

# ORAL HISTORIES

Report from a Dental Fair for Uninsured Adults



SEPTEMBER 2009

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.

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Report from a Dental Fair for Uninsured Adults

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## EXECUTIVE SUMMARY

In 2006, more than 100 million Americans were uninsured for oral health care for the full year – nearly three times the number who lacked health insurance. In addition to other important health and social consequences, oral disease is linked with major chronic conditions including diabetes and heart disease, and with poor birth outcomes.

To learn more about the oral health care needs and challenges of uninsured adults, researchers from the Kaiser Commission on Medicaid and the Uninsured and Lake Research Partners recently attended a weekend dental fair on the Virginia Eastern Shore, where over 800 uninsured adults lined up for oral health services provided by volunteer dental professionals. The setting for the fair was the local high school, where two gymnasium-like shop classrooms were filled wall-to-wall with rows of dental chairs, lights, and surgical supplies. Patients who needed oral surgery and a small number of children were also seen in four dental vans, loaned by the Mid-Atlantic Naval Command.

A triage dentist evaluated each patient to determine which service would benefit him or her most and arranged for that service to be provided. Prioritizing needs and rationing care in this way was necessary to ensure that some care could be delivered to every person who lined up in time to be seen.

In interviews with patients, dental professionals, and fair organizers, these key issues emerged:

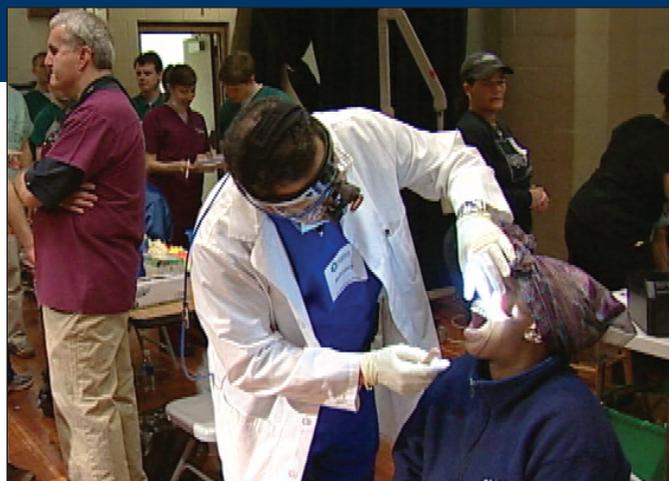
- ***Low-income adults lack access to health and dental coverage.*** Although most of the people attending the fair were employed, few had dental coverage and most lacked any health coverage. Without insurance, dental care – even preventive care and cleanings – is unaffordable for low-income adults. Often, they seek care only when their pain is no longer bearable.
- ***Uninsured adults have vast unmet oral health needs.*** Most interviewees had not received dental care in over a year, and for some it had been many years. All had routine care needs and a large number had urgent needs. Nearly \$500,000 worth of oral health care was provided at the weekend fair, including 1,263 tooth extractions. Nearly 30 patients had between one-third and all of their teeth extracted. Many of the teeth that were extracted could have been saved with treatment, but recognizing that access to follow-up care was unlikely, the providers' primary objectives were to alleviate their patients' pain and prevent infection.
- ***Untreated dental problems have serious health, employment, and social consequences.*** Beyond causing pain, dental problems exacerbated patients' chronic health conditions. Lost hours of work due to mouth pain, the negative impact of poor or missing teeth on employability, and social stigma also burdened those with untreated oral health needs.
- ***The dental fair is a band-aid, not a cure.*** While providing critical help to underserved communities, broader solutions are needed to ensure timely and adequate access to coverage and oral health care for low-income and uninsured Americans.

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A companion video is available at <http://www.kff.org/healthreform/hr090909video.cfm>.

