



KANSAS HEALTH INSTITUTE

CHILDREN'S HEALTH IN ALL POLICIES

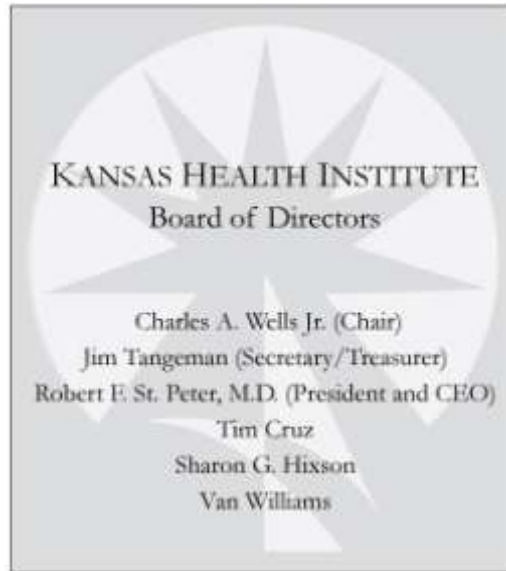
**POLICY OPTIONS FOR ADDRESSING
POOR ORAL HEALTH IN KANSAS CHILDREN**

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Sharon Homan, PhD – Vice-President for Public Health

March 9, 2010

Noon – 1:30 p.m.




The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas.

Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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ORAL HEALTH IN KANSAS CHILDREN: SLIDE I




POLICY OPTIONS FOR ADDRESSING POOR ORAL HEALTH IN KANSAS CHILDREN

Children's Health in All Policies
March 9, 2010

Tatiana Lin, MA, Analyst
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Kansas Health Institute

ORAL HEALTH IN KANSAS CHILDREN: SLIDE 2



WHAT DO STATE LEGISLATORS NEED TO KNOW ABOUT CHILDREN'S ORAL HEALTH?

- 6.6% of children ages 1-17 had teeth that were in fair/poor condition
- 7.6% of children ages 1-17 had two or more oral health problems in the past six months
 - 10.6% of children ages 6-11
 - 17.6% of black children
 - 20.8% of uninsured children
 - 10.8% of children who live below 100% of FPL

SLIDE 2 NOTES:

1. Dental disease is the most common chronic illness for children in the United States.
 - a. According to the Centers for Disease Control and Prevention (CDC), more than one-quarter of children have tooth decay in baby teeth before entering kindergarten.
 - b. By age 19, 68 percent of youth have experienced tooth decay in permanent teeth.¹
 - c. While there has been a decline in the prevalence and severity of tooth decay in the U.S. population overall, dental caries continues to be the most common chronic childhood disease —five times more common than asthma in children ages 5–17 years.²
2. The 2007 National Survey of Children's Health found that 6.6 percent of Kansas children ages 1-17 had teeth that were in fair or poor condition.

¹ National Conference of State Legislators. (2010). *Children's Oral Health*. Retrieved March 5, 2010, from <http://www.ncsl.org/default.aspx?tabid=14495>.

² Centers for Disease Control and Prevention. (2005). *Preventing Chronic Diseases: Investing Wisely in Health*. Retrieved March 5, 2010, from <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/oh.htm>.

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3. According to the same survey, more than 7 percent of children ages 1-17 had two or more oral health problems in the past six months.
 - a. Black Kansas children, children without insurance and children who live below 100 percent of the Federal Poverty Level were more likely than their peers to have two or more oral health problems.³

4. According to the Council of State Governments:⁴
 - a. Children miss 50 million school hours per year because of dental illness.
 - b. Dental care is the most frequent unmet health need of children.
 - i. For every child without medical insurance, there are 2.6 without dental insurance.
 - ii. Dental health care costs account for approximately 30 percent of a family's out-of-pocket expenditures for children's health care.
 - c. Racial, geographic and socioeconomic inequalities exist among people with oral diseases.
 - i. People in rural areas are less likely to receive regular dental care.
 - ii. Low-income children lose 12 times more school days because of dental illness than their peers from higher-income families.
 - d. Oral diseases can lead to social, psychological and physical issues.

