

DENTAL REPORT

The Price of Poor Oral Health

SUMMARY OF CONTENTS

Benevis addresses the worsening economic impact and escalating costs associated with neglected oral health in the U.S.

2024



Table of Contents



03 Introduction

04 Dental Divide Downfall

05 High Costs of Health Inequities

07 Hidden Costs of Delaying Dental Care

08 Insufficient Dental Insurance Coverage

09 Summary

10 Making an Economic Impact on Louisiana's Dental Health

11 References

Introduction

Our health and the health of the economy are closely intertwined. For the economy to thrive, communities and the people living in them and supporting them must be healthy. Lack of access to regular dental care creates a ripple effect of escalating costs and related challenges.

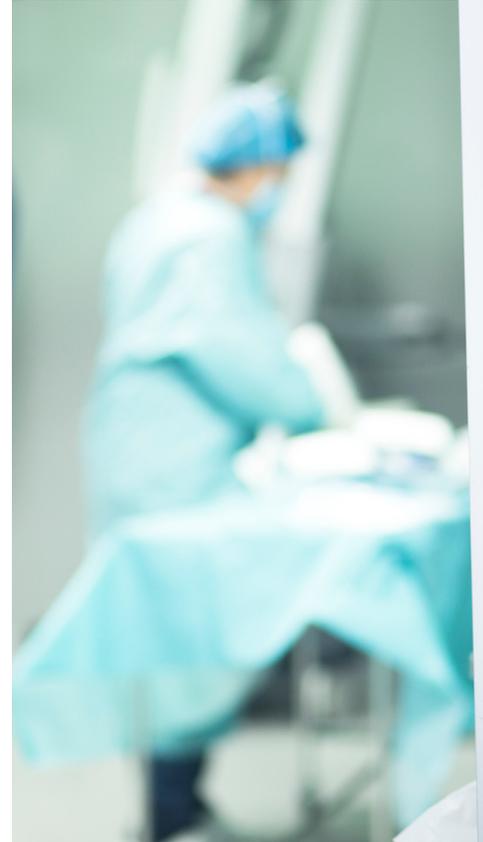
“Every 15 seconds in America, someone shows up at a hospital emergency department because of a dental issue. The estimated 2.1 million emergency department visits for dental conditions cost the U.S. healthcare system \$2.7 billion each year, with Medicaid accounting for the largest share of this spending. This is an example of inefficient spending that could be avoided if more Americans had access to a dental home for routine care and prevention,” states Marko Vujicic, Ph.D., ADA chief economist and vice president of the Health Policy Institute (1).

Besides the misuse of expensive hospital emergency rooms, there are an estimated millions of missed hours at school (2) and job productivity losses (3) adding up to billions of dollars annually—all due to neglected dental care. Health disparities including race, ethnicity, and education only compound challenges, making dental care unattainable for many individuals and families.

To make matters worse, expiring pandemic federal aid benefits have contributed to the first increase (4.6%) in the Supplemental Poverty Measure* (SPM) rate since 2010. Additionally, the SPM child poverty rate more than doubled between 2021 and 2022 (4).

In this paper, Benevis will cover the rising costs and devastating effects of poor oral healthcare as well as the economic contributors.

**SPM accounts for government programs designed to assist low-income families.*



↑ 30%

With costs up 30% per person over the last 20 years, dental care is out of reach for many Americans

cites the National Institutes of Health (NIH) report on Oral Health in America: Advances and Challenges (3).

Dental Divide Downfall

The dental divide is central to many of the financial challenges in healthcare. Because medical care and dental care function in silos, the nation’s healthcare system ends up bearing many of the costs of poor oral health in communities across the country (5). People suffering severe pain from rotting teeth typically turn to emergency departments, placing the burden of care on our hospitals and health systems. This disconnect makes it difficult to incentivize change in healthcare or dental care.

Affordable dental coverage isn’t available to everyone. An estimated 67 million Americans –nearly a quarter of the population–have no dental insurance coverage. For comparison, that is well over double the estimated 26 million Americans without health insurance (3).



In a study from Synchrony, 58% of consumers view dental insurance as unaffordable, and 75% of uninsured feel it’s too expensive (6).