## INTRODUCTION

In 2006, over 100 million Americans were uninsured for oral health care for the full year – nearly three times the number who lacked health insurance.<sup>1</sup> Included in this number are the millions who have no insurance, as well as millions of others whose health insurance does not cover dental benefits. Although tooth decay is largely preventable, it is the most prevalent chronic disease of childhood and cavities grow larger and more expensive to repair the longer they go untreated.<sup>2</sup> Untreated tooth decay affects more than a quarter (28%) of adults aged 35-44, and 18% of those aged 65 or older. One in four elderly adults have lost all their teeth.<sup>3</sup> Finally, research indicates linkages between oral disease and other major health conditions including diabetes and heart disease/stroke as well as poor pregnancy outcomes.



Without insurance, the cost of a dental visit – much less the cost of ongoing treatment or restorative procedures – is beyond the means of many Americans. Even those with private dental coverage, who often face high copayments for care, may delay treatment because of the cost. Medicaid covers dental care for low-income children, but Medicaid eligibility for adults is very limited, and almost half of state Medicaid programs do not cover any dental benefits for adult enrollees, or cover only emergency services.

***“It’s 2009 and dental disease is everywhere and we can go anywhere in this state and set up a project like this and [people] will line up for five or six hours and we’ll do the same thing. That’s not the answer.”***

**Terry Dickinson,  
Dental fair organizer**

For the uninsured, who are disproportionately low-income, cost barriers to oral health care are generally insurmountable. The shortage and uneven distribution of dental providers – a systemic, national problem – exacerbates their difficulties obtaining access to dental care, especially in rural areas.

*What happens to uninsured adults who cannot afford the oral health care they need? A team of researchers from the Kaiser Commission on Medicaid and the Uninsured and Lake Research Partners recently got a glimpse. In April 2009, Mission of Mercy, a charitable organization that brings donated dental care to underserved areas of Virginia, held a dental health fair over a weekend in Onley, on the Virginia Eastern Shore. To learn more about and document the*

*oral health care needs and challenges of uninsured adults, the researchers arranged to attend the Onley fair and to interview patients, dentists, and organizers of the fair.*

<sup>1</sup> Kaiser Commission on Medicaid and the Uninsured analysis of 2006 Medical Expenditure Panel Survey data.

<sup>2</sup> *Preventing Dental Caries with Community Programs*, CDC, DHHS. Downloaded from <http://www.cdc.gov/NCCdphp/publications/factsheets/Prevention/pdf/oh.pdf> on 5/26/2009.

<sup>3</sup> *Preventing Cavities, Gum Disease, and Tooth Loss, At a Glance 2009*, CDC, DHHS. Downloaded from <http://www.cdc.gov/nccdphp/publications/aag/doh.htm> on 6/04/2009.

Over 800 individuals lined up at Nandua High School, the site of the dental fair. They would be receiving care from about 150 volunteer dentists, hygienists, dental school faculty, and dental students organized to provide oral health services all day Saturday and half of Sunday, in the high school's two gymnasium-like shop classrooms – now filled with rows of dental chairs, lights, and surgical supplies – and in four dental vans loaned by the Mid-Atlantic Naval Command, two for patients needing dental surgery and two for a small number of children who were treated at the fair.



The report that follows conveys the insights gained from interviews with eight patients at the Onley dental fair, a dentist providing services there, and the fair organizer about the oral health care challenges they face. The issues that emerge – in particular, lack of coverage, cost barriers, and the wider health, economic, and social consequences of inadequate access to basic dental care – sound sobering concerns about the neglect suffered by millions of uninsured Americans and the need for a national response.

## Uninsured adults have vast unmet oral health needs

Many of the hundreds of people attending the Onley fair arrived Friday night and slept in their cars to ensure they would get a place in line on Saturday. On Sunday, about 100 had to be turned away because the line was too long. Yet the scene at Onley is just one of many like it. Mission of Mercy currently sponsors six dental fairs across the state of Virginia every year to provide oral health care to thousands of uninsured adults, most of them low-income, who otherwise lack access to these services. Fairs similar to the one in Onley take place in scattered other regions across the country.

