

Rural Children: Insurance Coverage and Oral Health

Kevin J. Bennett, PhD

Senior Research Associate, SC Rural Health
Research Center

Associate Professor, School of Medicine
University of South Carolina



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At the Heart of Public Health Policy

Overview of today

- Current Policy Context
- “Recent” findings
 - ◆ Medicaid
 - ◆ NHIS
 - ◆ NSCH
- Discussion



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First, the good stuff

- Uninsured rate among children ~5%, all time low
- Medicaid/CHIP = 39% of that coverage
- In 2015:
 - ◆ Medicaid = 36.8 million children
 - ◆ CHIP = 8.4 million children



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Current policy: what's going on now?

- Need to check almost daily
- Big Issues
 - ◆ CHIP renewal—still pending
 - ◆ Ongoing proposals
 - ◆ Medicaid funding / expansion
 - ◆ ACA marketplace stability / CSRs
 - ◆ Repeal & Replace?



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Children's Health Insurance Program (CHIP)

- Covers ~9 million kids, low-middle income families
- 'Expansion' of traditional Medicaid coverage
- Expired Sept 30
- No new funds going to the states
- Dueling bills in House and Senate
 - ◆ House—combined with health center funds
 - ◆ House bill passed, unlikely to get vote in senate
 - ◆ Prior bipartisan framework seems abandoned



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Medicaid

- Expansions Status
 - ◆ Some states debating changing (Ohio, KY)
 - ◆ Others still considering expanding (VA)
 - ◆ Waivers (more later)
- Work requirements more common (AZ, IN, KY, PA)
- R&R, Block grants, etc.



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Waivers

- Waivers
 - ◆ Provide flexibility in design, coverage, etc
 - ◆ Willingness to consider different designs now
 - ◆ 33 states, 41 waivers
 - ◆ 19 states with 20 pending
 - ◆ Iowa—denied (debate about who or why)
 - ◆ WV—approval for substance abuse (opioid)
 - ◆ Oregon—recently approved (reinsurance)
 - ◆ Oklahoma withdrew (no response)



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ACA, briefly

- Zombie Repeal & Replace
- ‘Synthetic’ repeal
 - ◆ Executive order
 - ◆ Funding / tax cut bills
 - ◆ Admin actions
- Marketplace stability
 - ◆ CSR payments
 - ◆ Number of options
 - ◆ Alexander-Murray



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CURRENT EVIDENCE



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Medicaid, 2012

- Most recent data WE have
 - ◆ 35 states, undercounts the West
 - ◆ Now up to 47 states
 - ◆ 2014—17 States (CA, GA, ID, IA, LA, MI, MN, MS, MO, NJ, PA, SD, TN, UT, VT, WV, WY)
- Summary file
- Eligibility, utilization summary



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Medicaid Enrollment, 2012

- Rural enrollees:
 - ◆ Tender to be older
 - ♦ 50.9% vs. 52.0% ≤ 18
 - ♦ 9.5% vs. 8.4% ≥ 65
 - ◆ Male / female similar
 - ◆ Regional differences
 - ♦ NE: 10.1% vs. 25.1%
 - ♦ South: 55.8% vs. 44.7%



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Medicaid Enrollment, 2012

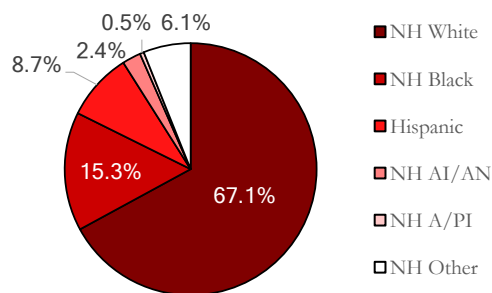
■ Race/ethnicity differences

◆ Rural:

- ♦ 67.1% white
- ♦ 15.2% black
- ♦ 2.4% AI/AN

◆ Urban

- ♦ 38.5% white
- ♦ 28.7% black
- ♦ 21.3% Hispanic
- ♦ 4.0% A/PI



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Medicaid Enrollment, 2012

- Further differences by region:
- Age
 - ◆ West: 56.1% ≤ 18 , 7.4% ≥ 65
 - ◆ NE: 40.4% ≤ 18 , 10.4% ≥ 65
 - ◆ Rural South, Midwest trends older
- Race/ethnicity
 - ◆ Rural:
 - ◆ White: 84.1% (NE) and 82.0% (MW)
 - ◆ South = 24.4% black (vs. 4.4 or less in others)
 - ◆ West = 17.7% Hispanic, 11.6% AI/AN