“As an industry, we recognize that preventive care is critical to curbing the long-term consequences of neglected oral health. Yet, millions of Americans lack health insurance or access to care for routine cleanings and check-ups. Enhancing the accessibility of exceptional healthcare begins with providing continuous dental health insurance to diverse patient populations,” says Bryan Carey, chief executive officer of Benevis.

High Costs of Health Inequities

A new study funded by the National Institute on Minority Health and Health Disparities reveals that the financial strain of health disparities on the United States is bad and getting worse. Carrying an enormous cost of \$451 billion in 2018 up 41% from \$320 billion in 2014, racial and ethnic health disparities hit the economy hard. The same research also shows barriers in education have come at a significant price. For people without a college degree, the related health cost burden to the U.S. was \$978 billion in 2018—double the percentage of the U.S. economy’s annual growth rate that year (7).

Economic Burden of Health Disparities

Total Estimated Burden	Burden by Race & Ethnicity	
\$451 Billion NATIONWIDE \$1,377 PER PERSON EQUIVALENT TO 2% of the GDP	Black/African American	\$310B 69%
	Hispanic/Latino	\$ 94B 21%
	American Indian/Alaska Native	\$ 26B 6%
	Native Hawaiian/Pacific Islander	\$ 12B 3%
	Asian	\$ 8B 2%

Total Estimated Burden	Burden by Level of Education	
\$978 Billion NATIONWIDE \$2,988 PER PERSON EQUIVALENT TO 5% of the GDP	Less than High School	\$256B 26%
	High School	\$593B 61%
	Some College	\$ 128B 13%

Source: The Economic Burden of Racial, Ethnic and Educational Health Inequities in the United States. LaVeist, Pérez-Stable, Richard, Anderson, Isaac, Santiago, Okoh, Breen, Farhat, Assenov, Gaskin. JAMA, 2023

**Although the data above refers to medical expenses, dental expenses overlap in emergent care as outlined in the next section of this paper. Disparities by race, ethnicity, and education are consistent, regardless of medical or dental care services.*



The results of this study demonstrate that health inequity represents not just unfair and unequal health outcomes, but it also has a significant financial cost.”

Thomas LaVeist, Ph.D., dean of Tulane University School of Public Health and Tropical Medicine, lead author of *The Economic Burden of Racial, Ethnic, and Educational Health Inequities in the U.S.*

High Costs of Health Inequities

There is a hefty cost of ignoring social determinants of health (SDOH) and the risk factors linked to oral health. The NIH on *Oral Health in America: Advances and Challenges* reports that “about half of all American children do not receive regular dental care due to social, economic, and geographic obstacles. Moreover, “1 in 5 low-income adults said they have not visited a dentist within five years or more or had never visited a dentist (3).”

Factors such as cost, distance, and availability of services limit access to dental care. Although affordability is a greater challenge for low-income Americans, cost is the top reason for not visiting the dentist regardless of income, age, or source of dental benefits (8). Unfortunately, inability to access care has a profound impact on the oral health of children living in these areas, as they are unable to receive regular checkups and timely treatment for issues that arise. Deferring routine preventive and restorative dental care increases the need for more advanced and expensive dental services later, which are even less accessible to the disadvantaged, further widening the disparities and consequences.

Since tooth decay is the most common health condition worldwide, addressing SDOH in early childhood is essential to combatting dental health disparities and related costs (3).



Hidden Costs of Delaying Dental Care

Costs discourage many families from seeking routine dental care. **In one study, 92% of adults said they have considered delaying dental care due to costs (6). In different study, 27% of adults put off dental care because they could not afford it (9).** Left untreated, dental issues can create significant healthcare costs and many indirect costs that negatively impact other areas of people's lives.

In 2017, there were 2.1 million emergency department (ED) visits for dental conditions at a cost of \$2.7 billion. Adult and child Medicaid beneficiaries made up a majority of these ED visits at 40% and 69% respectively (10).

Poor oral health also hurts economic productivity by limiting workforce participation. In 2015, productivity losses associated with oral disease in the U.S. totaled approximately \$45.9 billion. According to the National Institutes of Health, that's higher than the work loss dollars of 195 other countries (3).



