POVERTY & DENTISTRY

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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]

2019 US Poverty Levels

Income strata	Federal Poverty Level	Household income for a family of 4 in 2019 dollars
Poor	<100%	$0-$25,570
Low income	100-200%	$25,571-$51,500
Middle Class	200-400%	$51,501-$103,000
Affluent	>400%	$103,001 and above

POVERTY: SELECTED FACTORS[4]

- Labor market conditions
  - availability of jobs and wages
- Education
  - < education = > poverty
- Demographic Characteristics
  - Age, Family Structure, Race

POVERTY: THE MAGNITUDE AND TRENDS

Figure 7.

Number in Poverty and Poverty Rate: 1959 to 2018

Numbers in millions

Recession

50
45
40
35
30
25
20

Number in poverty

38.1 million

Percent

25
20
15
10
5
0

Poverty rate

11.8 percent

1959 1965 1970 1975 1980 1985 1990 1995 2000 2005 2010 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>.

Source: U.S. Census Bureau, Current Population Survey, 1960 to 2019 Annual Social and Economic Supplements.

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.[5]

Income is a key part of the social context of health.

Poverty limits access to:

- Healthy foods
- Safe neighborhoods
- Health care

POVERTY AND ORAL HEALTH

Original Contributions

Cover Story

Tooth loss among older adults according to poverty status in the United States from 1999 through 2004 and 2009 through 2014

Bruce A. Dye, DDS, MPH; Darien J. Weatherspoon, DDS, MPH; Gabriela Lopez Mitnik, MS, MPhil

ABSTRACT

Background. As tooth loss decreases in an aging United States, retaining enough natural teeth for function is important for quality of life.

Methods. The authors used data from the 1999 through 2004 and the 2009 through 2014 National Health and Nutrition Examination Surveys to assess changes in tooth loss in adults aged 50 years or older. The authors evaluated changes in edentulism, retaining all teeth, and having a functional dentition (21 or more natural teeth) according to poverty status.

Conclusions. Complete tooth loss has decreased by more than 75% for those aged 65 years over the past 5 decades in the United States.

Key Words. Edentulism; functional dentition; poverty; oral health; epidemiology; dental health; National Health and Nutrition Examination Survey; health disparities; adults

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RESEARCH AND PRACTICE

Oral Health Equity and Unmet Dental Care Needs in a Population-Based Sample: Findings From the Survey of the Health of Wisconsin

Kristen Malecki, PhD, MPH, Lauren E. Wisk, PhD, Matthew Walsh, PhD, MPH, Christine McWilliams, MPH, Shoshannah...

Oral health is an essential and integral component of overall health, yet unmet health care needs and poor oral health are pervasive.

S466 | Research and Practice | Peer Reviewed | Malecki et al. American Journal of Public Health

ORAL HEALTH COST & USE

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By Marko Vujicic, Thomas Buchmueller, and Rachel Klein

Dental Care Presents The Highest Level Of Financial Barriers, Compared To Other Types Of Health Care Services

ABSTRACT The Affordable Care Act is improving access to and the affordability of a wide range of health care services. While dental care for children is part of the law's essential health benefits and state Medicaid programs must cover it, coverage of dental care for adults is not guaranteed. As a result, even with the recent health insurance expansion, many Americans face financial barriers to receiving dental care that lead to unmet oral health needs. Using data from the 2014 National Health Interview Survey, we analyzed financial barriers to a wide range of health care services. We found that irrespective of age, income level, and type of insurance, more people reported financial barriers to receiving dental care, compared to any other type of health care. We discuss policy options to address financial barriers to dental care, particularly for adults.

2176 HEALTH AFFAIRS DECEMBER 2016 35:12

...among youth aged

300% or more

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WORKFORCE RESEARCH & POLICY

POVERTY, ORAL HEALTH AND THE DENTAL SAFETY NET

Dental Safety Net – the system that supports the provision of dental care services to underserved patients [6]

