Northern Virginia Health Foundation

A Decade Later:

Oral Health

in Northern Virginia

August 2020

Introduction

Ten years ago, the Northern Virginia Health Foundation conducted a survey of the state of oral health in Northern Virginia. It was the first survey ever done to assess oral health care and access in the region.

The results were disturbing.

The survey exposed a serious disparity in the oral health of low-income adults compared to their wealthier neighbors. The clear takeaway: Differences in income level play a major role in whether residents can or can't get the dental care they need. This, in turn, impacts residents' overall health and ability to thrive.

Nearly a decade later, the Foundation commissioned a second survey to gauge progress. Conducted in October 2019, the survey shows that a significant gap in oral health access and utilization, between lower-income and higher-income Northern Virginians, is as profound as it was in 2010.

The gap persists despite the fact that more people in the region have dental coverage than ever before. In addition, 2019 survey respondents say they are paying more out- of-pocket for dental care, and others report deferring needed dental services due to cost concerns.

The Foundation launched the first survey to determine the oral health needs of the community, the barriers that deterred people from getting oral health care, and to offer specific recommendations for how to improve oral health in the region.

This report assesses progress made since 2010. It details barriers to care, offers data on access and cost, and the reasons people don't always seek care. It also reiterates the need to continue working toward the recommendations cited in the first survey to increase access to oral health care in a number of ways.

Despite a region-wide increase in dental coverage, there is a chasm of difference in oral health utilization and access between lower-income residents and the more well-off. As the 2019 survey results show, increased oral health coverage doesn't necessarily translate into access.

More needs to be done to ensure that ALL Northern Virginians can get the care they need.

The National Picture

Two decades ago, U.S. Surgeon General David Satcher released a landmark report calling oral disease a "silent epidemic," and issued a call to action to increase access to oral health care. In the 20 years since, policymakers, Medicaid directors and oral health advocates have pursued ways to expand access.

Strategies have included:

- Expanding Medicaid coverage for oral health to children under the Affordable Care Act.
- Pursuing new workforce models, including adding dental therapists to dental teams and training primary care doctors to incorporate basic dental care.
- Expanding the settings in which dental care can be provided to include primary care settings, schools and via tele-dentistry.
- Funding workforce development pilots via the federal Health Resources & Services Administration.
- Raising awareness of the importance of oral health and that it is a vital component of overall health.

More people, especially children, have dental health coverage than ever before. The number of Americans without dental coverage has dropped from 100 million Americans in 2010 to 75 million, according to recent data.[1] Yet today, more than 56 million people live in dental health professional shortage areas, places where there are not enough dentists to meet the need.[2] Millions more struggle to get care due to cost. Low-income and minority children are the most affected.

From 1994 to 2016, inflation-adjusted dental health expenditures in the United States rose from $60 billion to $125 billion.[3] At the same time, hospital emergency departments have been inundated by patients seeking care for dental problems that have escalated into an acute stage, such as a swollen face due to an untreated abscess, or an infection from untreated tooth decay. The vast majority of hospitals provide pain relief and refer the patient to a dentist to treat the dental problem. Lower-income patients often can't afford follow-up care. These conditions could be prevented if people had regular access to affordable oral health care.

U.S. Surgeon General Jerome M. Adams is expected to release a highly anticipated oral health update report[4] in 2020. Oral health is one of six priority areas identified by Surgeon General Adams. The other priority areas include opioids and addiction, tobacco, community health and economic prosperity, health and national security, and emergency public health threats.

A preview of the surgeon general's 2020 report indicates the report will:

- Emphasize the importance of poor oral health as a public health issue.
- Reinforce the importance of oral health throughout life.
- Describe important contemporary issues affecting oral health.
- Outline a vision for future research and policy directions.
- Educate, encourage, and call upon all Americans to take action.

Oral Health in Northern Virginia

2010 to 2019

Like the rest of the country, a significant percentage of Northern Virginians struggle to obtain dental care, often postponing treatment even as the condition worsens. While the state has successfully expanded health insurance and dental coverage to more residents, there is still significant oral health disparity among residents.

Roughly 2.5 million people live in Northern Virginia, spread across four counties: Arlington, Fairfax, Loudoun and Prince William, and the cities of Alexandria, Fairfax City, Falls Church, Manassas and Manassas Park.

