

Oral Health Disparities in Rural Areas: Narrowing the Gap

Presented at Public Health Practice
Grand Rounds - 1/16/08

By

Rodney B. Glotfelty, R.S., M.P.H.
Garrett County Health Department

Garrett County



Rural Issues – Oral Health

- Lower dentist to population ratio 29/100k vs. 62/100K
- 2x more likely to have lost all teeth by age 64
- More likely to have untreated dental decay - 32.6% vs. 25.7%
- Less likely to have visited dentist in past year 58.3% vs. 67.1 %
- Less likely to have dental insurance
- Geographic isolation – farther to travel to obtain care
- Lack of adequate transportation – Private autos often the only source of travel

NRHA – “Meeting Oral Health
Needs in Rural America” – 4/05

Rural Issues – Oral Health

- Lack of fluoridated community water supplies
- Higher rates of poverty
- Lower dental insurance rates
- Acute provider shortages
- Difficulty finding providers willing to treat medical assistance patients
- Lack of adequate transportation – Private autos often the only source of travel

NRHA – “Meeting Oral Health
Needs in Rural America” – 4/05

Problems – Garrett County

- Generational – Tradition of no dental care – Large percentage of adult population with missing, decayed, or no teeth
- Inability to pay for comprehensive dental care
- Lack of dental providers – Recruitment problems
- Lack of fluoridated water supplies – Large percentage of population served by private wells
- Transportation
- Reluctance of providers to see “hard to serve populations”
- Educational status – 13.8% bachelor degrees vs. 31.4% in Maryland*
- 15.5% of population have not seen dentist within past 5 years vs. 7.2% for Md.**
- 14.8% uninsured vs. 12.4% for Md.***

* U.S. Census – 2000
** Maryland BRFSS -2004
***U.S. Census - 2000

Garrett County Kindergarten Registration 1998

- 41% of all children had untreated dental decay (126 of 308)
- 126 students with decay had 436 cavities
- 75% had seen a dentist
- 52% had no decay or fillings (160 of 308)
- 69% had taken fluoride at some time

GCHD MCHP Survey 1999

- 200 families surveyed
- 340 children, 313 adults
- 37% of children age 3 and older had never visited a dentist
- 60% of kids age 3 and older had not been able to use their MCHP card for dental care
- 98% identified a family doctor
- 62% identified a family dentist

Dentist to Population Ratio

- Recommended ratio 1/ 1,300
- Garrett County ratio 1/ 2,993
(9.7/29,031)

MA Data 2001

- Garrett county residents were enrolled in three MCOs: Maryland Physicians Care 3,771; Priority Partners 96; United Health Care 64
- Thus 96% were with a single MCO that had active providers in Garrett County

SECURING FEDERAL GRANT FUNDS

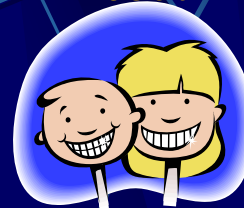
- Propose strategies that could have national significance and be duplicated elsewhere
- Prepare business plan (budget) - Show how program goals can be sustained after grant dollars are gone
- Letters of commitment from partners
- Develop clear program goals and outcome objectives and develop process objectives to obtain results
- Involve Community Partners
- Set specific population parameters on who we were intending to serve (MCHP recipients)

Landing the Big Grant



- 1999 Rural Health Outreach Grant
- \$200,000 per year for 3 years
- Flexibility with rollover funds
- Provided future funding opportunities

"Something to Smile About"



Overcoming barriers to dental care for pregnant women and children in Garrett County.

Strategies



- Bring private providers and public health staff into partnership to provide direct care
- Organize a sustainable dental care network to negotiate with MCOs and recruit needed dental providers to the area
- Develop a community education campaign to overcome barriers that have traditionally kept individuals from visiting the dentist
- Develop referral base from inter and intra agency partners
- Work with Town Councils and Mayors to increase the percentage of County residents served by fluoridated water supplies

Network Members

- Garrett County Health Department – administer program and provide direct services
- Garrett County Community Action – provide patient transportation
- Garrett County Memorial Hospital – provide outpatient surgery facility
- Garrett Dental Providers – provide direct dental services – serve as advisory board
- Garrett County anesthesiologists

Barriers to Care - Providers



- MCO reimbursement rates were too low even by local standards
- Health Department negotiated with MCO for a higher rate. (30% increase over previous rates.)
- Only one provider (GCHD) for MCO to negotiate with.
- Possibility of State sanctions

Barriers to Care - Providers



- Limited capacity of Garrett County dentists to accept large number of new patients
- Health department recruited dentist to provide services for MCHP and MA recipients in its new dental clinic.
- Additional goal was to have that dentist open private practice after few years in Garrett County and have health department recruit again for clinic

Barriers to Care - Providers




- Lack of pediatric anesthesia surgicenter services for children requiring sedation within the county
- Hospital facility equipped and began outpatient surgery 8/16/2001
- Support of anesthesiology department was critical to success
- Health department dentist gained hospital privileges and provided services. Pediatric dentist has recently been recruited to the County and is now performing these hospital based services.

