SUMMARY REPORT

SYNOPSES OF STATE DENTAL PUBLIC HEALTH PROGRAMS

DATA FOR FY 2006-2007

Association of State and Territorial Dental Directors



June 2008

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Table of Contents

Introduction	1
Demographics	2
Infrastructure	5
Workforce	9
Administration	11
Oral Health Programs	15

Introduction

This report summarizes the results of the 2008 Synopsis of State Dental Programs (2008 Synopsis); which represents the status of the state oral health program during the 2006-2007 fiscal year. Each January, the Association of State and Territorial Dental Directors (ASTDD) distributes the synopsis questionnaire to the 50 states, District of Columbia, and U.S. territories. The purpose of the questionnaire is to obtain current information from each state/territory on demographic, infrastructure, workforce, and administrative factors that impact the state's oral health program. In addition, each state/territory is asked to provide detailed information on the services they provide to their constituents. State specific Information from the 2008 Synopsis is available in a comprehensive report posted on the ASTDD website (www.astdd.org). For 2008, no territories completed the survey, so only state and DC data are reported.

DEMOGRAPHICS

Each age and income group has unique oral health needs. To plan a comprehensive program that serves all population groups, oral health program staff must understand the demographics of their state. The following tables present information on the number of states by the percent of their overall population that is 65 years or older or 5-17 years of age.

Seniors – Percent of Population Aged 65 Years and Older (2006 Estimate)

Percent of Population > 65	Number of States	Percent of States
< 5.0%	0	0.0%
5.0 – 9.9%	5	9.8%
10.0 – 14.9%	43	84.3%
15.0 – 19.9%	3	5.9%
<u>≥</u> 20.0%	0	0.0%

Includes all states and the District of Columbia

Source: www.census.gov/popest/states/asrh/tables/SC-EST2006-01.xls

School Aged Children – 5 to 17 Years (2006 Estimate)

Percent of Population 5-17	Number of States	Percent of States
< 5.0%	0	0.0%
5.0 – 9.9%	0	0.0%
10.0 – 14.9%	1	2.0%
15.0 – 19.9%	49	96.1%
<u>≥</u> 20.0%	1	2.0%

Includes all states and the District of Columbia

Source: www.census.gov/popest/states/asrh/tables/SC-EST2006-01.xls

It is well documented that low-income individuals have more oral health problems compared to higher income individuals. The following tables present information by various measures of poverty. Title XIX Medicaid and the Supplemental Children's Health Insurance Program (SCHIP) provide medical and dental coverage to low-income children.

Title XIX Medicaid Children (Number enrolled for at least 1 month of the year)

Number of Children	Number of States	Percent of States
< 100,000	9	17.6%
100,000 – 249,999	12	23.5%
250,000 - 499,999	14	27.5%
500,000 - 749,999	5	9.8%
750,000 – 999,999	3	5.9%
<u>></u> 1,000,000	8	15.7%

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire or 2004 CMS tables if state did not provide information.

Number of Children	Number of States	Percent of States
< 10,000	7	13.7%
10,000 – 19,999	5	9.8%
20,000 – 39,999	11	21.6%
40,000 - 49,999	3	5.9%
50,000 - 99,999	9	17.6%
100,000 – 499,999	13	25.5%
<u>></u> 500,000	3	5.9%

SCHIP Children (Number on SCHIP rolls at least once during year)

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire or 2007 CMS tables if state did not provide information.

Program Type	Number of States	Percent of States
Combination Program	24	47.1%
Medicaid Expansion	9	17.6%
Separate Program	18	35.3%

SCHIP Program Type – FY 2007

Includes all states and the District of Columbia

Source: www.cms.hhs.gov/NationalSCHIPPolicy/downloads/SCHIPEverEnrolledYEARFY2007FINAL.PDF

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost (reduced price) or free lunches to children each school day. The program was established in 1946 under the National School Lunch Act. To be eligible for free lunches a child's family must be at or below 130% of the Federal Poverty Level (FPL) while the upper income for reduced price lunches is 185% of FPL.

