Inability or Delays in Accessing Dental Care in HRSA-Funded Health Centers and Associations With Fair or Poor Oral Health

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April 8, 2025
National Oral Health Conference (NOHC)
Orlando, FL

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Oral Health Workforce Research Center (OHWRC), established in 2014, is 1 of 9 health workforce research centers in the country funded by the Health Resources and Services Administration (HRSA) and the only one with a unique focus on the oral health workforce.

OHWRC is based at the Center for Health Workforce Studies (CHWS), University at Albany, State University of New York (SUNY).

OHWRC was formed as a partnership between CHWS and the Healthforce Center at the University of California, San Francisco.

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Acknowledgements

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The Oral Health Workforce Research Center (OHWRC) is **supported by the Health Resources and Services Administration (HRSA)** of the US Department of Health and Human Services (HHS) as part of an award totaling $450,000 with 0% financed with nongovernmental sources. *The content of this presentation are those of the authors and do not necessarily represent the official views of, nor an endorsement, by, HRSA, HHS, or the US government. For more information, please visit HRSA.gov.*

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Introduction

- Disadvantaged populations, including low-income individuals, the uninsured, Medicaid beneficiaries, racial/ethnic minorities, and rural residents, face ongoing challenges in accessing oral health services
- Federally qualified health centers (FQHCs) and other safety-net providers primarily serve these populations
  - In 2022, over 6 million of the 30.5 million total patients at HRSA-funded health centers received oral health services; nearly 70% of all patients were uninsured or Medicaid beneficiaries
- Safety-net providers are uniquely positioned to recognize difficulties faced by their patients and offer needed services through innovative care delivery models such as mobile/portable dentistry, teledentistry, and medical-dental integration
- Evaluating access to and utilization of oral health services in the safety-net is crucial for understanding patient needs and provider capacity to deliver care

Study Aims and Data Sources

Study Aims

- To evaluate the oral health status and its relationship with oral health service utilization and socioeconomic factors among vulnerable and underserved populations seeking care at HRSA-funded health centers

Data Source

- Health Center Patient Survey (HCPS) collected by HRSA in 2021-2022
  - Includes comprehensive patient-level data through interviews with more than 4,400 patients who received health services at over 300 HRSA-funded health centers
  - The survey sample is nationally representative of the health center patient population, which consists of vulnerable populations such as low-income, minorities, and the uninsured
  - Survey instrument included questions related to patients' demographics, socioeconomic characteristics, access to and utilization of oral health services, and oral health status

Statistical Analyses

- **Descriptive statistics**
  - To evaluate the respondents' characteristics who *needed* dental care and their self-reported oral health (fair or poor vs good, very good, or excellent)
- **Multivariable negative binomial regressions stratified by race/ethnicity**
  - To assess the association between inability or delays in receiving dental care in the past year and self-reported oral health status, adjusting for sociodemographic factors
- **Data weighting**
  - Data was weighted to account for the complex sampling design
  - Final analysis weight matched the total number of Health Center Program patients as reported by all eligible awardees in 2018 Uniform Data System (UDS) reports
- **All analyses were conducted using SAS software**, version 9.4 (SAS Institute)

Key Findings

The 2022 HCPS sample included 4,340 patients (weighted n=29,026,324)

Less than half of patients **(42%) reported needing** any oral health care in the last 12 months

