



Oral Health Care Equity and Disparities

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Objectives

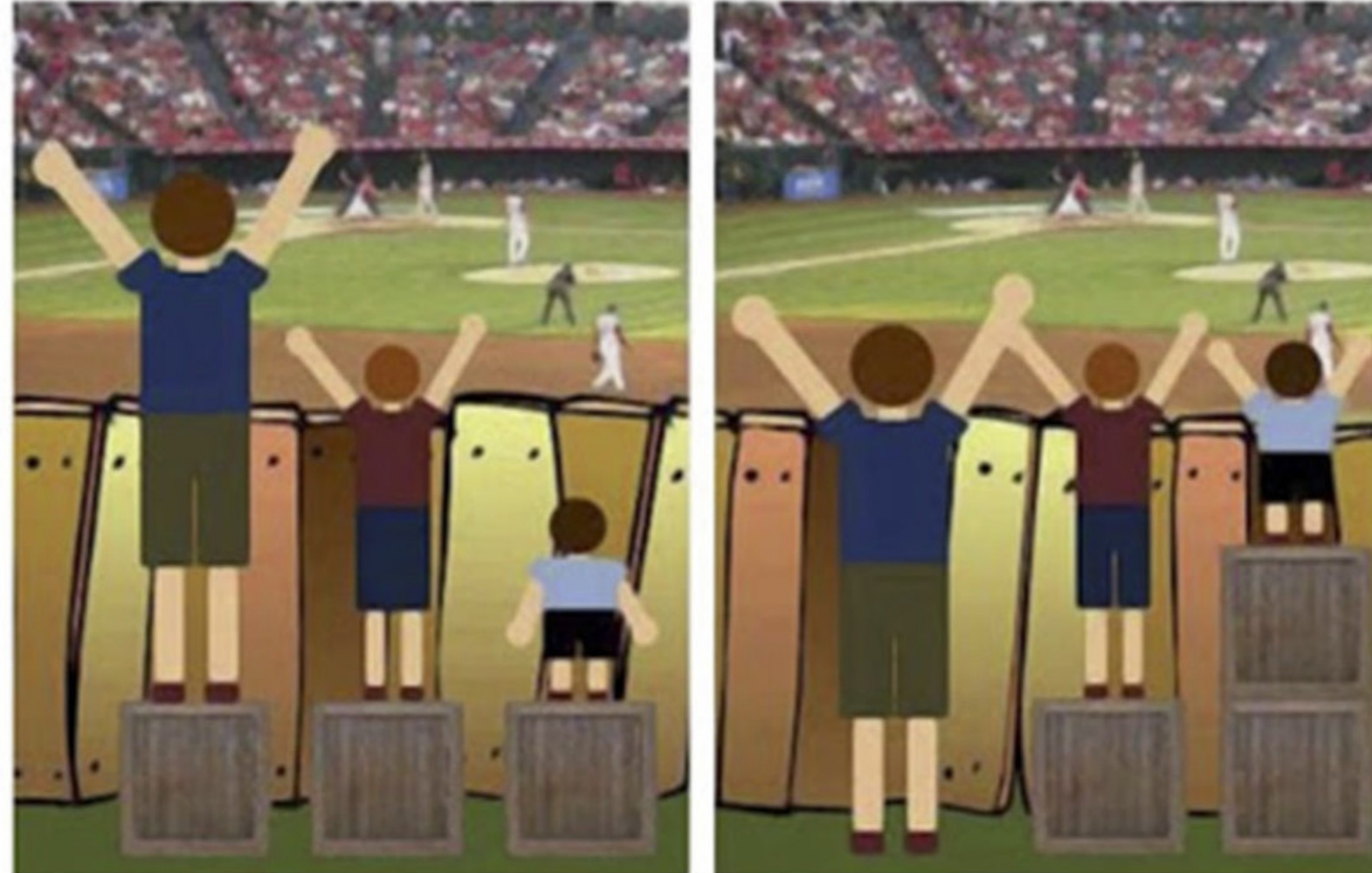
- Define Health Equity as it relates to Oral Healthcare
- Identify Some of the Oral Healthcare Disparities
- Highlight the challenges to achieving equitable oral health
- Identify opportunities for health equity advancement



What is Health Equity?

