Falb M, Kanny D, Duval T, Koskela L. "Oral Health of Georgia's Children: Results from the 2005 Georgia Third Grade Oral Health Survey". Georgia Department of Human Resources, Division of Public Health, April 2006. Publication Number: DPH06.028HW. http://health.state.ga.us/pdfs/familyhealth/oral/2005GeorgiaThirdGradeSurveyApril2006.pdf

[4] CDC, HIS, NIH. "Healthy People 2010"; http://www.healthypeople.gov/Document/HTML/Volume2/21Oral.htm. Retrieved from the World Wide Web January 23, 2007.

[5] Participating means the dentist saw at least one child in a calendar year, while active means the dentist saw at least one child per week.

[6] Gamm, L. et al eds. (2003). "Rural Healthy People 2010: A Companion Document to Healthy People 2010. Volume 1". College Station, Texas: The Texas A&M University Health Sciences Center, School of Rural Public Health, Southwest Rural Health Research Center.