

Each year, an estimated 17 million children in the U.S. go without basic dental care. As a result, these kids miss more days of school and see their overall health suffer.

Exhibit 1

Percentage of Children Aged 1-18 Receiving Any Dental Service (2008)

Worst 10

Florida	23.5%
Missouri	27.5%
Wisconsin	27.6%
Montana	28.6%
Pennsylvania	29.8%
North Dakota	32.6%
California	33.4%
Oregon	33.9%
Nevada	34.0%
New York	35.5%

Best 10

Idaho	61.0%
Vermont	55.6%
Texas	54.5%
New Hampshire	50.8%
Nebraska	50.4%
South Carolina	50.3%
Rhode Island	50.3%
Iowa	49.3%
Washington	49.3%
Massachusetts	48.6%

SOURCE: Centers for Medicare and Medicaid Services, 2008 CMS-416 Report

Two Kinds of Dental Shortages Fuel One Major Access Problem

Each February, Children's Dental Health Month reminds Americans of the importance of proper dental hygiene—flossing, brushing their teeth and visiting a dentist regularly. For millions of people, however, seeing a dentist is a major challenge because they live in areas without a dentist or clinic, or they struggle to find dentists who accept Medicaid-enrolled patients.

- More than 31 million people are “unserved”—meaning they have no reasonable expectation of finding a dentist in or near their community.¹
- In 2008, fewer than half of the dentists in 25 states treated any Medicaid patients.²

The strain on the dental health system will only worsen unless state and federal policy makers adequately prepare for the estimated 5.3 million more children who will receive dental insurance by 2014 as a result of the Affordable Care Act.³

Children's Access to Dental Care Severely Affected

The relatively small number of dentists willing to see low-income patients is creating a major barrier to care for children in state Medicaid programs. In 2008, only 11 million out of the 28 million Medicaid-enrolled children aged 1 to 18—roughly four in ten—received dental care.

DENTAL SHORTAGES

Access rates across the nation varied, with the best-performing states reaching over half of their enrollees, and the worst states not reaching even one-third.

States Must Address Provider Shortages

There are simply not enough dentists in many regions of the country. Millions of Americans live in the more than 4,000 areas that are federally

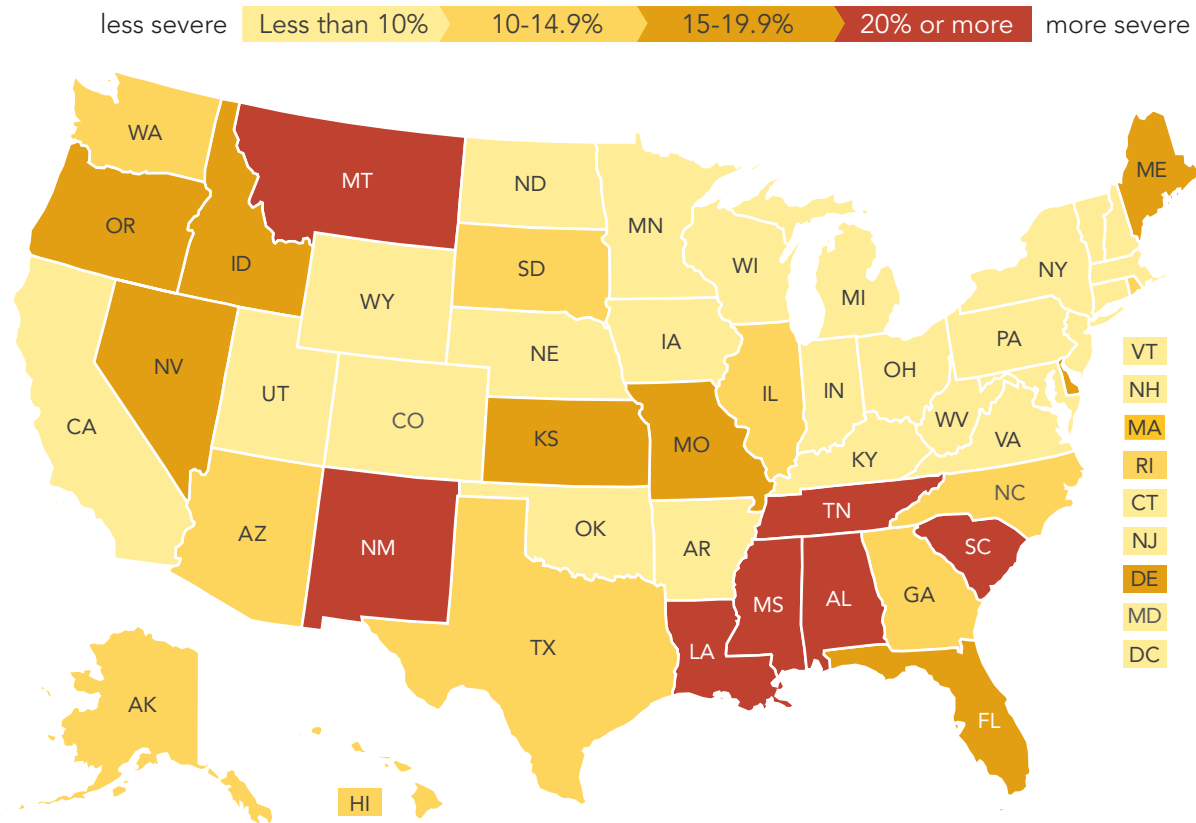
designated as having shortages of dental professionals. The nation would need 6,645 new dentists to remove these shortage designations and ensure that all communities had enough providers to meet the needs of residents.⁴

