



# Kentucky's Cavity: Parents Voice Concerns about Children's Dental Care in Their Communities

## Parent Voices

"It really upsets me, the way people treat you when you have a medical card. There was a time when I did have regular insurance. One of the dentists makes you feel like you are nothing. I will not be on assistance forever; they should not treat me like I am nothing."

"We do not have a pediatric dentist. I tried to get my two and a half year old in to see the dentist the same day as my older one and they asked me how old she is. They told me that they don't see anyone under age 3."

"My child missed an entire day of school, and we had to drive all the way to E'town for an appointment."

"I have called everyone in the yellow pages and asked them if they take the medical card – it's my first question – do you take the medical card—no—click—do you take the medical card—no—click."

"If grown-ups have to go to the dentist every six months, children should be there every six months as well. Well, KCHIP only pays for once a year check ups."

"The silent epidemic" – that's how the U.S. Surgeon General describes the dental care crisis in America. It is an epidemic that can create life-long and costly problems for individuals and communities. It is an epidemic that is sweeping the Commonwealth. Nowhere is the impact of this crisis clearer than in families with few resources. Problems such as transportation access to services, a shortage of willing providers, and school absences due to dental pain are the norm rather than the exception for families in which this epidemic has hit.

In Kentucky, low-income children who are enrolled in either Medicaid or the Kentucky Children's Health Insurance Program (KCHIP) do have some dental services covered as part of the benefits. However, only 33 percent of these enrolled children received any dental services in 2004. Obviously, when these services are not readily available, children's dental problems may go untreated. Children with painful dental problems are prone to missing school, having trouble concentrating while at school, and/or developing other health problems.

In the fall of 2004, Kentucky Youth Advocates conducted six focus groups around the state with parents of children enrolled in Kentucky's Medicaid or KCHIP. We asked them to discuss their experiences with accessing dental care their children. These parent voices were as articulate as they were concerned as they spoke of the problems that prevented their children from receiving quality dental care. Four common themes emerged, and those themes point to a system that requires both immediate attention and a commitment to systemic reform. The emergent themes included:

## Finding 1: Too few dentists

One of the main issues raised by parents was the lack of dentists who provide services to families who rely on Medicaid or KCHIP for their health insurance. The data on dental care access in Kentucky backs up the parents' claims. In 2004, less than half of licensed dentists in Kentucky billed Medicaid for any services, and of those, less than a third billed Medicaid for a significant amount of work.

## Finding 2: Even with the "medical card," dental care is expensive

Despite having health insurance coverage for their children through Medicaid or KCHIP, parents reported many expenses in accessing dental care for their children. These costs included deposits required to schedule an appointment, charges for treatments not covered by

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Medicaid or KCHIP, and paying full price for visits rather than dealing with the hassles of finding a Medicaid provider.

### **Finding 3: Families felt as if they were treated as second class patients**

Families consistently felt they were treated unfairly by dentists, receptionists, and clinic staff. This phenomenon was described by participants of every race, age, and gender. Several focus group participants who had prior experiences with private health insurance also reported noticeable differences in the way they were treated at the office when using Medicaid or KCHIP.

### **Finding 4: Dental health is a community problem**

Parents discussed the impact that poor dental health has on their community, and the important role communities play in the promotion of dental health. Parents also recognized the role the dental health status of adults in the community played in influencing children’s impressions of the importance of dental care.

### **2004 State Dental Health Data\***

# Licensed Dentists in KY	# Dentists who Billed Medicaid for Services	Medicaid or KCHIP Eligible Recipients under 21 Years Old	# of Recipients under 21 who Received Any Dental Care	% of Recipients under 21 who Received Any Dental Care
2,263	937	508,242	170,068	33%

Source: The Kentucky Cabinet for Health and Family Services, Department for Medicaid Services; Doral Dental Services; and the Kentucky Board of Dentistry.

\*For county level data, see the full report.

### **Dental Health Policy Recommendations**

- Increase access to dental care by removing barriers to dentists’ participation in Medicaid and KCHIP. This can be accomplished by increasing reimbursement rates for services or providing incentives for dentists to participate in the Medicaid program.
- Increase dentists’ cultural competency in and commitment to working with their patients by providing effective training and recruiting a more diverse group of people to become dental students.
- Utilize school-based health centers and other school-based programs in the provision of dental health services. Providing adequate state funding for the operation of school-based health clinics is one way to improve children’s dental health.
- Copy successful local community, public and private programs and services that serve low-income families. The University of Kentucky and the University of Louisville both have nationally recognized programs in place to serve low-income children.
- Continue the forward motion and policy improvements that Kentucky has implemented in recent years including providing dental varnishes and sealants to children across the state.