Pain and Embarrassment

In addition to the significant financial costs associated with delayed dental care, there are hidden costs that are harder to quantify. From the pain of a tooth ache or anguish of a missing tooth, each experience has an emotional toll on a child's ability to learn, communicate, and thrive socially.



School Absences

Dental problems account for an estimated 34 million hours of school absences among children (2). One study reveals that children with oral health neglect are three times more likely to miss school than their peers; and their dental pain is also tied to poorer school performance (11).



Links to Disease

There are many diseases and health complications linked to oral health, including heart disease, diabetes, cancer, osteoporosis, dementia, Alzheimer's, and others, which can cause costly treatments and devastating effects long term (12).

Insufficient Dental Insurance Coverage

Approximately two-thirds of working Americans receive dental health coverage through employer-based health plans and the remainder pay out of pocket or leverage Medicaid coverage, if eligible. Whereas children enrolled in Medicaid have access to comprehensive dental care, coverage is more limited for adults and varies by state. Only 36 states including the District of Columbia cover dental services for adults beyond emergent needs (e.g. uncontrolled bleeding, traumatic injury), and just 19 (including D.C.) cover extensive dental services through Medicaid (13).



On top of the many social and economic factors that prevent people from getting dental care, the small number of dentists participating in Medicaid or Children's Health Insurance Program (CHIP) plans present another big barrier. Including Benevis, only 18% of dentists in the U.S. treat 100 or more kids covered by Medicaid or CHIP each year. Out of the 43% of U.S. dentists signed up to participate in Medicaid, only 33% of them have treated any children with Medicaid benefits (14). Many dentists choose not to treat patients on Medicaid due to low Medicaid reimbursement rates in their states. For these patients, difficulty finding dental providers can lead to neglected oral health, and greater problems and costs later.

Compounded with the current challenges, more than 13 million Americans have already lost Medicaid benefits in 2023 due to the unwinding of public health emergency funds from the Families First Coronavirus Response Act (15, 16). In the 23 states reporting a breakdown by age, children represented 37% of Medicaid disenrollments (15). In addition to an influx of emergency department visits and the related economic impact of uncovered care, dental practices will surely incur an increase in uninsured patients nationwide.

Summary

The effects of oral health on Americans' financial well-being and the United States healthcare system are crippling. It makes economic sense to create more affordable and accessible solutions.



\$451 billion

Economic burden of total healthcare costs by race and ethnicity in the U.S. (7)



\$45.9 billion

Productivity losses associated with oral disease in the U.S. (3)



66.7 million

Approximate number of Americans without dental insurance (3)