³ National Survey of Children's Health. (2007). *Survey Sections, Kansas, 2007, Health and Functional Status (Survey Section 2), Condition of children's teeth, age 1-17*. Retrieved February 24, 2010, from <http://www.nschdata.org>.

⁴ The Council of States Governments. (2008). *Promoting Improved Oral Health. Legislator Policy Brief*. Retrieved March 1, 2010, from http://www.healthystates.csg.org/NR/rdonlyres/7977906A-8420-4770-A5C7-5173952742CD/o/OralHealthLPB_screen.pdf.

ORAL HEALTH IN KANSAS CHILDREN: SLIDE 3



WHAT DO STATE LEGISLATORS NEED TO KNOW ABOUT CHILDREN'S ORAL HEALTH?

Kansas's Overall Oral Health Grades – 2009

Prevention	Fluoridation	C	C
	Sealant Program	N/A	
Access	Dentist Availability	D	D -
	Medicaid Providers	D-	
Policies	Fluoridation Laws	D	D
	Competitive Foods Policies	D	
	Tobacco Excise Taxes	D	
Infrastructure	Oral Health Plan	A	B+
	Oral Health Budget	B	
Health Status	Adults with 6 or more teeth removed	B	C+
	Edentulous Elderly	B	
	Youth tobacco use	D+	

SLIDE 3 NOTES:

1. Oral Health America's 2009 report card provides a snapshot of oral health for each state. According to the organization, "the grading categories are intended to call greater policy attention to oral disease prevention, access to care, infrastructure, health status, and oral health related laws. The report card is not intended to grade any specific program, but instead look at the many factors that contribute to good oral health and successful oral health care systems."⁵
 - a. Released locally by Oral Health Kansas, the report card showed that Kansas is making some progress in addressing oral health and awarded the state a B.
2. According to Kansas researcher Dawn McGlasson, who helped develop the report, "much of the improvement was due to extra credit points, not higher scores in key measurement areas."⁶
 - a. Of all the key areas, the state earned its lowest grades in "access" and "policies."

⁵ Oral Health America. (2009). *Kansas Oral Health Grading Project 2009: Keep Kansas Smiling*. Retrieved February 24, 2010, from www.oralhealthamerica.org/Kansas_Report_LowRes_Spreads.pdf.

⁶ Kansas Health Institute. (2009). *Progress made on oral health, but problems remain*. Retrieved March 5, 2010, from <http://www.khi.org/news/2009/jan/14/progress-made-on-oral-health-but-problems-remain/>.

