

ALICE AND THE DENTAL DIVIDE: ORAL HEALTH IN ARKANSAS

[Maintaining oral health is critical](#) to overall physical, mental, social, and economic well-being. Oral health impacts an individual's ability to communicate, their nutrition, self-image and how they are perceived by others, their ability to work, and ultimately, their socio-economic position. And the benefits of good oral health extend to families and communities, as the consequences and costs associated with oral health disease are substantial. [Progress](#) has been made over the past two decades in dental treatments and technologies, yet challenges remain in who has access to these vitally important services.

In Arkansas and nationwide, there is a health-wealth divide in [dental health outcomes](#) and [access to care](#). Higher income is associated with better access to routine and restorative dental care, as well as products that straighten and whiten teeth, improving social and job opportunities. Yet when people are financially insecure, they often have to [forgo or postpone preventive routine care](#). This can lead to tooth decay, tooth loss, gum disease, cardiovascular disease, social anxiety, embarrassment, and overall poorer quality of life. Not only do households earning lower incomes have [greater unmet dental needs](#), but even when they can access dental care, their financial burden is disproportionately higher.

Understanding the true extent of financial hardship in Arkansas is key to addressing the dental divide. And unfortunately, financial insecurity has been undercounted by official measures for decades.

According to the Federal Poverty Level (FPL), 16% of households in Arkansas were in poverty in 2022. Yet [United For ALICE data](#) shows that another 31% – nearly twice as many – were **ALICE (Asset Limited, Income Constrained, Employed)**. ALICE households earn above the FPL, but not enough to afford the [ALICE Household Survival Budget](#), which includes housing, child care, food, transportation, health care, technology, and taxes, and is adjusted based on household size, composition, and location. **With poverty-level and ALICE households combined, a substantial 562,879 (47%) of the 1.2 million households in Arkansas were below the ALICE Threshold.**

This Research Brief provides new data on the dental divide between households above and below the ALICE Threshold – and the factors that contribute to these gaps – through ALICE analysis of the [Federal Reserve Board Survey of Household Economics and Decisionmaking \(SHED\)](#) and data from the Centers for Disease Control and Prevention (CDC) [Behavioral Risk Factor Surveillance System \(BRFSS\)](#). Equipped with this data, stakeholders can more clearly focus on the social, economic, and other systemic inequities that impact oral health outcomes for Arkansans.



KEY FINDINGS 2022

- Only 46% of Arkansas adults below the ALICE Threshold had a dental visit within the past year, compared to 61% above the Threshold.
- Across the West South Central Census Region (which includes Arkansas), a substantial 40% of people below the ALICE Threshold reported that they had to forgo dental care due to cost in the past twelve months.
- Twenty-one percent of Arkansans below the ALICE Threshold reported that they had not visited a dentist or a dental clinic for any reason in five or more years.
- Twenty-one percent of Arkansas adults reported that six or more of their permanent teeth had been removed because of tooth decay or gum disease, notably higher than the national average (13%).



HOW DOES THE DENTAL DIVIDE IMPACT ALICE?