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Medicaid—CHIP

- 1997, expand Medicaid to kids above income thresholds
- Almost all up to 200% FPL
- 2009-CHIPRA
- ~8.9 million enrolled in 2016



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Medicaid/CHIP—2012

- 4.8% enrolled in CHIP for part (3.6%) or all (1.2%) of the year.
- Higher proportion in rural (5.4%) than urban (4.6%)
 - ◆ 10.1% of enrolled kids in rural areas were in CHIP (4.3% urban)
- Rural CHIP = mostly white (51.2%)
 - ◆ Lower proportion of all Black enrollees (3.9%) than others, rural or urban
- Sizable percentage over 18 (13.9% in rural) are adults (waivers)



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NATIONAL HEALTH INTERVIEW SURVEY



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National Health Interview Survey, 2015

- A multipurpose health survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS)
- Civilian noninstitutionalized population of the United States.
- Multistage cluster sample design, representative of US population
- In person, four components
- National, not rural, estimates

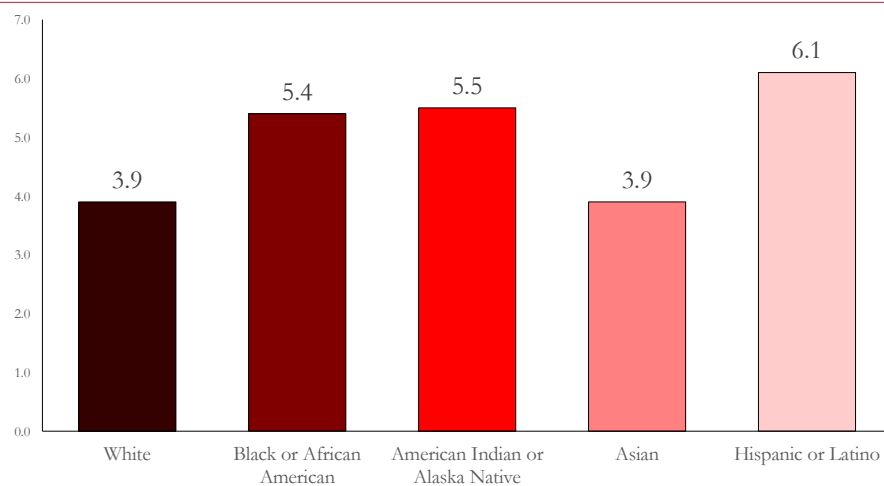


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NHIS: Unmet Need—Race/Ethnicity