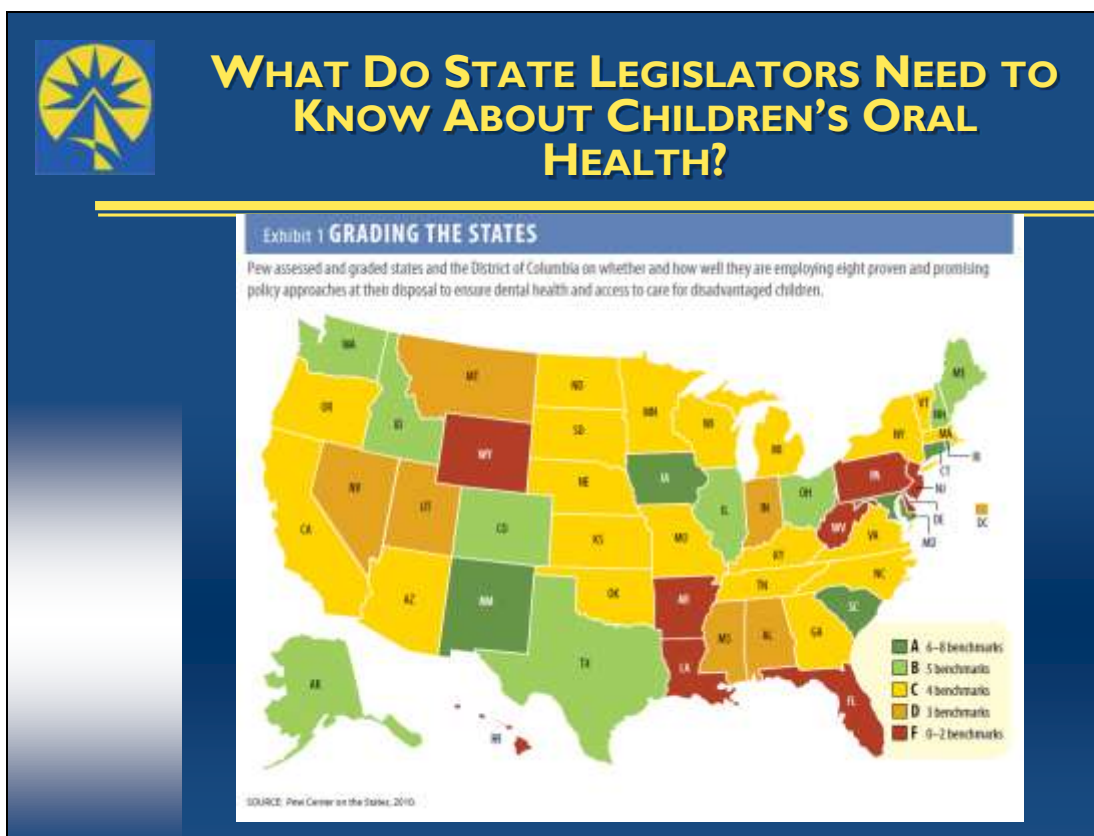
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- i. The access category received a grade of D- because of the number of counties that lacked a dentist, an overall shortage in pediatric dentists and a need for dentists who are willing to accept Medicaid.
 - ii. Kansas received a D in the policy category because it does not have a state law that requires communities to fluoridate their drinking water supplies.
3. Kansas has earned some credit for its efforts over the last few years to extend Medicaid dental benefits to special needs populations such as the frail elderly and disabled adults. The report card also credited state progress to the creation of Oral Health Kansas in 2003 and a 2007 change in dental practice rules that allow dental hygienists to perform screenings and preventive services at community-based sites under the general, but not direct, supervision of a dentist.
 - a. Legally changing supervision requirements allowed safety net clinics — with the help of foundation grants and state funds — to establish dental hubs in underserved areas of the state. The report called the dental hubs “a significant and promising new effort to increase access to dental care for Kansans without insurance and financial resources.”⁷

⁷ Kansas Health Institute. (2009).

ORAL HEALTH IN KANSAS CHILDREN: SLIDE 4



SLIDE 4 NOTES:





1. The Pew Center on the States' February 2010 report awarded Kansas a grade of C for the state's measures to address oral health. According to the report:⁸
 - a. Kansas met half of the eight policy benchmarks aimed at addressing children's dental health needs.
 - b. Kansas is "one of just two in the Midwest failing to meet the national goal of having 75 percent of the population on optimally fluoridated water systems."
 - c. Less than 25 percent of high-risk schools in Kansas are reached by sealant programs.
 - d. Kansas made some progress in increasing the number of Medicaid-enrolled children receiving dental services from 22 percent in 2000 to 41 percent 2007.

⁸ Pew Center on the States. (2010). *The Cost of Delay: Four Effective Strategies: State Dental Policies Fail One in Five Children*. Retrieved March 5, 2010, from http://www.pewcenteronthestates.org/uploadedFiles/Cost_of_Delay_web.pdf.

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Table 1.1: Kansas's performance on the Pew Center for the States' national policy benchmarks: ⁹

	STATE	NATIONAL	MEETS OR EXCEEDS
Share of high-risk schools with sealant programs, 2009	<25%	25%	
Hygienists can place sealants without dentist's prior exam, 2009	Y	Y	
Share of residents on fluoridated community water supplies, 2006	65.1%	75%	
Share of Medicaid-enrolled children getting dental care, 2007	41.2%	38.1%	
Share of dentists' median retail fees reimbursed by Medicaid, 2008	53.3%	60.5%	
Pays medical providers for early preventive dental health care, 2009	Y	Y	
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children's dental health, 2009	Y	Y	
Total score	C		4 of 8
Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points			

Download the full report and explanatory notes by visiting www.pewcenteronthestates.org/costofdelay.

⁹ Pew Center on the States. (2010).

ORAL HEALTH IN KANSAS CHILDREN: SLIDE 5



WHAT CAN STATE LEGISLATORS DO?

