

July 2000

In April 2000, the U.S. General Accounting Office issued a report to congressional requesters entitled *Dental Disease Is a Chronic Problem Among Low-Income Populations*. This report describes disparities in access and utilization of dental care services, the prevalence of tooth decay and other dental diseases, and the many non-financial barriers our nation's low-income and minority groups face in obtaining oral health care.

The [GAO report](#) specifically examines disparities in oral health care between low-income groups and high-income groups using key dental health indicators. The indicators include untreated tooth decay among children, restricted activity days for children due to dental caries, and untreated tooth decay and tooth loss for low-income and minority adults. Overwhelmingly, children and adults from low-income groups are disproportionately affected by dental disease when compared to more affluent segments of the U.S. population. The GAO report confirms what many of us have known for years—that dental disease continues to be a chronic problem among low-income populations and that poorer groups bear a disproportionate level of dental disease and make fewer dental visits.

Data presented in the report were compiled from four different national surveys conducted by the Centers for Disease Control (CDC) and the Department of Health and Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ). A number of state-by-state charts are included. Key issues discussed in the GAO report are summarized below.

LOW-INCOME CHILDREN SUFFER FROM POOR DENTAL HEALTH

- About 25 percent of all children have untreated caries in their permanent teeth.
- Eighty percent of untreated caries in permanent teeth are found in roughly 25 percent of children who are 5 to 17 years old, mostly from low-income and other vulnerable groups.

- Among children aged 2 through 5 who had family incomes below \$10,000, nearly 1 in 3 had at least one decayed tooth that had not been treated.
- In contrast to low-income children, only 1 in 10 preschool children whose family incomes were \$35,000 or higher had untreated caries.
- Poor children suffer nearly 12 times more restricted-activity days, such as missing school, than higher-income children as a result of dental problems.

LOW-INCOME ADULTS HAVE POOR DENTAL HEALTH

- Among adults aged 19 to 64 who had family incomes of less than \$10,000, nearly 1 in 2 had at least one decayed tooth that had not been treated.
- In contrast to low-income adults, only 1 in 6 adults whose incomes were \$35,000 or more had untreated caries.
- Adults in families earning less than \$15,000 per year were more than 2-1/2 times as likely to have lost six or more teeth from decay or gum disease as adults in families earning \$35,000 or more.

OTHER VULNERABLE POPULATIONS HAVE POOR DENTAL HEALTH

- Homeless persons have more grossly decayed and missing teeth than low-income persons who live in stable housing.
- One-third of homeless families responding to a 1999 survey reported their children had never visited a dentist, and 17 percent reported that their children had needed to see a dentist

in the preceding year but were unable to do so.

- For homeless adults, the survey found 54 percent had not seen a dentist in at least 2 years, and 46 percent reported they needed to see a dentist in the preceding year but were not able to do so.

USE OF DENTAL CARE BY THE POOR IS LOW DESPITE THE AVAILABILITY OF COVERAGE

- National surveys have shown little improvement in the use of dental care among low-income populations over the past two decades.

- Many children are enrolled in Medicaid but do not obtain dental services through Medicaid. An estimated 4.7 million uninsured children were eligible for Medicaid but not enrolled in 1996.

- About 36 percent of 6-to-18-year-olds living at or below the federal poverty level had visited a dentist in the preceding year compared with about 71 percent living in families with incomes higher than 400 percent of the federal poverty level.

- At all ages, children in the highest income group were about twice as likely to have made a dental visit as children at or below the federal poverty level.

- Only 12 percent of children aged 6 to 14 living at or below the federal poverty level had at least one sealant--roughly one-third the incidence of children in higher-income families.

- Adults living at or below the federal poverty level are less than half as likely to have seen a dentist in the past year as adults earning more than four times the poverty level.

CONCLUSIONS

- Dental disease is a chronic problem among low-income populations and disparities exist despite coverage of dental services under Medicaid and SCHIP programs.
- The poor oral health and relatively low use of dental care even among Medicaid enrollees suggest that barriers other than access to insurance coverage contribute to the problems faced by low-income populations.
- Non-financial barriers that may prevent poorer populations from obtaining oral health services include a shortage of dentists in some areas, unwillingness of dentists to participate in Medicaid, low Medicaid reimbursement rates and the program's administrative burden, and unresolved patient education issues.

FOR MORE INFORMATION

Please visit: <http://www.gao.gov> . The report can be accessed directly below:

- [HEHS-00-72] Oral Health: Dental Disease Is a Chronic Problem Among Low-Income Populations [TEXT](#) , [PDF\(1.2 MB file\)](#) , [SUMMARY](#)