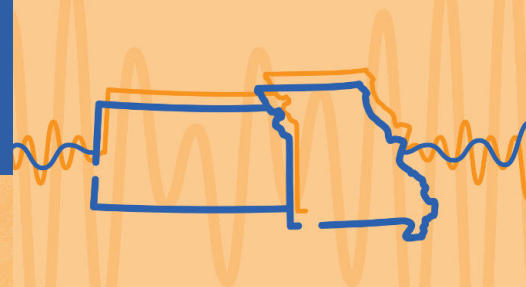


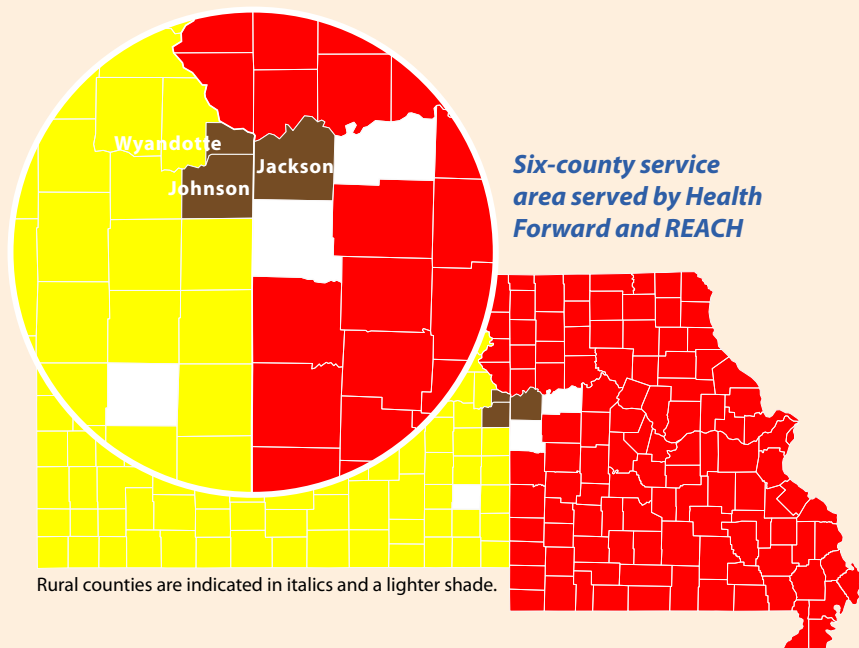
ORAL HEALTH ACCESS IN OUR REGION

Findings from the 2017 Kansas and Missouri Consumer Health Access Survey (KMHS)



Key Findings

- In 2017, poor access to oral health care was a problem for many adults ages 19 to 64 throughout the six-county service area, even among adults with dental insurance and those living in urban counties.
- Among low-income residents, two-thirds had no dental insurance, about two-thirds did not see a dental professional and nearly half did not get needed dental care in the past year.
- Relative to white non-Hispanic residents, a higher percentage of Hispanic/Latino residents lacked dental insurance, did not see a dental professional and did not get needed dental care in the past year.



Oral health is an important part of health and well-being, directly affecting a person’s ability to eat, speak, and smile. Poor oral health has been linked to depression, diabetes, heart disease, stroke, and poor pregnancy outcomes.¹ Many oral health conditions can be prevented with regular dental care. This brief provides 2017 estimates of oral health care access for adults ages 19 to 64 years in the six-county area served by the Health Forward Foundation (formerly known as Health Care Foundation of Greater Kansas City) and REACH Healthcare Foundation (REACH). This study used data from the Kansas and Missouri Consumer Health Access Survey (KMHS), administered by RTI International.* Analysis was based on a sample of 1,091 adults in the six-county service area.

This analysis finds that poor access to oral health care is an entrenched problem for adults in the six-county service area, even for residents with dental insurance and living in urban areas. In 2017, nearly half of all adults did not see a dental professional in the past year, and more than one-third had no dental insurance. Low dental coverage rates and high unmet need for oral health care were especially pronounced among those lacking dental insurance, low-income adults potentially eligible for Medicaid expansion, and Hispanic/Latino residents.

*The KMHS was funded by REACH, the Health Forward Foundation, the Kansas Health Foundation, Missouri Foundation for Health, and United Methodist Health Ministry Fund.