- Prevention
 - Support prevention programs for children at high risk for oral diseases
 - Support evidence-based programs known to reduce decay
 - Promote and support policies that encourage healthy food options in schools
- Access to Dental Care
 - Increase Medicaid dental reimbursement rates
 - Build a dental school

SLIDE 5 NOTES:

1. *Support prevention programs for children at high risk for oral diseases*
 - a. Studies indicate that oral health prevention is cost-effective.
 - i. Low-income children who have their first dental visit by age 1 are less likely to have subsequent restorative or emergency room visits, and their average dental-related costs are almost 40 percent lower over a 5 year period than children who receive their first visit preventive visit after age 1.¹⁰
 - b. Regular preventive dental care can reduce the development of disease and facilitate early diagnosis and treatment.
 - i. Healthy People 2010 sets the goal that 57 percent of low-income children and adolescents should receive preventive dental service.¹¹
 1. According to Oral Health America's 2009 oral health report card, Kansas earned a C for prevention.¹²
2. *Support evidence-based programs known to reduce decay*

¹⁰ American Academy of Pediatric Dentistry and Children's Dental Health Project. *Improving Perinatal and Infant Oral Health*. Retrieved March 1, 2010, from www.mchlibrary.info/documents/PerinatalandInfantOralHealth.ppt.

¹¹ Health People 2010. *Oral Health, Objective 21-12*. Retrieved March 1, 2010, <http://www.healthypeople.gov/document/html/volume2/21oral.htm>

¹² Oral Health America. (2009).

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- a. Water fluoridation and dental sealants are considered by public health officials to be effective measures in the prevention and control of dental caries.
- b. About 62 percent of Kansas’s population is served by a fluoridated public water source.¹³
 - i. From a national perspective, Wichita is among the largest communities in the United States without public water fluoridation.¹⁴
- c. According to the CDC, school-based dental sealant programs can save money when delivered to populations at high risk for tooth decay, such as children in low-income households.
 - i. In 2009, 36 states reported dental sealant programs that served 258,000 children. This number, however, represents only about 8 percent of children from low-income families who could receive sealants.¹⁵

Table 1.2: Fluoride Cost Comparisons

Fluoridated Water	Sealants (per tooth)	Fluoride Toothpaste	Fluoride Treatment by a Dentist	Fluoride Drops	Fluoride Tablets	Vitamins with Fluoride	Fluoride Mouth Rinse	Fluoride Gel
\$0.50	\$5 - \$37	\$10 - \$73	\$15 - \$25	\$73	\$85.17	\$85.17	\$109.5	\$146

Note: This figure shows the estimated average cost per person per year of various fluoride-delivery options. The information on cost was provided by Wichita area pharmacies and drugstores and by dentists participating in the KHI Dental Health Status Project.¹⁶

3. Promote and support policies that encourage healthy options in schools

- a. The Institute of Medicine recently recommended revising the nutritional standards of school breakfast and lunch programs by increasing the amount and variety of fruits, vegetables, and whole grains, setting a minimum and maximum level of calories and reducing the amounts of saturated fat and sodium in meals.¹⁷
 - i. Kansas does not have a statewide policy on the sale of foods with little nutritional value in schools, including soda and sugary, carbohydrate-rich foods.¹⁸

4. Increase Medicaid dental reimbursement rates

- a. Federal law requires every state to provide medically necessary dental services for Medicaid-enrolled children.
 - i. Nationwide, only 38.1 percent of such children ages 1 to 18 received any dental care in 2007.¹⁹
 1. This happens, in part, because a large portion of dentists do not accept Medicaid patients.

¹³ Oral Health America. (2009).

¹⁴ Kimminau K.S., Shepherd M. D., Starrett B. E. (2000). *Wichita/Sedgwick County, Kansas Alternatives to Standard Community Water Fluoridation*. Retrieved February 24, 2010, from <https://media.khi.org/resources/Other/60-0009CommunityWaterFluoridation.pdf>

¹⁵ Centers for Disease Control and Prevention. (2009). *Preventing Dental Cavities with Community Programs*. Retrieved February 24, 2010, from http://www.cdc.gov/ORALHEALTH/publications/factsheets/dental_caries.htm.

¹⁶ Wichita/Sedgwick County, Kansas Alternatives to Standard Community Water Fluoridation.