Most of the individuals interviewed for this study had not received dental care in more than a year, and for some it had been many years. Several had last received dental care at one of the previous annual fairs in Onley. All valued dental care highly and wished they had access to regular oral health services. They recognized the importance of maintaining their oral health and they had made extraordinary efforts to obtain services. A measure of their determination was their willingness to wait, some for as long as 11 hours, to be at the head of the line when the fair doors opened at 7 a.m. The school parking lot was peppered the night before with people sleeping in their cars to be among the first to register. For Roy, 67, standing for a long period was taxing, so he sat for hours before the doors opened in a lawn chair he had brought with him. His wife, who also lacked dental coverage, was physically unable to manage the wait and so had not come with him.

***“Dental care is extremely important to me. I mean, not just for myself and my family but for so many people around here – we do not have fluoride in our water so it’s extremely important. There’s a lot of people with problems with their teeth, which can actually be physical stuff, internally. Extremely important.”***

**Spring,  
31-year-old uninsured,  
working mother**

Many of those who came to the dental fair arrived with multiple oral health needs. A large number had urgent needs, such as cracked teeth or a painful abscess. More routine needs, such as for a filling or a cleaning, were also widespread.

Despite their wait in a long line, patients with multiple problems could not hope to get all of their needs addressed. A triage dentist evaluated each patient to determine which service would most benefit him or her and arranged for that service to be provided. Prioritizing needs and rationing care in this way was necessary to ensure that some care could be delivered to every person who lined up in time to be seen. It was also necessary to ensure that individuals received the treatment that was most appropriate, considering that access to follow-up care was unrealistic for most.

At the day-and-a-half-long fair in Onley, 776 individuals received treatment worth about \$.5 million. In all, these 776 patients had 1,263 teeth extracted. About 30 patients had very extensive extractions, losing from a third to all of their teeth. By the time the fair was over, the dental providers had also provided 776 exams, 789 fillings, 254 cleanings and fluoride treatments, 643 x-rays, and 25 root canals.

Resource constraints limited the number of patients who could receive complete dentures to 13; another ten were estimated to need them. To identify those whose needs for dentures were greatest, local health clinics had screened individuals ahead of time. Patients referred to being selected as “winning the lottery.”

## Low-income adults lack access to health and dental coverage

Although most were working, few of the mostly low-income adults who came to the Onley dental fair had dental coverage and the majority lacked any health coverage. The fair attendees interviewed for this report were typical in that sense – all were uninsured except one. The one insured individual had Medicare, which does not cover dental care. The uninsured included individuals working for small employers that do not offer insurance, part-time workers not eligible for their workplace coverage, and individuals who had lost their health coverage when they lost their jobs. One interviewee, who was self-employed, could not afford to purchase health coverage. The others who had explored buying insurance on their own also found it unaffordable.



***“I realize I am not the only one that’s not able to afford health insurance. I look around and I know a lot of these people here. They work every day but outside of their bills, they just can’t afford regular health care.”***

**Jessica,  
26-year-old uninsured,  
unemployed mother**

Four of the interviewees had children under age 18. In three of these cases, the children were enrolled in Medicaid or were covered under a divorced parent’s employer-based insurance. The parents with children enrolled in Medicaid were grateful that the program covers preventive and other dental services at no cost for low-income children. However, the parents themselves could not qualify for Medicaid and were going without care because, in Virginia, as in many other states, adult eligibility for Medicaid is extremely restrictive. Moreover, many state Medicaid programs, including Virginia’s, do not cover dental care for their adult enrollees, or cover only emergency care. Although the parents with children covered by Medicaid wished the program would cover their care, too, they expressed relief that their children could see a dentist without their worrying about how to pay for it.