- **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

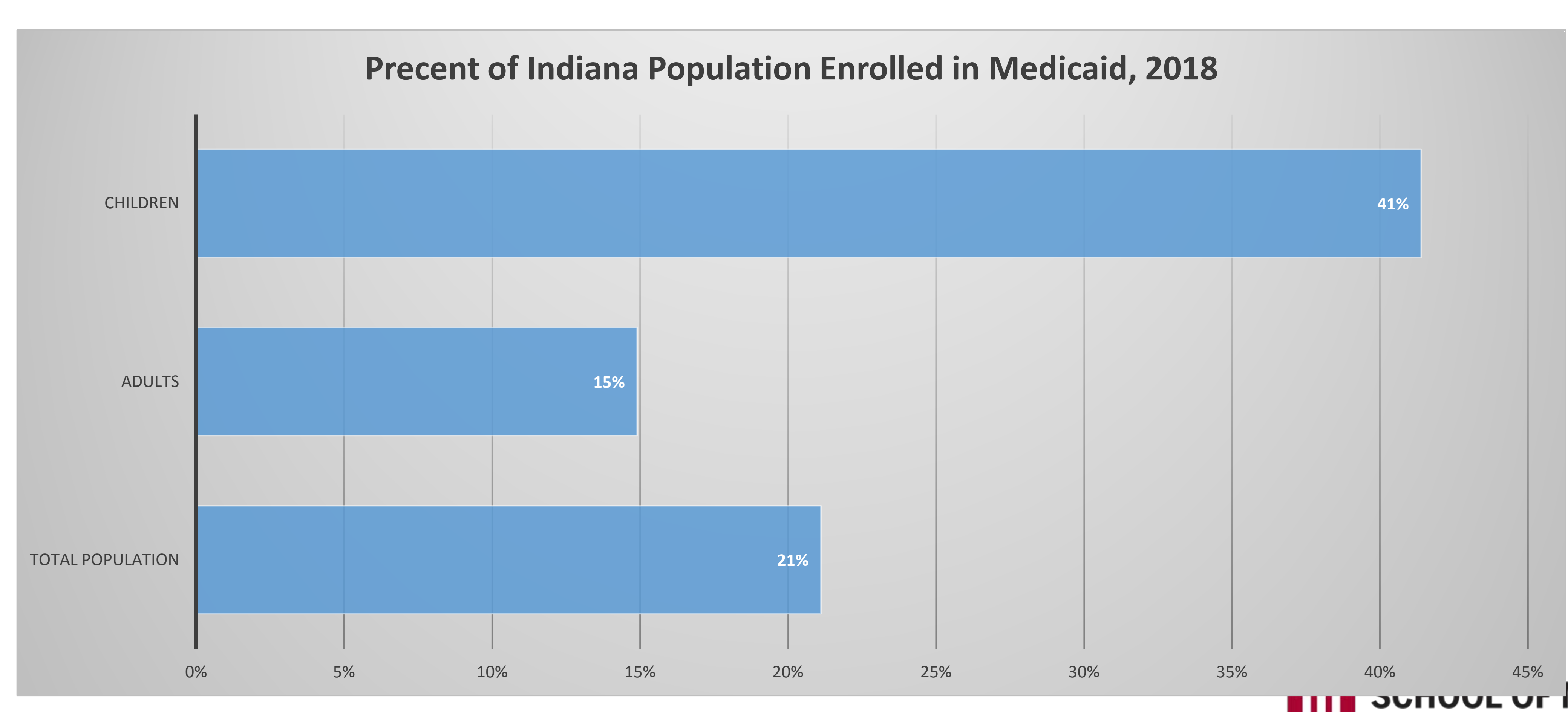
DENTAL SAFETY NET: MEDICAID

Medicaid is a policy solution to address cost of health care (especially important for people living in poverty

What is it?[7]

- 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[8,9]