¹⁷ Anne Nugent. (2010). *Children's Health in All Policies Project: Policy Options for Addressing Obesity in Kansas Children*.

¹⁸ Institute of Medicine. (2009). *School Meals: Building Blocks for Healthy Children*. Retrieved February 24, 2010, from <http://www.iom.edu/~media/Files/Report%20Files/2009/School-Meals/School%20Meals%202009%20%20Report%20Brief.ashx>.

¹⁹ Pew Center on the States. (2010).

- b. Dentists point to low reimbursement rates, administrative issues and frequent missed appointments by patients as barriers to serving them.
 - i. According to the Pew Center on the States, because of high overhead costs, dentists need to be compensated through Medicaid at a rate of at least 60 percent of their usual fees in order to break even.²⁰
 - ii. Raising rates alone often is not enough — streamlining the administrative processes for participating dentists and working collaboratively with providers are also important.²¹

5. *Build a dental school*

- a. Studies show that about half of the nation's dentists practice within 20 miles of their hometown or where they went to dental school.²²

²⁰ Pew Center on the States. (2010).

²¹ Pew Center on the States. (2010).

²² Wichita Business Journal. (2008). *Kansas doesn't have a dental school but help for dentist shortage coming*. Retrieved March 5, 2010, from <http://wichita.bizjournals.com/wichita/stories/2008/04/21/story6.html>.

ORAL HEALTH IN KANSAS CHILDREN: SLIDE 6



WHAT ARE OTHER STATES DOING?

- Supporting evidence-based programs known to reduce decay
 - 12 states have laws that mandate statewide water fluoridation
 - Since 2005, 40 state or local health departments have developed community and school-based sealant programs
- Supporting access to dental care
 - Providing loan-repayment programs

SLIDE 6 NOTES:

1. *Water fluoridation*

- a. According to Oral Health America's 2009 report card, states with community fluoridation laws are in a better position to support the maintenance and upkeep of aging water systems and to encourage communities to adopt fluoridation as a measure that will benefit all residents.²³
 - i. According to the American Dental Association, California, Connecticut, Delaware, Georgia, Illinois, Kentucky, Minnesota, Nebraska, Nevada, Ohio, South Dakota, the District of Columbia and Puerto Rico have laws that mandate statewide water fluoridation.²⁴
 - ii. Healthy People 2010 objectives call for 75 percent of the population to be served by fluoridated water systems by 2010.
 - iii. A recent study found that states save \$24 per child in Medicaid expenditures because of the cavities that were averted by drinking fluoridated water.²⁵

²³ Oral Health America. (2009).

²⁴ National Conference of State Legislators. (2010). *Children's Oral Health*. Retrieved March 5, 2010, from <http://www.ncsl.org/default.aspx?tabid=14495>.

²⁵ Pew Center on the States. (2010).

- b. As of 2006, 78 percent of Texans had access to publicly fluoridated water, surpassing the national goal of 75 percent.
 - i. The Texas Fluoridation Program awards start-up grants to local communities, provides engineering services and maintains data records to support their water fluoridation efforts.
 - ii. In communities with fluoridated water, tooth decay has decreased, while rates of decay have risen among children in communities without fluoridation.²⁶

2. Dental Sealants

- a. As of 2005, 40 state or local health departments had developed community and school-based sealant programs, typically in poor or underserved areas where children were unlikely to receive private oral health care.
 - i. Programs vary, but they often use school-based clinics or mobile vans to apply sealants or to link schools to private dental practices where children can receive these services.²⁷
 - ii. A CDC review shows that school-based dental sealant programs can prevent and decrease dental caries in children and adolescents by 60 percent.²⁸
 - iii. Healthy People 2010 calls for states to increase the total number of children with dental sealants to 50 percent.²⁹
- b. In Ohio, a state whose school-based sealant programs have been lauded by the CDC for eliminating income disparity in sealants, the strategy is to reach out to second- and sixth-graders in schools where at least 40 percent of the student body receives free or reduced-cost lunch.³⁰
- c. New Mexico's Office of Oral Health has been sending dentists, hygienists and dental assistants to schools with high proportions of at-risk children to provide oral hygiene education, screening and sealants since 1979.³¹

3. Loan-repayment programs

- a. North Dakota: Dentists are required to make a four-year commitment to practice in an underserved area of the state. Dentists selected for the program can receive up to \$80,000 for student loan repayment over four years.³²

²⁶ Pew Center on the States. (2010).