Measures of Access	KMHS Survey Questions on Oral Health
1 Did not see a dental professional in the past year	“About how long has it been since you last saw a dentist or dental hygienist?”
2 Did not have dental insurance at the time of the survey	“Do you have any insurance that pays for dental care?”
3 Did not get needed dental care in the past year	“In the last 12 months, was there a time you needed dental care but did not get it?”

ACCESS TO ORAL HEALTH CARE

Many adults in the six-county service area did not receive regular oral health services in 2017. Nearly half of adults reported they did not see a dental professional, and 20% reported they did not get needed dental care in the past year. More than one-third of adults did not have dental insurance at the time of survey. Surprisingly, there were no differences in these measures between urban and rural counties. Urban areas typically have better access to health services because of greater availability of providers and better transportation. The lack of differences by county

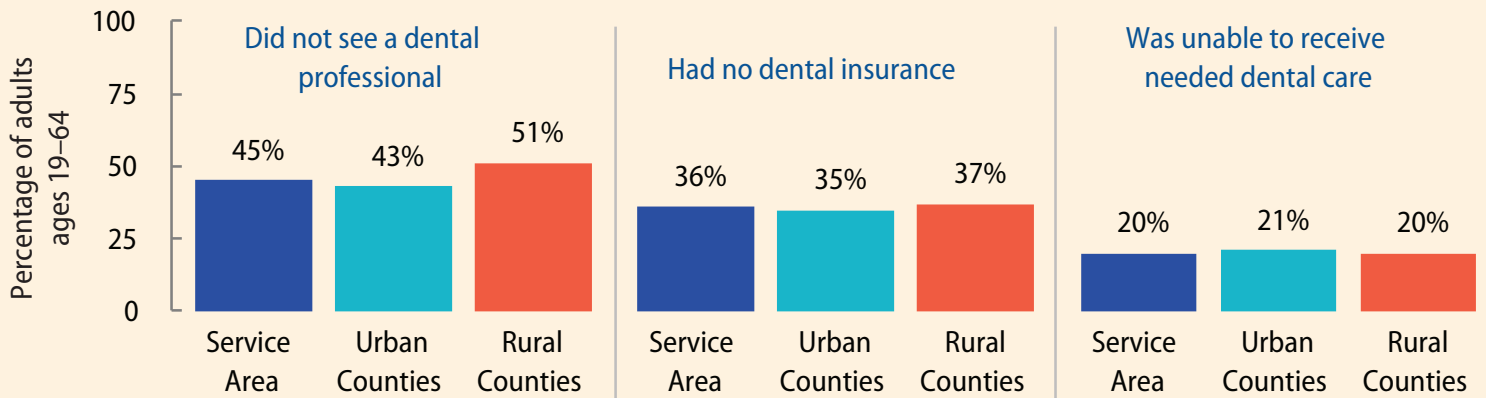
type highlights the limited accessibility of oral health care throughout our service area, including urban counties.

DISPARITIES IN ACCESS

A major factor determining whether individuals receive care is dental insurance coverage. More than two-thirds of adults without dental insurance did not see a dental professional and 41% did not get needed care, whereas one-third of adults with dental insurance did not see a dental professional and 10% did not get needed dental care.