Percent of Children Receiving Free or Reduced Price School Lunches (FFY 2007)

Percent of Children	Number of States	Percent of States
< 25.0%	0	0.0%
25.0 – 49.9%	20	39.2%
50.0 – 74.9%	30	58.8%
<u>></u> 75.0%	1	2.0%

Includes all states and the District of Columbia

Source: U.S. Department of Agriculture, Child Nutrition Division, FFY 2007, data is current as of 4/21/08

As previously mentioned, low-income individuals have more oral health problems compared to higher income individuals. The percent of children living in households at or below125% and 200% of Federal Poverty Level are common indicators used to describe the socioeconomic status of a state.

Percent of Children	Number of States	Percent of States
< 10.0%	1	2.0%
10.0 – 14.9%	7	13.7%
15.0 – 19.9%	16	31.4%
20.0 – 24.9%	13	25.5%
25.0 – 29.9%	9	17.6%
<u>></u> 30.0%	5	9.8%

Children under 18 in families earning less than 125% of the Federal Poverty Level

Includes all states and the District of Columbia

Source: pubdb3.census.gov/macro/032007/pov/new46_100125_04.htm

Children under 19 Years of Age who are at or below 200% of Federal Poverty Level

Percent of Children	Number of States	Percent of States
< 20.0%	0	0.0%
20.0 – 29.9%	8	15.7%
30.0 – 39.9%	26	51.0%
40.0 - 49.9%	14	27.5%
<u>></u> 50.0%	3	5.9%

Includes all states and the District of Columbia

Source: http://pubdb3.census.gov/macro/032007/health/h10 000.htm

Children under 19 at or Below 200% Federal Poverty Level without Insurance

Percent of Children	Number of States	Percent of States
< 2.5%	3	5.9%
2.5 – 4.9%	18	35.3%
5.0 – 7.49%	14	27.5%
7.5 – 9.9%	9	17.6%
<u>></u> 10.0%	7	13.7%

Includes all states and the District of Columbia

Source: http://pubdb3.census.gov/macro/032007/health/h10_000.htm

STATE INFRASTRUCTURE

When planning community programs, it is essential that oral health program staff know and understand their state's infrastructure. Especially important to oral health is community water fluoridation and programs that provide restorative and preventive dental care to those who might not be able to access care through private dentists.

Percent of Population Served by Community Water Fluoridation (2004)

Percent of Population	Number of States	Percent of States
< 25.0%	3	5.9%
25.0 - 49.9%	6	11.8%
50.0 – 74.9%	16	31.4%
<u>></u> 75.0%	26	51.0%

Source: Center for Disease Control & Prevention. Includes all states and the District of Columbia

Number of Community Based Dental Clinics for Low-Income Residents

Number of Clinics	Number of States	Percent of States
< 10	6	11.8%
10 – 24	14	27.5%
25 – 49	10	19.6%
50 – 99	7	13.7%
<u>></u> 100	9	17.6%
Not Reported	5	9.8%

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

Number of Health Number of States Percent of States Departments 0 33.3% 17 1 - 414 27.5% 5 – 9 3 5.9% 10 - 498 15.7% <u>></u> 50 2 3.9% 7 Not Reported 13.7%

Number of Local Health Departments with Restorative Dental Services

Number of Health	Education Only		Preventive Services (such as sealants or fluoride)	
Departments	# of States % of States		# of States	% of States
0	27	52.9%	18	35.3%
1 – 4	9	17.6%	15	29.4%
5 – 9	0	0.0%	5	9.8%
10 – 49	7	13.7%	4	7.8%
<u>></u> 50	1	2.0%	2	3.9%
Not Reported	7	13.7%	7	13.7%

Number of Local Health Departments with Education and Preventive Oral Health Programs