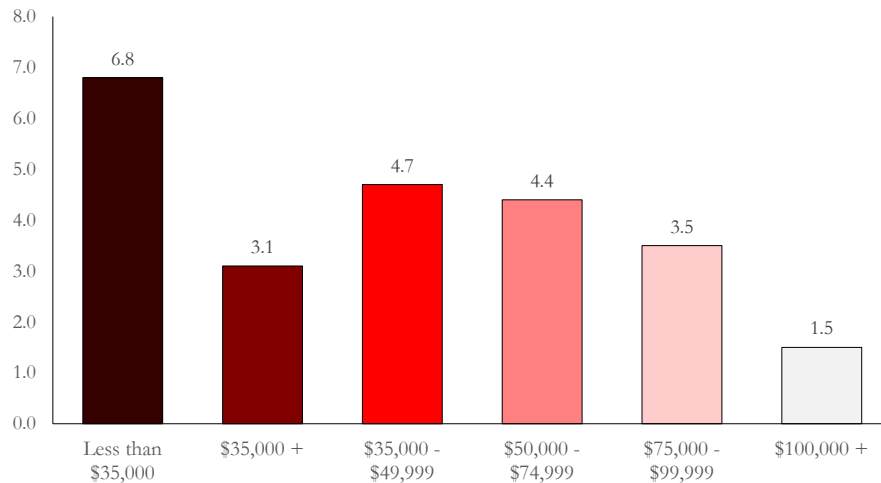


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NHIS: Unmet Need—Income

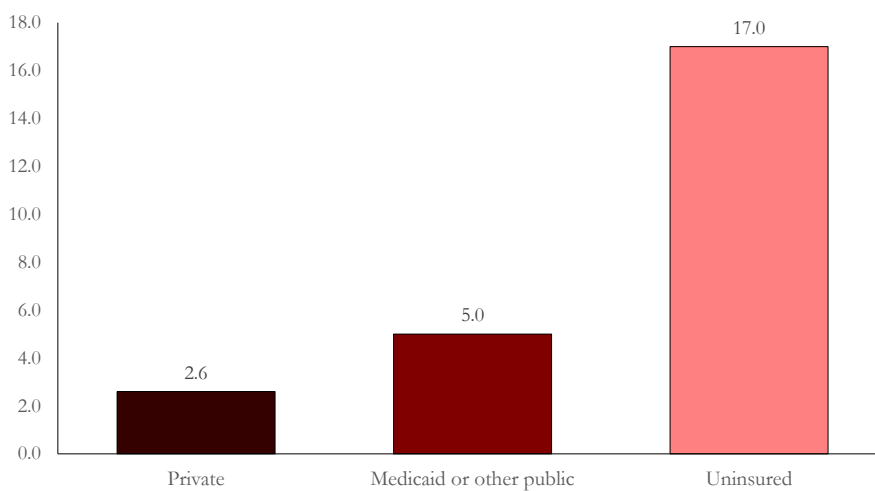


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NHIS: Unmet Need—Insurance Status

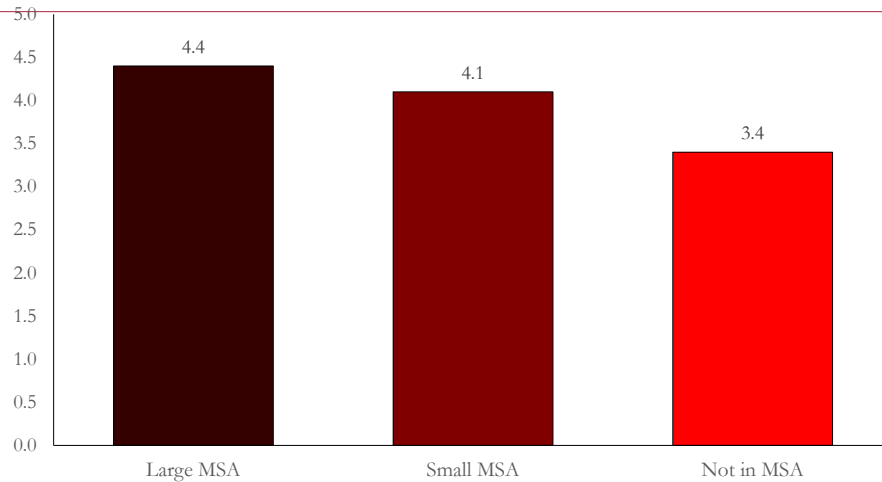


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NHIS: Unmet Need—MSA Residency



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NATIONAL SURVEY OF CHILDREN'S HEALTH



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National Survey of Children's Health

- Sponsored by Maternal and Child Health Bureau, HRSA, USDHHS
- Telephone survey (landlines 2003, 2007; land and cell in 2011-2012) of households with at least one child age 0 – 17
 - ◆ 2016 survey combined with NSCH-Special Needs
- Large enough for state-level estimates (>90,000 observations each year)
- Use RUCAs to define rural
- Information available: <http://www.cdc.gov/nchs/slaits/nsch.htm>



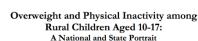
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Previous reports

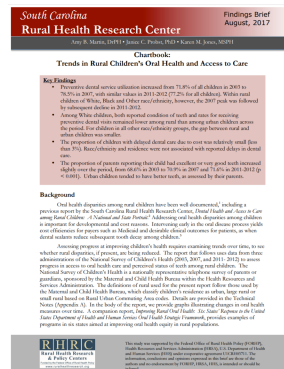
- SCRHR used the 2003 NSCH for reports on rural children's oral health and weight status (see website for full reports, <http://rhr.sph.sc.edu/>)