It is one of the fastest-growing areas in the country, adding 36,000 residents annually at a growth rate of 13% compared to 6% nationally. Close to half (49.4%) of the region's residents are Latino, Asian, black or from another ethnic group. They represent 90% of the region's overall population growth from 2010 to 2019.

Northern Virginia is also one of the most prosperous regions in the country. From 2013 through 2017, five of the 10 highest-income jurisdictions in the nation were located in Northern Virginia. They include Loudoun (1st), Fairfax (2nd), Falls Church City (4th), Arlington (5th) and Fairfax City (10th).[5]

That prosperity does not transmit to all Northern Virginians. Approximately 6.3%[6], or 157,500 of the region's residents, live below the federal poverty level, which is $25,750 for a family of four.[7] Virginia offers Medicaid coverage to residents at 138% of the federal poverty level, which translates to $35,536.[8] However, Medicaid does not offer oral health coverage for most adults in Virginia.

2019 Survey of Oral Health in Northern Virginia

Following up on research conducted in 2010, the Northern Virginia Health Foundation commissioned a poll of 3,023 adults in Northern Virginia.[9] This study was conducted online and uses the same questions used in a phone survey of 1,300 adults in the fall of 2010.[10]

Despite an overall increase in health insurance coverage during the decade (24% of adults in 2010 had no coverage compared to 10% in this survey), many adults and children continue to face significant oral health challenges because of the lack of dental coverage and dental care.

Most health insurance policies do not include dental care coverage. At best, they cover only the most severe or serious treatments or procedures, leaving many adults to pay out-of-pocket for other oral health needs. This problem affects a wide range of residents at all income levels, but particularly those in households below twice the level of poverty: for a family of four, roughly $50,000 a year. This section highlights significant findings from the survey by household income compared to the 2010 survey.

Survey Methodology

Polling was conducted online from October 1 through 17, 2019. Using its Bias Correct Engine to attain a sample reflective of adults, Change Research polled 3023 Virginians living in Arlington County, Alexandria City, Fairfax County, Fairfax City, Falls Church City, Loudoun County, Manassas City, Manassas Park City and Prince William County. Additional interviews were conducted in the highest poverty Census tracts. Post-stratification weights were made on age, gender, city/county, income and race to reflect the distribution of adults within the region.

Snapshot of Oral Health in Northern Virginia

This survey, like the one conducted in 2010, assessed numerous factors affecting the oral health of Northern Virginians, gauging perceptions of residents' oral health as well as documenting factors that limit residents' access to dental care. The 2019 findings show that increased availability of oral health coverage does not necessarily translate into increased access to dental care services for Northern Virginians with low incomes.

Consider these survey results:

Children - While 92% of children in higher-income households had dental coverage, a much smaller percentage (74%) of children in lower-income families had such coverage.

Pregnant women - Pregnant women in higher-income households were significantly more likely than pregnant women in lower-income households to say they saw a dentist for a regular checkup (59% compared to 28%).

Perception of oral health - 43% of Northern Virginians rate their oral health as excellent or very good.

Access - Just more than half (56%) of lower-income adults have seen a dentist or dental hygienist in the last two years compared to 83% of higher-income adults.

Cost - Overall, 36% of adults say they deferred dental treatment because they did not have the money to pay for it. This is double what it was in 2010.

Coverage - Lower-income adults were twice as likely as higher-income adults (59% compared to 26%) to cite a lack of dental coverage as the reason for not seeing a dentist.

Survey Findings

Personal Perception of Oral Health

Similar to 2010, Northern Virginians rate their oral health positively, with 43% rating their oral health as excellent or very good. A closer look reveals significant disparity in perception by income level. Lower-income residents rate their oral health much worse than those with higher incomes.

Higher-income Northern Virginians, those earning over $50,000 a year, are twice as likely as lower-income residents to rate their oral health as excellent or very good, while 43% of lower-income residents assess their oral health as fair or poor. Just 21% of higher-income people assess themselves this way.

Lower-income adults' ratings were similar to what they reported in 2010. In contrast, there was a significant decline in the favorable ratings of higher-income survey respondents: 61% rated their oral health as excellent or very good in 2010, compared to 47% in 2019.