²⁷ National Conference of State Legislators. (2010).

²⁸ JADA Continuing Education. (2009). *Preventing Dental Caries Through School-Based Sealant Programs*. Retrieved March 2, 2010, from <http://jada.ada.org/cgi/content/abstract/140/11/1356>

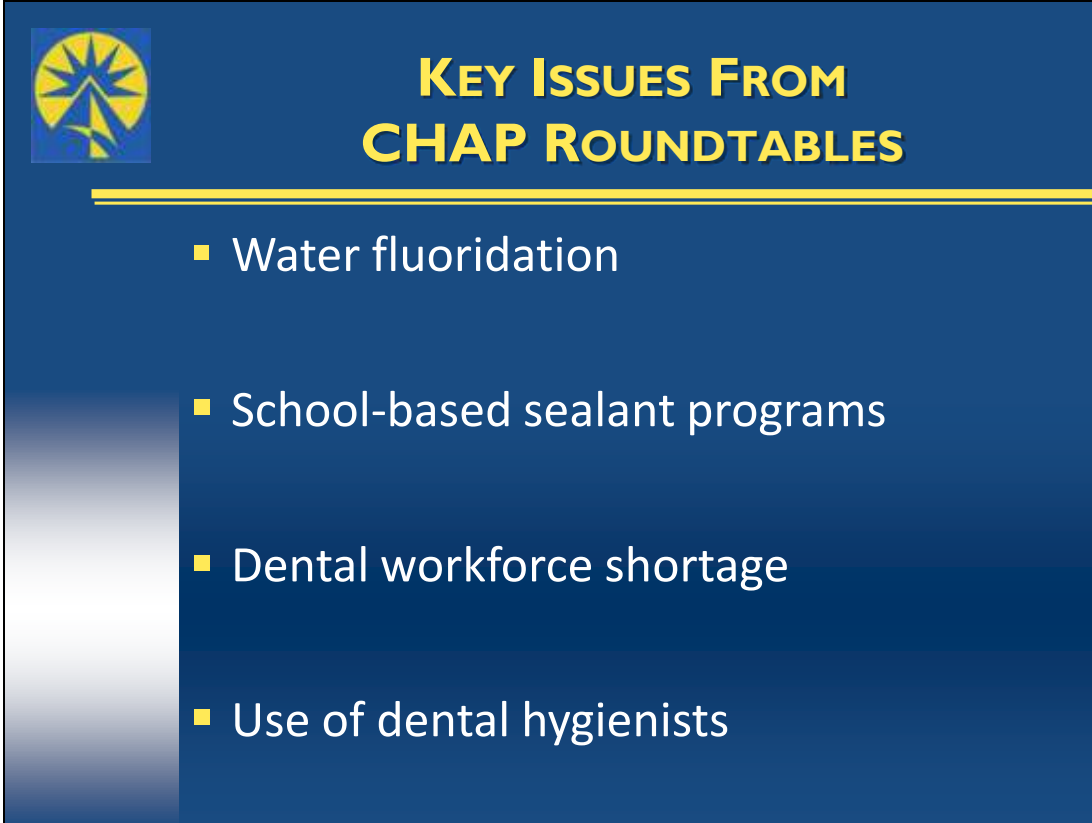
²⁹ National Conference of State Legislators. (2010). *Children's Oral Health*. Retrieved March 5, 2010, from <http://www.ncsl.org/default.aspx?tabid=14495>.

³⁰ Pew Center on the States. (2010).

³¹ Pew Center on the States. (2010).

³² Weldon, T. (2008).

ORAL HEALTH IN KANSAS CHILDREN: SLIDE 7



The slide features a dark blue background with a yellow sunburst logo in the top left corner. The title 'KEY ISSUES FROM CHAP ROUNDTABLES' is centered at the top in yellow. Below the title, a list of four key issues is presented in white text, each preceded by a yellow square bullet point. The issues are: Water fluoridation, School-based sealant programs, Dental workforce shortage, and Use of dental hygienists.

