

ORAL HEALTH AND THE DEMAND FOR DENTAL CARE

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Good oral health is integral to every individual's overall quality of life and untreated oral diseases can greatly compromise this quality. Oral diseases are often distributed unevenly in society, afflicting some subgroups of the population disproportionately. In addition, large disparities exist in access to dental care, which can perpetuate the uneven distribution of oral diseases in society.

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In order to make good oral health policy, policy-makers must know the current extent of the problem: The distribution of oral health across an area and the factors that are associated with varying levels of oral health. They must also know the degree to which dental services are currently being provided to deal with the oral health problems that exist, and to what extent oral health needs are not being met. The same knowledge is needed by private entrepreneurs in their quest to provide dental services to new market segments.

In this issue of the *Journal of the California Dental Association*, we present four studies that focus on oral health and the demand for dental care. These studies represent the most currently available California-specific information on these topics. They are intended to inform both dental professionals and policy-makers as to the oral health status of adults in California and the patterns of care seeking among adults in California.

While each study contains information on Denti-Cal, which has eliminated optional adult dental services as of July

1, 2009, this information is still important as Denti-Cal may be restored once the state economy recovers. The information contained in this issue would then be useful in determining the association of Denti-Cal coverage with access to dental care and would be highly relevant in the potential redesign of any future version of Denti-Cal.

Two studies in this issue focus on the oral health of adults and seniors, respectively. Dr. Finlayson and colleagues use a surprisingly robust measure, missing teeth due to disease, to determine the distribution of oral health across sociodemographic characteristics. My colleagues and I use the same measure to determine the

distribution of oral health across the socioeconomic characteristics of seniors. Each study examines oral health over an 11-year period: 1995-2006.

These studies provide specific information on who in our state suffers the most from poor oral health.

Two additional studies in this issue focus on the demand for dental care among adults and seniors, respectively. These studies add to the above studies by determining the sociodemographic patterns of those who access dental care in California. My colleagues and I examine the economic demand

for dental care and the perception of financial barriers in receiving needed dental care among adults. Included in this study are instructions on how readers can use the information provided, using Microsoft Excel, to predict the probability of demanding dental care or perceiving a financial barrier in receiving dental care for any particular sociodemographic group in California.

My colleagues and I also present an examination of the extent to which functional limitations prevent seniors from accessing care. This information allows for an accurate estimate of

the number of individuals who would likely access dental care if they were not hindered by functional limitations. Potential interventions for improving this situation are considered.

The current patterns in California regarding oral health, the demand for dental care, perceptions of financial barriers in receiving needed dental care, and functional limitations that limit access to dental care are all critical topics that present opportunities for both policymakers and private entrepreneurs. It is our hope that this information stimulates the efforts of both groups. ■■■■