Health equity as defined by The World Health Organization is "the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or by other means of stratification."

EQUALITY vs. EQUITY



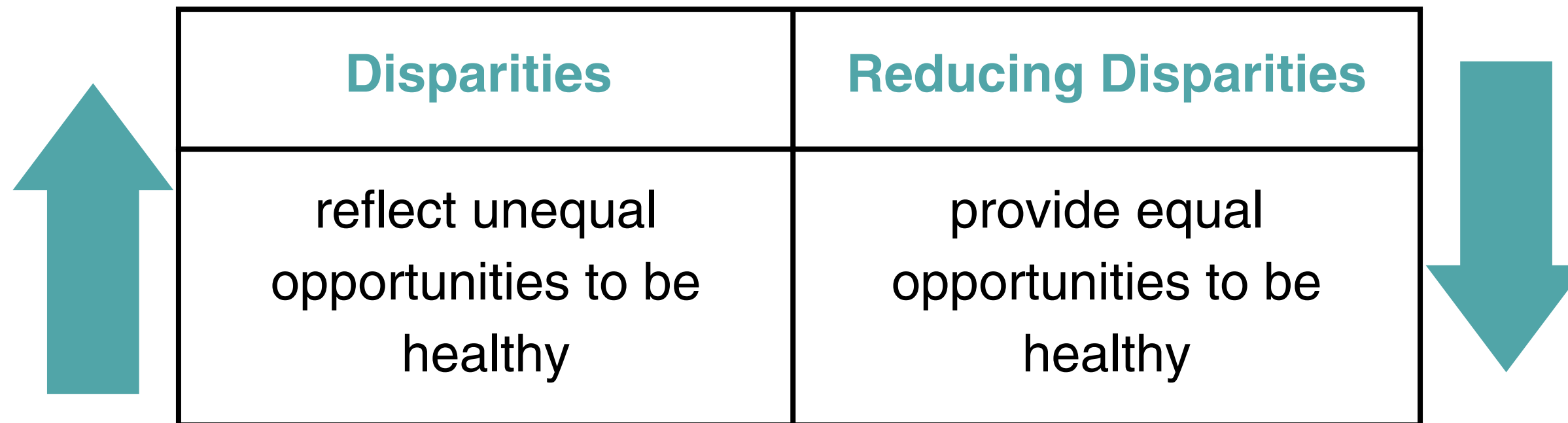
Equality = Sameness

GIVING EVERYONE THE SAME
THING → It only works if
everyone starts from the same
place

Equity = Fairness

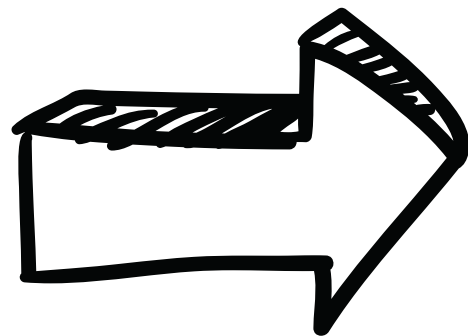
ACCESS TO THE SAME
OPPORTUNITIES → We
must first ensure equity before we
can enjoy equality

Disparities and Equity in Oral Health Care



Disparities	Reducing Disparities
reflect unequal opportunities to be healthy	provide equal opportunities to be healthy

