



Michigan County Profile

2019



The map displays the following counties and their locations:

- Northwest:** Keweenaw, Houghton, Ontonagon, Baraga, Gogebic, Iron, Marquette, Dickinson, Menominee, Delta, Alger, Schoolcraft, Luce, Mackinac, Chippewa.
- Central:** Emmet, Cheboygan, Presque Isle, Charlevoix, Antrim, Otsego, Montmorency, Alpena, Leelanau, Grand Traverse, Kalkaska, Crawford, Oscoda, Alcona, Benzie, Manistee, Wexford, Missaukee, Roscommon, Ogemaw, Iosco.
- Southwest:** Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newaygo, Mecosta, Isabella, Midland, Bay, Huron, Tuscola, Sanilac, Montcalm, Gratiot, Saginaw, Muskegon, Kent, Ionia, Clinton, Shiawassee, Genesee, Lapeer, St. Clair, Macomb, Oakland, Livingston, Ingham, Eaton, Barry, Allegan, Van Buren, Kalamazoo, Calhoun, Jackson, Washtenaw, Wayne, Monroe, Lenawee, Hillsdale, Branch, St. Joseph, Cass, Berrien.

Three photographs of children are included on the left side of the page:

- A boy being brushed his teeth by an adult.
- A girl smiling.
- A girl brushing her teeth.



MICHIGAN ORAL HEALTH COALITION

Michigan County Profile

AGE ONE DENTAL SERVICES

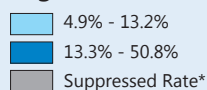
OVERVIEW

Tooth decay is the most prevalent chronic childhood disease in the United States. Each year in the United States, tens of millions of children, disproportionately low-income, go without seeing a dentist. Although tooth decay is largely preventable, it remains largely untreated in young children, especially those under three years of age.¹

The American Association of Public Health Dentistry, American Academy of Pediatric Dentistry, American Dental Association, American Academy of Pediatrics, and American Public Health Association recommend that infants receive an oral evaluation within six months of the eruption of the first primary tooth, but no later than 12 months of age.¹

Percent of Michigan Medicaid beneficiaries, under age two, with at least one dental service in a medical or dental office, 2017

Legend



State rate is 13.2%

*Rates were suppressed if there were less than 5 beneficiaries with a dental visit in county

MEDICAID BENEFICIARIES BELOW AGE TWO

In 2017, 13.2% of Michigan Medicaid beneficiaries below the age of two had at least one dental service. This has increased almost 200% since 2013 when the rate was 4.5%. Grand Traverse (50.8%), Benzie (50.3%) and Antrim (47.6%) counties had the highest rate of having a dental service and Barry (4.9%), Mackinac (5.2%) and Allegan (5.3%) counties had the lowest. On average each Michigan Medicaid beneficiary under age two had 0.2 dental services.

FACTORS CONTRIBUTING TO LOW ACCESS

This lack of access to dental care for Michigan's youngest citizens is a complex problem fueled by a number of factors:

- An uneven distribution of dentists statewide with 1,323,505 Michigan residents living in a Dental Health Professional Shortage Area needing 321 practitioners to remove designation.²
- In 2017, only 48.9% of Michigan Medicaid-enrolled children under age 19 received dental care. The relatively small number of dentists who participate in Medicaid means that many low-income people are not receiving dental care.^{2,3}
- In 2017, 71.7% of Michigan children ages 1-4 yrs. did not receive a preventive dental visit during the year.³
- According to a Child Health and Research Unit at the University of Michigan study, as many as three out of four general dentists said they were aware of the American Academy of Pediatric Dentistry's call for routine dental care to start by age one. But only one third of them said they recommended their own patients start care then. Why? The report noted that many dentists aren't comfortable with providing routine and problem-oriented care for young children.⁴

MEDICAID MEMBERS

Medicaid members were included in the analysis if their age was less than 2 years. Age and county for each member are determined at the end of each calendar year. A dental service was defined as a record with a procedure code beginning with D including but not limited to preventative services such as Fluoride Varnish application.

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AGE ONE DENTAL SERVICES

AGE ONE DENTAL EXPERIENCE

The following table lists the 2017 percentages of Michigan Medicaid beneficiaries, under age two, with at least one dental service in a medical or dental setting in the calendar year.