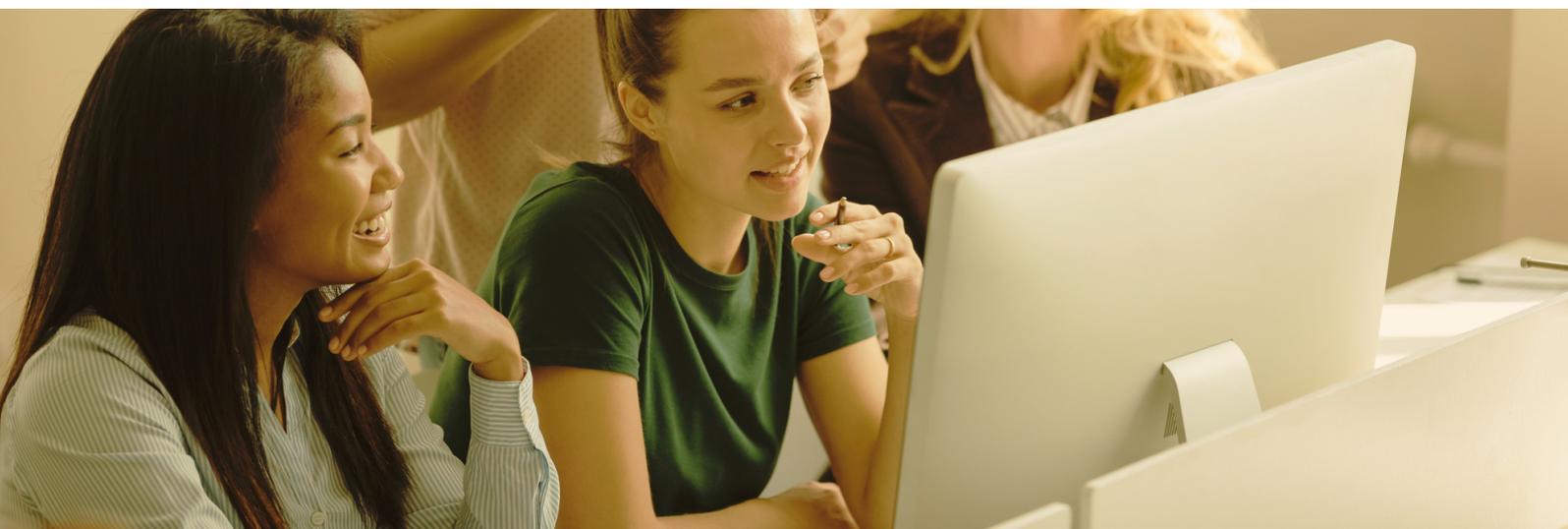
\$2.7 billion

Spending on dental related visits to the ED each year in the U.S. (10)



“Three in ten low-income adults report that oral health issues limit their job prospects. These data suggest that we are paying an economic penalty for our policy choices along the way. Put another way, aside from improving people’s lives, there is an economic and fiscal dividend associated with improving our nation’s oral health.”

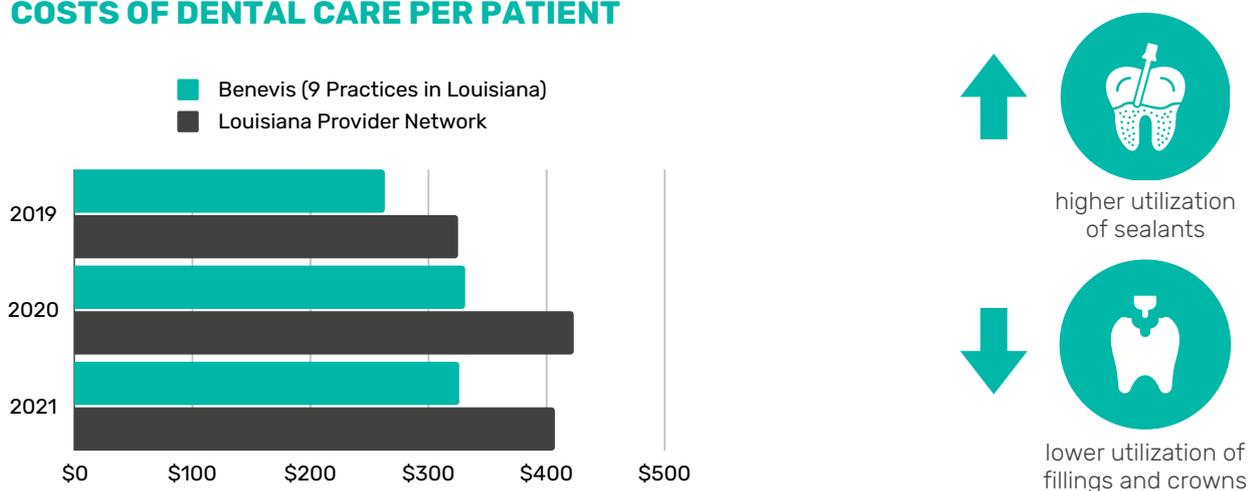
Marko Vujcic, Ph.D., ADA chief economist and vice president of the Health Policy Institute



Making an Economic Impact on Louisiana's Dental Health

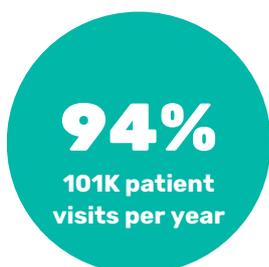
Preventive care is critical to curbing long-term costs of neglected oral health. In a recent [case study](#) (17), Benevis demonstrates how investing in earlier, regular preventive care decreases costly dental conditions in Louisiana—a state where health disparities rank higher and dental health ranks lower than much of the U.S.

COSTS OF DENTAL CARE PER PATIENT



Findings show:

- Nine of Benevis' Louisiana practices realized lower costs of care per patient for three consecutive years.
- The practices' costs per patient were also significantly lower compared to the total network of dental providers in the state.
- Benevis practices had significantly higher utilization of sealants and lower utilization of stainless steel crowns and composite fillings than other providers in the state.