In seven states, more than 20 percent of the population is unable to find a dentist. Even for states with relatively low percentages of unserved residents, dentist shortages could hinder efforts to improve access:

Exhibit 2

Severe Dentist Shortages Persist

More than 31 million Americans are unserved due to a shortage of dentists. The severity of the problem varies by state.



SOURCE: Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, "State Population and Health Professional Shortage Area Population Statistics as of 12/8/10," <http://datawarehouse.hrsa.gov/quickaccessreports.aspx> (Accessed December 9, 2010)

- New Hampshire’s low-income children are more likely to receive dental care than poor kids in other states, but New Hampshire still has access problems. Nearly one in five private-practice dentists (19 percent) in New Hampshire works only part-time. Last year a report on the state’s oral health services concluded, “Over time, this lack of full-time labor may become increasingly problematic.”⁵
- An estimated 1.4 million Californians have no reasonable expectation of finding a dentist to provide them with care.
- When Vermont officials surveyed state dentists in 2003, they found that 53 percent of them planned to retire within 10 years—a time frame that is rapidly closing.⁶ There are 23 dental shortage areas in Vermont.

Expanding Dental Workforce Can Help Solve Both Shortages

New types of providers who play a role similar to nurse practitioners in the health care field can help bring dental care to millions of unserved children and adults. A recent federal report cited research showing that dental therapists in other countries and in Alaska offer quality care to underserved residents.

The Commonwealth Fund’s recent scorecard of state performance on children’s health

noted that the Alaska program has “served as a model of how greater use of midlevel dental providers can improve children’s access to dental services and the quality of care.” The Fund also noted that “states will need to address the supply of dental care, likely with workforce innovations to meet children’s preventive and other oral health needs.”⁷

States are also exploring expanded roles for physicians, hygienists and dental assistants to address unmet oral health needs.



The Pew Children’s Dental Campaign works to promote policies that will help millions of children maintain healthy teeth, get the care they need and come to school ready to learn.

The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.

www.pewcenteronthestates.org

Endnotes

1 U.S. Department of Health and Human Services, Health Resources and Services Administration, Designated HPSA Statistics Report, Table 4, “Health Professional Shortage Areas by State, Detail for Dental Care Regardless of Metropolitan/ Non-Metropolitan Status as of December 6, 2010,” <http://datawarehouse.hrsa.gov/quickaccessreports.aspx> (Accessed December 7, 2010).

2 U.S. Government Accountability Office, “Efforts Under Way to Improve Children’s Access to Dental Services, but Sustained Attention Needed to Address Ongoing Concerns” (November 2010), <http://www.gao.gov/new.items/d1196.pdf> (accessed December 1, 2010). Note: The GAO analyzed data from 39 states.

3 Pew Center on the States, “It Takes a Team: How New Dental Providers Can Benefit Patients and Practices.” (The Pew Charitable Trusts, 2010), 1, <http://www.pewcenteronthestates.org/ittakesateam> (accessed December 21, 2010).

4 U.S. Department of Health and Human Services, Health Resources and Services Administration, Designated HPSA Statistics Report, Table 4, “Health Professional Shortage Areas by State, Detail for Dental Care Regardless of Metropolitan/ Non-Metropolitan Status as of December 6, 2010,” <http://datawarehouse.hrsa.gov/quickaccessreports.aspx> (Accessed December 7, 2010).

5 New Hampshire Center for Public Policy, “Dental Services and Workforce in New Hampshire,” January 2010, 19, http://www.nhpolicy.org/reports/nh_dental_workforce_jan_2010.pdf; (Accessed January 31, 2011).

6 Vermont Department of Health, “Vermont Oral Health Plan, 2005: Toward a Comprehensive System to Support Oral Health,” http://healthvermont.gov/pubs/dental/oral_healthplan.pdf (Accessed February 1, 2011).

7 S. How et. al. “Securing a Healthy Future: The Commonwealth Fund State Scorecard on Child Health System Performance, 2011,” Commonwealth Fund (2011), 52, <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2011/Feb/State-Scorecard-Child-Health.aspx> (accessed February 2, 2011).



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