One parent who was interviewed had children who were uninsured. Kirby, a single father of two teenage sons, had not had a regular source of employment for the last two years, and he and his children had been without health insurance for three years. He said, “I know I need [health coverage] because of the kids and I am getting older. I am 47 and now is the time that all the health problems are going to start happening and without any kind of insurance, it is scary. Actually, just two weeks ago my son did a back flip off the trampoline and broke his wrist. Now we have to deal with all the hospital bills from that.”

## Without insurance, dental care is unaffordable

The high cost of dental care is a major barrier to access for low-income adults without insurance. Without coverage, those interviewed said they often could not afford even preventive care and cleanings. More expensive procedures such as root canals, often running into the thousands of dollars, were far beyond their means.

The limited supply of dentists in their rural communities, and the small number of practices willing to provide care for patients for a reduced fee, left uninsured individuals with few if any choices for affordable oral health services. Some of those interviewed had gone to sliding-scale clinics for dental care, but even the lower fees charged in those settings could be burdensome, and for those with more involved treatment needs, the costs mounted up quickly.

***“I know I am not going to be able to get everything done at the dental fair, but I have eight teeth that have started decaying. I went to see a dentist in February and he wanted to do a root canal on them. He told me he’d charge \$8,000 dollars for root canals on all of them. As opposed to paying \$8,000 dollars to save them I just prefer to go ahead and get them pulled so they won’t get infected.”***

**Jessica,  
26-year-old uninsured,  
unemployed mother**

With the economy in a recession, the low-income families represented were struggling more than usual. All were scaling back, avoiding large expenses, just trying to “weather the storm.” A few had recently been laid off. Others were trying to find full-time or better-paying jobs, but none had succeeded. One interviewee had lost her job as a waitress and, three weeks before the dental fair, lost her home to foreclosure. She had had to move with her two children, aged 2 and 4, to live with her sister in another town, about an hour away. Another participant indicated that he was one missed payment away from losing his truck, which he needed for work. This same person was facing thousands of dollars of medical debt.

Under these kinds of financial pressures, the individuals interviewed for this study considered dental care a luxury they could not afford. Although they needed dental care, they were resigned to living without it for now, while money is so tight. They were extremely grateful to be able to receive care at the dental fair.

“When you have a toothache and you don’t have insurance to pay for it, you come here and get your teeth done for nothing,” explained Pamela, a stay-at-home mother who attended the fair with her husband and 8-year-old son, Jacob. While Jacob was covered by Medicaid, she and her 50-year-old husband, a plumber, were both uninsured. Struggling with the costs of medical care and drugs for Pamela’s high blood pressure and thyroid problems and her husband’s heart disease, they could not afford the extensive dental care both needed. Her husband had all his teeth extracted at the fair. The triage dentist advised Pamela to have her 13 upper teeth extracted, but she lost her nerve when her turn came.

## Without access to preventive care, patients often need crisis care

Many who attended the dental fair came with serious and extensive problems. Those interviewed for this study, for example, had needs for root canals, extractions, dentures, treatment for infections, measures to address soft and cracking teeth, and more. Just one came hoping only to receive such routine services as a check-up, a filling, and a cleaning.

***“We’re not spending any money whatsoever. We go and do what we got to do and pay our bills... and that’s it.”***

**Pamela,**

**40-year-old uninsured mother**

With no regular access to dental care, most adults at the dental fair do not receive recommended check-ups each year or the oral health education typically provided in those encounters. They simply cannot afford this care out-of-pocket. By the time they seek care – which is often when the pain is no longer bearable – it is frequently a matter of crisis management.

For most interviewees, access to follow-up care for problems treated at the fair was unrealistic. Indeed, many of them expected to have to wait until the next fair, a year later, to obtain further services. One 51-year-old participant, Charles, fit this profile. Charles had attended the 2008 fair and was back this year to have a filling that had broken eight months earlier repaired. Working part-time, but uninsured, he had waited nine hours in line for the dental fair. He explained, “I wish I had dental coverage. If I had dental coverage, I probably wouldn’t be here today, but since I don’t have dental coverage, I’m glad they come here once a year. So, if something goes wrong with my teeth, I try to wait until it comes again next year.”