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

Number of Mobile Dental Clinics with Restorative Dental Services

Number of Mobile Clinics	Number of States	Percent of States
0	17	33.3%
1 – 4	19	37.3%
<u>></u> 5	3	5.9%
Not Reported	12	23.5%

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

Number of Mobile Dental Clinics with Preventive Dental Services

Number of Mobile Clinics	Number of States	Percent of States
0	22	43.1%
1 – 4	14	27.5%
<u>></u> 5	3	5.9%
Not Reported	12	23.5%

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

One of the developmental Healthy People 2010 oral health objectives (21-17) is to "increase the number of Tribal, State, and local health agencies that serve jurisdictions of 250,000 or more persons that have in place an effective public dental health program directed by a dental professional with public health training." The following two tables provide information on the percent of large state/local health jurisdictions with a dental program and the percent of those programs that are managed by a dental professional with public health training.

Percent of Jurisdictions	Number of States	Percent of States
< 25.0%	1	2.0%
25.0 – 49.9%	7	13.7%
50.0 - 74.9%	4	7.8%
<u>></u> 75.0%	33	64.7%
Not Reported or Not Applicable	6	11.8%
Total Number of Health Jurisdictions with a Dental Program (total for all reporting States and DC)		152

Percent of State & Local Health Jurisdictions with a Population > 250,000 with a Dental Program

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

Percent of Programs	Number of States	Percent of States
0.0%	20	39.2%
1.0 – 24.9%	3	5.9%
25.0 – 49.9%	6	11.8%
50.0 - 74.9%	6	11.8%
<u>></u> 75.0%	10	19.6%
ot Reported or Not 6		11.8%
Number of Health Jurisdictions with a Dental Program Managed by a DPH Professional (total for all reporting States and DC)		47

Percent of State & Local Dental Health Programs Managed by a DPH Professional

States are not mandated to provide dental benefits to adults through either Medicaid or SCHIP. The following table lists the percent of states that provide dental benefits to adults who are eligible for Medicaid and/or SCHIP.

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State	Medicaid Adult Benefits	Medicaid Benefits for Pregnant Women	SCHIP Adult Benefits
None	7.8%	21.6%	72.5%
Emergency Only	23.5%	5.9%	2.0%
Limited	33.3%	21.6%	3.9%
Comprehensive	25.5%	17.6%	9.8%
Not Reported	9.8%	33.3%	11.8%

Percent of States with Medicaid and SCHIP Adult Dental Benefits

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children by financing appropriate and necessary pediatric services. Each state develops EPSDT guidance; the following table lists recommended age at first dental visit from the state guidance.

EPSDT Age for First Dental Visit

Age in Years	Number of States	Percent of States
1 Year	29	56.9%
2 Years	4	7.8%
3 Years	14	27.5%
Not Reported	4	56.9%

Includes all states and the District of Columbia Source: State Synopsis Questionnaire

Percent of States with Policies to Increase Access for Special needs Adults and Seniors

Has Special Care Policy	Nursing Home Residents	Developmentally Disabled Adults
No	56.9%	45.1%
Yes	33.3%	45.1%
Not Reported	9.8%	9.8%

DENTAL WORKFORCE

Dentist-to-population and hygienist-to-population ratios are commonly used indicators of dental workforce and access to dental professionals. The following two tables provide information on the dentist and hygienist to population ratios. Please note that these ratios are based on the number of dental professionals living in the state rather than those licensed to practice in the state.

Dentist to Population Ratio	Number of States	Percent of States
< 1,500	13	25.5%
1,500 – 1,999	17	33.3%
2,000 – 2,499	13	25.5%
<u>≥</u> 2,500	0	0.0%
Not Reported	8	15.7%

Dentists Living in State to Population Ratio

Includes all states and the District of Columbia Source: State Synopsis Questionnaire

Dental Hygienists Living in State to Population Ratio

Dentist to Population Ratio	Number of States	Percent of States
< 1,500	9	17.6%
1,500 – 1,999	14	27.5%
2,000 – 2,499	12	23.5%
<u>></u> 2,500	4	7.8%
Not Reported	12	23.5%

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

It is well documented that many states have a geographic shortage or mal-distribution of dental professionals. The following tables provide information on the percent of counties in a state that do not have a dentist and do not have a dentist enrolled as a Medicaid provider.