PERCEPTION OF RESPONDENTS ORAL HEALTH

	2019			2010		
	All	**<$50K**	**$50K+**	**All**	**<$40K**	**$40K+**
Excellent	14%	5%	16%	24%	8%	28%
Very good	29	19	31	27	16	33
Good	32	32	32	34	38	32
Fair	17	24	15	8	15	7
Poor	8	19	6	5	17	0
Excellent/Very Good	43%	24%	47%	51%	24%	61%
Good	32	32	32	34	38	32
Fair/Poor	25	43	21	13	37	8

Percentages in red are statistically significantly higher than underlined percentages. That is, in 95 cases out of 100, the differences between the two percentages would not occur from chance or normal statistical variation. (Because of rounding, some totals do not equal 100%).

Lower-income adults are twice as likely as higher-income adults to say they are in need of immediate dental treatment (43% compared to 19%). Two-thirds of lower-income adults say they need a cleaning compared to 44% of higher-income adults.

Lower-income adults are more likely to report having dentures than higher-income adults. Overall, 24% of lower-income adults say they have no fillings or inlays, 33% say they have a few (1-3), 23% say they have several (4-9), and 13% say they have more than that. Only 13% of higher-income adults say they have no fillings or inlays; two-thirds say they either have a few (29%) or several (37%) fillings, a percentage significantly higher than for lower-income adults. Eighteen percent say they have fillings in half or more of their teeth. These results were similar to 2010.

Impacts of Poor Oral Health

Untreated dental problems can profoundly impact quality of life. More than a third (37%) of lower-income adults say that dental pain resulted in their not being able to work, sleep, or engage in regular activities , compared to 18% of higher-income adults. The percentage reporting that pain hampered their activity has increased from 22% in 2010.

RESULT OF DENTAL PAIN IN LAST YEAR

	Couldn't Work			Couldn't Sleep			Couldn't Engage in Regular Activities		
	All	<$50K	$50K+	All	<$50K	$50K+	All	<$50K	$50K+
Yes	5%	9%	5%	15%	29%	12%	11%	18%	10%
No	95	91	95	85	71	88	89	82	90

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Poor oral health is linked to a number of serious health conditions, including heart disease, diabetes and stroke later in life. The condition of an adult's teeth can also hamper the ability to get a job. In 2019, 7% of lower-income adults, compared to 2% of higher-income adults, reported difficulty obtaining work because of the condition of their teeth.

Cost and Coverage Impact
Access to Dental Care

Cost

The high cost of dental care is a significant factor in determining whether a person even seeks dental services.

Overall, 36% of adults say they deferred dental treatment because they did not have the money to pay for it. This is double what it was in 2010. Lower-income adults are nearly two times as likely (61%) as higher-income adults (31%) to put off treatment for this reason.

Fewer Northern Virginians, regardless of income, reported seeing a dentist or dental hygienist in the past two years than they did in 2010. But lower-income adults reported far more limited access than higher-income residents. Just more than half (56%) of lower-income adults saw a dentist or dental hygienist in the last two years, compared to 83% of higher-income adults.

SEEN A DENTIST OR DENTAL HYGIENIST IN LAST 2 YEARS

	2019			2010		
	All	<$50K	$50K+	All	<$40K	$40K+
Yes	78%	56%	83%	83%	63%	91%
No	22	44	17	16	36	8

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Of those who have seen a dentist in the last two years, 72% of higher-income adults see a dentist or hygienist for checkups at least twice a year while about half (51%) of lower-income adults do the same. Half of lower-income adults see a dentist only once a year or less, compared to a quarter (28%) of higher-income adults.

HOW OFTEN SEE A DENTIST OR DENTAL HYGIENIST

	All	<$50K	$50K+	2010
More than twice a year	13%	10%	13%	11%
Twice a year	57	41	59	58
Once a year	18	26	17	22
Less often	12	24	11	8

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For lower-income adults, the main reasons are not being able to afford the cost and not having dental insurance coverage. Higher-income adults also cite costs but closely follow that with being afraid or nervous, not having time, and already taking care of their teeth.

Northern Virginians with limited means cite these and other reasons far less frequently.

REASONS FOR NOT SEEING A DENTIST

	All	<$50K	$50K+
Not able to afford it	57%	77%	46%
Do not have dental insurance coverage	38	59	26
Afraid or nervous	33	25	37
Don't have time	29	19	34
Take care of my teeth fine and do not have problems	26	19	30
Only get health or dental care in emergencies	17	16	17
Don't have transportation	4	8	1
Dentist stopped taking my health insurance	4	5	4
Need child care in order to go	2	3	2
Couldn't get an appointment	2	2	2

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Coverage

With the Affordable Care Act and the recent expansion of Medicaid for adults in Virginia, health insurance coverage has expanded significantly over the past decade. Higher-income adults report higher coverage rates (including an expansion in employer-based coverage), while the percentage of lower-income adults with insurance coverage has sharply increased. Specifically, 74% of lower-income adults reported having some type of insurance coverage in 2019, a jump from 46% in 2010.