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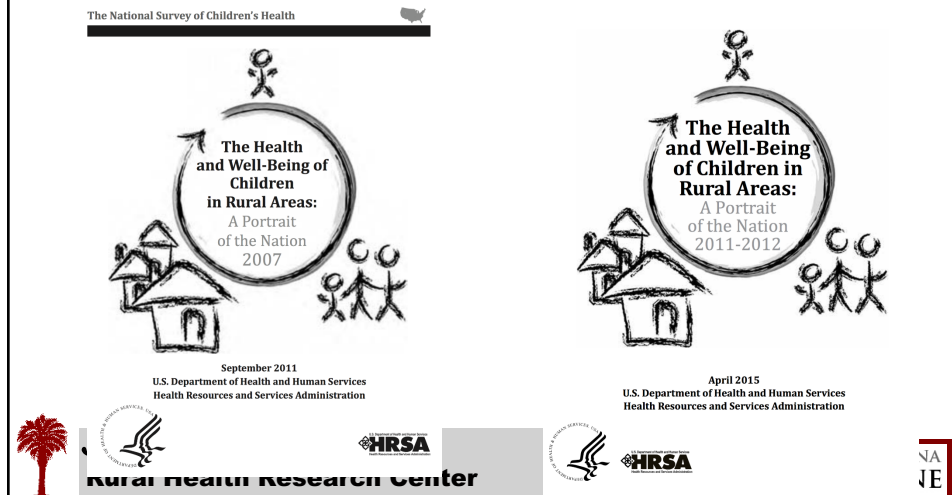
Dental Health and Access to Care among Rural Children:
A National and State Portrait

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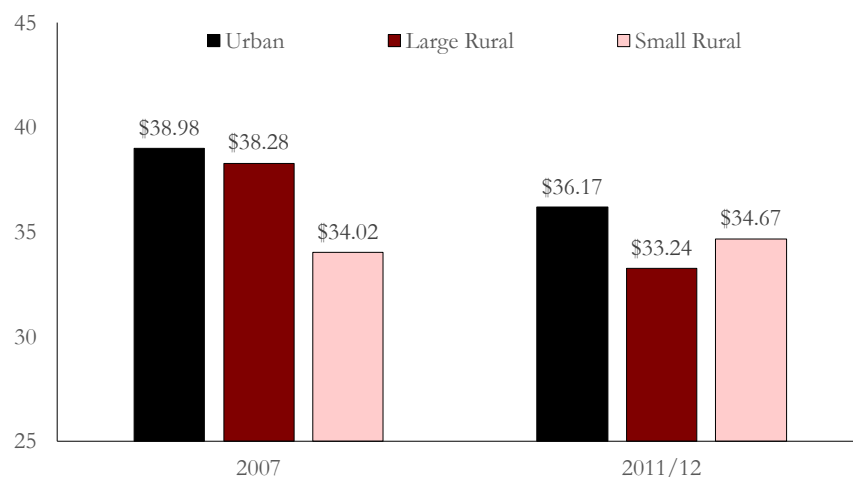


Previous reports

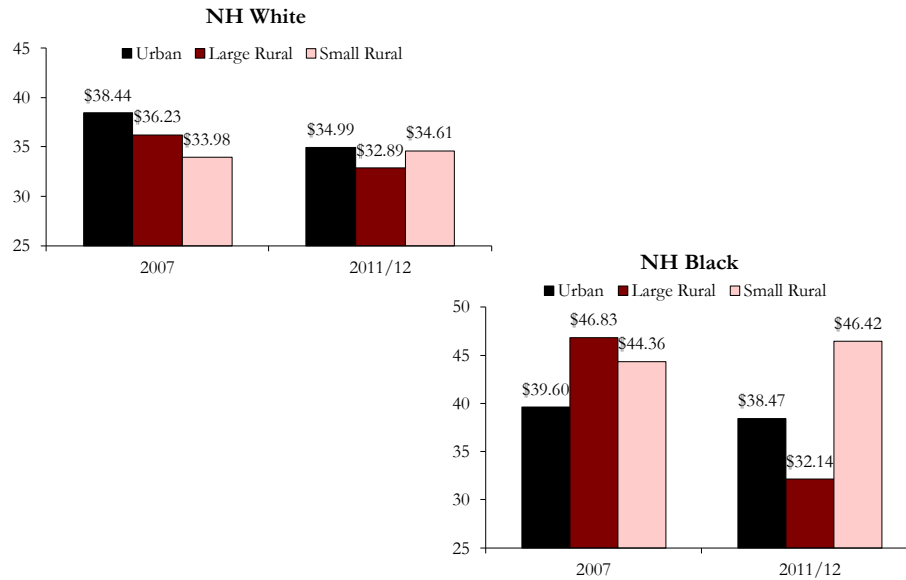
- MCHB produced reports on the 2007, 2011-12 surveys (but not 2016 data)



