The Arizona Health Care Cost Containment System (AHCCCS) is Arizona’s Medicaid program. AHCCCS and KidsCare (Arizona’s Children’s Health Insurance Program) provide comprehensive dental coverage to children under 21, as mandated by the federal Early and Periodic Diagnostic, Screening, and Testing requirement. All children who participate in these programs are assigned to a dental home when they are enrolled.

Though nearly half of our state’s children have comprehensive dental coverage through AHCCCS or KidsCare, Arizona children have suboptimal oral health outcomes:

- Nearly two thirds of Arizona’s 3rd grade children (64%) have a history of tooth decay, higher than that of 3rd grade children nationally (52%).
- Over half (52%) of Arizona’s kindergarten children have experienced tooth decay, which is more than that of 5-year-old children nationally (36%).

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Children who are screened by a dentist by their first birthday are more likely to receive preventive care and less likely to need emergency or restorative dental care as they grow older as compared to whose first dental visit occurs at the age of two or later.

The American Academy of Pediatrics (AAP) recommends that pediatricians also assess oral health and refer patients to dental providers during well-child visits.
A recent study by the Arizona Oral Health Coalition, Care Quest Institute for Oral Health, and Children’s Action Alliance explores trends in pediatric well-child visits (WCV) and oral health care in Arizona. Here are some of the report’s key findings:

**TOTAL NUMBER OF CLAIMS**

- During the study period (2016-2019) more enrollees had a WCV than a dental visit overall.

- In 2016, there were more claims for dental visits (45.7%) than for WCV (35.6%); however, from 2017-2019, WCVs exceeded dental claims.
HEALTHCARE CLAIMS BY AGE GROUP

- Younger children participating in AHCCCS were more likely to have any type of claim than older children.
- Less than one percent of children had a dental claim before the age of one.
- Only about one in four Arizona children aged 1-3 years had any interaction with a dental provider that resulted in an AHCCCS claim.

TRENDS IN WCV & DENTAL BY RACE/ETHNICITY

- Less than half of children identifying as American Indian or Alaska Native (AI/AN) had at least one dental or well-child claim.
- There were nearly twice as many dental claims than WCV claims for AI/AN children (45.6% versus 26.5%, respectively).
- Among Latinx/Hispanic children, the number of WCV claims was about two-thirds that of the percentage of claims for dental visits (33.7% versus 50.5%, respectively).
Prior research by CAA and researchers at Arizona State University’s College of Health Solutions identified four Arizona counties without a single AHCCCS-contracted pediatric dentist; these counties tended to have high proportions of BIPOC child residents and increased rates of children likely to qualify for AHCCCS or KidsCare.

AI/AN children travel longer for health care visits than children identifying as other racial backgrounds partly due to a shortage of providers in rural and Tribal health care facilities.

The median American Indian/Alaska Native families traveled 15 miles to receive dental care.

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>PCP</th>
<th>PED DENTIST</th>
<th>FQHC</th>
</tr>
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<tr>
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<td>22</td>
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</tr>
</tbody>
</table>

Access points to dental care through a pediatric dentist or Federally Qualified Health Center (FQHC). Care offered through FQHCs and other free or low-cost dental programs is critical, but additional resources and payment supports are needed to ensure children have a dental home and to allow for comprehensive data analysis across payors.
Room to Grow: Policy Recommendations

Arizona’s youngest children are not receiving the necessary recommended dental care and racial disparities continue to exist in access to all healthcare services. While these results are cause for concern, they also present promising opportunities for policy improvements to increase access to healthcare and improve the lives of children across Arizona.

Access to a culturally responsive medical and dental home improves access to care:
- Policymakers should create incentives for oral health integration with primary care and teledentistry.
- Since most Medicaid enrolled children had at least one healthcare claim during the study period (2016-2020) and since younger children were more likely to visit a pediatrician than a dentist, Arizona should invest in opportunities for integrated care and provider education, including how to deliver comprehensive oral health exams, address social determinants of health, and make referrals to pediatric dentists.
- Older children were more likely to visit a dentist than a pediatrician. The state should consider reimbursing dentists for HPV vaccine administration, patient health education, and referring children and adolescents to a medical home to aid in closing preventive care gaps for older children.

Diversify and Develop Oral Health Workforce:
- Children in the most rural parts of Arizona, and particularly AI/AN children, must travel longer distances to access medical and dental care. Encouraging participation of additional oral health care provider types, such as dental therapists and advanced practice dental hygienists, will help address workforce shortages in hard-to-reach regions and build a more representative provider base.
- Investing in infrastructure to support teledentistry would also help bring care to rural areas.
- Implementing social determinants of health screenings and cultural competence courses for oral health providers will also ensure children and families can build a positive relationship with their oral health providers.


Get in on the conversations about Arizona’s Oral Health Initiatives happening now...
azchildren.org  |  azohc.org