Percent of Counties in State with no Dentist

Percent of Counties	Number of States	Percent of States	
0%	18	35.3%	
1.0 – 4.9%	12	23.5%	
5.0 - 9.9%	4	7.8%	
<u>></u> 10%	8	15.7%	
Not Reported / Not Applicable	9	17.6%	

Includes all states and the District of Columbia (Note: AK and DC do not have counties)

Percent of Counties in State with no Medicaid Dentist

Percent of Counties	Number of States	Percent of States	
0%	14	27.5%	
1.0 – 9.9%	15	29.4%	
10.0 – 19.9%	6	11.8%	
20.0 - 34.4%	7	13.7%	
Not Reported / Not Applicable	9	17.6%	

Includes all states and the District of Columbia (Note: AK and DC do not have counties) Source: State Synopsis Questionnaire

Administration

The following tables provide information on the administration, staffing and budgeting of state oral health programs. Need to clarify that some states administer or do direct hiring for local or regional clinics, so many of these may be clinical staff. Also comment that 60% of state dental directors have been in their position less than 5 years.

Dental Director's Years of Service

Years of Service	Number of States	Percent of States
< 1 year	6	11.8%
1 – 4 years	19	37.3%
5 – 9 years	10	19.6%
10 – 14 years	4	7.8%
<u>></u> 15 years	5	9.8%
Not Reported / Vacant	7	13.7%

Includes all states and the District of Columbia Source: State Synopsis Questionnaire

Dental Director is Full-Time Position

Years of Service	Number of States	Percent of States
No	4	7.8%
Yes	42	82.4%
Not Reported	5	9.8%

Includes all states and the District of Columbia Source: State Synopsis Questionnaire

Percent of Dental Director's Time Devoted to Medicaid/SCHIP Issues

Percent of Time	Number of States	Percent of States
0	7	13.7%
1.0 – 9.9%	14	27.5%
10.0 – 19.9%	10	19.6%
20.0 – 29.9%	8	15.7%
<u>></u> 30%	7	13.7%
Not Reported	5	9.8%

Percent of Time	Number of States	Percent of States
0	36	70.6%
5 – 49%	5	9.8%
50 – 100%	5	9.8%
Not Reported	5	9.8%

Percent of Dental Director's Time Paid by Medicaid/SCHIP

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

Number of FTE Employees Working in State Programs (Rounded)

Number of FTEs	Number of States	Percent of States
< 2	7	13.7%
2-3	16	31.4%
4 – 5	8	15.7%
6 – 8	5	9.8%
9 – 10	3	5.9%
11 – 20	4	7.8%
> 20	3	5.9%
Not Reported	5	9.8%

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

Number of FTE Contractors Funded by State Program (Rounded)

Number of FTEs	Number of States	Percent of States
< 2	22	43.1%
2 – 3	9	17.6%
4 – 5	2	3.9%
6 – 10	6	11.8%
11 – 20	2	3.9%
21 – 529	5	9.8%
Not Reported	5	9.8%

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Number of FTEs	Number of States	Percent of States		
1 – 2	8	15.7%		
3 – 4	7	13.7%		
5 – 6	8	15.7%		
7 – 9	7	13.7%		
10 – 19	7	13.7%		
20 – 49	4	7.8%		
50 – 538	5	9.8%		
Not Reported	5	9.8%		