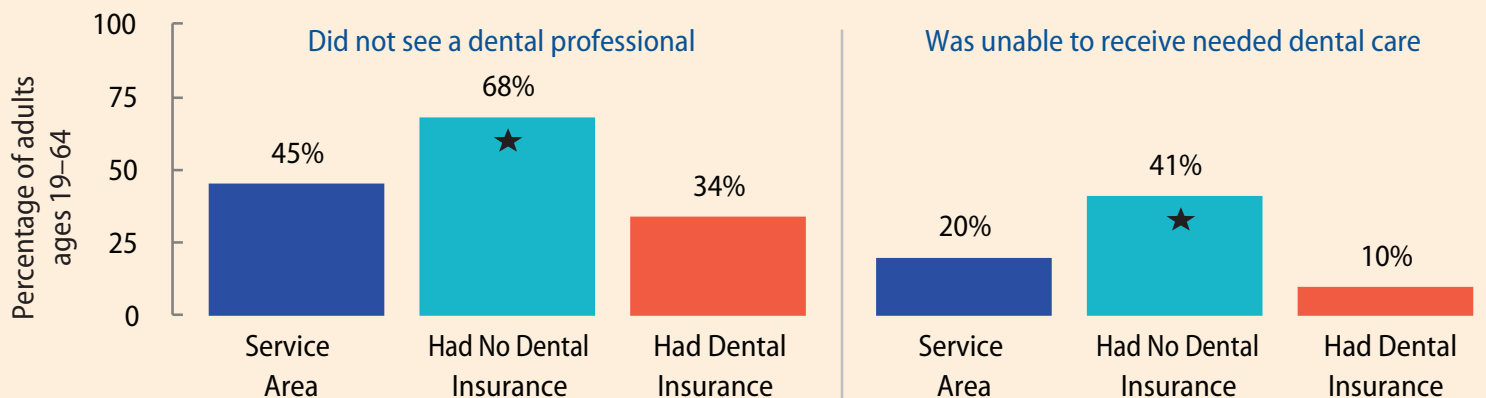
Access to Oral Health Care, by County Type



Note: Difference between Urban and Rural Counties is not statistically significant.



Access to Oral Health Care, by Dental Insurance Coverage



* Difference between residents who did not have dental insurance and those who did is statistically significant.

INCOME

More than two-thirds of low-income adults (below 138 percent of the federal poverty level) did not see a dental professional, and nearly half did not get needed dental care in the past year. Individuals below 138 percent of the poverty level would be eligible for Medicaid through an expansion in Kansas or Missouri and would benefit from improved access to oral health services.* Currently, income eligibility limits in Medicaid for adults are capped at 38% of the federal poverty level in Kansas and at 22% in Missouri.³ Kansas provides limited basic preventive dental care for Medicaid recipients; Missouri covers dental exams and other restorative treatment for adults.

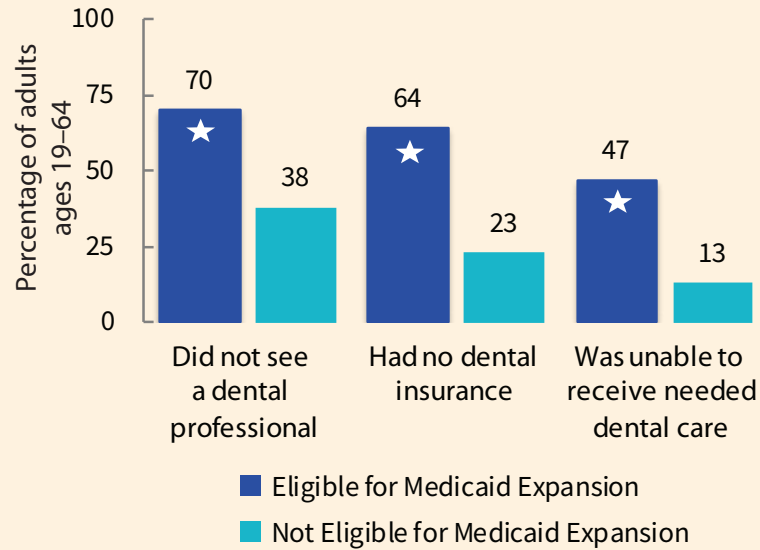
*For a family of four, the 138 percent threshold was \$33,546 in 2016.²

RACE/ETHNICITY

Compared to white non-Hispanic residents, dental access was especially low for Hispanic residents and persons of color other than Black/African American residents. Surveyed adults in the "Other race" category most frequently identified as Asian, Native American, or more than one race, and some did not speak English at home. However, sample sizes were too small to explore these groups independently.