KEY ISSUES FROM CHAP ROUNDTABLES

- Water fluoridation
- School-based sealant programs
- Dental workforce shortage
- Use of dental hygienists

SLIDE 7 NOTES:

1. *Water fluoridation*

- a. The 2009 oral health report card pointed out that Kansas has no statewide law that mandates community water fluoridation.

2. *School-based sealant programs*

- a. According to national studies, dental sealants are among the most cost-effective means of protecting children's teeth from decay.
- b. In Kansas, 36 percent of third grade children have dental sealants.³³
- c. Kansas has one school-based sealant program in Emporia: the Future Smiles School Sealant Program, administered by the Flint Hills Community Health Center.³⁴
 - i. The initiative started in 2005 through a grant provided by the Kansas Department of Health and Environment's Bureau of Oral Health. It has received additional support from the Kansas Dental Charitable Foundation and the Jones Foundation.
 - ii. Future Smiles provides services to five counties in Kansas: Chase, Lyon, Coffey, Osage and Greenwood.

³³ Oral Health America. (2009).

³⁴ Oral Health America. (2009).

- iii. With a signed parental consent form, children receive a fluoride treatment, sealants, an assessment and a referral to a local dental provider.
- iv. School screenings are also provided to all children.

3. *Dental workforce shortage*

- a. According to Oral Health America's 2009 report card, Kansas earns a D- for access to care, based on the availability of dental care providers.³⁵
- b. Kansas also earns a D for its ratio of one dentist for every 2,476 individuals.
 - i. Only 3 percent of Kansas dentists are pediatric dentists (32 in total), limiting access to care particularly for low-income children with poor oral health.³⁶
 - 1. Kansas needs at least 90 dentists to meet the oral health care needs of underserved residents.³⁷

4. *Use of dental hygienists*

- a. In 2003, the Kansas Legislature created the Extended Care Permit (ECP) program, which allows registered dental hygienists to provide screening, education and preventive dental hygiene services in certain community-based sites under the sponsorship of a dentist.
 - i. The first sites included schools, local health departments, indigent health clinics, nursing homes, correctional facilities and Head Start centers.
- b. In 2007, the Kansas Legislature broadened the law by increasing the number of community-based sites where ECP hygienists can provide services.
 - i. Their jurisdictions now include senior centers and senior meals sites, after-school and community-based youth programs, individual and group homes for the developmentally disabled and youth in foster care.
 - ii. The new law also allows ECP hygienists to apply fluoride varnish and use topical anesthetic when working in the community.
 - 1. Approximately 90 registered dental hygienists have completed the required training and have applied for an ECP.

³⁵ Oral Health America. (2009).

³⁶ Oral Health America. (2009).

³⁷ Oral Health America. (2009).

ORAL HEALTH IN KANSAS CHILDREN: SLIDE 8



WHAT ARE PROMISING POLICY SOLUTIONS?

- Prevention
 - Creating school-based dental sealant programs
 - Ensuring that all Kansas communities have fluoridated water systems
- Access to Dental Care
 - Integrating oral health into primary health care
 - Exploring innovative workforce models
 - Expanding Extended Care Permits (ECP)
 - Expanding loan-repayment programs

SLIDE 8 NOTES:

1. *Prevention*

a. Creating school-based sealant programs:

- i. Studies suggest that school-based sealant programs increase sealant use and reduce cavities.³⁸

In Kansas, only 36 percent of third grade children have dental sealants. The prevalence is far lower for children who may have a higher risk of decay.³⁹

b. Ensuring that all Kansas communities have fluoridated water systems:

- i. According to the 2000 Surgeon General's Report, "community water fluoridation is safe and effective in preventing dental caries in both children and adults. Water fluoridation benefits all residents served by community water supplies regardless of their social or economic status."⁴⁰

³⁸ Centers for Disease Control and Prevention. (2009). *School-Based Dental Sealant Programs*. Retrieved March 5, 2010, http://www.cdc.gov/OralHealth/Topics/dental_sealant_programs.htm

³⁹ Oral Health America. (2009).