Barriers to Optimal Oral Health

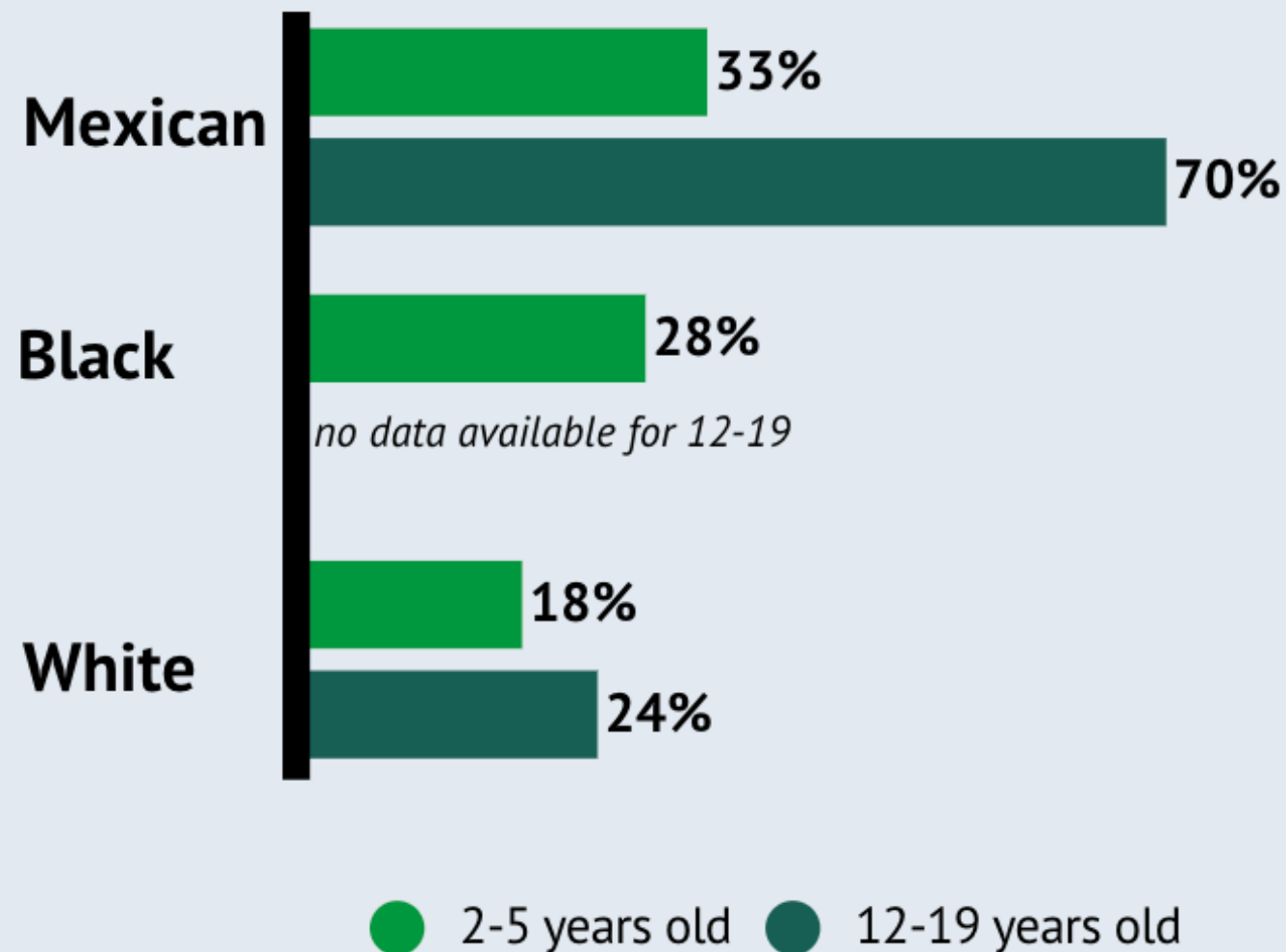


- Provider Shortages
56 million Americans live in dentist shortage areas
- Lack of Fluoridated water
approximately 100 million American people don't have access to fluoridated drinking water
- Financial Challenges or Barriers
Hispanic and African American people are likely to have more financial barriers to oral health care
- Lack of transportation
- Lack of childcare and/or work time inflexibility

Racial & Ethnic Disparities

Percentage of Children Who Had Cavities

Based on data from 2011-2016



Disparities in American Indians and Alaska Natives (2014 Data)

