In 2011-2018, 13,223,810 U.S. working-age adults could not work due to oral pain. How is this associated with their wealth?

Our objective is to examine the **Association of Oral Pain-Related Productivity Loss with Wealth in Working-Age Adults in 2011-2018** using National Health and Nutrition Examination Survey data

THE PROBLEM

- **Working-age adults' poor oral health** and **access to dental care** remains relatively unchanged since 2000[1]
- Poor oral health and lack of access to care can result in difficulty in carrying out school or job activities due to oral problems or **oral pain related productivity loss (OPRPL)**[2]
- **Wealth**, a "fundamental determinant of health,"[3] and its association with OPRPL has not been explored

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WHAT WE DID

- **2011-2018 NHANES data: 10,908 adults** (30 to 64 years)
- **OPRPL:**
  - "Never"
  - "Sometimes" ("Hardly ever" and "Somewhat often" responses)
  - "Always" ("Often" and "Always" responses)
- **Wealth:**
  - "High-wealth" (homeowners with ≥$2.9k monthly income)
  - "Middle-wealth" (not homeowners with ≥$2.9k monthly income **OR** homeowners with <$2.9k of monthly income)
  - "Low-wealth" (not homeowners with <$2.9k monthly income)
- **Descriptive statistical analysis** and **multilevel multinomial logistic regressions** with **Age** (30 – 40, 41 – 54, 55 –64), **Race/Ethnicity** (Asian, Black, Hispanic, Multi-Racial/Other, White), **Sex** (F, M), **Education** (<High school, High school, High school>), **Barriers to care** (None, Financial, Non-Financial) to assess association of wealth with OPRPL using **SAS 9.4**
- **Subset analysis** with **savings** variable (ref: having $20k+ savings)

THE SOLUTION

- **Adequate dental coverage** for working-age adults
- **Fiscal/housing policy** for low-income groups and Black/Brown people that also repairs past harms that created persistent wealth gaps (i.e., reparations)
- **Oral health research** that factors in historical structural / systemic inequities

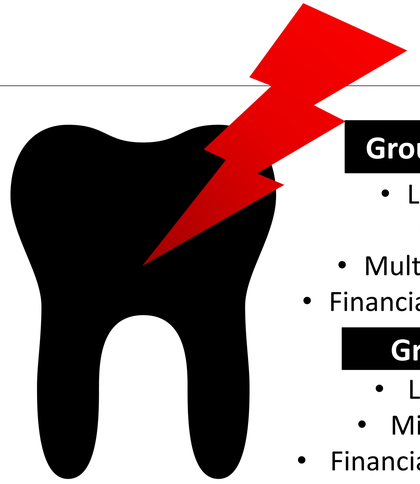
WHAT WE FOUND

Money Matters!

47% of those with financial barriers to care had oral pain-related productivity loss

VS

4% of those with non-financial barriers to care



Groups with OPRPL Sometimes

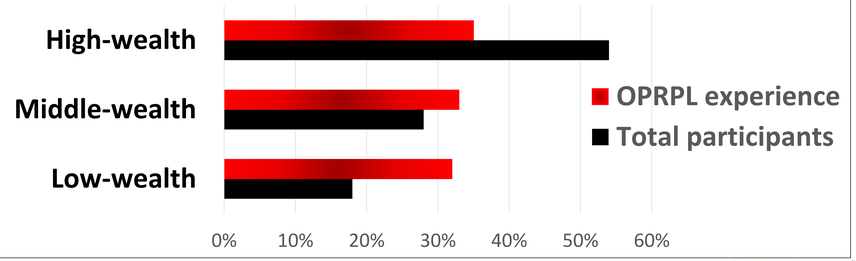
- Low-wealth (95% CI = 1.2-1.8)
- Black (95% CI = 1.2-2.1)
- Multi-Racial/Other (95% CI = 1.4-2.9)
- Financial barriers to care (95% CI = 3.7-5.7)

Groups with OPRPL Always

- Low-wealth (95% CI = 1.8-4.8)
- Middle-wealth (95% CI = 1.1-3.0)
- Financial barriers to care (95% CI = 4.6-9.4)

When **controlling for savings**, OPRPL effects for those with **low-wealth**, **middle-wealth**, **less than high school education**, and **financial barriers to care** were **up to 3x stronger**

Those with low-wealth had a disproportionate amount of OPRPL experience



Want more results and references?