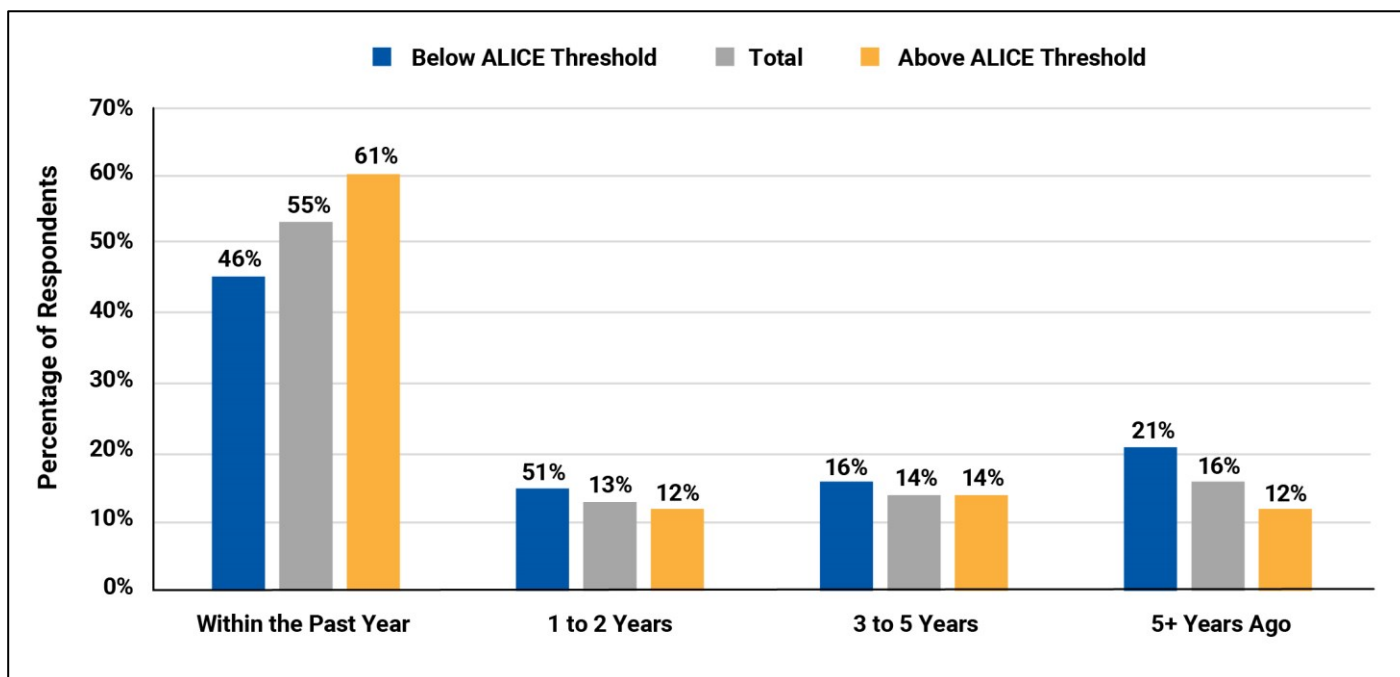
The American Dental Association recommends adults [visit their dentist every six months](#) for routine exams and cleanings to keep their teeth and gums healthy, and to catch any emerging dental or medical problems before they become more serious or expensive. Those prone to cavities or with gum disease may need more frequent appointments.

Yet in Arkansas, according to the 2022 [BRFSS Survey](#), only 55% of adults reported that they had visited a dentist or a dental clinic for any reason within the past year. This state average conceals substantial

differences by income: In 2022, only 46% of adults below the ALICE Threshold had a dental visit within the past year, compared to 61% above the Threshold (Figure 1). These rates were well below the national averages (55% for those below the Threshold and 70% for those above).

Additionally, 21% of Arkansans below the ALICE Threshold reported that they had not visited a dentist or a dental clinic for any reason in five or more years, well above the national average (14%).

Figure 1. Last Dental Visit by Income Status, Arkansas, 2022



Question: Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

Sources: ALICE Threshold, 2022; Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2022