Native Americans have historically had less access to dental care

4x

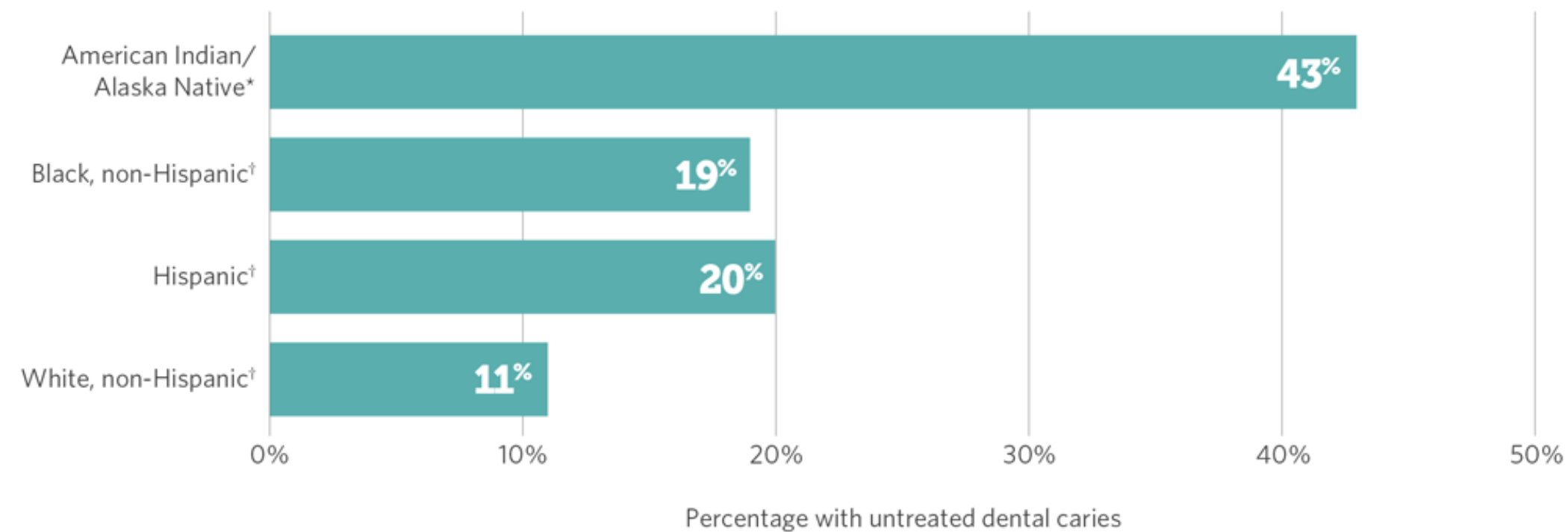
AI/AN preschool children have the highest level of tooth decay, more than 4 times higher than White children

75%

75% of AI/AN children have experienced tooth decay by age 5

American Indian and Alaska Native Children Have the Highest Rates of Untreated Tooth Decay

Rates of unaddressed dental disease among 3- to 5-year-olds by race



* Data from 2014 Indian Health Service Oral Health Survey.

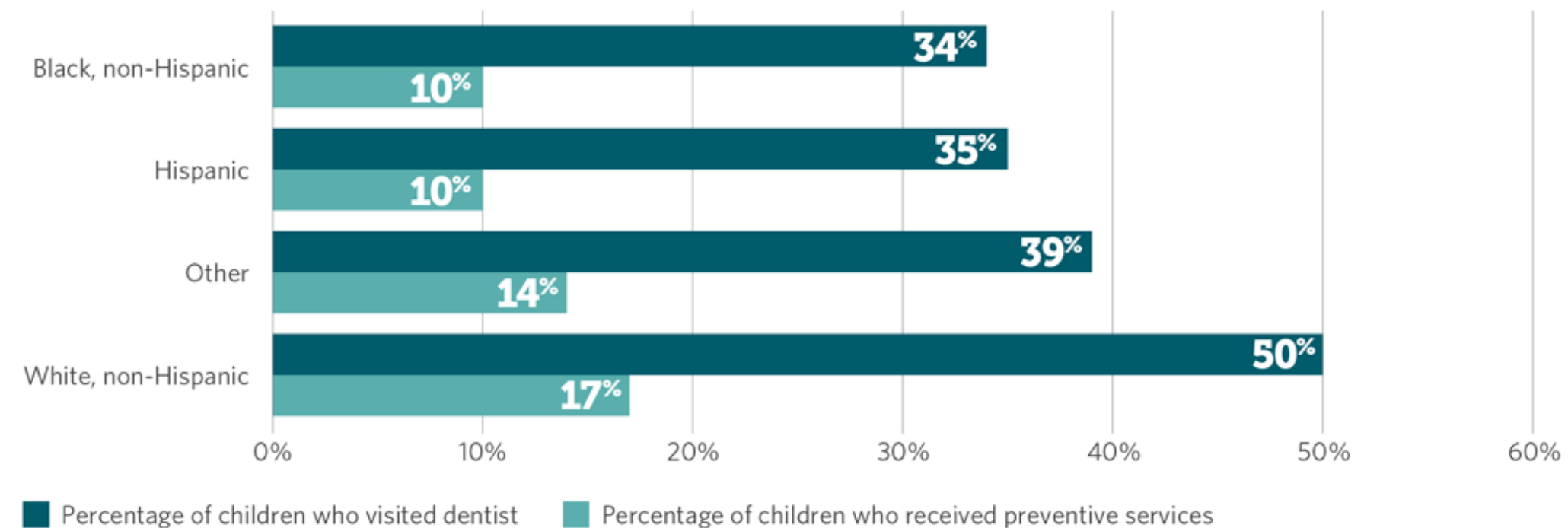
† Data from National Health and Nutrition Examination Survey 2009-2010.