***“I hear about all these garage people doing dental work out of their garage and all and I’m not – even though I want to get it done I’m not quite that keen to go to somebody’s garage. I don’t feel like getting sick on top of what’s going on.”***

**Kirby,**

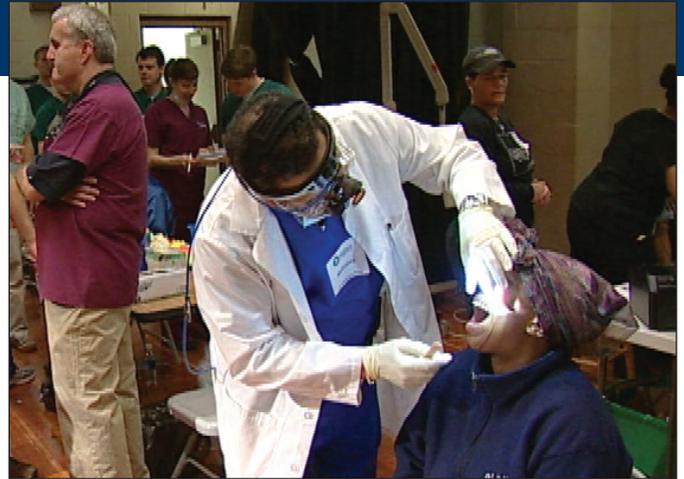
**31-year-old uninsured,  
unemployed father**

Bearing in mind that the majority of patients, like Charles, were uninsured and unlikely to receive follow-up care, the dentists weighed what kind of care was most appropriate. In many cases, they extracted decayed teeth that a root canal could have saved. In the absence of access to such treatment, however, the best care the dentists could provide was to pull the teeth to alleviate their patients’ pain and prevent infection.

While relieved of pain and the risk of infection, many patients were then left with missing teeth – in some cases, no teeth – for the foreseeable future, as they had little prospect of obtaining dentures. Pamela’s husband was in this bind. As she waited for him to come back after his full mouth extraction, she explained, “My husband was hoping to get dentures, which he didn’t get.”

## Untreated dental problems have serious health, employment, and social consequences

Most of those interviewed described being in frequent pain because of their dental problems. The pain had become an integral dimension of their lives, and they had tried to adapt by avoiding certain foods, eating softer foods, and taking ibuprofen and other pain medication. They also experienced anxiety about having dental problems but no access to the care they needed.



Those with chronic health conditions like diabetes and high blood pressure reported that their dental problems aggravate their conditions. One individual explained the impact of a recent toothache on her health: “With me being a diabetic, it actually affects my sugar levels, too. When my teeth hurt, I have to increase my insulin or I have to eat alternative foods... It affects my diet as well as my medicine.”

***“If your teeth are infected and you’ve got an infection in your body, your system is working hard to take care of it and can’t fight everything. It goes both ways – but people with long-term gum disease tend to have other health issues as well.”***

**Dr. Gabe Martin,  
Dentist**

Lost work due to mouth pain also emerged as an issue. Two of the participants interviewed had had to miss work because of severe dental pain. Spring, a 31-year-old, divorced mother of three, works part-time as a bartender and does not receive health insurance. With a family history of brittle teeth, Spring had confronted significant dental problems throughout her life and sometimes been unable to go to her job as a result. She offered this account: “I have had severe dental pain that has followed me throughout my whole life. I’ve lost work over it. When I need to go to the dentist, I have to take a day off of work and I don’t get paid for that time. So that’s costing me, plus I have to pay for my visit and suddenly it’s a couple hundred dollars a day. That’s a lot when you’re already living on a fixed income.”

Another interviewee, Jessica, recounted having missed many days of work because of an abscess. “When you have an abscess, your face is swollen. You just want to lie down. Your ears feel like they’re popping,” she reflected.