Barriers to Care




- Dentists had past history of problems dealing with MCOs.
- Problems often occurred with preauthorization, long waits for payments, and denial of claims that took too much time away from providers to resolve
- Health Department contracted directly with MCOs and managed the administrative matters for dentists in our Network
- Health Department quickly paid network dentists for service and then billed MCOs and dealt with any associated issues.

Barriers to Care - Patients



- Lack of information or belief in proven preventive dental measures; regular dental visits, fluoride supplements, sealants, etc.
- Public education campaign to increase the public awareness of need for and availability of preventive dental measures
- Kindergarten screening and 3rd-4th grade fluoride education and "swish" program
- Utilization of Healthy Family, WIC, Outreach, ACCU and Family planning staff to provide direct education and support

Barriers to Care - Patients




- Practice of only going to the dentist in response to dental pain
- Begin the practice of regular dental care starting at age 2
- Coordination with Healthy Families, Healthy Start, WIC, and ACCU programs to promote early and regular appointments
- General oral health promotion in community

Barriers to Care - Patients




- Lack of transportation to appointments
- Worked with patient's family to take advantage of medical transportation program operated by Community Action Agency.
- Health Department staff provide transportation in emergency situations

Barriers to Care - Community



- Lack of fluoridation in public water supplies
- Prior to 2000 only 29% of individuals served by community systems were drinking fluoridated water
- Percentage of County pop. served by fluoridated community water supplies prior to 2000 = 9.1%
- Grant provided funding for communities for fluoridation equipment
- Staff Participation in town meetings
- Local fluoridation study
- Educate public on the need for fluoride supplements if not served by fluoridated water supplies
- Fluoride rinse program in elementary schools