THE BROADER IMPACTS OF INSUFFICIENT DENTAL CARE

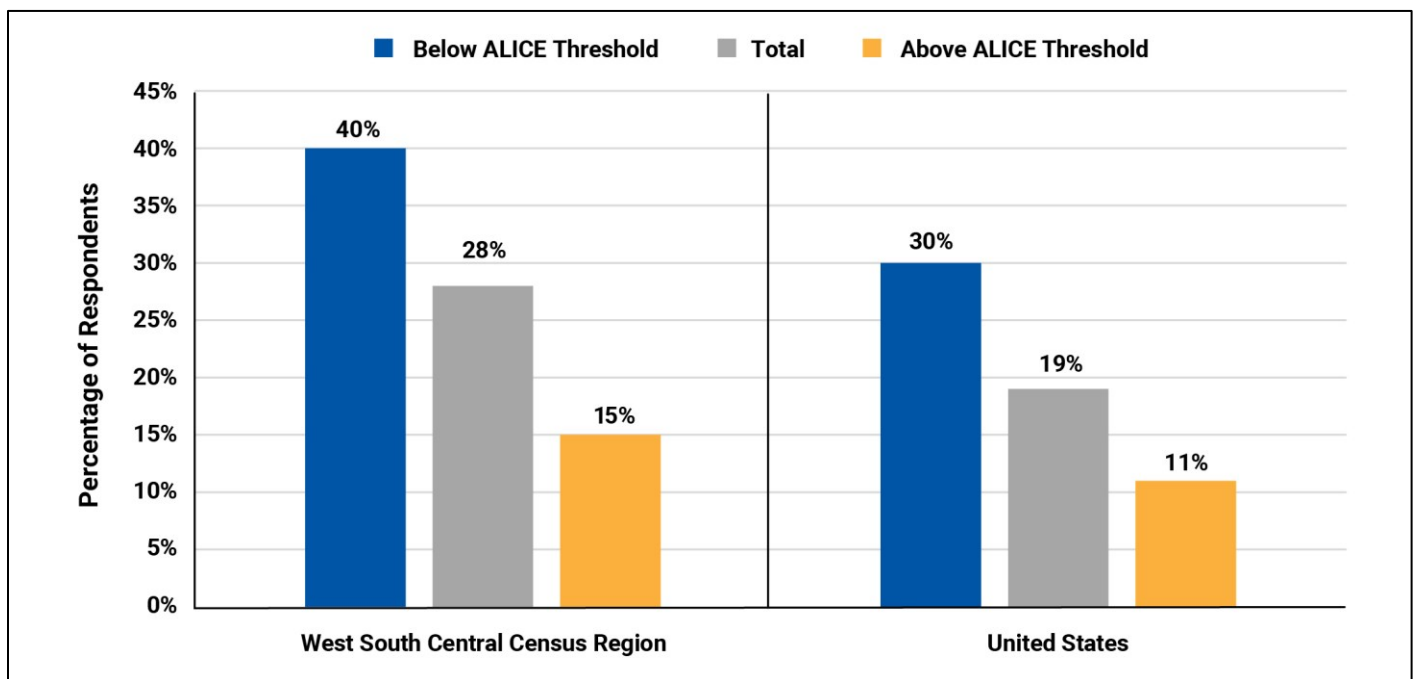
Poor oral health impacts individuals, families, and their wider communities. Annually, [lost productivity](#) in the workplace due to untreated dental disease costs the U.S. an estimated \$45 billion. This includes missed work due to workers' own dental health issues or those of children or other adults in their care. For children age 5–17, missed school due to acute or unplanned dental care is estimated at [34 million hours annually](#). Absenteeism or being distracted by discomfort while in school impacts academic performance. Black and Hispanic parents were more likely to report that their [children's attendance or performance at school had been impacted by their teeth or mouth](#) very often or fairly often, at 15% and 9%, respectively, compared to 2% of White parents.

The cost of dental care: According to the 2023 Federal Reserve Board [Survey of Household Economics and Decisionmaking](#) (SHED), dental care was the medical treatment Americans were most likely to forgo due to cost (19% of respondents), followed by visiting a doctor or specialist (15%), filling a prescription (10%), a mental health visit or counseling (9%), or follow-up care (9%). Across the [West South Central Census Region](#) (which includes Arkansas), a substantial 40% of SHED respondents below the ALICE Threshold reported that during the past twelve months, there was a time when they needed dental care but went without because they could not afford it. This rate was higher

than the national average for people below the ALICE Threshold (30%), and much higher than the rate for those above the Threshold (15%) in the West South Central Census region (Figure 2). Rates were similar for White and Black respondents below the Threshold in the region (at 42% and 40%, respectively).

