

Understanding and Addressing Indiana's Oral Health Inequalities



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Lauren Murfree, Policy Analyst

Zia Saylor, Researcher

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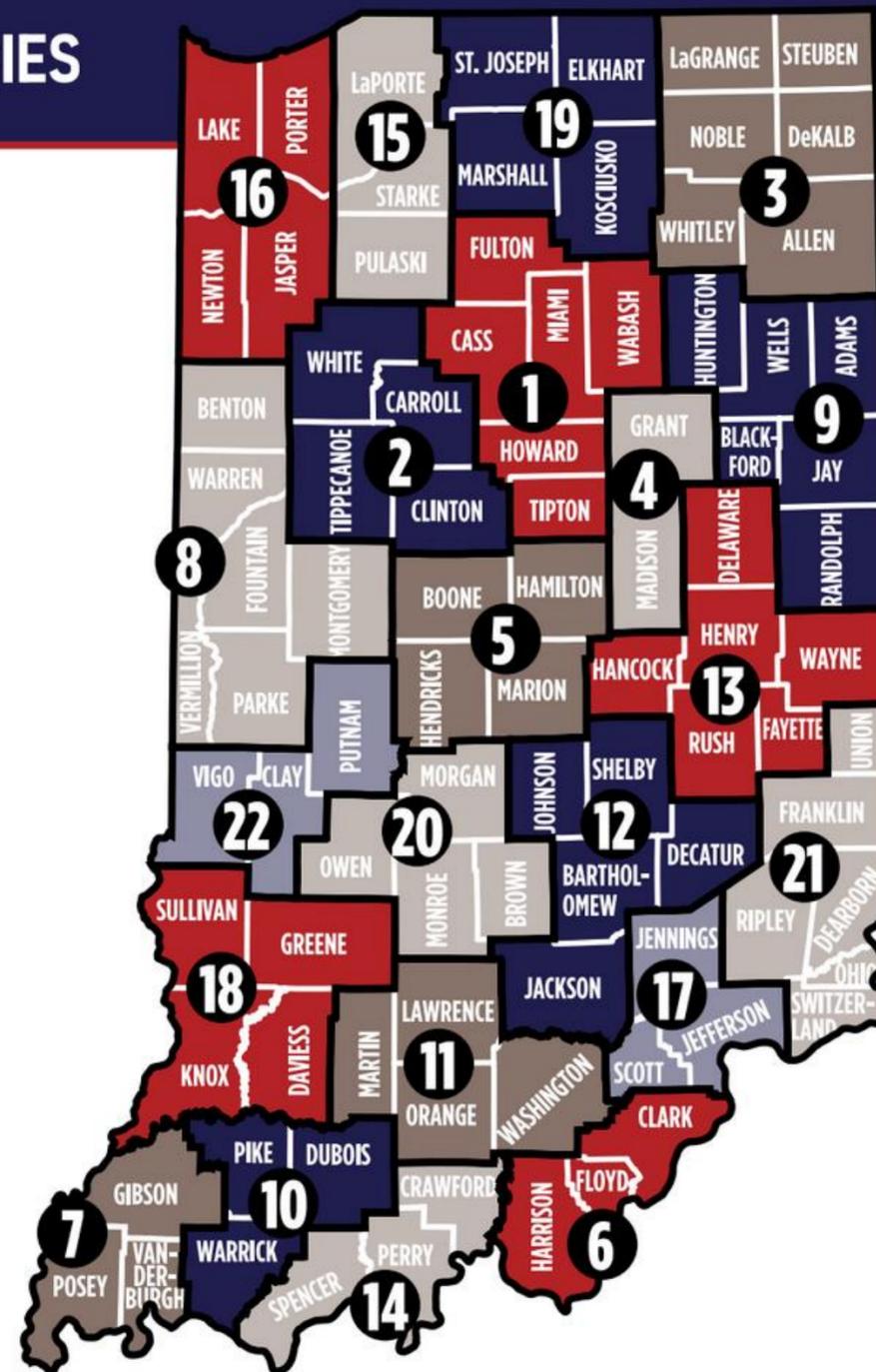
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Indiana Community Action Association works to strengthen the capacity of **Indiana's Community Action Agencies** to address community needs and poverty.

About the Institute

The Indiana Community Action Poverty Institute engages in research and promotes public policies to help Hoosier families achieve and maintain financial well-being.



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POVERTY INSTITUTE
Research and Public Policy

A Program of



Why Dental Access & Dental Debt?

- *“It affects a lot of aspects of my life. Stress. So it's a constant, overwhelming.”*
-Hoosier worried about oral healthcare debt
- *“I'm constantly getting notifications about the creditors. My credit score is probably at a 540...I know that my credit score has to change for a lot of doors to open.”*
-New mother who declared bankruptcy due to medical and dental debt

Project Goals

1. **Research**: Create deeper understanding of the state of and barriers to oral health in Indiana, including exposure of inequities
2. **Advocacy & Research**: Highlight policy and systems-level changes that would decrease oral health inequities
3. **Advocacy**: Establish a strong foundation for subsequent community action and engagement



Research Questions

- **RQ 1: How is debt associated with oral health care experienced by low- and moderate-income Hoosiers?**
- **RQ 2: What barriers do low- and moderate-income Hoosiers face in accessing oral healthcare?**
- **RQ 3: What existing supports have successfully assisted low- and moderate-income Hoosiers in accessing the oral healthcare that they need?**
 - **RQ 3.1: What do low- and moderate-income Hoosiers see as solutions to dental debt and dental care/oral healthcare inaccessibility?**