Several participants spoke of the social stigma they feel when people observe their cracked or missing teeth as another burden that weighs on them. A few said they do not smile often, or they cover their smile with their hand. One participant, Kirby, had grown a beard to cover his mouth. Kirby and the others described feeling self-conscious all the time, and they perceive that their visible poor oral health hurts them in job interviews and social settings.

Compounding the stigma associated with poor teeth, some cite embarrassment that they cannot afford dental care and thus attend the fair. “I tried to get my two teenage sons to come this morning but they were too embarrassed,” said Kirby, who attended alone.

## The dental fair is a band-aid – not a cure

Dental fairs offer those without dental coverage and those with inadequate dental coverage essential, but limited, oral health services. While the fairs are highly valued by those who receive services, they reach only a small part of the population in need and cannot address the full scope of dental needs presented by those who attend. Most of the oral health problems the providers see – too often, dental crises – result directly from lack of access to preventive and primary care. The providers lamented that most of the hundreds of teeth they extract to minimize suffering and infection could have been saved with basic oral health care these patients could not afford.



***“It is embarrassing trying to talk to a nice person or trying to talk to people in general [when you have broken or cracked teeth]. That’s why I’m trying to grow the facial hair – to try and hide it because it is embarrassing. It really is.”***

**Kirby,  
31-year-old uninsured,  
unemployed father**

For most of the patients at Onley, the dental fair had become their “dental home” – the place they rely on for oral health care. Most said they would be back next year to take care of the dental problems that could not be addressed at this year’s fair. But as they have learned, they can only expect their most urgent needs to be met each time. The resources at the fair are not adequate to deal with the flood of needs of the hundreds of people always waiting in line for care.

Most oral disease is preventable, but the late-stage care typically received by those who lack dental coverage – today, tens of millions of adults – has worrisome implications for national efforts to improve oral health. Terry Dickinson, the organizer of the Onley dental fair and the Executive Director of the Virginia Dental Association, summed up the challenge: “It’s all about prevention – we’re more preventive than any other profession – it’s flossing, it’s dieting, it’s behavior. But you know what? We’ve actually recently seen an increase in dental decay in younger groups. We’re losing the battle.”

## CONCLUSION

Nearly a decade ago, the Surgeon General's report, *Oral Health in America*, stated that "a silent epidemic of oral diseases is affecting our most vulnerable citizens." The report documented the emerging associations between oral disease and several major chronic illnesses as well as adverse birth outcomes. It also presented evidence of the relationship of oral health to general health, self-esteem, social interaction, learning, career achievement, and emotional state.



In the microcosm of the Onley, Virginia dental fair, the wide-ranging costs of oral disease, and the lack of access to the most basic oral health care that is at the heart of the problem, were crystallized. The experiences of the ten people interviewed for this report suggest the scope of the need for dental coverage and affordable dental care among low-income adults across the country.

***"We can't keep being the safety net for this immense problem that we see today and we'll see in the five other projects that we'll see in the states. There aren't enough dentists, not enough money to take care of this problem."***

**Dr. Terry Dickinson,  
Dental fair organizer**

While dental fairs provide much-needed help to critically underserved communities of low-income and uninsured Americans, the long lines that form outside their doors demonstrate the limitations of this approach to ensure timely access to appropriate oral health care. This crisis in access among the uninsured will require a broader solution.

The well-established linkage between health insurance and access, and the exceedingly high uninsured rate among low-income, non-elderly adults indicate that broadening coverage of this population is key to improving their access and narrowing health disparities associated with poverty. Steadily declining coverage rates due to rising health care costs and the recession, as well as eroding benefits and out-of-pocket protections in existing health coverage, add urgency to the problem.

The effort to reform our health care system to ensure health coverage for all Americans is at an historic juncture. As policy makers debate the contours of reform, the profound gaps in access and care illustrated by the Onley dental fair show that action to assure coverage of preventive and primary oral health care and measures to assure its affordability are essential components of efforts to achieve reform's most fundamental goal – improving the health of the nation.



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