Going without dental care increases the risk of tooth decay, gum infection, and associated pain and discomfort. Other [serious consequences](#) of poor oral health include increased risk of endocarditis, cardiovascular disease, pregnancy and birth complications, and pneumonia.

Figure 2. Forgo Dental Care Due to Cost by Income Status, Arkansas, 2023

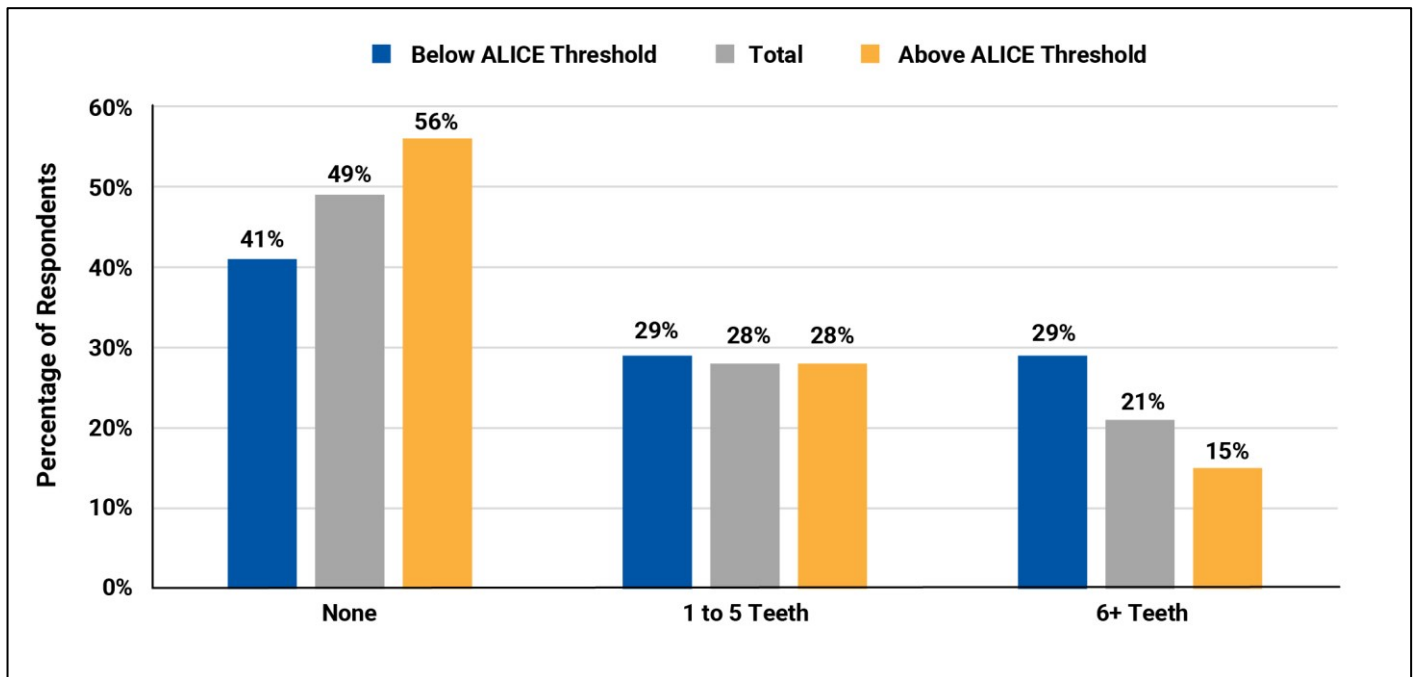


Question: During the past 12 months, was there a time when you needed each of the following, but went without because you couldn't afford it? "Dental care" selected
 Sources: ALICE Threshold, 2022; Federal Reserve Board Survey of Household Economics and Decisionmaking (SHED), May 2024

[Permanent tooth loss](#) that is not due to injury is most often the result of untreated tooth decay or gum disease. And with income closely tied to access to care, it is not surprising that a higher percentage of adults below the ALICE Threshold have lost teeth due to these two factors (Figure 3). In 2022, 21% of Arkansas adults reported that six or more of their permanent teeth had been removed because of tooth

decay or gum disease, higher than the national average (13%). Permanent tooth loss (6+ teeth) was nearly twice as high among adults below the ALICE Threshold (29%), compared to those above the Threshold (15%). Conversely, those above the Threshold were more likely to say they have *not* had any permanent teeth removed due to decay or disease (56% compared to 41% of adults below the Threshold).