94% of Benevis' patients in Louisiana rely on Medicaid or CHIP plans for dental care.

References

- (1) Statement of the American Dental Association’s Health Policy Institute to the Subcommittee on Health Care Finance Committee United States Senate. An Oral Health Crisis: Identifying and Addressing Health Disparities. Marko Vujcic, Ph.D. Published March 29, 2023.
- (2) Naavaal, Shillpa and Kelekar, Uma. School Hours Lost Due to Acute/Unplanned Dental Care. Health Behavior and Policy Review, Volume 5, Number 2, March 2018, pp. 66-73(8).
- (3) National Institutes of Health. Oral Health in America: Advances and Challenges. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2021.
- (4) Income, Poverty and Health Insurance Coverage in the United States: 2022. United States Census Bureau website. <https://www.census.gov/newsroom/press-releases/2023/income-poverty-health-insurance-coverage.html>. September 12, 2023. Accessed January 4, 2024.
- (5) Metz, E.A.: “The Dental-Medical Divide.” Health Affairs (Vol. 35, No. 12), December 2016.
- (6) Synchrony. Dental Lifetime of Care Study. Published October 4, 2023. Accessed January 4, 2024.
- (7) The Economic Burden of Racial, Ethnic and Educational Health Inequities in the United States. LaVeist, Pérez-Stable, Richard, Anderson, Isaac, Santiago, Okoh, Breen, Farhat, Assenov, Gaskin. JAMA, 2023.
- (8) American Dental Association. Oral Health and Well-Being in the United States infographic. ADA Health Policy Institute. 2015. <https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us-oral-health-well-being.pdf>.
- (9) Heaton, Lisa J, Sonnek, Adrianna C, Schroeder, Kelly, and Tranby, Eric P. Americans Are Still Not Getting the Dental Care They Need. Boston, MA; April 2022. DOI: 10.35565/CQI.2022.2020.
- (10) American Dental Association. Emergency Department Visits for Dental Conditions – A Snapshot infographic. Health Policy Institute analysis of the 2017 Nationwide Emergency Department Sample, Agency for Healthcare Research and Quality. 2020.
- (11) Jackson SL, Vann WF, Kotch JB, Pahel BT, Lee JY. Impact of poor oral health on children’s school attendance and performance. Am J Public Health 2011;101(10):1900-6.

References

- (12) Mayo Clinic. Oral health: A window to your overall health. Mayo Clinic website. <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>. Published October 28, 2021. Accessed January 4, 2024.
- (13) Center for Health Care Strategies. Medicaid Adult Dental Benefits: An Overview. https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf. Published September 2019. Accessed January 4, 2024.
- (14) Vujcic, Marko, et al. Dentists in Medicaid: Who are they, where do they locate, how do they practice? Health Policy Institute. Webinar. <https://www.ada.org/resources/research/health-policy-institute/coverage-access-outcomes/dentists-in-medicaid>. Published September 15, 2022. Accessed January 4, 2024.
- (15) KFF. Medicaid Enrollment and Unwinding Tracker. <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>. Published December 20, 2023. Accessed January 4, 2024.
- (16) KFF. Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision. <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/>. Published April 4, 2023. Accessed January 4, 2024.
- (17) Benevis. Making an Economic Impact on Louisiana's State of Dental Health Case Study. https://benevis.com/wp-content/uploads/2023/10/Case-Study_Benevis-Makes-Economic-Impact-in-Louisiana_FINAL_10.01.23-sm.pdf. Published October 3, 2023. Accessed January 4, 2024.



Benevis is a leading dental healthcare organization for practices focused on delivering critical oral care and orthodontics to underserved communities. Through comprehensive care and operational services that expand access to dentistry, Benevis has a 20-year history of providing the highest quality care to approximately 5 million children and adults. Its network reaches more than 100 dental offices across the U.S. that deliver treatment during 1.4 million visits each year. Benevis also advocates for programs and legislation that ensure all families have access to the oral healthcare they need and deserve.

benevis.com | solutions@benevis.com

© 2024 New Benevis, Inc. All Rights Reserved.