31% of patients were unable to get needed oral health care in the last 12 months

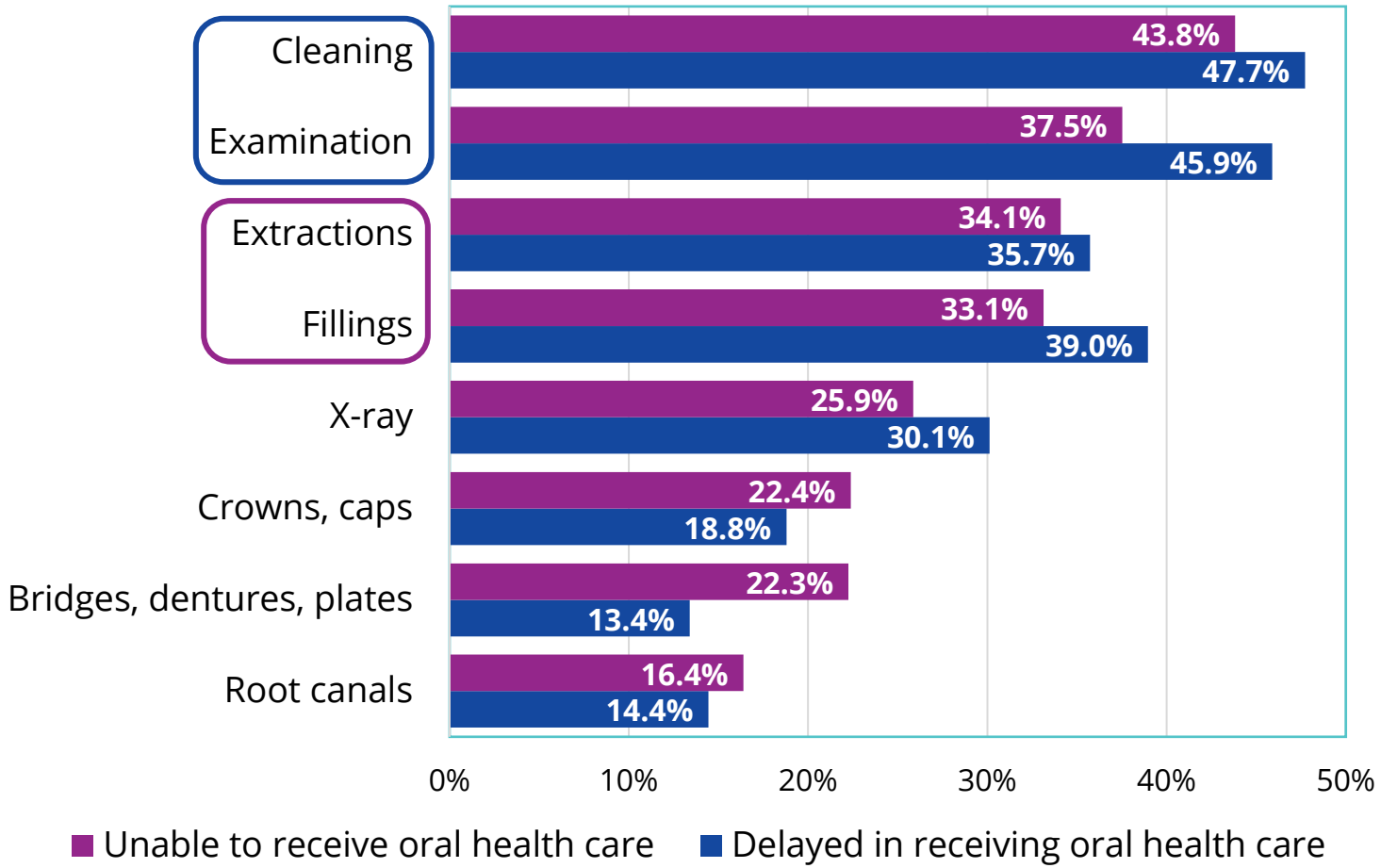
32% of patients were delayed in getting needed oral health care in the last 12 months

41% of patients rated they general oral health as being **fair or poor** in the last 12 months

Factors Influencing Oral Health

- Patients who were **significantly more likely ($P<0.01$)** to report ***fair or poor oral health*** were those who:
  - Were ***unable*** to receive needed oral health care in the past 12 months (61.0%)
  - Experienced ***delays*** in receiving oral health care in the past 12 months (52.6%)
  - Were between **45-64 years old** (53.7%)
  - Identified as **Hispanic/Latino** (49.1%)
  - **Lacked health insurance** coverage (65.2%)
  - Had an **income below 100%** of the federal poverty level (44.9%)

The Most Frequently Reported Unmet Oral Health Care Needs



- The highest proportion of patients facing **delays** or **inability** to receive services were for *preventive* and *diagnostic care*
- Additionally, over a third of patients experienced these challenges with *basic restorative care*

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Factors Associated With Fair or Poor Oral Health:

Regression Results for Inability to Access Care

Risk of Fair/Poor Oral Health by Race/Ethnicity	Non-Hispanic White		Non-Hispanic Black		Hispanic		Other	
	IRR	95% CI	IRR	95% CI	IRR	95% CI	IRR	95% CI
Unable to get needed oral health care	**2.02**	**1.33, 3.06**	0.92	0.52, 1.63	1.34	0.97, 1.84	**5.09**	**2.18, 11.90**
Male	1.09	0.75, 1.58	0.60	0.32, 1.11	1.13	0.78, 1.62	**2.28**	**1.08, 4.81**
45–64 years of age	0.76	0.48, 1.19	**2.31**	**1.52, 3.51**	1.12	0.86, 1.45	1.41	0.62, 3.22
65+ years of age	0.40	0.15, 1.08	0.92	0.17, 4.96	1.08	0.63, 1.87	**5.04**	**1.92, 13.28**
Income <100% FPL	1.53	0.76, 3.06	0.62	0.33, 1.17	**3.08**	**1.42, 6.65**	1.24	0.63, 2.26
Income 101-200% FPL	1.77	0.92, 3.41	1.11	0.81, 1.51	**2.60**	**1.31, 5.18**	0.53	0.22, 1.23