Figure 3. Number of Teeth Lost to Tooth Decay or Gum Disease by Income Status, Arkansas, 2022



Question: Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

Sources: ALICE Threshold, 2022; Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2022

DENTAL OUTCOMES FOR BLACK AND WHITE ARKANSANS

On two key indicators, Black adults (age 18+) below the ALICE Threshold reported better dental outcomes than White adults below the Threshold in Arkansas (the only two racial groups with a large enough sample to report) in 2022. The rates for Black Arkansans were similar to the national average, whereas outcomes for White Arkansans were notably worse than the national average:

Visited a dentist within the past year

- 53% of Black respondents below the ALICE Threshold (51% national)
- 44% of White respondents below the ALICE Threshold (58% national)

Six or more permanent teeth removed because of tooth decay or gum disease

- 25% of Black respondents below the ALICE Threshold (21% national)
- 34% of White respondents below the ALICE Threshold (22% national)

These differences warrant further research.

Sources: ALICE Threshold, 2022; Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2022

WHAT FACTORS AFFECT ORAL HEALTH FOR ALICE?

Having dental health providers nearby, access to dental health insurance, and availability of preventative measures – like fluorinated drinking water – all contribute to better dental health outcomes. Yet these necessities are frequently not within reach for ALICE and other underserved communities across the state.

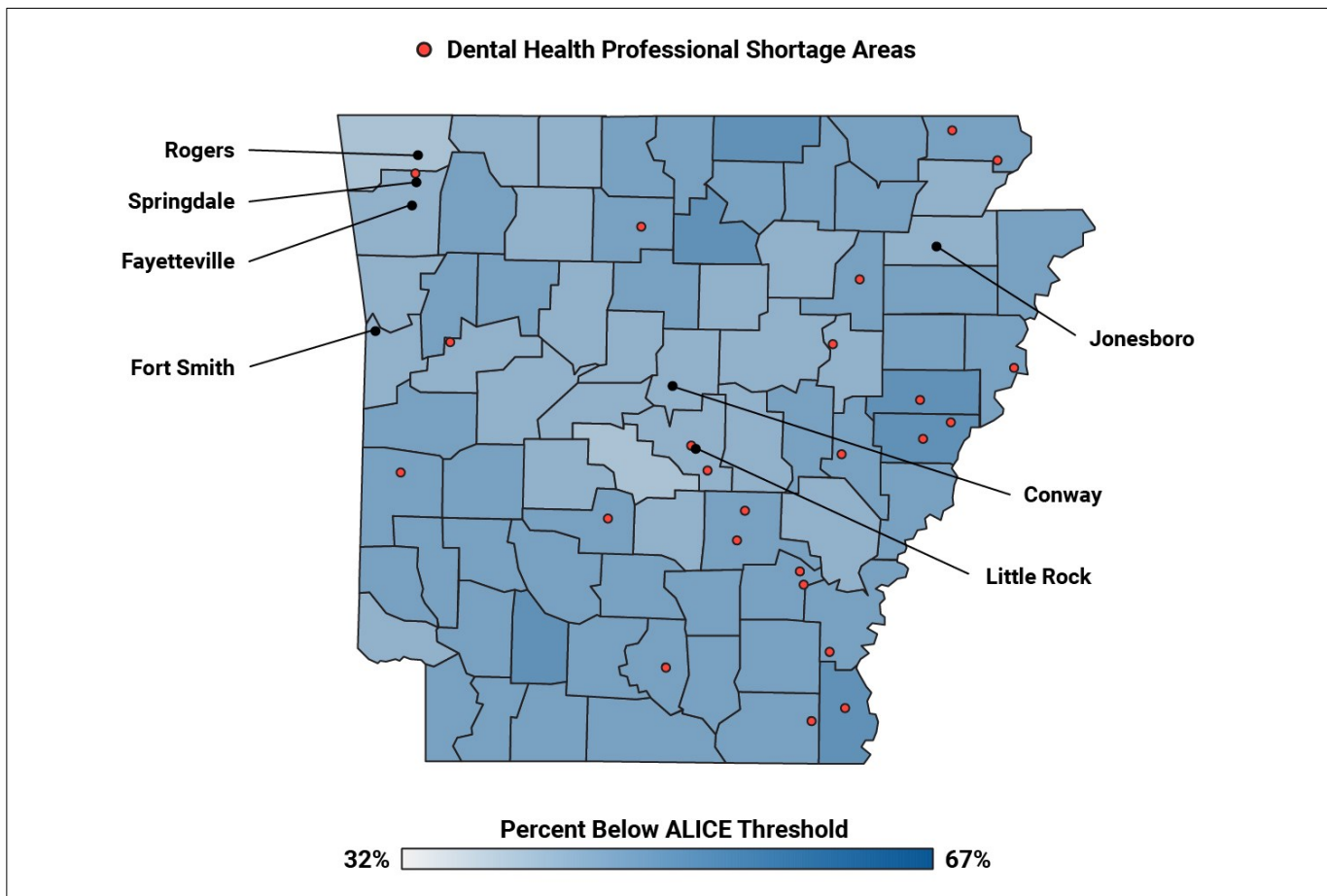
Proximity to Care: People who live in communities with a low rate of dental care providers per capita may have trouble accessing the care they need. This can be seen in the substantial gaps in access to and use of dental services in [rural communities](#). In Arkansas, there is a statistically significant relationship between the dentist rate – the number of dentists per 100,000 population – and the percentage of households below the ALICE Threshold: As the dentist rate goes up, the percentage of households below the ALICE Threshold tends to go down. This means that people in counties with higher financial hardship tend to have access to

