

ORAL HEALTH AND LATINOS IN THE U.S.

The Issue

Oral health typically refers to the health of teeth, gums, and other areas of the mouth and throat, with oral disease ranging from cavities and mouth sores to oral cancers. However, oral health affects more than teeth and mouth, it can impact an individual's mental, physical, and emotional well-being. When pain is involved it can affect nutritional intake and sleep, missed days of school and work, and can lead to additional health complications. Oral health has been linked to diabetes, heart disease, and adverse pregnancy outcomes including pre-term birth, low birth weight, and general infection during pregnancy.¹

Parallel to overall health disparities in the United States, people from racial/ethnic minority groups and those of lower socioeconomic status experience the greatest oral disease burden, with children from racial/ethnic minorities having higher levels of dental disease. Latinos in particular suffer disproportionately, with migrant and agricultural workers and their children- of whom the majority comes from Mexico and Central America- bearing the greatest burden.

Oral Health Disparities in the United States

- Adults aged 35–44 years with less than a high school education experience untreated tooth decay nearly three times that of adults with at least some college education.²
- Adults aged 35–44 years with less than a high school education experience destructive periodontal (gum) disease nearly three times that of adults with a least some college education.²
- Children and adolescents living in poverty suffer twice as much tooth decay as their more affluent peers, and their disease is more likely to go untreated.³
- Children from families without medical insurance are 2.5 times less likely than insured children to receive dental care.³
- Children from families without dental insurance are 3 times more likely than insured children to have unmet dental needs.³

Latinos and Oral Health

- Latinos of all ages have the lowest dental utilization rate of all ethnic/racial groups, with Mexican-Americans having the lowest utilization rate and poorest oral health status of all Latino groups.⁴
- Mexican Americans aged 35–44 years experience untreated tooth decay nearly twice as much as white, non-Hispanics.²

- The oral health problems low-income Latinos experience, including mouth sores and abscessed teeth, are the result of poor preventative care and treatment.⁵

Migrant & Seasonal Agricultural Workers

Demographics

- 78% of agricultural workers are foreign-born: 75% are from Mexico, 2% from Central America, and 1% were born elsewhere.⁶
- An agricultural worker has an income range from \$10,000 to \$12,499 and the average total family income ranges from \$15,000 to \$17,499. 30% of all families have total incomes below the U.S. government's poverty guidelines.⁶
- Of all population groups in the U.S., migrant and agricultural workers have the greatest difficulties accessing health care, especially oral health care.⁴

Migrant & Seasonal Agricultural Workers- Oral Health Status

- Migrant and seasonal agricultural workers in the U.S. of all ages have a level of oral health far worse than what is found in the general population. According to an analysis of migrant health center encounter data in 2007, dental care ranked as one of the top 3 health problems migrant farmworkers were treated for.⁶
- A large percentage of migrant farmworkers and their children do not seek regular dental care and suffer from complications linked to dental carries or gum disease.⁶
- A 2007 study found that 80 percent of farmworkers had not received dental services within the past year. Of those who did, almost all were serviced in Mexico.⁷

Latino Children

- Currently, dental caries are the most prevalent childhood disease in the U.S., with Latino children—Mexican children in particular—having higher rates of early childhood caries (ECC) than any other ethnic/racial group.⁴

- Latino children are the most likely to report having experienced tooth ache, and the least likely to have ever seen a dentist or to have had a dental visit in the previous year. Among children aged 12 to 17 years, 25.1% of Latinos and 20.7% of non-Latino blacks had not seen a dentist within the previous 12 months, compared with 9.1% of non-Latino whites.⁷
- Among the children of farmworkers in the U.S., dental caries is the most common untreated health problem; at least 50% of farmworkers children have at least 1 and an average of 3 carious teeth.⁸

Barriers to Care among Latinos in the United States

Similar to other health services, there are a number of barriers to dental care among Latinos. Latinos have high un-insurance rates; face cultural and linguistic barriers to care; lack providers where they reside; and have a lack of knowledge about preventive services. Besides, the especially high cost of dental services and the lack of insurance, coupled with the low incomes among Latinos, constitute major barriers to dental care access.²

- **Income:** Approximately 22% of Latinos live below the poverty line—those from Mexico and Central America have the lowest incomes.⁹
- **Lack of Insurance:** Latinos have lower rates of health insurance than other ethnic groups; 40% of Mexicans and Mexican Americans, lacked health insurance in 2006.⁹ Not having dental insurance is more common than a lack of medical insurance; over 108 million Americans (a great majority Latinos) are without dental coverage.
- **Lack of Providers:** In a 2004 survey, the ADA estimated that while the U.S. Latino population was 15%, only 3.4% of professional active dentists were Latino. In California, while one out of every three Californians is Latino, only one out of every twenty California dentists is Latino.¹⁰

Conclusion

Latinos in the U.S. constitute an underserved population with many unmet health needs and numerous barriers to care. The poor oral health status of Latinos demands more attention and quick action, as the link between oral health and general health raises concerns for the overall health of the Latino population. Latino children in particular have the worst oral health of all children in the U.S. and, as the fastest growing young population in the U.S., their health including oral health will undoubtedly impact the health of the entire nation.

Public Policy Recommendations

1. Increase awareness of the importance of oral health throughout the lifecycle, beginning with prenatal care.
2. Increase dental coverage and address barriers to health services, with special attention to migrant and seasonal agricultural workers and their children.
3. Inform Medi-Cal, Healthy Families and Children’s Health Initiative enrollees about their dental benefits.

4. Emphasize the importance of preventive care through outreach, media, and oral health education among Latino populations.

References

1. Healthy people 2010: understanding and improving health. 2nd ed. Washington: U.S. Department of Health and Human Services; 2002.
2. CDC Oral Health Disparities Fact Sheet http://www.cdc.gov/OralHealth/oral_health_disparities.htm
3. CDC Children’s Oral Health Fact Sheet- http://www.cdc.gov/OralHealth/publications/factsheets/sgr2000_fs3.htm
4. Barker, J.C, & Horton, S.B. (2008). An ethnographic study of Latino preschool children’s oral health in rural California: Intersections among family, community, provider and regulatory sectors. BMC Oral Health
5. Scott G, Simile C. (2005). Access to dental care among Hispanic or Latino subgroups: United States, 2000–2003. Centers for Disease Control Division of Health Interview Statistics. Advance Data from Vital and Health Statistics, 354.
6. National Center for Farmworker Health (NCFH) Oral Health fact sheet <http://www.ncfh.org/?pid=5>
7. Quandt, S.A., Hiott, A.E., et. al. (2007) “Oral Health and Quality of Life of Migrant and Seasonal Farmworkers in North Carolina.” Journal of Agricultural Safety and Health. (13)1:45-55.
8. Hansen E., & Donohoe M. (2003) Health issues of migrant & seasonal farmworkers. Journal of Health Care for the Poor and Underserved 14 (2), 153-164.
9. Vega, W.A., et al. (2009) Health disparities in the Latino population. Epidemiologic Reviews, 31, 99-112.
10. Hayes-Bautista, D.E., et al. (2007). The rise and fall of Latino dentist supply in California: Implications for dental education. Journal of Dental Education 71(2), 228-234.

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