Lower-income adults are more likely to have private coverage, Medicare coverage or to purchase their own. They are also more likely to use Medicare and Medicaid than higher-income adults and have higher rates of government-funded coverage. Twenty percent of lower-income adults have Medicaid coverage today, compared to just 8% in 2010.

ACCESS TO AND SOURCE OF HEALTH INSURANCE[11]

	2019			2010		
	All	<$50K	$50K+	All	<$40K	$40K+
Have some kind of health insurance	90%	74%	92%	75%	46%	87%
Do NOT have health insurance	10	26	8	24	54	13
Private-Employer Based	84%	59%	88%	59%	27%	73%
Medicare	16	23	15	10	12	9
Private-Respondent Purchased	11	16	10	12	12	11
Medicaid	6	20	3	3	8	2

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For higher-income adults, the increase in rates of coverage has often come with coverage for dental services. While 68% of higher-income adults with insurance coverage also have dental benefits, only 51% of lower-income adults have dental coverage as part of their overall insurance plan. However, the percentage of lower-income adults with dental coverage as part of their insurance plan rose from 24% in 2010. The gap by income still exists but is smaller than it was a decade ago.

Despite increased dental coverage, higher-income adults are paying more out-of-pocket dental costs. Among those who have insurance and have seen a dentist in the last two years, 48% report paying out-of-pocket costs of $500 or less, with 28% of higher-income adults more likely to pay $500 or more. Lower-income adults that have dental insurance and have seen a dentist in the last two years are more likely to pay nothing out-of-pocket than those with higher incomes.

AMOUNT OF OUT-OF-POCKET COSTS

	All	<$50K	$50K+
$0 or None	21%	33%	19%
$1-200	32	31	32
$201-500	16	12	17
$501-1,000	10	10	10
$1,000+	17	6	18

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Children

Children in Northern Virginia are much more likely to have dental coverage than adults. Nine in 10 children have some form of health insurance coverage. Three-quarters (77%) are covered by their parents' insurance while 12% are enrolled in the Family Access to Medical Insurance Program, Medicaid or Smiles for Children, all of which offer some level of oral health coverage.

Children in lower-income households continue to be predominantly covered by the public programs (47% in 2019 compared to 54% in 2010) while the percentage covered by their parents' health insurance has grown slightly from 25% in 2010 to 31% in 2019. At the same time, two in 10 (22%) children in lower-income households do not have health or dental insurance of any kind.

More than eight in 10 children (84%) have seen a dentist in the last two years. Higher-income parents are more likely to say that all of their children received care in the last two years than lower-income parents (81% higher income - 67% lower income). Despite significant increases in dental coverage for children, coverage doesn't necessarily translate into getting care.

Lower-income parents are more likely to say only some of their children have gone to the dentist in the last two years (9% lower income - 5% higher income). Twenty-five percent of lower-income parents and 14% of higher-income parents say their children received no care in the last two years or have never needed care.

Children in higher-income households are more likely to have seen a dentist in the last two years: 82% of respondents say their child(ren) go twice a year or more, while just 74% of lower-income parents say their children receive biannual visits. This is similar to the 2010 service patterns.

FREQUENCY OF CHILD DENTAL VISITS
(AMONG THOSE WHO HAVE VISITED IN LAST TWO YEARS)

	2019			2010		
	All	<$50K	$50K+	All	<$40K	$40K+
More than twice a year	12%	13%	12%	9%	12%	8%
Twice a year	69	61	70	71	61	74
Once a year	16	19	16	17	23	15
Less often	3	7	2	3	4	3

Percentages in red are statistically significantly higher than underlined percentages. That is, in 95 cases out of 100, the differences between the two percentages would not occur from chance or normal statistical variation. (Because of rounding, some totals do not equal 100%).

Among the few respondents whose children have not seen a dentist in the last two years, top reasons included the belief that children take care of their teeth and do not have problems, they don't have dental coverage, are not able to afford it, or don't have time. While both lower- (29%) and higher-income parents (39%) cite children caring for their teeth as a top reason for not seeking care, lower-income households are significantly more likely to cite a lack of coverage as the reason.