fewer dentists per capita. (Select “Dentist Rate” on the [Indicators of Well-Being](#) webpage to learn more.)

In 2022, there were 21 counties in Arkansas that had at least one designated [Dental Health Professional Shortage Area \(HPSA\)](#), defined by the Health Resources and Services Administration as an area, population, or facility experiencing a shortage of dental health care providers. Figure 4 shows the location of dental HPSA facilities (i.e., Federally Qualified Health Centers, rural health clinics, and correctional facilities) in Arkansas in 2022. (See an interactive version of this map on the [ALICE in Arkansas Maps](#) webpage.)

Construction is currently underway on the [first dental school in the state](#), which will help train future dental practitioners and bring access to care to more residents in underserved areas of the state.

Figure 4. Dental Health Professional Shortage Areas—Facilities and Percent Below ALICE Threshold, Arkansas, 2022



Sources: ALICE Threshold, 2022; [Health Resources & Services Administration](#), 2022

Access to dental health insurance: Nealy half (45%) of Arkansans did not have evidence of dental health coverage in 2019, according to the 2022 [Arkansas Center for Health Improvement Report](#). Those with insurance were three times as likely to utilize dental services, especially preventative services.

[Medicaid in Arkansas](#) and most private plans cover common dental services, including teeth cleanings, X-rays, and crowns (up to \$500/year), and [ARKids First](#) health insurance provides coverage for dental checkups for children in low-income families. Yet [Medicare](#) (Part A and Part B) does not cover routine dental care, leaving 65+ adults – a group at [increased risk for oral health problems](#) – to pay out of pocket, purchase additional insurance, or go without care.

Fluoride in municipal drinking water: According to the CDC’s [Fluoridation Status Report](#), more than 13% of the total Arkansas population does not have fluoride in their drinking water. Access to fluoridated water also varies within counties: In 70 of the 75 Arkansas counties, a portion of the population does not have fluoride in their water. The U.S. Department of Health and Human Services recommends [community water fluoridation](#) to keep teeth strong and to reduce cavities, mouth pain, fillings or extractions, as well as missed days of work and school.

