

UCLA Dentistry

ACCESS TO DENTAL CARE FOR ADULTS WITH DISABILITIES: FREQUENCY, BARRIERS, AND DEMOGRAPHIC DISPARITIES IN SOUTHERN CALIFORNIA

Eryca Yamane, Thalia Ornelas, Brenda Nguyen, Tiffany Do, Leyla Karimli PhD, Kelly Vitzthum DDS, MPH, and Steph Tuazon LCSW

UCLA School of Dentistry, Special Patient Care Clinic
UCLA Luskin School of Public Affairs, Social Welfare

UCLA Luskin
Social Welfare

Introduction

Oral health is a crucial aspect of overall well-being, particularly for individuals with intellectual or developmental disabilities and those with complex medical needs. These populations face heightened health risks and significant barriers to care, including financial hardship and limited providers available equipped to meet their needs. In Southern California, where 27% of adults report having a disability, access to dental care remains limited, further exacerbating existing health disparities. Given these challenges, it is essential to analyze the frequency of dental visits, identify the primary barriers preventing care, and address the intersecting factors that impact equitable and accessible dental services for adults with disabilities. Given Southern California's large, diverse population and resources, findings from this research provide a valuable framework for addressing similar challenges in other service areas and states. This study seeks to answer the following research questions:

- What are the main barriers for not receiving dental care in the past 12 months?
- How does the frequency of dental service utilization and barriers to accessing dental care vary across age, race/ethnicity, type of disability, and insurance coverage demographics in Southern California?

Methods

This study used secondary data from the 2023 California Health Interview Survey (CHIS) to examine dental service utilization and barriers among adults with self-reported disabilities in Southern California (N=3,935). The disabilities examined include chronic, mental, and physical health conditions. An ordered logistic regression was conducted to examine the relationship between age, race, and insurance coverage and the frequency of dental service utilization in the past 12 months. Several regression models, including multinomial logistic and bivariate analyses, were used to explore the relationship between dental visit frequency and barriers to accessing dental care.

Results

Outcome Variable	Predictor Variable	β	SE	t	p	95% CI
Frequency of Dental Visit	Chronic Risk Factor	0.212	0.096	2.200	0.028	[0.226, 0.401]
	Psychological Distress	0.268	0.124	2.170	0.030	[0.026, 0.511]
Main barriers for not receiving dental care (COVID-19 Related)	Stroke	-0.609	0.287	-2.120	0.034	[-1.173, -0.046]
	Heart Disease	-1.677	0.739	-2.270	0.023	[-3.126, -0.228]
Depressed Most of the Time		-1.143	0.468	-2.440	0.015	[-2.060, -0.226]
	Difficulty Concentrating	0.989	0.396	2.500	0.013	[0.212, 1.765]

Note: β = regression coefficient; SE = Standard Error; t = test statistic; p = significance < .05; CI = Confidence Interval

Variable Category	Predictor Variable	β	OR	p	95% CI
Age (years)	50-54	0.441	1.55	0.018	[0.754, 0.807]
	55-59	0.209	1.63	0.015	[0.619, 0.576]
	60-64	0.490	1.74	1.49	[0.149, 0.831]
	65-69	0.535	1.49	1.52	[0.182, 0.888]
	70-74	0.483	1.52	0.61	[0.142, 0.924]
Race	Latino	-0.494	0.61	p<0.001	[-0.706, -0.282]
	Asian	-0.292	0.77	0.023	[-0.492, -0.016]
	American Indian/Alaska Native	1.093	2.99	0.003	[0.362, 1.828]
	Other Single Multiple Race	-0.264	0.75	0.004	[-0.493, -0.092]
Insurance	Medicare + Employee Based	0.542	1.72	0.043	[0.018, 1.065]
	Medicare + Other Insurance	0.642	1.90	0.011	[0.149, 1.134]

Note: OR = Odds Ratio; p = significance < .05; CI = Confidence Interval

The results demonstrated a marginally significant relationship between people aged 50+ and dental service utilization (LR $\chi^2(13) = 22.07$, $p = 0.0543$) compared to those aged 18-25; a statistically significant relationship between several racial groups and dental service utilization (LR $\chi^2(5) = 37.89$, $p < 0.001$) compared to white individuals; and also a statistically significant relationship between Medicare insurance and dental service utilization (LR $\chi^2(7) = 14.27$, $p = 0.0465$) compared to uninsured status.

Discussion

This study looked into the gap between dental care utilization and the distinct challenges individuals with disabilities face in accessing dental care. Barriers to accessing dental care identified included heart disease, depression, and difficulty concentrating. In addition, this study examined nine specific disability-related risk factors, and having a chronic illness, psychological distress, or previous stroke had significantly lower odds of having received dental care in the last 12 months. Working age adults (30-64) were significantly more likely to indicate "could not afford/no insurance." Older adults (aged 50+) had higher odds of having received dental care in the last 12 months compared to those aged 18-25. Being a Medicare beneficiary also had higher odds of having received dental care in the last 12 months. These findings indicate the complex interplay of disability status, psychosocial wellness, age, race, and insurance status.

Table 1: Disability status due to physical, mental, or emotional condition and adult dental insurance

Dental Insurance - Adult	Disability status due to physical, mental or emotional condition		
	Disabled \$	Not disabled \$	All \$
Has dental insurance	68.1% (65.9 - 70.2) 2,031,000	71.5% (70.5 - 72.4) 9,071,000	70.8% (70.0 - 71.7) 11,103,000
Doesn't have dental insurance	31.9% (29.8 - 34.1) 953,000	28.5% (27.6 - 29.5) 3,621,000	29.2% (28.3 - 30.0) 4,574,000
Total	100.0% 2,985,000	100.0% 12,692,000	100.0% 15,677,000

95% confidence intervals displayed in table Source: 2023 California Health Interview Survey

Conclusion

The intersection of disability and demographic information appears to exacerbate barriers to care. These findings underscore the need for policy reforms and community-based interventions to improve dental care access for disabled adults. Strategies such as expanded Medicaid coverage, culturally humble outreach programs, and enhanced provider training can contribute to more equitable dental care utilization. Addressing these disparities is essential for promoting overall health and well-being for adults with disabilities.

References

Centers for Disease Control and Prevention. (2024). Disability & health U.S. state profile data for California. U.S. Department of Health and Human Services.
California Health Interview Survey (CHIS 2023).
Department of Health Care Services. (2016). All Plan Letter 15-005.
Los Angeles County Department of Public Health. 2019.
Little Hoover Commission (LHC). (2016). Fixing Dental-Care.
U.S. Department of Health and Human Services. (2014). National Survey of Dental Workforce.