Multivariable negative binomial regression (incidence risk ratio [IRR], 95% confidence interval [CI]) stratified by race/ethnicity. The model assessed the relationships between inability to get needed oral health care in the past year and self-reported oral health status (fair or poor vs good, very good, excellent), adjusting for sociodemographic characteristics (sex, age, education, health insurance, poverty, geographic area).

- Non-Hispanic White and other race/ethnicity patients unable to access dental care had **2- and 5-fold higher risks of fair/poor oral health**
- **Higher risk of fair/poor oral health** was also found among:
  - Non-Hispanic Black patients aged 45-64
  - Hispanic patients with incomes below 200% of the federal poverty level (FPL)
  - Male patients and those aged 65+ of other race/ethnicity

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Factors Associated With Fair or Poor Oral Health:

Regression Results for Delayed Access to Care

Risk of Fair/Poor Oral Health by Race/Ethnicity	Non-Hispanic White		Non-Hispanic Black		Hispanic		Other	
	IRR	95% CI	IRR	95% CI	IRR	95% CI	IRR	95% CI
Delayed in getting needed oral health care	**2.15**	**1.54, 3.01**	0.63	0.31, 1.26	1.20	0.95, 1.53	1.66	0.86, 3.21
Male	1.10	0.77, 1.57	0.61	0.33, 1.12	1.09	0.75, 1.59	**1.80**	**1.08, 3.00**
45–64 years of age	0.71	0.46, 1.10	**2.17**	**1.41, 3.35**	1.11	0.84, 1.47	1.89	0.84, 4.23
65+ years of age	**0.35**	**0.13, 0.96**	0.88	0.18, 4.20	1.09	0.64, 1.84	**4.24**	**1.29, 13.98**
Income <100% FPL	1.42	0.76, 2.68	0.68	0.39, 1.18	**3.29**	**1.51, 7.16**	1.10	0.54, 2.28
Income 101-200% FPL	1.67	0.90, 3.07	1.13	0.78, 1.63	**2.77**	**1.39, 5.54**	0.76	0.35, 1.67
Living in rural area	**0.67**	**0.47, 0.97**	1.19	0.69, 2.05	1.00	0.67, 1.49	0.44	0.17, 1.17

Multivariable negative binomial regression (incidence risk ratio [IRR], 95% confidence interval [CI]) stratified by race/ethnicity. The model assessed the relationships between delayed in getting needed oral health care in the past year and self-reported oral health status (fair or poor vs good, very good, excellent), adjusting for sociodemographic characteristics (sex, age, education, health insurance, poverty, geographic area).

- Non-Hispanic White patients with delayed access to dental care had **2-fold higher risks of fair/poor oral health**
- **Higher risk of fair/poor oral health** was also found among:
  - Non-Hispanic Black patients aged 45-64
  - Hispanic patients with incomes below 200% of the federal poverty level (FPL)
  - Male patients and those aged 65+ of other race/ethnicity
- **Lower risk of fair/poor oral health** was found among:
  - Non-Hispanic White patients aged 65+ and those living in rural areas

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Conclusions

- Many patients reported fair or poor oral health, indicating oral health unmet needs
- Access to dental care remains a major issue, with many unable to receive the care they need or experiencing delays
- Non-Hispanic White patients who couldn't access care or faced delays were at a higher risk of fair or poor oral health
- Patients from other racial and ethnic backgrounds faced even greater risks when unable to access care or experienced delays
- Specific groups, including Non-Hispanic Black patients aged 45-64, low-income Hispanic patients, and older patients from other racial/ethnic backgrounds, are particularly vulnerable

Potential Implications for Policy and Practice

- Develop specific interventions tailored for high-risk groups to address their unique challenges and improve oral health outcomes
- Implement or expand mobile dentistry and teledentistry to reach remote and underserved areas, making oral health care more accessible
- Integrate medical and oral health care to provide comprehensive services that address all aspects of patient health
- Increase funding and resources to strengthen HRSA-funded health centers and their ability to serve communities
- Raise awareness among patients and healthcare providers about the critical importance of timely oral health care to prevent serious health issues

Questions?

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