Additional barriers to dental care access identified by the Arkansas Department of Health 2021-2025 [State Health Improvement Plan](#) included not having a relationship with a dentist, fear, previous negative experiences, transportation, and shame/guilt associated with feeling judged.



PARTNERS FOR BETTER DENTAL HEALTH

Arkansas Blue Cross Blue Shield, Arkansas Asset Funders Network, Delta Dental of Arkansas Foundation, Entergy, Heart of Arkansas United Way, Winthrop Rockefeller Foundation, and United For ALICE are partnering to shed new light on the dental needs of the nearly 563,000 households in the state that are facing financial instability.

"Delta Dental of Arkansas Foundation grants an average of \$1 million annually to improve oral healthcare access for Arkansas families, including those in the ALICE population. We are committed to addressing critical health needs and helping financially vulnerable communities achieve better outcomes." —Dr. Sharon Lanier, Executive Director, Delta Dental of Arkansas Foundation

"Arkansas Blue Cross and Blue Shield proudly supports the ALICE in Arkansas initiative, recognizing the vital role ALICE households play in our communities and economy. Partnering with organizations to improve health outcomes is central to our mission of fostering a state where everyone has the opportunity to thrive, regardless of financial circumstances." —Rebecca Pittillo, President, The Blue & You Foundation for a Healthier Arkansas

LEARN MORE AND TAKE ACTION

Capturing the true extent of financial hardship in Arkansas is critical for creating data-driven solutions that lead to improved outcomes. There is a lot more to be done to change the trajectory for households struggling to make ends meet.

For additional information and resources to help advocate for improving oral health in Arkansas, explore the links below:

- [ACHI: Oral Health in Arkansas](#)
- [American Dental Association Advocacy](#)
- [American Academy of Pediatrics](#)
- [Arkansas Department of Health: Office of Oral Health](#)
- [Arkansas Department of Human Services](#)
- [Arkansas Office of Oral Health & Arkansas Oral Health Coalition Oral Health Plan 2023–2028](#)
- [Care Quest: State of Oral Health Equity in America](#)
- [Care Quest: A Snapshot of Oral Health Disparities and Challenges in Individuals in Households Experiencing Disability](#)
- [CDC: About Oral Health](#)
- [Military Times: A dental debacle: Why veterans struggle to navigate VA's oral care](#)
- [National Library of Medicine: Oral Health in America: Advances and Challenges](#)
- [The National Rural Health Association: The National Rural Oral Health Initiative](#)
- [University of Arkansas for Medical Sciences: Charitable Dental and Medical Clinics Resource Directory](#)

To learn more about ALICE in Arkansas, visit the interactive maps, County Reports, household budgets, and more on the [ALICE in Arkansas](#) pages. And to see examples of the practices, programs, and policies that ALICE partners are implementing to improve financial stability, visit the [ALICE in Action Database](#).

United For ALICE is a center of innovation founded by United Way of Northern New Jersey that is shining a light on the challenges ALICE (Asset Limited, Income Constrained, Employed) households face. Through a standardized methodology that assesses the cost of living in every county, the project provides a comprehensive measure of financial hardship across the U.S. Equipped with this data, ALICE partners convene, advocate, and innovate in their local communities to highlight the issues faced by ALICE households and to generate solutions that promote financial stability.

To learn more about how you can get involved in advocating and creating change for ALICE in Arkansas, contact: [Rev. Shantell Hinton Hill](#), Winthrop Rockefeller Foundation, or [Abby Hughes Holsclaw](#), Proper Southern Strategies.

United For ALICE partnered with Arkansas Asset Funders Network, Arkansas Blue Cross Blue Shield, Delta Dental of Arkansas Foundation, Entergy, Heart of Arkansas United Way, and Winthrop Rockefeller Foundation to produce this research.



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