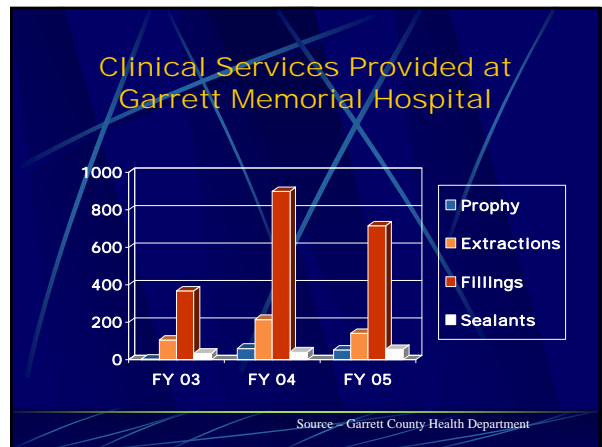
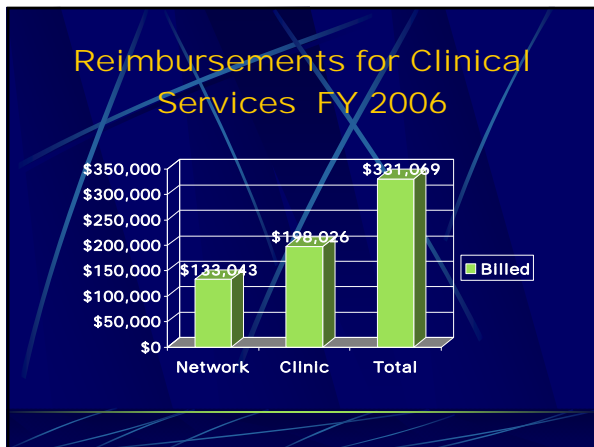
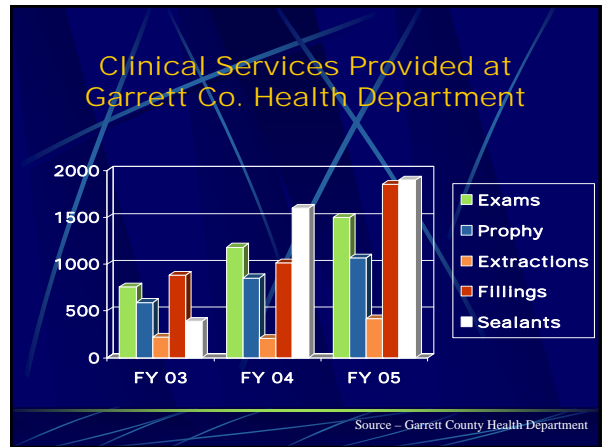
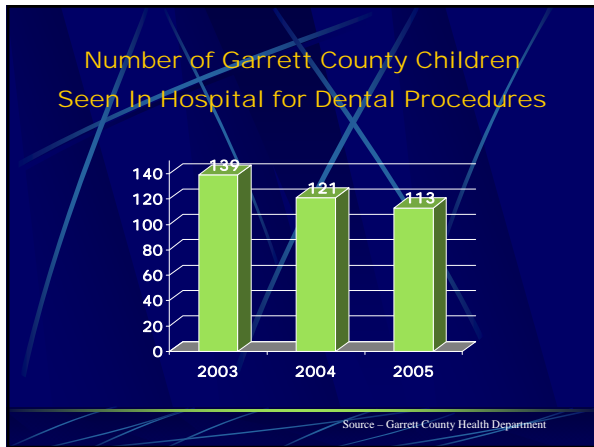
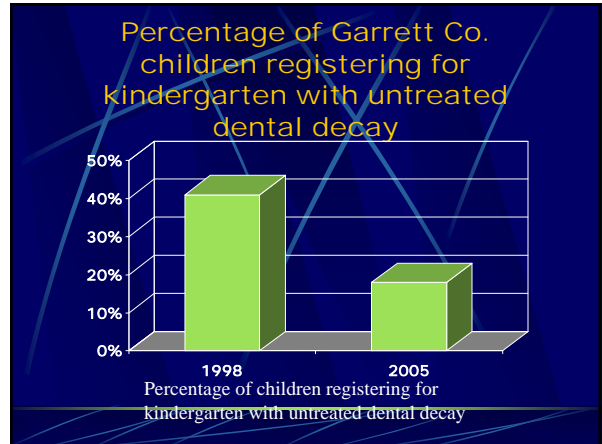
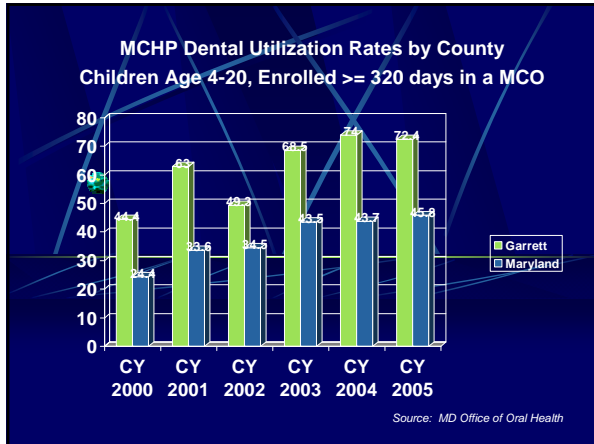
Barriers to Care - Community

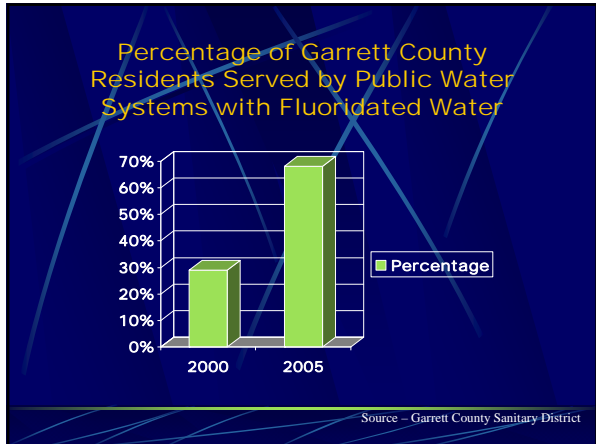


- MCOs were having problems establishing providers in the area
- Providers that were signed up to provide service were only seeing limited number of patients
- Health Department Dental Clinic established February 2001.
- Network of local providers maintained under umbrella of Health Department contract
- Network allowed for easier negotiations with MCO for higher rates

Program Results – Garrett Co.

- Utilization Rate
- Kindergarten Registration Data
- Hospital Services
- Clinical Services Provided





- ### Dental Action Committee Recommendations
- Initiate statewide vendor dental Administrative Service Organization provider for Maryland.
 - Increase dental reimbursement
 - Maintain and enhance public health infrastructure
 - Provide dental screenings for school children and require dental exams prior to school entry