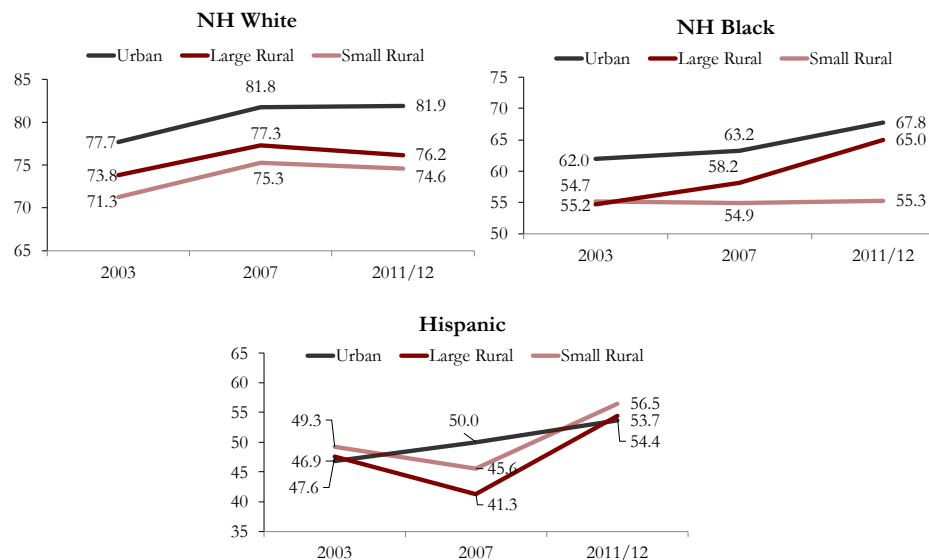
Oral Health: Out of Pocket, Median



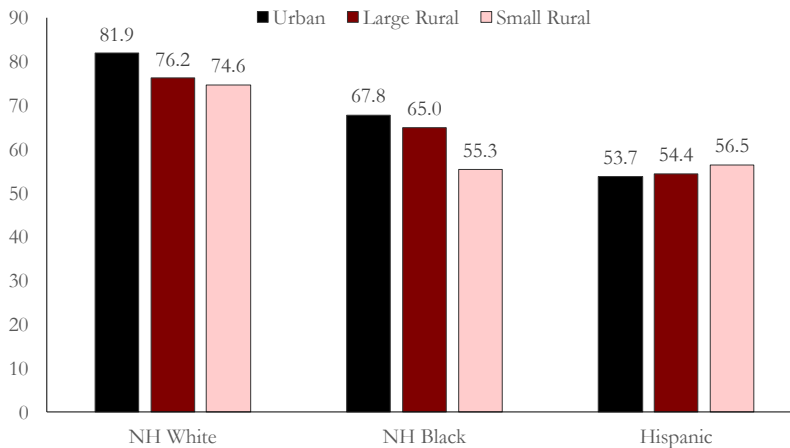
Oral Health: Out of Pocket, Median



Oral Health: Oral Health: % with Excellent/Very Good Teeth



Oral Health: % with Excellent/Very Good Teeth, 2011/12

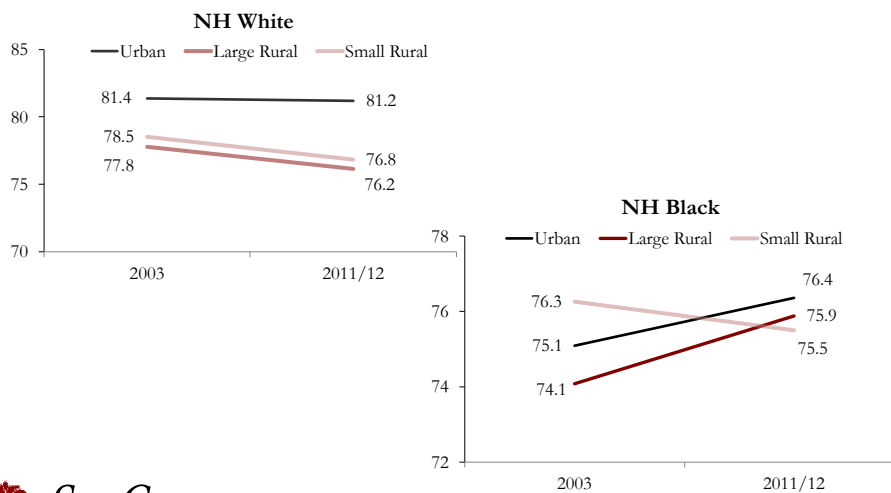


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Oral Health: % With a Dental Visit