⁴⁰ U. S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. (2000). *Oral Health in America: A Report of the Surgeon General— Executive Summary*. Retrieved February 24, 2010, from <http://www2.nidcr.nih.gov/sgr/execcsumm.htm>

2. Access to Dental Care

- a. Integrating oral health into primary health care:
 - i. According to the American Academy of Pediatrics, integrating of oral health activities into routine pediatric care represents a promising strategy to meet the oral health needs of young children.⁴¹
 - ii. In a 2009 survey of U.S. pediatricians, 90 percent recognized their role in screening for oral health problems and providing caries prevention guidance.⁴²
 1. One barrier to participation, however, included a lack of oral health training.
 2. Only 9 percent of respondents correctly answered four questions pertaining to dental knowledge.
- b. Exploring innovative workforce models:
 - i. In 2008, the American Dental Association developed a new workforce model: the Community Dental Health Coordinator (CDHC).⁴³
 1. CDHCs, in this plan, provide preventive dental care services including screenings, fluoride treatments and temporary fillings.
 2. Working in their own communities, CDHCs are trained to help patients navigate the health system and access care to a dentist or an appropriate clinic. They also work to improve community members' oral health habits through education and awareness programs.
- c. Expanding ECPs : ⁴⁴
 - i. Dental hygienists who earn ECPs are allowed to work in public health sites such as community health centers, foster homes, long term care facilities and schools.
 - ii. ECP hygienists do not have an expanded scope of practice (they are limited to performing hygiene services) and they must have a sponsoring dentist who reviews their patient charts.
 - iii. A sponsoring dentist is not required to directly examine an ECP's patients or be on site while the ECP provides treatment. ECP regulations do not allow an ECP hygienist to directly bill for services, so they must have a fiscal relationship with a dentist or other billing entity (e.g. a clinic or health department) in order to receive payment for their services.
- d. Expanding loan-repayment programs: ⁴⁵

⁴¹ Boulter, Romano-Clarke. (2009) . *Prevent early childhood caries: Integrate oral health activities into routine pediatric care*. AAP News.2009 . Retrieved February 24, 2010, from www.aap.org/oralhealth/pdf/aapNews-Prevent-ECC.pdf

⁴² Boulter, Romano-Clarke. (2009).

⁴³ American Dental Association. (2009). *Dental Team Careers: Community Dental Health Coordinator*. Retrieved February 24, 2010, from <http://www.ada.org/public/careers/team/cdhc.asp>

⁴⁴ Kansas Department of Health and Environment.(2009). *Kansas Oral Health Workforce Assessment*. Retrieved February 24, 2010, from [www.kdheks.gov/.../2009 Oral Health Workforce Assessment.pdf](http://www.kdheks.gov/.../2009%20Oral%20Health%20Workforce%20Assessment.pdf)

⁴⁴ Oral Health America. (2009).

⁴⁵ Alaska Department of Health & Social Services. Health Planning and Systems Development. (2007). *Health Care Professions Loan Repayment Program: Issue Paper*. Retrieved March 7, 2010, from www.hss.state.ak.us/DPH/Healthplanning/.../assets/HCLRP-briefing.pdf.

- i. According to national studies, loan repayment programs are one of the most effective support-for-service strategies – in terms of both recruitment and retention.⁴⁶
- ii. Studies have demonstrated that loan repayment programs, as a whole, have better outcomes than scholarship programs.⁴⁷
- iii. Under Kansas guidelines, eligible health professionals, in exchange for assistance with the repayment of their qualified educational loans, are required to fulfill a two- year commitment to provide health care services at an eligible site in a federally designated Health Professional Shortage Area (HPSA).⁴⁸
 1. Several states, including Texas, North Dakota and Virginia, require participants in the Children's Medicaid Loan Repayment Program to fulfill a four-year service obligation before qualifying for other states' loan repayment programs.
 2. Kansas might explore lengthening the tenure of dentists on the state's loan repayment program from two years to four years in order to increase its dental provider retention rate.

⁴⁶ Alaska Department of Health & Social Services. (2007).

⁴⁷ Alaska Department of Health & Social Services. (2007).

⁴⁸ Kansas Department and Health and Environment. *Loan Repayment/Assistance Programs*. Retrieved March 7, 2010
<http://www.kdheks.gov/olrh/FundLoan.html>

ORAL HEALTH IN KANSAS CHILDREN: SLIDE 9



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Information for policy makers. Health for Kansans.