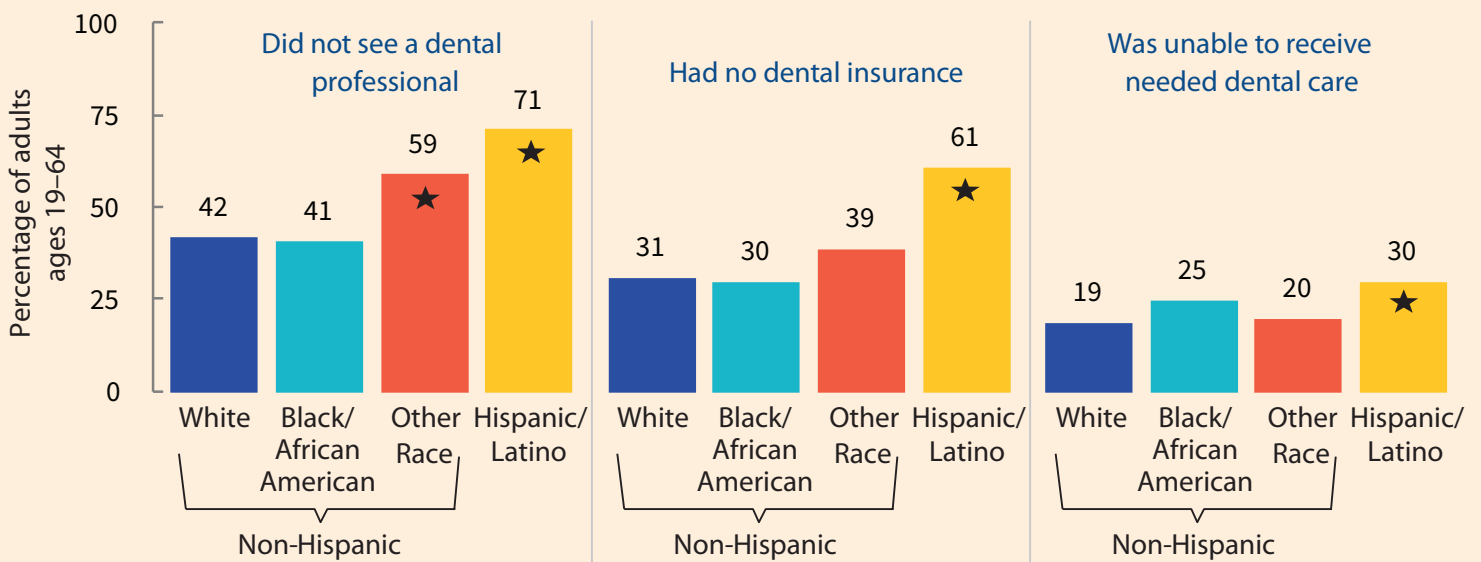
Access to Oral Health Care for Individuals Potentially Eligible and Not Eligible for Medicaid Expansion*



* Defined as having family income below 138 percent of the federal poverty level in 2016.
 ★ Difference between adults potentially eligible for Medicaid under Medicaid expansion and those with higher family income is statistically significant.



Access to Oral Health Care, by Race/Ethnicity



★ Difference from White Non-Hispanic is statistically significant.

CONCLUSION

This analysis of KMHS data provides evidence of poor access to oral health care among adults throughout the six-county service area, even for adults with dental insurance and living in urban areas. Access to oral health care is especially poor for low-income residents, who are potentially eligible for Medicaid through an expansion. Persons of color, especially Hispanic/Latino residents, reported poorer access to oral health care than white non-Hispanic residents.

DATA AND METHODS

The 2017 KMHS collected data from 4,274 adults ages 19 years and older residing in Kansas and Missouri about access to health care. Percentages weighted to the population were tested for statistical significance at the 95 percent level of confidence ($p < .05$). Analysis for this brief was based on 1,091 individuals ages 19 to 64 who reported living in the six-county Health Forward/REACH service area and answered questions about dental care and coverage.

ENDNOTES

- ¹ U.S. Department of Health and Human Services. (2000). *Oral health in America: A report of the Surgeon General* (Official reports). Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. Retrieved from <https://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBJT/>
- ² U.S. Department of Health & Human Services, Office of the Assistant Secretary of Planning and Evaluation. (2016, April 25). *Computations for the 2016 poverty guidelines*. Retrieved from <https://aspe.hhs.gov/computations-2016-poverty-guidelines>
- ³ Kaiser Family Foundation. (2018, March). Medicaid and CHIP income eligibility limits for children as a percent of the federal poverty level. *State Health Facts*. Retrieved from <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-children-as-a-percent-of-the-federal-poverty-level/>

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