The Issue

While oral health has improved in the United States, there are still great disparities specific to racial and ethnic groups as well as to socio-economic status and age.\(^1\)

Oral Health Disparities in the United States

• The use of oral health services is markedly low among the elderly, people living in rural areas, as well as those with low income and low education attainment.\(^2\)

• Adults living below the federal poverty level are almost twice as likely as higher income adults to have gone without a dental check-up in the previous year. 59% of low income adults have no dental coverage compared to 36% among higher income adults.\(^3\)

• In a 2006 study, adults living below the federal poverty level were 6 times as likely to have untreated tooth decay compared to high income adults.\(^4\)

• Dental caries is the top infectious disease in children under age 9, affecting 5 to 8 times more children than asthma.\(^5\)

• Children from low-income families have poorer oral health outcomes, experience fewer dental visits, and have less protective sealants applied than their higher income counterparts.\(^6\)

• Social determinants tend to increase risk for poor oral health. These include food access, socio-economic factors, lack of community programs/providers, lack of transportation services, lack of financial resources to pay for services, lack of dental insurance, and an increase in chronic diseases that affect oral health such as obesity and diabetes.\(^7\)

Latinos and Oral Health

• Latinos of all ages have the lowest rate of dental care use, and Mexican-Americans have the lowest rate among Latino subgroups.\(^7\)

• Latinos therefore have a disproportionately high rate of oral health problems when compared to non-Latino whites.\(^3\)

• A majority of Latinos that do not have dental insurance are Spanish-speaking and report low household incomes—64% report incomes of less than $35,000. Their children are also far less likely to have access to dental insurance.\(^8\)

• Nearly 1 in 5 Latinos have not visited the dentist at all in the past two years; many more do not regularly visit the dentist.\(^8\)

Migrant and Seasonal Agricultural Workers

• Barriers to oral health services are high among migrant populations due to their frequent mobility, low literacy, as well as language and cultural barriers.\(^11\)

• Migrant farm workers rarely have health insurance through their employers and do not earn enough money to pay for health insurance. Furthermore, undocumented migrant workers do not qualify for public health insurance.\(^12\)

• Between 2007 and 2009 about 4.2 million Latinos living in the U.S. were migrant farm workers, and 72% of all farmworkers were foreign born.\(^9\) Of those, 68% were born in Mexico and 3% were born in Central American countries. 23% were living below the federal poverty level.\(^10\)

Latino Children and Oral Health

• Dental caries go untreated twice as often in Latino children than in non-Latino whites.\(^11\)

• In 2009, 9 million Latino children were covered by Medicaid in the U.S. Only 40% of children covered by Medicaid received preventive dental care.\(^12\)

• Children of migrant farm workers are 48% more likely than other U.S. school-aged children to have decay on the surface of their teeth.\(^13\)

Barriers to Dental Care among Latinos in the U.S.

Economic factors, such as the high cost of insurance and health services, increase barriers to oral health. Many health facilities accessible to Latinos lack both dental care infrastructure and dentists who will see those covered by Medicaid. Furthermore, few dental professionals represent the Latino population culturally and linguistically. Lack of insurance as well as low family income and parental education are associated with lack of preventive dental care.\(^14\)

• Socio-economic factors: 22% of Latinos live below the poverty line. In 2010, 6.1 million Latino children were living in poverty making up 37.3% of all children in poverty, more than any other racial or ethnic group.\(^15\)

• Lack of dental insurance: Many Latinos are employed in jobs that do not offer health benefits. Out of all other ethnic/racial groups, Latinos have the lowest rates of health insurance, and Mexicans and Mexican-Americans have the lowest rates among Latinos.\(^16\)
Lack of dental providers and services: Only 10% of dentists nationwide will see children covered by Medicaid. While Latinos comprise 32.4% of the state’s population, only 4.6% of all dentists in California are Latino, increasing cultural and linguistic barriers for Latinos.16

Conclusion
Latinos in the U.S. comprise more than 16% of the total U.S. population and are the fastest growing population. However, they face significant health disparities and barriers to healthcare, and it is imperative that these barriers are addressed. Latinos of all ages have the lowest rates of dental service use, with Mexican and Mexican-Americans having the lowest rate among Latino sub-groups. Migrant populations and Latino children are at particular risk of poor oral health and limited access to insurance and dental services. Education, access to dental insurance, and dental services are barriers to dental service usage and need to be addressed at both the programmatic and policy level.3

Public Policy Recommendations
• Address barriers to oral health by increasing dental insurance coverage and dental healthcare infrastructure paying particular attention to low-income and migrant populations as well as families with children.
• Increase awareness of preventive dental services through linguistically and culturally appropriate social media and public service announcements.
• Provide incentives for joining the dental care workforce (loan repayment programs) and focus on increasing cultural and linguistic diversity in the profession.
• Research Latino sub-populations to better understand health disparities in relation to cultural, generational, and linguistic differences.

References

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