

Access to Dental Care in Georgia

Poor oral health is one of the leading causes of school absenteeism in Georgia.¹

26% of children in Georgia did not have a dental check-up in the last 12 months.² → That's more than **590,000** children.

WHO IS AT RISK OF POOR ORAL HEALTH?



Untreated tooth decay is **50% more common** in children in families with low-income compared to children in families with higher income.³



Hispanic

Hispanic children have a higher prevalence of tooth decay compared to non-Hispanic children.⁴



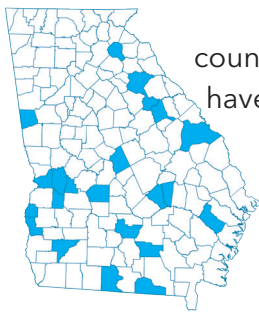
Non-Hispanic



Children in rural communities have a higher prevalence (60%) of tooth decay compared to children in urban communities (48%).⁵

Major Challenges Facing Kids and Dentists

Availability of Care



22

counties in Georgia have no dentists.⁸

Dentists

1 per 2,053 Georgians⁶

Hygienists

1 per 2,227 Georgians⁷

Georgia has **190** dental care shortage areas.¹⁶ Federal regulations stipulate that in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds 5,000 to 1 or 4,000 to 1 for areas with unusually high needs.

Public Insurance Challenges



On average, Medicaid and PeachCare beneficiaries had to travel **15 more miles** for dental care than their non-Medicaid peers.⁹



28% of Georgia dentists accepted public insurance (Medicaid or PeachCare) in 2017.¹¹

Children with fee-for-service Medicaid* (33%) are **less likely** to receive dental care compared to children in managed care.¹⁷



Medicaid reimburses **63.1%** of fees charged. Private insurance reimburses about **80%** of fees charged.¹⁰

Language Barriers

Medicaid patients are required by federal law to have access to translation services arranged and paid for by the provider.^{12,13,14}



38% of dental schools in the U.S. report that students were not adequately prepared to manage Limited English-proficient patients.¹⁵

*Fee-for-Service covers children who are legally blind or have a disability. Managed care covers children who are in foster care, some juvenile justice programs, or their family's income does not exceed program limits.

BENEFITS OF IMPROVED DENTAL HEALTH



IMPROVED HEALTH OUTCOMES

Routine dental care is linked to:

- Improved eating and speaking¹⁸
- Improved diabetes outcomes¹⁹
- Reduced dental pain²⁰
- Improved pregnancy outcomes, including fewer low birthweight babies²¹



COST SAVINGS FOR KIDS, FAMILIES, AND THE STATE

- Reduction of future dental visits and related costs²²
- Reduction in emergency department visits for non-traumatic dental problems^{23 24}



IMPROVED EDUCATION AND LIFE OUTCOMES^{25 26}

- Improved attendance
- Improved academic performance
- Improved self-esteem and employability
- Reduced pain and suffering

Policy Recommendations

Increase dental workforce in shortage areas by:

- Educating and raising awareness about the ability of dental hygienists to practice in settings such as schools and nursing homes.
- Encouraging local public health clinics to provide dental services.

Increase access to dentists for children on Medicaid by:

- Increasing Medicaid reimbursement rates for dental services like exams, cleanings, fluoride, sealants, and treatments of caries.
- Reducing administrative barriers that hinder dentists from accepting Medicaid.
- Establishing goals to increase dental access for Fee-for-service member children (i.e., a minimum percent of children receiving services annually).
- Monitoring the number of dental providers that are accepting new patients and actively participate in Medicaid Fee-for-Service and CMO dental networks.

Increase access to dental services in schools by:

- Leveraging comprehensive school-based health services as a vehicle for providing dental care.

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