Source: Kathy R. Phipps and Timothy L. Ricks, "The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2014 IHS Oral Health Survey," Figure 2 (April 2015), http://www.ihs.gov/doh/documents/IHS_Data_Brief_1-5_Year-Old.pdf

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Children of Color See a Dentist Less Often and Receive Fewer Preventive Services

Rates of dental visits and selected treatments among youth ages 0-21 by race, 2009



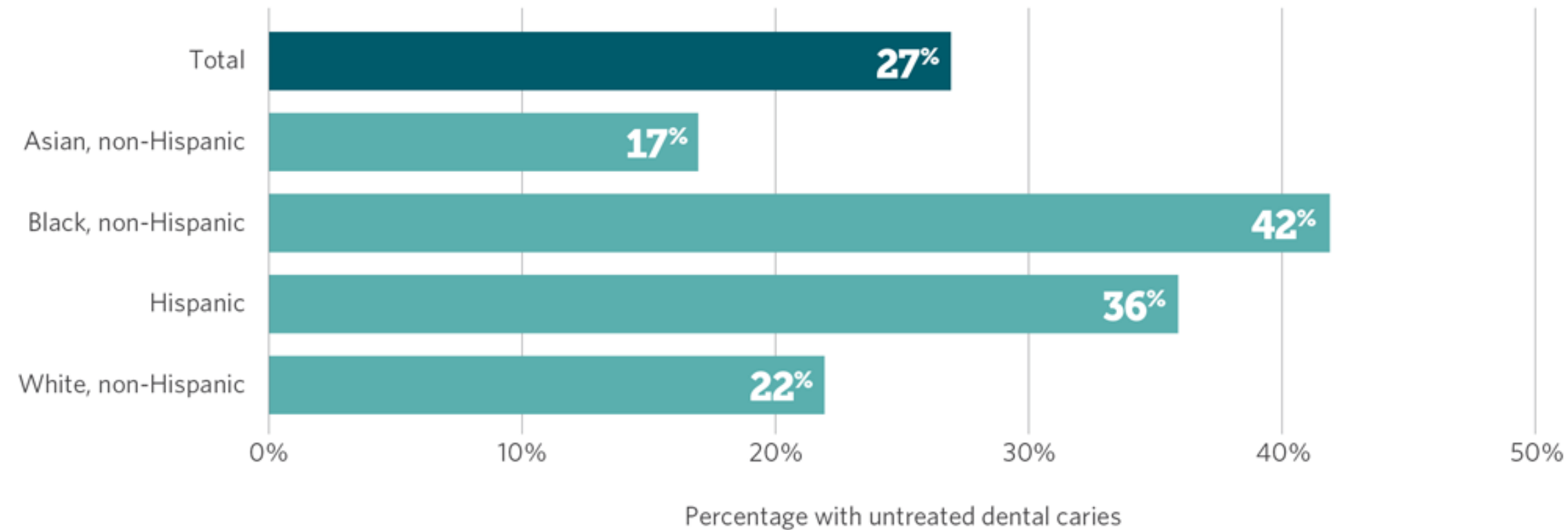
Note: Preventive services include topical fluoride and sealants.