Number of FTE Employees and Contractors Working for or Funded by State Program

Includes all states and the District of Columbia

Source: State Synopsis Questionnaire

% of Budget	Percent of States								
from Source	Medicaid	Other State	MCHBG	Other HRSA	CDC	Other			
0	64.7%	21.6%	19.6%	19.6%	39.2%	58.8%			
1 – 24%	11.8%	23.5%	29.4%	49.0%	17.6%	13.7%			
25 – 49%	0.0%	5.9%	13.7%	7.8%	9.8%	3.9%			
50 – 74%	3.9%	9.8%	9.8%	3.9%	3.9%	3.9%			
75 – 100%	0.0%	19.6%	7.8%	0.0%	9.8%	0.0%			
Not Reported	19.6%	19.6%	19.6%	19.6%	19.6%	19.6%			

Funding Sources – Percent of Budget From Each Source (Rounded)

Includes all states and the District of Columbia Source: State Synopsis Questionnaire

NOTE: Of the 41 states that provided information on source of funding, 19 (46%) reported receiving 75-100% of their funding from just one of the sources listed in the preceding table. Ten states (24%) received \geq 75% of their funding from non-Medicaid state funds while 6 states (15%) and 5 states (12%) reported receiving \geq 75% of their funding from HRSA (MCHBG plus other HRSA funds) or CDC respectively.

Overall Budget Change as Compared to Prior Year

Change in Overall Budget	Number of States	Percent of States
Decreased	6	11.8%
Increased	24	47.1%
Same	15	29.4%
Not Reported	6	11.8%

Number (%) of States that Reported a Decrease of increase in Funding Source				
Change in Funding	Decreased	Increased	Same	TOTAL REPORTING
State – Medicaid	0 (0%)	6 (67%)	3 (33%)	9
State – Other	4 (14%)	7 (24%)	18 (62%)	29
HRSA – MCHBG	5 (16%)	3 (9%)	24 (75%)	32
HRSA – SOHCS	7 (24%)	4 (14%)	18 (62%)	29
CDC – PHHSBG	3 (23%)	5 (38%)	5 (38%)	13
CDC – Infrastructure	0 (0%)	7 (70%)	3 (30%)	10

Number (%) of States that Reported a Decrease or Increase in Funding Source

Source: State Synopsis Questionnaire

Budget Range – Number of States within Each Budget Category

Budget Category	Number of States	Percent of States
Less than \$100,000	0	0.0%
\$100,000 to \$250,000	4	7.8%
\$250,001 to \$500,000	8	15.7%
\$500,001 to \$999,999	10	19.6%
\$ 1 million or more	19	37.3%
Not Reported	10	19.6%

Source: State Synopsis Questionnaire

Range:\$115,000 to \$8,118,527Mean:\$1,626,338Median:\$907,000

ORAL HEALTH PROGRAMS

State oral health programs offer a variety of different services to their constituents. The following table provides information on the percent of states that offer specific oral health services.

Program	Has Program	No Program	Not Reported
Abuse/Neglect or PANDA Program	33.3%	56.9%	9.8%
Access to Care Program	64.7%	25.5%	9.8%
Dental Screening Program	70.6%	19.6%	9.8%
Dental Sealant Program	76.5%	13.7%	9.8%
ECC Prevention Program	64.7%	25.5%	9.8%
Fluoride Mouthrinse Program	64.7%	25.5%	9.8%
Fluoride Supplement Program	27.5%	62.7%	9.8%
Fluoride Varnish Program	47.1%	43.1%	9.8%
Mouthguard/Injury Prevention Program	17.6%	72.5%	9.8%
Needs Assessments BRFSS YRBS PRAMS Other	68.6% 31.4% 41.2% 21.6%	9.8% 47.1% 37.3% 56.9%	21.6% 21.6% 21.6% 21.6%
Oral Health Education and Promotion	86.3%	3.9%	9.8%
Oral Health (Open Mouth) Surveys	52.9%	37.3%	9.8%
Programs for Pregnant Women	37.3%	52.9%	9.8%
Craniofacial Recording System	52.9%	35.3%	11.8%
Medicaid Data	47.1%	31.4%	21.6%

Percent of States with Specific Oral Health Services