

Oral Health Practitioner Work Group Summary – Possible Definitions for Low Income, Uninsured and Underserved Populations; Health Professional Shortage Areas

LOW INCOME

The 2008 Federal poverty threshold for a single person is \$10,400; a family of four is \$21,200. Numerous public programs use 200% of the poverty threshold for family of four: \$42,400.

MN Health Care Programs (MHCP) provide basic health care to roughly 666,000 Minnesotans through three publicly funded health care programs – Medical Assistance (507,000), General Assistance Medical Care (33,000) and Minnesota Care (126,000).

- MHCP income eligibility uses the federal poverty rate, ranging from 75% of poverty to 275% of poverty.
- All MHCP enrollees have some dental benefits, but only 43.6 percent of MA enrollees, 36.5 percent of GAMC enrollees, and 51 percent of MinnesotaCare enrollees visited a dentist in 2006. (MN DHS Critical Access Dental Program Report to the Legislature, 2008)

UNINSURED

For each child in the U.S. without medical insurance, there are almost three children without dental insurance. (Agency for Healthcare Research and Quality, 2000).

http://www.meps.ahrq.gov/mepsweb/data_files/publications/cb17/cb17.pdf

The 2007 MN Health Access Survey* of parents showed that 68.7% of Minnesotans, age 3 and older had dental coverage.

* Additional 2007 data analysis will be available for the next OHP meeting.

Significant differences existed in 2007 health insurance coverage by race and employment status:

- African Americans are 2.3 times more likely to be uninsured.
- Native Americans are 2.5 times more likely to be uninsured.
- 71.8% of the uninsured were employed

UNDERSERVED

1. Patients with family incomes below 200% of the federal poverty level.
2. Patients with medical disabilities or chronic illness.
3. Patients residing in geographically isolated or medically underserved areas.
4. Patients with limited literacy.
5. Patients confined to residential settings.

(Pipeline, Profession & Practice: Community-Based Dental Education, 2006).

HEALTH PROFESSIONAL SHORTAGE AREA – Dental (HPSA-Dental)

Area: Must be a rational area to provide service.

Population to dentist FTE ratio of 5000:1 or 4000:1 in high needs area.

Population: Resides in area; have access barriers; or federally recognized Native American tribes
Includes > 30% at 200% poverty, homeless, specific ethnic/race groups

Facilities: Federal or State correctional, public or non-profit medical facility and insufficient capacity.
(U.S. Health Resources Services Administration. (2008) Dental HPSA Designation.
Retrieved from <http://bhpr.hrsa.gov/shortage/dental.htm>)



<http://www.health.state.mn.us/healthreform/oralhealth>

Oral Health – Income/Minority Fact Sheet

LOW INCOME

2008: the poverty threshold for a family of four is \$21,200.

Numerous public programs use 200% of the poverty threshold for family of four: \$42,400.

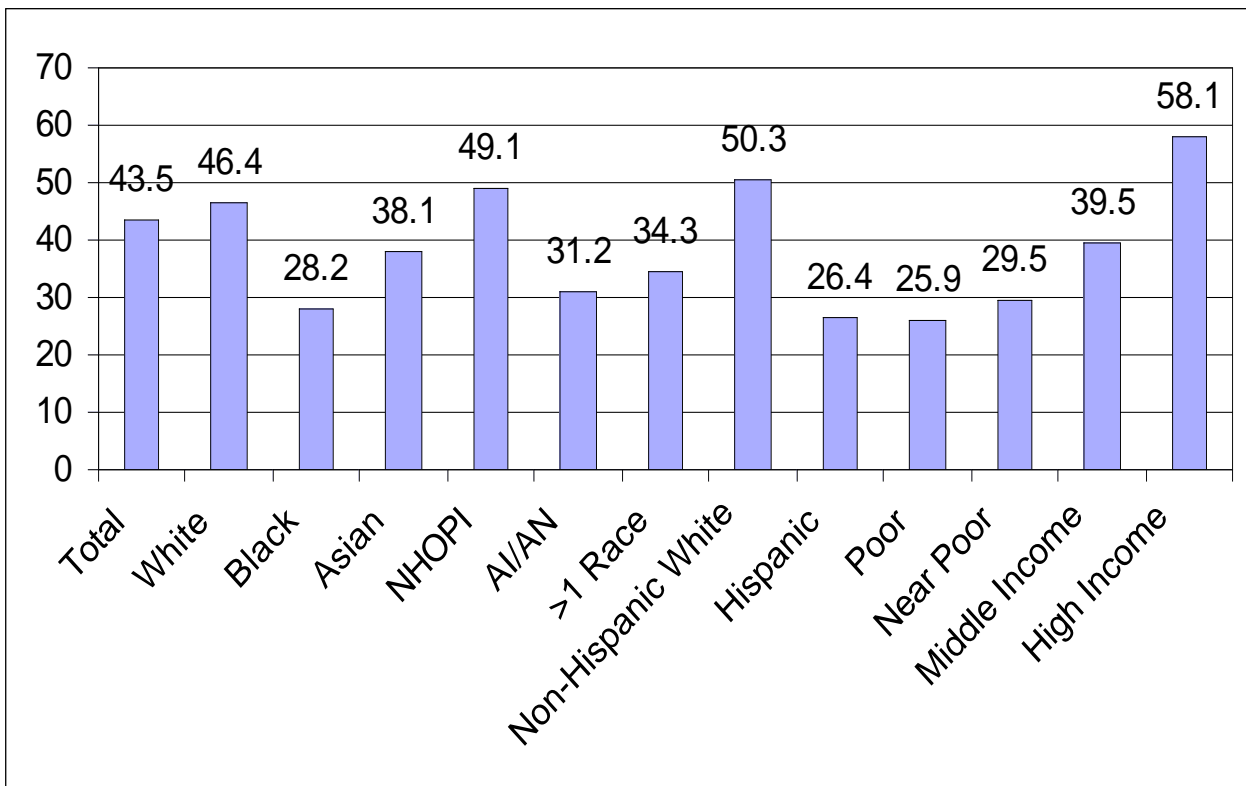
MN Health Care Programs (MHCP)