Source: Susan O. Griffin et al., "Use of Dental Care and Effective Preventive Services in Preventing Tooth Decay Among U.S. Children and Adolescents—Medical Expenditure Panel Survey, United States, 2003-2009, and National Health and Nutrition Examination Survey, United States, 2005-2010," *Morbidity and Mortality Weekly Report* 63, Table 1 (Sept. 12, 2014), http://www.cdc.gov/mmwr/preview/mmwrhtml/su6302a9.htm?s_cid=su6302a9_w

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Black and Hispanic Adults Have More Untreated Tooth Decay

Rates of unaddressed dental disease among 20- to 64-year-olds by race, 2011-12

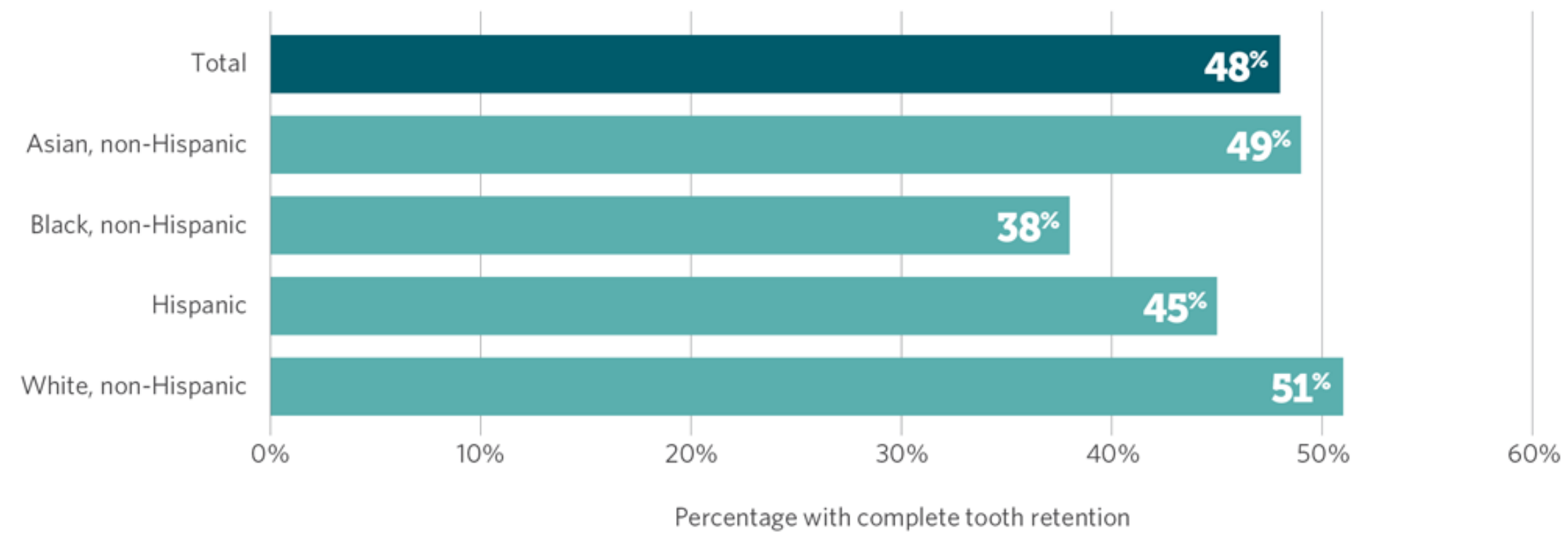


Source: Bruce A. Dye et al., "Dental Caries and Tooth Loss in Adults in the United States, 2011-2012," National Center for Health Statistics, *NCHS Data Brief*, Figure 1 (May 2015), <http://www.cdc.gov/nchs/data/databriefs/db197.htm>

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People of Color Are Less Likely to Keep All of Their Teeth