Project Structure: Research

- **Mixed Methods Research Report**
- **Systems of (in)access perspective**
 - **Qualitative interviews up to 15 Hoosiers**
 - **Quantitative data from secondary sources**
 - **ADA, BRFSS, CDC Fluoridation, Indiana 211, NCHS**
 - **Informing Policy Briefs (x2) and Blog Posts (x4)**



Explanatory Metaphor

Keys to Oral Health

A metaphor for systemic barriers to oral health

Project Structure: Advocacy

- **Advocacy**
 - **Hoosier Healthcare Day of Action**
 - **Dental Access & Dental Debt Working Group**
 - **Engagement Opportunities**



Hoosier Healthcare DOA

- Over 100+ attendees
- Multi-Group Collaboration
- Highlighted many healthcare concerns, including the lack of dental care access and affordability



Emergent Patterns: Access

- Finding/Accessing Providers: *"That's the main hurdle that... I've seen is, finding a place that will take my insurance..."*
- Accessing Providers that Take Medicaid: *"Any of the in network providers under the Medicaid are at least 15 to 20 miles away."*

Emergent Patterns: Costs

- **Using Care Credit or Credit Cards to Pay for Care:** *"I put it on a credit card this second root canal, and I'm just hoping I can pay that off."*
- **Costs Burdens Impacting Ability to get Preventative Care:** *"We're just having to deal with everything kind of on an emergency basis as opposed to preventatively."*

Emergent Patterns: Costs

- **Social Impacts:** *"I used to get compliments all the time about my teeth, but not too much anymore.."*
- **Painful Experiences:** *"It was a very, very, very painful personal experience."*

Early Quantitative Findings

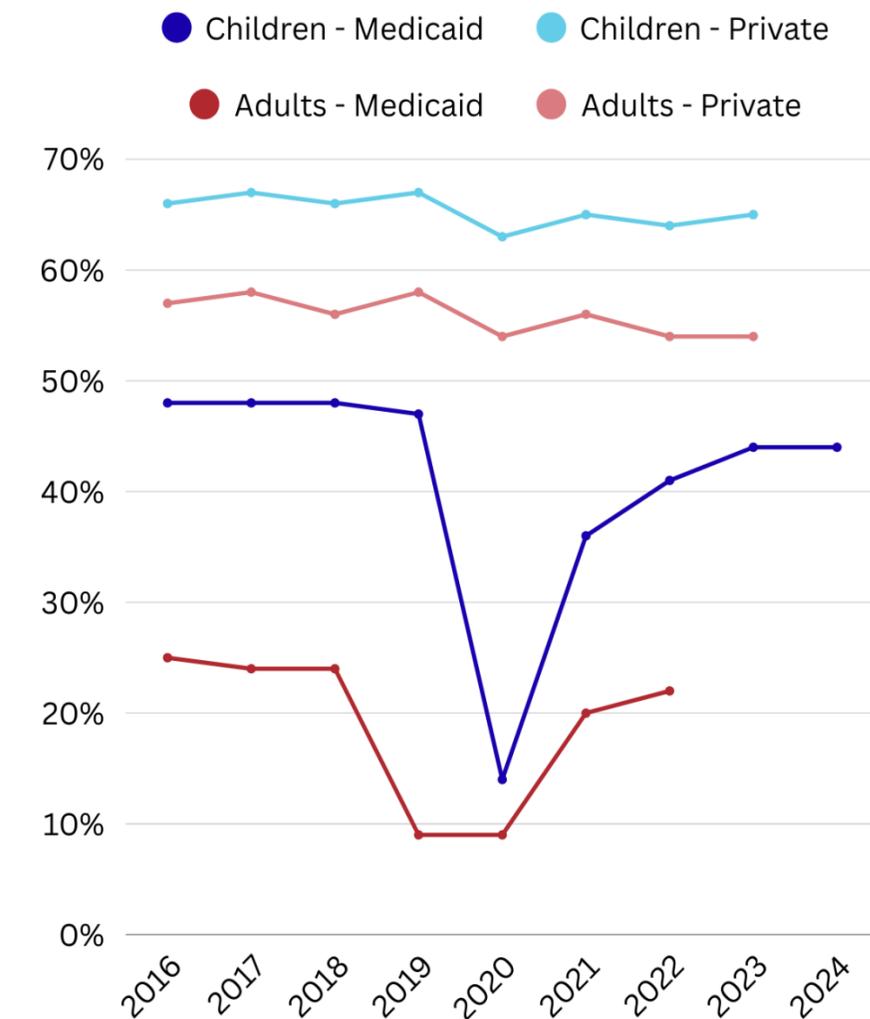
- **Affordability**

- Dental Debt
- Medicaid, Private Insurance, and Access for Uninsured

- **Geography**

- Transportation, Clinic Location, and Workforce Availability
- Fluoride Access
- Food Deserts and Access

Percentage of Hoosiers who Visited Dental Facilities within 12 Months by Insurance Type



Data Source: American Dentist Association, Health Policy Institute (2025). "Dental Care in Medicaid Programs."

Project Next Steps

- **Recruiting & Convening Working Group 1st Meeting in March**
- **Completing Qualitative & Quantitative Data Collection/Analysis/Write-up**
- **Collaborating in Engagement Opportunities & Planning**



Join our Working Group!



Link to join (or use QR):

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Website: institute.incap.org

and

Via Email:

Lauren Murfree lmurfree@incap.org

Zia Saylor zsaylor@incap.org



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