

Project Summary **February 2001**

**Access to Oral Health Care for Medicaid/CHIP Children in Illinois:
A Focus on Rural Illinois**

Study Purpose:

National attention has recently focused on the problem of limited access to oral health care for low-income children. However, there are limited data to describe the availability of oral health care in rural areas, especially for Medicaid/CHIP¹ children, making it difficult to design effective policy initiatives specific to the needs of rural children. This study describes the dental utilization rates of Illinois Medicaid/CHIP enrolled children and dentist participation in Medicaid in the state's 102 counties: Cook County; other urban counties (17); and rural counties (84).

Study Questions:

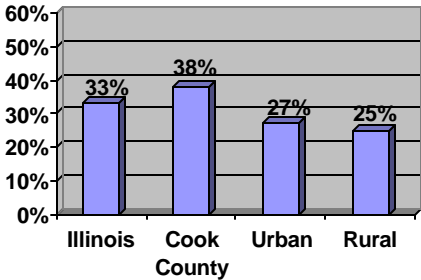
Are there differences between rural and non-rural areas of Illinois regarding:

- Medicaid/CHIP children's utilization of dental services;
- supply of dentists; and
- dentist participation in Medicaid?

Low Medicaid Children's Dental Utilization

During the study year, only one-third of Illinois Medicaid/CHIP children age 0-20 received **any** dental care services. Young children (age 0-3) and adolescents had lower use rates. Medicaid children in rural areas have comparable dental services utilization rates to children in urban areas (25% vs. 27%), but children in both regions have lower utilization rates than children in Cook County (38%) (Figure 1).

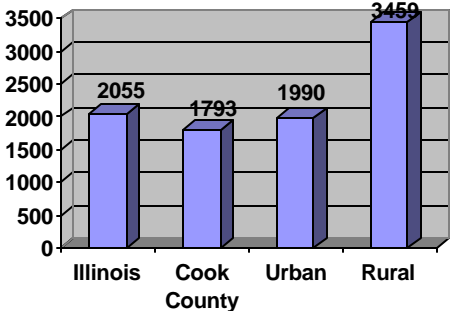
Figure 1. Dental Services Use by Medicaid/CHIP Children, All Ages



Low Dentist Supply in Rural Areas

The population-per-dentist ratio increases dramatically in rural areas and exceeds both Cook and other urban counties (Figure 2). A low supply of dentists in rural areas affects the entire rural population, not only Medicaid enrolled children. In addition, there are few dental specialists in these areas. For example, only 3 of the 137 active Illinois pediatric dentists practiced in all 84 rural counties of the state.

Figure 2. Population per General and Pediatric Dentist



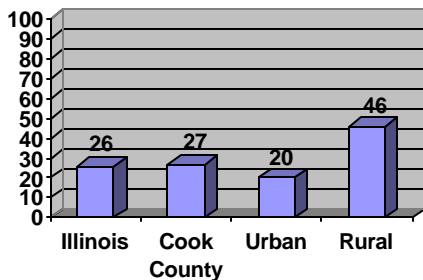
¹ CHIP=Children's Health Insurance Program

The rural dental workforce is also aging faster than urban dentists; national data indicate a decrease in the number of patients seen as dentists' age increases. Our study also shows that 18 of Illinois' 102 counties (all rural) have no dentists participating in Medicaid.

Higher Rural Dentist Participation

Rural dentists participate in Medicaid at higher levels (46%) than urban (20%) and Cook County (27%) dentists (Figure 3). However, of participating dentists, a higher proportion (66%) of rural dentists were at the lowest service volume level (1-100 services/year) than participating dentists in the urban region (59%) and, especially, in Cook County (43%).

Figure 3. Percentage of Dentists Participating in Medicaid



Study Recommendations:

The following recommendations were developed to improve access to dental care for low-income rural children.

- Develop programs to increase the dentist supply in underserved areas of Illinois.
- Recruit more dentists to the Medicaid program and increase the participation levels of currently enrolled dentists through such efforts as ensuring adequate reimbursement rates and targeted outreach.
- Explore the feasibility of maintaining or expanding the capacity of dental clinics known as safety net providers, such as community health centers, local health departments, and clinics at dental schools. This includes studying safety net medical care models which have successfully used non-physician providers (physician assistants and nurse practitioners) to provide health care services.

- Implement a statewide oral health surveillance system to collect and analyze oral health data in order to monitor the oral health status of the population and subgroups (including rural populations), identify needs, make decisions, influence policy makers, secure program resources, and evaluate programmatic success in improving oral health.
- Expand community based preventive programs and insure that programs in rural areas are targeted to the needs and characteristics of rural communities.

Policy Significance

The results of this study demonstrate that there is currently a low supply of dentists in rural areas and that the future will be problematic due to an aging dental workforce and fewer graduates from Illinois dental schools. Therefore, we can expect that access to oral health care for rural Medicaid children will continue to be a problem. Due to the low supply of dentists per population and the large number of rural counties with no Medicaid participating dentists, increasing reimbursement rates alone will not affect participation or improve access in those areas, leaving unanswered the question of effective policy options. New solutions are needed, such as expanding the capacity of safety net providers and modifying the state practice act to allow dental hygienists to provide preventive care in public health settings without a dentist on-site. Strategies are also needed for maintaining and increasing current dentist participation as well as improving the overall supply of dentists in the state's rural communities.

Findings from this study are more fully described in Byck GR, Cooksey JA, Walton S. Access to Oral Health Care for Medicaid Children in Illinois: A Focus on Rural Illinois.

See also, Byck GR, Russinof HJ, Cooksey JA. Access to Dental Care for Low-Income Children in Illinois. December 2000.

www.uic.edu/sph/ichws/pub.html

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