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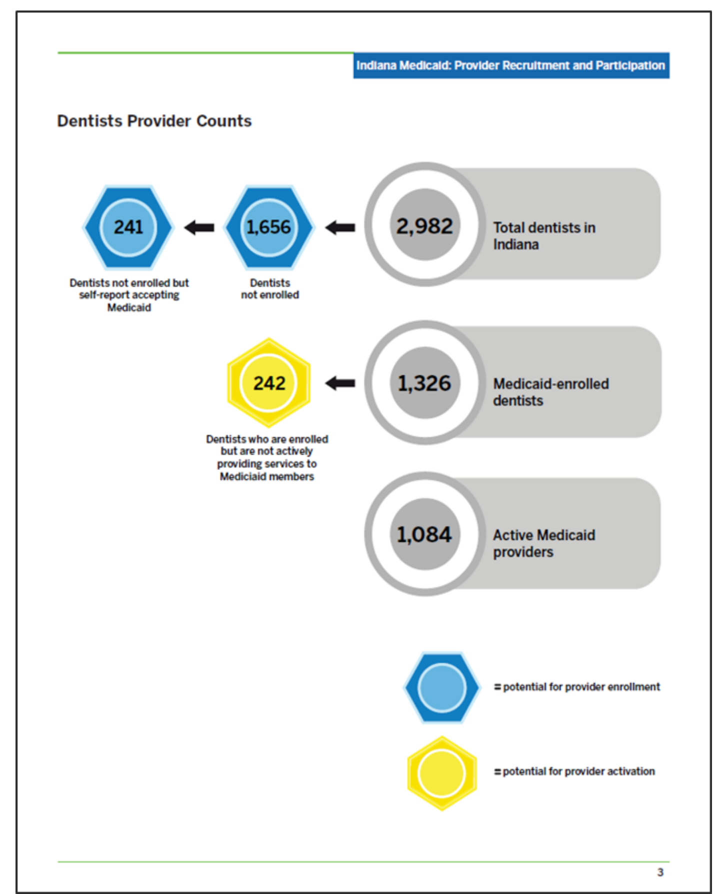
HEALTH INSURANCE ≠ ACCESS TO DENTAL CARE

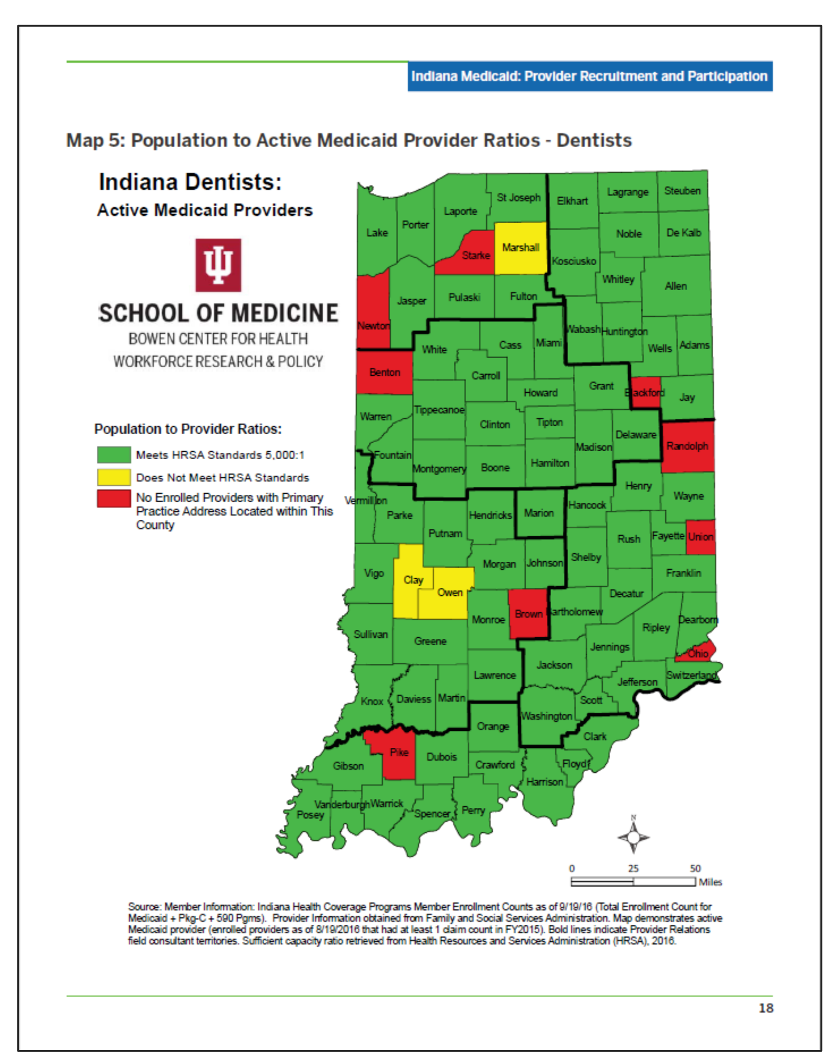
Having dental insurance does not guarantee access to dental care