REASONS FOR CHILDREN NOT RECEIVING DENTAL CARE (AMONG THOSE WHO HAVE NOT VISITED IN LAST TWO YEARS)

	All	<$50K	$50K+
Children take care of their teeth fine and do not have problems	37%	29%	39%
Not able to afford it	23	28	22
Do not have dental insurance coverage	13	30	9
Don't have time	12	14	11
Only get health or dental care in emergencies	9	4	11
Couldn't get an appointment	3	4	3
Dentist stopped taking my health insurance	1	2	1
Don't have transportation	1	0	2

Percentages in red are statistically significantly higher than underlined percentages. That is, in 95 cases out of 100, the differences between the two percentages would not occur from chance or normal statistical variation. (Because of rounding, some totals do not equal 100%).

Pregnant Women

Higher-income pregnant women are significantly more likely to report seeing a dentist for a regular checkup than mothers in lower-income households. At the same time, lower-income pregnant women are more likely to report having problems with their teeth and gums but did not see a dentist, despite the fact that there is a Medicaid dental benefit for pregnant women. They are also more likely to report that a health care worker did not talk to them about how to care for their teeth.

EXPERIENCES DURING PREGNANCY

		All	<$50K	$50K+
Went to the dentist or dental clinic for a regular checkup or teeth cleaning	Yes	53%	28%	59%
	No	47	72	41
Doctor or nurse talked with me about how to care for baby's teeth	Yes	50%	45%	51%
	No	50	55	49
A dentist or other health care worker talked to me about how to care for my teeth	Yes	13%	18%	11%
	No	87	82	89
Had problems with teeth and gums but did not see a dentist	Yes	10%	22%	8%
	No	90	78	92
Went to the dentist or dental clinic for problems with teeth and gums	Yes	8%	7%	8%
	No	92	93	92

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Many are not aware that dental disease is transferrable. Pregnant women with dental caries or infections can transmit these oral health problems to their unborn children, impacting their health before they are even born. Virginia is one of 19 states, along with the District of Columbia, that provides comprehensive dental care to pregnant women up to 30 days after the birth of their child.

Recommendations

The recommendations that were made in the first oral health report have not changed—nor have they been acted upon fully. To ensure that Northern Virginians enjoy good oral health, local, regional and state efforts must explore short-term and long-term strategies that:

- Reinforce the link between oral health and overall health among health professionals and the general public. Increasing understanding of the link is important for the oral and overall health of all populations.
- Foster integration of oral health and primary care. Several safety-net clinics in Northern Virginia already provide integrated primary, oral and behavioral health care, and new models of integration should be explored.
- Increase the number of providers who offer children a dental home.
- Increase the number of providers who offer reduced-cost oral health care to lower-income adults.
- Include comprehensive dental services for all who are Medicaid eligible.
- Ensure that dental hygienists and other dental professionals are able to practice to the full extent of their education and training.
- Work to ensure that reimbursement for dental services through Medicaid is increased. Reimbursing dental services for Medicaid-eligible patients at a higher rate could significantly increase the number of providers willing to see patients.

As the Foundation stated in its 2010 report, oral health is crucial to overall health. Yet thousands of Northern Virginians still do not have access to needed dental care.

Poor oral health is linked to serious health conditions, such as heart disease, diabetes, and stroke later in life. Untreated dental disease is the number one chronic condition affecting children—more prevalent than asthma. Left untreated it can result in life-threatening infections, debilitating pain, lost school days and work hours, and it can negatively impact a person's chances of getting a job.

Before yet another decade ends, we must accelerate our efforts to make certain all residents can obtain quality oral health care—not just those who can afford it.

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9 Arlington, Fairfax, Prince William, and Loudoun counties along with Alexandria, Fairfax, -Falls Church, and Manassas cities.

10 Using its Bias Correct Engine to attain a sample reflective of adults, Change Research surveyed from October 1 through 17, 2019 with a special focus on interviews in high poverty Census tracts. Surveys were completed in English and Spanish. Post-stratification weights were made on age, gender, city/county, income, and race to reflect the distribution of adults within the region. The 2010 survey was conducted from August 25 through October 11, 2010.

11 Respondents were allowed to choose from multiple options for coverage so the sum of percentages for all categories exceed 100%

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