



# MARYLAND

## FAMILY POLICY IMPACT SEMINAR

### Oral Health Among Low-Income Rural Families: Implications for Policy and Programs

#### Importance of Oral Health

Oral health is related to and can be an indicator of many other health problems in the body. Studies note a relationship between oral health and heart disease, stroke, low birth-weight babies, and respiratory problems. Oral health is important to maintain a healthy diet. *Rural Healthy People 2010* identified oral health as number 5 in a top ten of rural health priorities.

#### Barriers to Oral Health

Many factors prevent the use of dental health care services, including:

- Poverty and the ability to pay
- Lack of insurance or type of insurance
- Transportation
- Lack of understanding the importance of dental health
- Location in a rural area and lack of dental services
- Lack of dentists accepting patients on state insurance

#### Oral Health of Rural, Low-Income Maryland Families

A multi-state study of the well-being of rural, low-income families, including families in Maryland, found specific challenges to oral health. (1) A lower percentage of Maryland mothers (**55%**) reported seeing dentists in the last year than the multi-state sample (**62%**). The percentage was even lower for the spouses/partners (**45%**) of the mothers. For their children, the percentage was about the same (**54%**).

Among the Maryland mothers:

**49.6%** were unemployed--Employed participants were significantly more likely to have seen a dentist within the past year.

**69%** received some high school education or more—Completion of high school or pursuit of some further degree of education was significantly related to having seen a dentist within the past year.

**26%** of the participants reported having difficulty paying for dental care.

**47%** of mothers, **61%** of spouse/partners and **20%** of children did not have dental insurance. Among those with dental insurance, high percentages also received public assistance like Medicaid: 74% of mothers, 54% of partners and 85% of children.

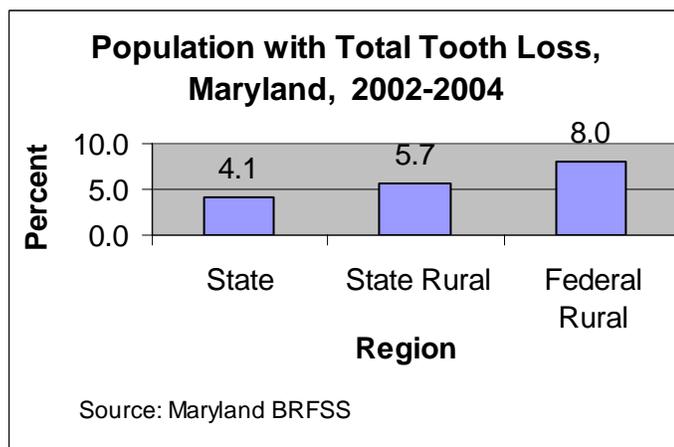
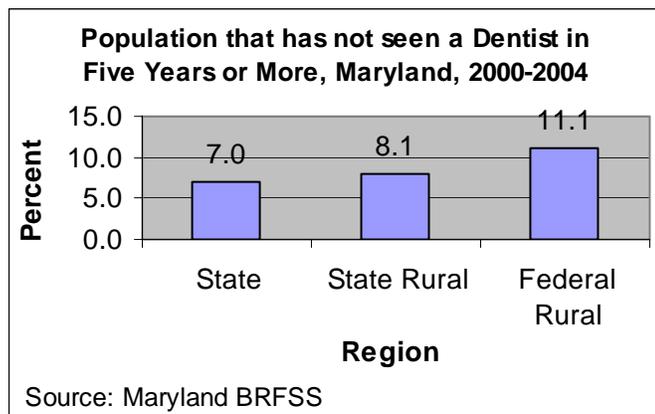
#### In Their Own Words

*“We either say, do we pay our rent and have a roof over our heads? Or do we go out and get our teeth checked.”*

*“Well, paying for dental care for me. I mean, the kids wasn't an issue because they've got Medicaid. But I need a dentist; I need it bad and I've got no money.”*

*Dental insurance is lower in rural areas and access to dental care for those on Medicaid is much lower in rural areas, nationally, than urban areas.(2) The rural jurisdictions of Allegany, Caroline, Charles, Dorchester, Garrett, Queen Anne's, Somerset, Talbot, Washington, Wicomico, and Worcester all contain a dental Health Professional Shortage Area. The greatest shortages are in Maryland's lower shore area leaving children on the Eastern Shore with the highest rate of untreated dental decay, at 54 percent, in the state.(3)*

The latest statistics show that the rate of dental insurance in federally-designated rural Maryland was **57%** compared to **69%** in urban Maryland. For state-designated areas, the rate was higher (**65%**) but still less than urban areas.



## Policy Recommendations

### Improve Access

- Fund demonstration projects to test proven oral health improvement programs
- Improve oral health data collection and analysis with particular attention on children or other underserved populations
- Fill the Office of Oral Health dentist position
- Review and update dentist & dental hygienists state salaries to be competitive with the private sector

## Broaden Provider Network

- Create a training program for expanded function dental assistants or dental hygienists
- Implement physician training sessions on children's dental health
- Expand dental care programs through Head Start & WIC
- Develop strategies to link medical and dental providers

## Consumer Education

- Develop public awareness campaign on children's preventive dental health
- Expand outreach of dental health education in faith-based settings

## References/Resources:

(1) This brief is based on USDA multi-state, longitudinal research study NC223/1011: *Tracking the Well-being of Rural Low-Income Families in the Context of Welfare Reform*. Funding from the USDA National Research Initiative & cooperating states including: CA, CO, IN, KY, LA, MD, MA, MI, MN, NE, NH, NY, OH, OR and WY. This study began in 1998 and continues through 2008

(2) Long SK, King J, Coughlin TA. "The Health Care Experiences of Rural Medicaid Beneficiaries." *Journal of Health Care for the Poor and Underserved*, 17(3), 575-591.

(3) Office of Oral Health, Family Health Administration, Department of Health and Mental Hygiene. "Survey of the Oral Health Status of Maryland School Children, 2000-2001". Available at [http://www.fha.state.md.us/oralhealth/pdf/2000-2001\\_school\\_survey\\_updated.pdf](http://www.fha.state.md.us/oralhealth/pdf/2000-2001_school_survey_updated.pdf). Accessed December 8, 2006.

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