Rates of complete tooth retention among 20- to 64-year-olds by race, 2011-12

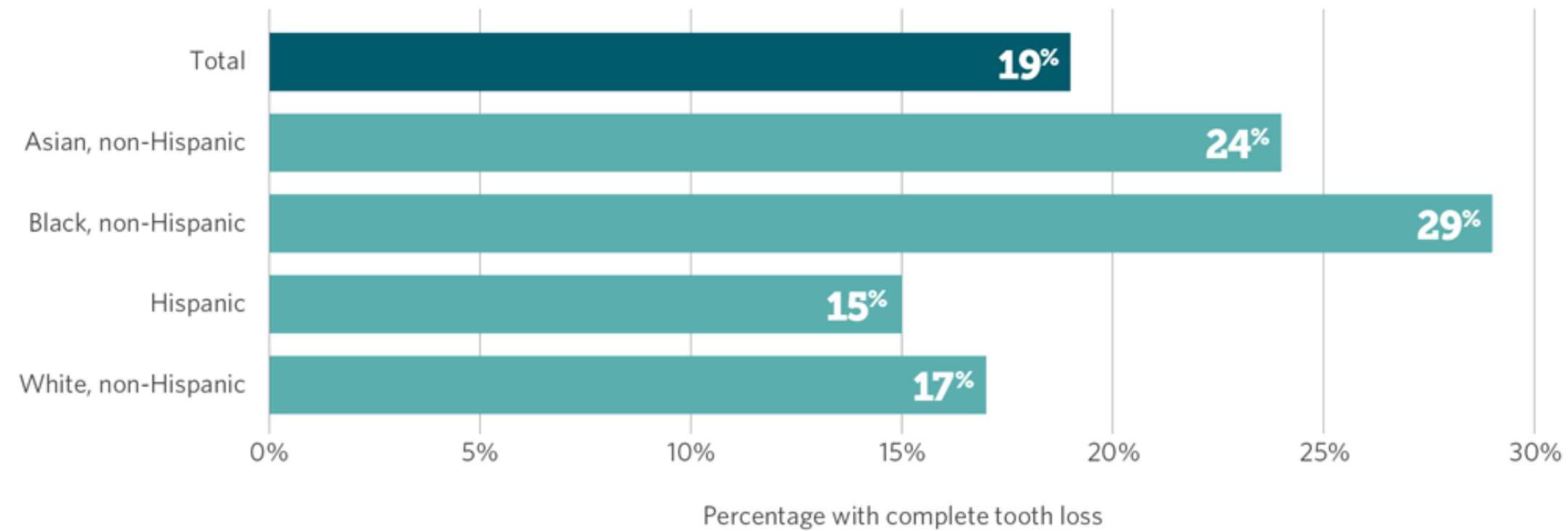


Source: Bruce A. Dye et al., "Dental Caries and Tooth Loss in Adults in the United States, 2011-2012," National Center for Health Statistics, *NCHS Data Brief*, Figure 3 (May 2015), <http://www.cdc.gov/nchs/data/databriefs/db197.htm>

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Black and Asian Seniors Are More Likely to Lose All of Their Teeth

Rates of complete tooth loss among adults 65 and older by race, 2011-12



Source: Bruce A. Dye et al., "Dental Caries and Tooth Loss in Adults in the United States, 2011-2012," National Center for Health Statistics, *NCHS Data Brief*, Figure 4 (May 2015), <http://www.cdc.gov/nchs/data/databriefs/db197.htm>

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Income-based Disparities

Untreated cavities are more prevalent among low-income adults. Nearly 40% have 3 affected teeth per person on average



Non-elderly adults reported **financial constraints** as the main reason for unmet dental needs



Low-income adults had **twice as many** mild to moderate untreated cavities and **3x more** severely untreated cavities



Low-income children are almost **15% less** likely to have dental sealants & **twice as likely** to have untreated cavities compared to higher-income children



Opportunities for Equity Advancement

- Increase Access
- Community Support
- Medico-Dental Integration
- Oral Health Education

Investments in Oral Health Can Have Big Payoffs

Health Care Systems Savings
\$100M

Dental-medical integration screenings for chronic diseases could save health care system \$102.6M in 1 year

School Sealant Program Savings
\$300M

School sealant programs could save millions by providing sealants to low-income children

Fluoridated Water Systems
\$6.5B

Providing fluoridated water to U.S. communities for one year could save billions in prevented dental treatment costs

On average, communities with water fluoridation experience 25% fewer cavities, saving \$32 per person annually by avoiding dental treatment costs and leading to fewer missed work and school days.

