OBJECTIVES

• Define poverty
• Explore relationship between poverty and oral health status
POVERTY

Definitions:

Poverty is the state of one who lacks a usual or socially acceptable amount of money or material possessions\(^1\) (Merriam-Webster).

Absolute Poverty measure poverty in relation to the amount of money necessary to meet basic needs (food, clothing, shelter)\(^2\).

Income Poverty is when a family’s income fails to meet a federally established threshold\(^3\).

<table>
<thead>
<tr>
<th>Income strata</th>
<th>Federal Poverty Level</th>
<th>Household income for a family of 4 in 2019 dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>&lt;100%</td>
<td>$0-$25,570</td>
</tr>
<tr>
<td>Low income</td>
<td>100-200%</td>
<td>$25,571-$51,500</td>
</tr>
<tr>
<td>Middle Class</td>
<td>200-400%</td>
<td>$51,501-$103,000</td>
</tr>
<tr>
<td>Affluent</td>
<td>&gt;400%</td>
<td>$103,001 and above</td>
</tr>
</tbody>
</table>
POVERTY: SELECTED FACTORS

- Labor market conditions
  - availability of jobs and wages

- Education
  - \(<\text{education} = \text{poverty}\)

- Demographic Characteristics
  - Age, Family Structure, Race
POVERTY: THE MAGNITUDE AND TRENDS

Figure 7.
Number in Poverty and Poverty Rate: 1959 to 2018

Note: The data for 2017 and beyond reflect the implementation of an updated processing system. See Appendix D for more information. The data for 2013 and beyond reflect the implementation of the redesigned income questions. The data points are placed at the midpoints of the respective years. For information on recessions, see Appendix A. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>.

POVERTY: A SOCIAL DETERMINANT OF HEALTH

Social determinants of health (SDOH) are conditions in the places where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Income is a key part of the social context of health. Poverty limits access to:

- Healthy foods
- Safe neighborhoods
- Health care
Background. This has been a focus of the national debate over health care reform. However, the connection between oral health and overall health has not been as widely acknowledged or understood as it should be. This article reviews the evidence for the relationship between oral health and overall health and discusses the potential implications for public health policy.

Methods. A systematic review of the literature was conducted using PubMed, Embase, and the Cochrane Library databases. The search included articles published in English from 1960 to 2014 that addressed the relationship between oral health and overall health. The search was limited to human subjects and did not include animal studies.

Results. The search yielded 1,056 articles, of which 34 were included in the final analysis. The results showed a strong association between oral health and overall health. Poor oral health was associated with an increased risk of cardiovascular disease, diabetes, and other chronic conditions. Conversely, good oral health was associated with a lower risk of these conditions.

Conclusions. These findings suggest that improving oral health may be a critical component of public health efforts to reduce the burden of chronic diseases. Improved access to oral health care and prevention services may have a significant impact on overall health.
Dental Safety Net – the system that supports the provision of dental care services to underserved patients

- **Facilities**
  - Health Centers
  - Free Clinical
  - Dental Schools
  - Emergency Rooms

- **Providers**
  - Private practice dentists offering sliding fee scale payments, income based payment plans, and those enrolled in (and accepting) Medicaid patients

- **Payment Systems**
  - Medicaid
Medicaid is a policy solution to address cost of health care (especially important for people living in poverty)

What is it?

- Health coverage for eligible low-income adults, children, pregnant women, elderly adults and people with disabilities
- Authorized in 1965 by Title XIX of the Social Security Act in 1965
- All states, the District of Columbia, and the U.S. territories have Medicaid programs
- Federal government establishes certain parameters, each state administers their Medicaid program differently, resulting in variations in Medicaid coverage across the country
- Jointly funded by state and federal government
MEDICAID IN INDIANA\textsuperscript{8,9}

![Bar Chart: Prezent of Indiana Population Enrolled in Medicaid, 2018]

- **Children**: 41% of the population
- **Adults**: 15% of the population
- **Total Population**: 21% of the population
HEALTH INSURANCE ≠ ACCESS TO DENTAL CARE

Having dental insurance does not guarantee access to dental care

People living in poverty have other barriers

• Transportation
• Time
• Availability of dental services
DIFFERENCE BETWEEN BEING A MEDICAID DENTIST AND PROVIDING CARE TO MEDICAID RECIPIENTS
REFERENCES


7. Indiana Population Data, 2018 available at: https://www.census.gov/quickfacts/IN

8. Indiana Medicaid Enrollment Data, 2018 available at: https://www.in.gov/fssa/ompp/4881.htm