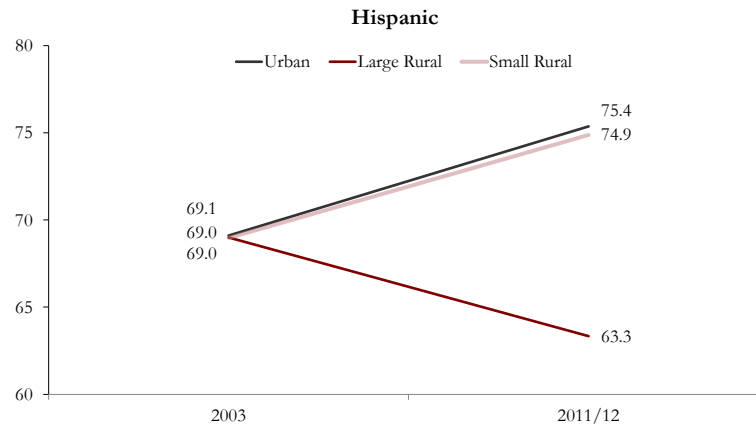


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Oral Health: % With a Dental Visit

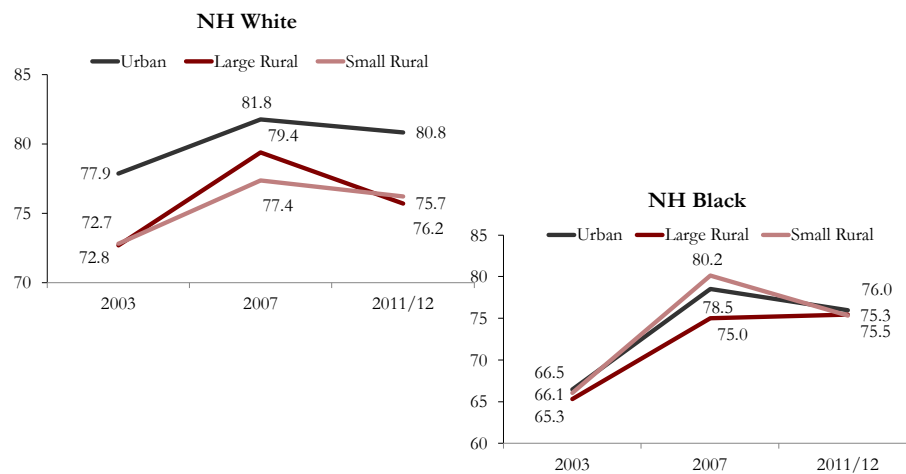


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Oral Health: Preventive Visits

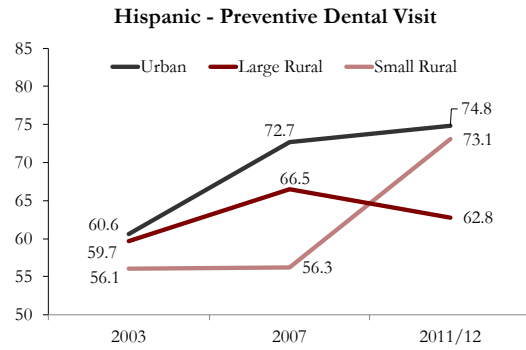


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Oral Health: Preventive Visits