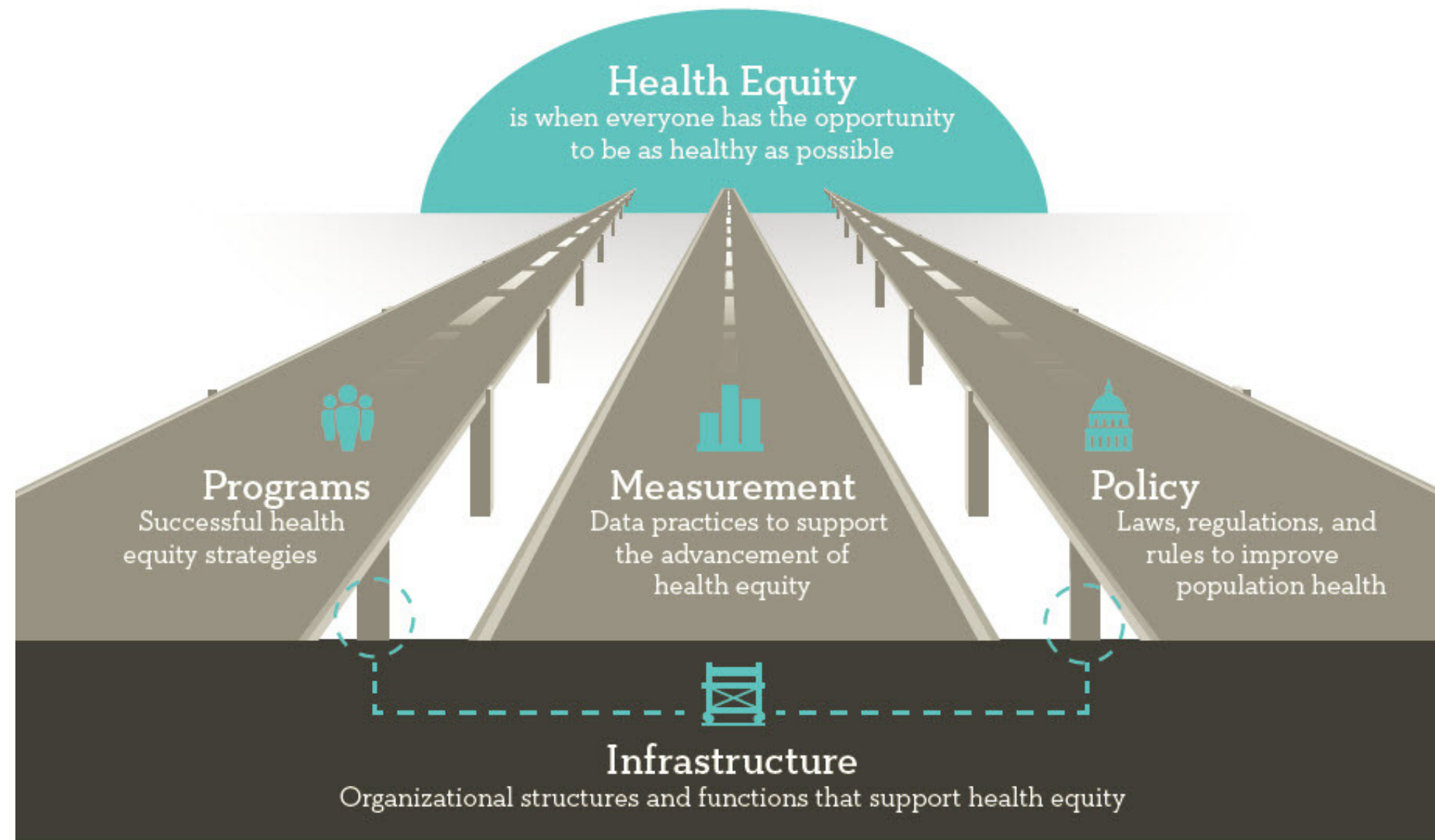


Every \$1 spent on fluorinated water saved an average of \$20 on dental costs

Programs that deliver sealants to children at high risk for tooth decay save money. Each tooth sealed saves more than \$11 in dental treatment costs over four years.



PAVING THE ROAD TO HEALTH EQUITY



What Can You Do?

- Follow evidence-based best practices for oral health equity in daily practice
- Seek out and participate in data collection for equity research
- Lend your voice to support policies and programs positively impacting equity advancement
- Be the provider who through grassroots methods "levels the playing field" and brings the care to those most desperately needing it.



Citations



Disparities in Oral Health. (2023). https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

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Questions