

Intervention: Programs to increase enrollment in insurance programs that provide access to dental care (e.g., State Children’s Health Insurance Program/BadgerCare)

Finding: Insufficient evidence to determine effectiveness

Potential partners to undertake the intervention:

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| <input checked="" type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input checked="" type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input checked="" type="checkbox"/> Local public health departments |
| <input checked="" type="checkbox"/> State public health departments | <input checked="" type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: Foundations |

Background on the intervention:

A recent national study of the State Children’s Health Insurance Program (SCHIP) suggests that SCHIP participation is associated with improved utilization of dental care, reduced unmet dental needs, and reduced delay of care. Thus, outreach activities aimed at educating eligible families about the steps to enroll in SCHIP and Medicaid coverage—and access their services—is a commonly proposed method of increasing access to oral health care. Similarly, a number of experts recommend increased outreach efforts to educate oral health care providers about SCHIP programs.

Findings from the systematic reviews:

There was insufficient evidence to determine effectiveness for this intervention. Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

Limitations/Comments:

Although research suggests that SCHIP participation is associated with improved access to oral health care, it is clear that participation alone is not a viable solution to the oral health care access problem. Significant disparities persist despite participation in SCHIP and other publicly funded insurance programs.

Additional information:

Through its State Action for Oral Health Access grant program, the Center for Health Care Strategies, Inc. (CHCS) supports “state-based model demonstration projects, including local system pilots, to test innovative and comprehensive approaches to expanding access to low-income, minority, and disabled populations served through Medicaid, SCHIP, and the public health system.” A number of these programs are highlighted on the [CHCS Web site](http://www.chcs.org) - www.chcs.org.

References:

American Dental Association (ADA). State and community models for improving access to dental care for the underserved - a white paper. 2005. Available online at: www.ada.org/prof/resources/topics/topics_access_whitepaper.pdf. Accessed June 20, 2005.

Kempe A, Beaty BL, Crane LA, Stokstad J, Barrow J, Belman S. Changes in access, utilization, and quality of care after enrollment into a state child health insurance plan. *Pediatrics* February, 2005; 115(2):364-371.

Shulman S, Kell M, Rosenbach M. SCHIP Takes a bite out of the dental access gap for low-income children. 2004. Available online at: www.cms.hhs.gov/oralhealth/. Accessed June 20, 2005.

Stanton MW, Rutherford MK. AHRQ Research in Action: dental care - improving access and quality. 2003. Available online at: www.ahrq.gov/research/dentalcare/dentria.htm. Accessed June 22, 2005.