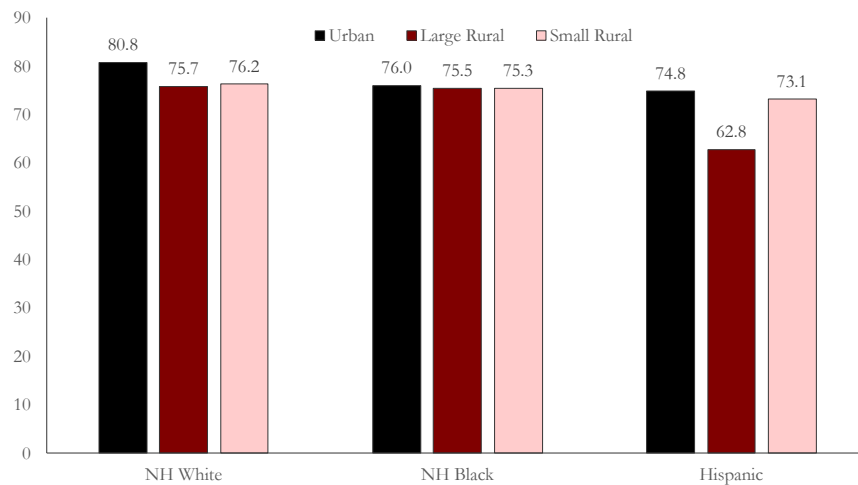


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Oral Health: Preventive Visits

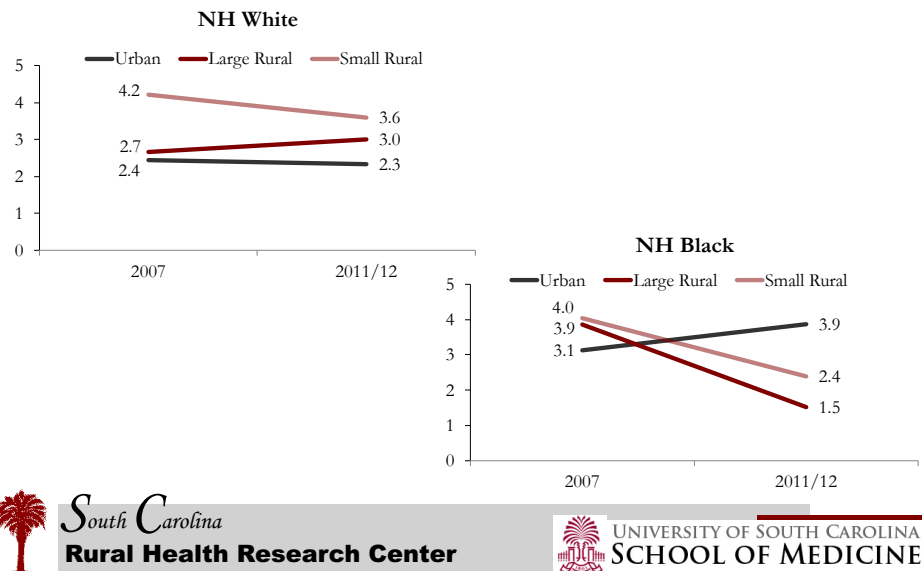


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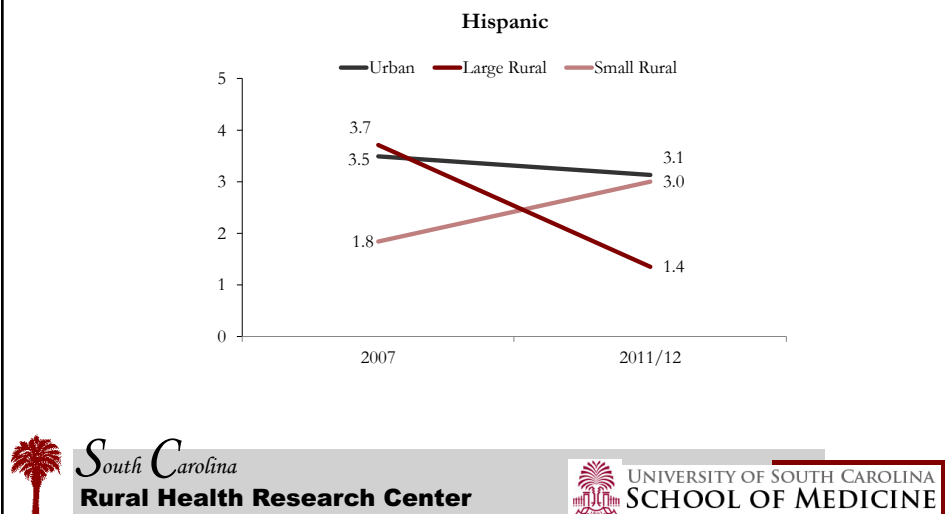