People living in poverty have other barriers

- Transportation
- Time
- Availability of dental services

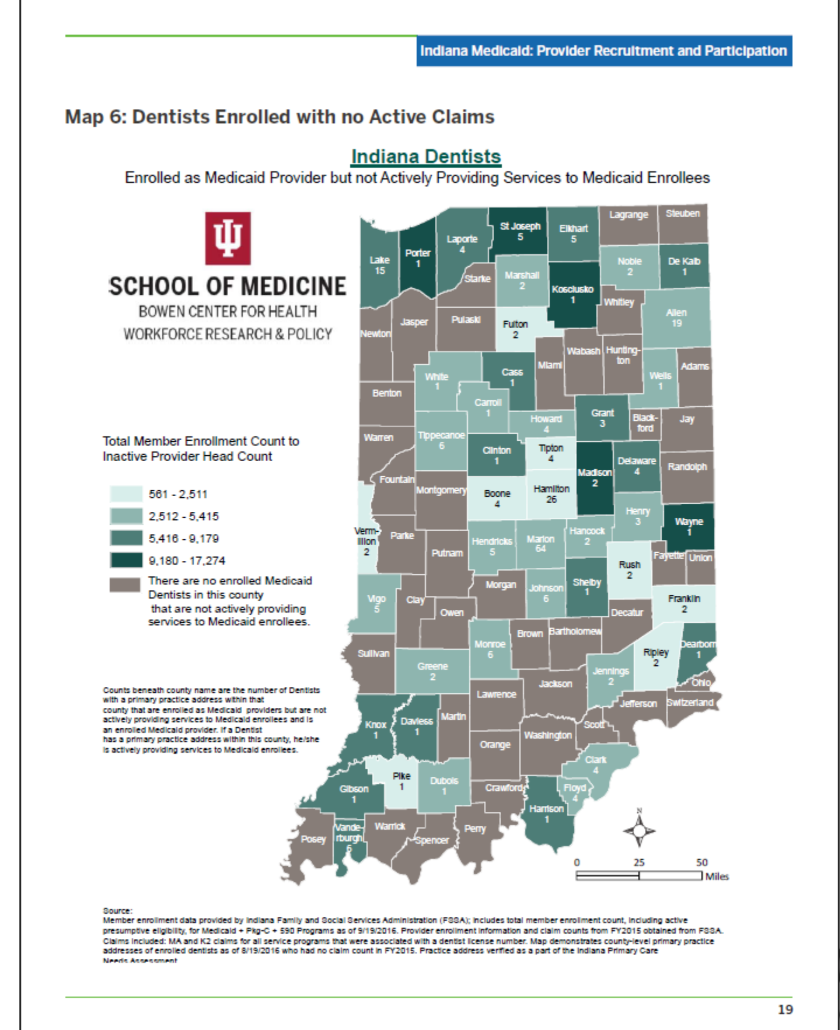


DIFFERENCE BETWEEN BEING A MEDICAID DENTIST AND PROVIDING CARE TO MEDICAID RECIPIENTS



Map 5: Population to Active Medicaid Provider Ratios - Dentists

Source: Member Information: Indiana Health Coverage Programs Member Enrollment Counts as of 9/19/16 (Total Enrollment Count for Medicaid + Pkg-C + 590 Pgms). Provider Information obtained from Family and Social Services Administration. Map demonstrates active Medicaid provider (enrolled providers as of 8/19/2016 that had at least 1 claim count in FY2015). Bold lines indicate Provider Relations field consultant territories. Sufficient capacity ratio retrieved from Health Resources and Services Administration (HRSA), 2016.



Map 6: Dentists Enrolled with no Active Claims

Source:
Member enrollment data provided by Indiana Family and Social Services Administration (FSSA); includes total member enrollment count, including active presumptive eligibility, for Medicaid + Pkg-C + 590 Programs as of 9/19/2016. Provider enrollment information and claim counts from FY2015 obtained from FSSA. Claims included: MA and K2 claims for all service programs that were associated with a dentist license number. Map demonstrates county-level primary practice addresses of enrolled dentists as of 8/19/2016 who had no claim count in FY2015. Practice address verified as a part of the Indiana Primary Care Needs Assessment

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