County	2015 Percent	2017 Percent	County	2015 Percent	2017 Percent	County	2015 Percent	2017 Percent
Alcona	8.5	10.5	Gratiot	12.0	11.5	Missaukee	2.5	42.7
Alger	10.7	14.1	Hillsdale	7.7	12.9	Monroe	3.2	5.4
Allegan	5.1	5.3	Houghton	20.3	27.7	Montcalm	10.7	18.5
Alpena	3.2	26.1	Huron	10.4	14.4	Montmorency	6.5	17.8
Antrim	37.3	47.6	Ingham	6.2	12.0	Muskegon	7.7	15.2
Arenac	25.8	21.8	Ionia	6.7	18.4	Newaygo	3.6	18.5
Baraga	22.1	15.1	Iosco	15.7	9.8	Oakland	2.8	10.8
Barry	2.2	4.9	Iron	25.5	15.1	Oceana	11.6	16.4
Bay	6.4	23.9	Isabella	13.3	13.5	Ogemaw	19.1	8.9
Benzie	2.5	50.3	Jackson	16.0	18.5	Ontonagon	38.2	25.0
Berrien	5.4	18.6	Kalamazoo	4.3	9.4	Osceola	10.5	28.3
Branch	7.3	9.7	Kalkaska	10.0	35.1	Oscoda	3.9	17.0
Calhoun	14.4	18.9	Kent	4.5	12.7	Otsego	37.6	30.5
Cass	6.1	5.6	Keweenaw	~	~	Ottawa	3.4	5.4
Charlevoix	39.6	43.0	Lake	13.8	22.6	Presque Isle	4.6	23.3
Cheboygan	8.3	18.0	Lapeer	3.2	30.1	Roscommon	14.0	19.6
Chippewa	8.6	6.9	Leelanau	3.1	42.0	Saginaw	3.1	23.4
Clare	15.3	20.2	Lenawee	9.3	13.5	Sanilac	7.7	10.0
Clinton	9.8	10.2	Livingston	5.0	8.7	Schoolcraft	~	~
Crawford	6.8	25.0	Luce	7.8	8.5	Shiawassee	7.7	8.1
Delta	4.4	21.7	Mackinac	~	5.2	St. Clair	17.1	9.2
Dickinson	24.4	25.1	Macomb	3.1	9.4	St. Joseph	4.0	12.9
Eaton	5.0	8.9	Manistee	3.5	19.6	Tuscola	6.9	20.4
Emmet	34.1	32.5	Marquette	8.6	12.6	Van Buren	8.6	8.9
Genesee	12.3	18.5	Mason	11.2	19.5	Washtenaw	4.2	8.9
Gladwin	9.3	37.9	Mecosta	9.8	22.8	Wayne	3.8	8.9
Gogebic	28.0	18.1	Menominee	4.3	21.7	Wexford	3.8	37.8
Grand Traverse	7.1	50.8	Midland	6.7	26.8	State of Michigan	6.3	13.2

~Rates were suppressed if there were less than 5 beneficiaries with a dental service in a county.

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AGE ONE DENTAL SERVICES

AGE ONE DENTAL EXAM ANTICIPATORY GUIDELINES

The Michigan Department of Health and Human Services Oral Health Program has created Michigan Perinatal Oral Health Guidelines which developed evidence based perinatal oral health guiding principles that integrate oral health into the health home for women and infants. Their *Pregnancy Oral Health Screenings: A Guide for Perinatal Care Professionals* states that during the last post-partum visit, professionals should stress the importance of the first dental visit for infants at the eruption of the first tooth or at age one.



REFERENCES

1. ASTDD Association of State and Territorial Dental Directors (2012). First Dental Visit by Age One Policy Brief.
2. HRSA Data Warehouse, as of 01/01/2018. Available at <https://datawarehouse.hrsa.gov/topics/shortageareas.aspx>
3. Michigan Department of Health and Human Services. Medicaid Data Warehouse. 2017
4. University of Michigan's Child Health Evaluation and Research Unit (2012). Oral Health Care for Young Children 0-5 Years: From Research to Recommendations.
5. American Academy of Pediatric Dentistry (2018). Dental Periodicity Schedule available at <http://www.aapd.org/assets/1/7/Periodicity-AAPDSchedule.pdf>

DENTAL PERIODICITY CHART

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. The Michigan Medicaid Program follows the AAPD Periodicity Schedule.⁵

	6 to 12 months	12 to 24 months
Clinical oral examination	•	•
Assess oral growth and development	•	•
Caries-risk assessment	•	•
Radiographic assessment	•	•
Prophylaxis and topical fluoride	•	•
Fluoride supplementation	•	•
Anticipatory guidance/counseling	•	•
Oral hygiene counseling	Parent	Parent
Dietary counseling	•	•
Injury prevention counseling	•	•
Counseling for nonnutritive habits	•	•
Counseling for speech/language developments	•	•



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