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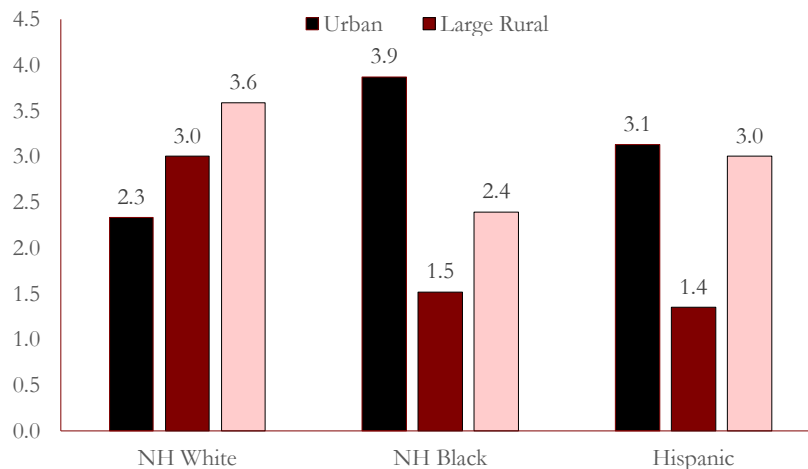
Oral Health: % with Delayed care



Oral Health: % with Delayed care



Oral Health: % with Delayed care, 2011/12



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Discussion / Questions?

- Medicaid covers 40% of kids
 - ◆ Medical and Oral health coverage
- Unmet needs still exist
 - ◆ Esp among Non-white, low income
 - ◆ Slightly lower among non MSA
- Financing big driver
 - ◆ Uninsurance = high unmet need
 - ◆ AA, Hispanic = higher out of pocket costs



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Journal of Rural Health

- [Autumn 2017](#)
- Special Section on Oral Health
- Usual source of care, primary care, and referrals across disciplines



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Commentary Jump to...

Special Section: Rural Oral Health Care Integration Into Primary Care

Integrating Oral Health Into Rural Primary Care—the What and the Why (pages 406–408)
Mark Deutchman
Version of Record online: 14 SEP 2017 | DOI: 10.1111/jrh.12272
[Abstract](#) | [Article](#) | [PDF\(145K\)](#) | [References](#) | [Request Permissions](#)
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Original Articles Jump to...

Special Section: Rural Oral Health Care Integration Into Primary Care

The Role of Primary Care for the Oral Health of Rural and Urban Older Adults (pages 409–418)
Julia T. Caldwell, Haena Lee and Kathleen A. Cagney
Version of Record online: 14 SEP 2017 | DOI: 10.1111/jrh.12269
[Abstract](#) | [Article](#) | [PDF\(314K\)](#) | [References](#) | [Request Permissions](#)
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Preventive Dental Checkups and Their Association With Access to Usual Source of Care Among Rural and Urban Adult Residents (pages 419–426)
Aishah Khan, Janani R. Thapa and Donglan Zhang
Version of Record online: 14 SEP 2017 | DOI: 10.1111/jrh.12271
[Abstract](#) | [Article](#) | [PDF\(265K\)](#) | [References](#) | [Request Permissions](#)
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An Assessment of Participant-Described Interprofessional Oral Health Referral Systems Across Ruralness (pages 427–437)
Sean G. Boynes, Abigail Lauer, Mark Deutchman and Amy B. Martin
Version of Record online: 15 SEP 2017 | DOI: 10.1111/jrh.12274
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Shawnda Schroeder, PhD
Principal Investigator
701-777-0787
shawnda.schroeder@med.und.edu



Center for Rural Health
University of North Dakota
501 N. Columbia Road Stop 9037
Grand Forks, ND 58202

Contacts

- Our web site:
 - ◆ rhr.sph.sc.edu
- Funding from:
 - ◆ Federal Office of Rural Health Policy, Health Resources & Services Administration, USDHHS
- Contact:
 - ◆ Kevin.bennett@uscmed.sc.edu
 - ◆ @scrhrc, @kevbosheth



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