Total MHCP Patients served by all dental providers in 2006: 42.2% of 660,000.

MHCP enrollees are individuals and families who live below and up to 275% of the federal poverty rate. They may be homeless, unemployed, unemployable, homebound, disabled, or the working poor. Although all MHCP enrollees have a dental benefit, only 43.6 percent of MA enrollees, 36.5 percent of GAMC enrollees, and 51 percent of MinnesotaCare enrollees visited a dentist in 2006.

INCOME & MINORITY STATUS: Agency for Healthcare Research and Quality (AHRQ)

U.S. population with a dental visit in 2002 by race, ethnicity, and stratified by income, 2002.



NHOPI – Native Hawaiian or Pacific Islander

AI/AN – American Indian / Alaskan Native

Agency for Healthcare Research and Quality. (2002). Retrieved August 12, 2008 from <http://www.ahrq.gov/qual/nhdr05/fullreport/Dental.htm>



Oral Health – Underserved

UNDERSERVED

Who are the "Underserved Patients"?

The Pipeline, Profession & Practice program defines “underserved” with five general populations of patients:

6. **Patients with family incomes below 200% of the federal poverty level.** This group accounts for the largest number of underserved and tends to have low utilization of dental services and poor oral health.
7. **Patients with medical disabilities or chronic illness.** A significant percentage of the population has physical or mental disabilities that make it difficult for them to travel to dental offices and to find dentists who have the special clinical experience to treat them.
8. **Patients residing in geographically isolated or medically underserved areas.** In rural areas of the country there are relatively fewer dentists per capita. This makes it more difficult to schedule visits with dentists and to travel to their offices. In many urban areas, there is a maldistribution of dentists willing to serve vulnerable populations.
9. **Patients with limited literacy.** Over a million new immigrants enter the United States annually, and many have language and cultural barriers to accessing dental care. Other residents may have low literacy skills and be unable to navigate the health care system.
10. **Patients confined to residential settings.** Millions of Americans are confined to long-term care facilities (e.g., nursing homes, prisons, and chronic care facilities for the mentally and physically disabled). Most of these institutions provide limited, if any, dental care, and patients are too poor to obtain care privately.

There is considerable overlap among these five population groups, so a significant number of Americans face one or more of these barriers.

Definition of underserved obtained from:

Pipeline, Profession & Practice: Community-Based Dental Education. (2006). Retrieved August 12, 2008 from

http://www.dentalpipeline.org/elements/community-based/pe_underserved.html



<http://www.health.state.mn.us/healthreform/oralhealth>

Health Professional Shortage Areas - Dental

There are three different types of Dental Health Professional Shortage Area designations

- Geographic Area
- Population Groups
- Facilities

Geographic Areas must

- Be rational areas for the delivery of dental services
- Meet one of the following conditions
 - Have a population to full-time-equivalent dentist ratio of at least 5,000:1
 - Have a population to full-time equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1 and unusually high needs for dental services and more than 20% of the population has incomes at or below 100% of the Federal poverty level or more than 50% of the population has no fluoridated water.

Population Groups must

- Reside in a rational service area for the delivery of dental care services
- Have access barriers that prevent the population group from use of the area's dental providers
- Have a ratio of the number of persons in the population group to the number of dentists practicing in the area and serving the population group of at least 4,000:1
- Members of Federally recognized Native American tribes are automatically designated. Other groups may be designated if they meet the basic criteria described above.
- Includes low income (>30% population at 200% poverty), homeless, specific ethnic/race groups, etc.

Facilities must

- Be either Federal and/or State correctional institutions or public and/or non-profit medical facilities
- Federal or State Correctional facilities must:
 - Have at least 250 inmates and
 - Have a ratio of the number of internees per year to the number of FTE dentists serving the institution of at least 1,500:1
- Public and/or non-profit private dental facilities must:
 - provide general dental care services to an area or population group designated as having a dental HPSA and
 - have insufficient capacity to meet the dental care needs of that area or population group

All Shortage Areas Must:

- Be a rational service area for the delivery of dental care services (county, multi-county, Minor Civil Divisions or Census Tracts)
- Dental professionals in contiguous areas are over utilized (>3000:1), excessively distant (> 40 minutes) or inaccessible to the population (significant demographic disparities or physical barriers)
- Calculation of dentist FTE must factor in the age of the dentist and the number of hygienists and dental assistants. (Health Resources and Services Administration. (2008), Dental HPSA Designation Overview. Retrieved from <http://bhpr.hrsa.gov/shortage/dental.htm>)

