

Issue At A Glance:

Disparities in Oral Health Care Access Among Californians

Oral health is an essential component of overall wellbeing but is often overlooked. In the United States, access to oral health care is disproportionately lower in certain groups, such as people living in poverty, certain racial/ethnic minority groups, and people living in rural areas. This brief will provide an overview of several indicators of a lack of access to oral health care and existing barriers to accessing oral health care.

Introduction

Oral health is critical for overall wellbeing but is often overlooked. In fact, oral health has been linked to various diseases and conditions such as heart disease, pneumonia, pregnancy and birth complications, and diabetes.¹ Regular dental visits can aid in the prevention of oral diseases and related issues, but most people have not seen their dentist in the last year.² Of note, only 43% of Americans had a dental visit in 2015.²

In addition, access to dental care is lower in certain groups, such as people living in poverty, certain racial/ethnic minority groups, and people living in rural areas.³ It is worth noting that the Healthy People 2030 oral health objective 8 is to increase the proportion of children, adolescents, and adults who use the oral health care system, highlighting the importance of access to oral health care.²

This brief will provide an overview of the indicators of a lack of access to oral health care and the barriers to accessing oral health care.

Oral Health Care Access Statistics

- 39%** of older adults in California lack dental insurance⁴
- 21%** of working-age adults in California lack dental insurance⁴
- 28%** of low-income adults who lack dental insurance saw a dentist in the past six months, compared with 57% of higher income residents who lack dental insurance⁵
- 2** million older adults in California lack dental insurance⁴

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California Oral Health Plan 2018-2028

In 2014, the California Legislature prioritized the oral health of its citizens by making it their aim to assess and improve the oral health of all Californians. As a result, the California Legislature requested the California Department of Public Health (CDPH) to assess the burden of oral diseases in California and develop an oral health plan. Consequently, the CDPH convened a multi-stakeholder advisory committee including local and state governmental agencies, advocacy and professional organizations, academic institutions, and foundations to develop the California Oral Health Plan 2018-2028. In the development of the oral health plan, the advisory committee identified the following major oral health issues: a range of barriers preventing access to care; insufficient infrastructure to promote culturally sensitive community-based oral health programs; and a lack of consistent and effective messaging to encourage improvements in oral health, among other issues.⁶



Indicators of a Lack of Access to Oral Health Care

Dental Health Professional Shortage Areas (HPSAs)

Access to oral health care is essential for receiving education, prevention, treatment, and early identification of oral diseases.⁷ However, multiple factors play a role in precluding individuals from accessing high-quality and affordable oral health care. For example, there is a disparity in the distribution of dentists in California at the county level. Rural and low-income areas tend to have fewer dentists, limiting access to oral health care in those areas.⁸ Imperial, Glenn, Alpine, and Yuba counties were found to have 0 to 29 dentists per 100,000 individuals, falling below the national and state average. In fact, California has 80 designated dental health professional shortage areas (HPSAs) that fall within 32 counties.⁸ Rural areas contain a majority of these dental HPSAs. Individuals that live in dental HPSAs may find it more difficult to access oral health care due to the shortage of dental health professionals.

Emergency Department Visits for Preventable Dental Conditions

Another indicator of a lack of access to oral health care is the use of hospital emergency rooms for preventable dental conditions. In 2012, approximately 113,000 Californians visited the emergency department for preventable dental conditions. Of note, Del Norte, Shasta, Modoc, Siskiyou, and Lake counties have the highest age-adjusted rates of preventable emergency department dental visits.⁸ However, San Bernardino, San Diego, Riverside, Los Angeles, and Sacramento counties have the highest number of emergency department visits for preventable dental conditions.⁸

Oral Health Access Barriers Extending Beyond Insurance Coverage

Background

Dental insurance is important when an individual is attempting to gain access to oral health care. However, dental insurance is less common than health insurance and is typically not comprehensive. Furthermore, dental insurance premiums and out-of-pocket costs may be prohibitive to many individuals who must purchase dental insurance on their own.⁹ The lack of affordability may deter individuals from purchasing a dental insurance plan, reducing access to oral health care.

Income and Access to Oral Health Care

A study conducted by the UCLA Center for Health Policy Research examined the relationship between income and dental insurance coverage and found that a majority of lower-income Californians obtain dental coverage via Medi-Cal (64%), while a majority of higher-income Californians obtain dental coverage through private insurance (69%).⁴ In addition, when comparing the timeliness of dental visits, lower-income individuals were found to visit their dentist less frequently than their higher income counterparts.⁴ It is worth noting that individuals of lower income were more likely to visit their dentist for a specific problem rather than receiving a routine checkup.⁴ Lastly, the study still found disparities in timely access to dental care even when individuals have dental insurance coverage. This study highlights that insurance improves access to oral health care, but income disparities persist.



Age and Access to Oral Health Care

Many older adults lose their dental insurance and experience a reduction in their income after retirement. Unlike general health care, oral health care is not covered by Medicare, the federal health insurance program for the elderly and disabled. As a result, the elderly face a reduction in their access to critical dental services, compromising their oral health. A study found that 2 million older adults lack dental insurance.¹⁰ When compared to adults 18 years to 64, fewer older adults had any form of dental insurance. Of note, 39% of older adults are uninsured.¹⁰

Furthermore, a study found that older adults with Medi-Cal were least likely to see a dentist in the last year and were more likely to see a dentist for a specific problem rather than for a routine checkup.⁴ Also, lower-income older adults were more likely to see a dentist for a specific dental problem.⁴ This study suggests the need for more affordable dental insurance options which can promote timely routine visits among uninsured and low-income older adults.

Conclusion

In the United States, access to oral health care is a persistent challenge that disproportionately impacts certain groups, such as people living in poverty, certain racial/ethnic minority groups, and people living in rural areas. Increasing access to oral health care extends beyond improving dental insurance coverage rates. There is a need for more affordable dental insurance plans to ensure individuals are regularly visiting their dentist despite their income status. It is worth noting that there is a growing discussion about adding essential dental coverage to Medicare. Currently, Medicare's oral health policy provides limited dental coverage for medically necessary dental procedures such as tooth extractions done in preparation for radiation treatment for cancer involving the jaw.¹¹ Tackling oral health access disparities requires the implementation of thoughtful policies that promote the availability of high-quality and affordable dental insurance options and health insurance programs that cover oral health care as an essential health benefit.

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Did you know?

Only 21% of practicing dentists provided care to Medi-Cal beneficiaries of all ages.¹⁰



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