

# Income-related inequality in perceived oral health after major subsidization reform

*Raittio E*<sup>1</sup>, *Aromaa A*<sup>2</sup>, *Kiiskinen U*<sup>3</sup>, *Helminen S*<sup>4</sup>, *Suominen AL*<sup>1,2,5</sup>

1 University of Eastern Finland, Institute of Dentistry, Kuopio, Finland, 2 Institute for Health and Welfare, Helsinki, Finland, 3 Eli Lilly Finland, Helsinki, Finland, 4 Social Insurance Institution of Finland, Helsinki, Finland 5 Kuopio University Hospital, Department of Oral and Maxillofacial Surgery, Kuopio, Finland

## Introduction

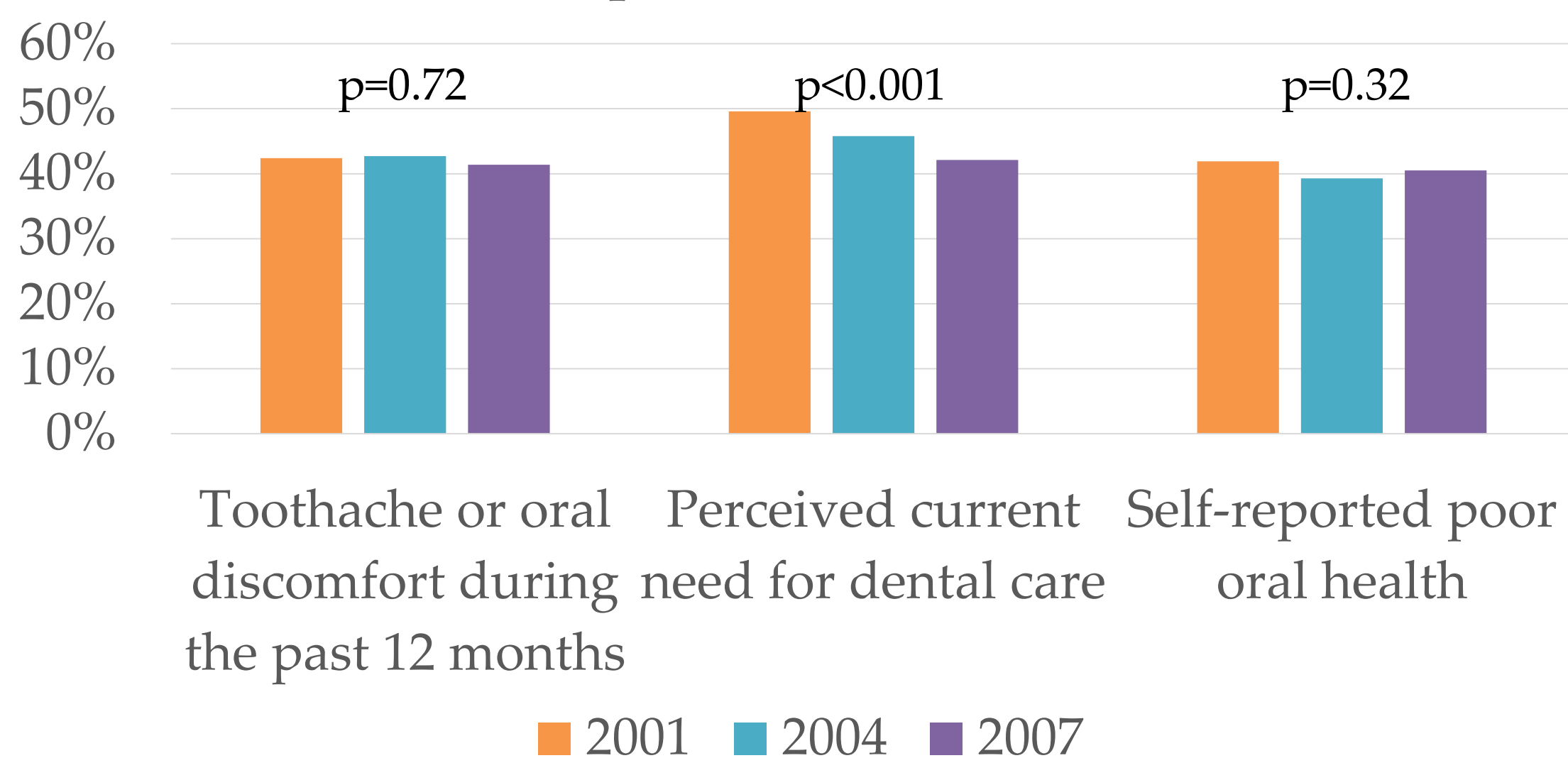
In Finland, dental subsidization reform, implemented in 2001-2002, abolished age restrictions on the subsidized dental care.

In particular, those who were born earlier than 1956 benefited from the reform.

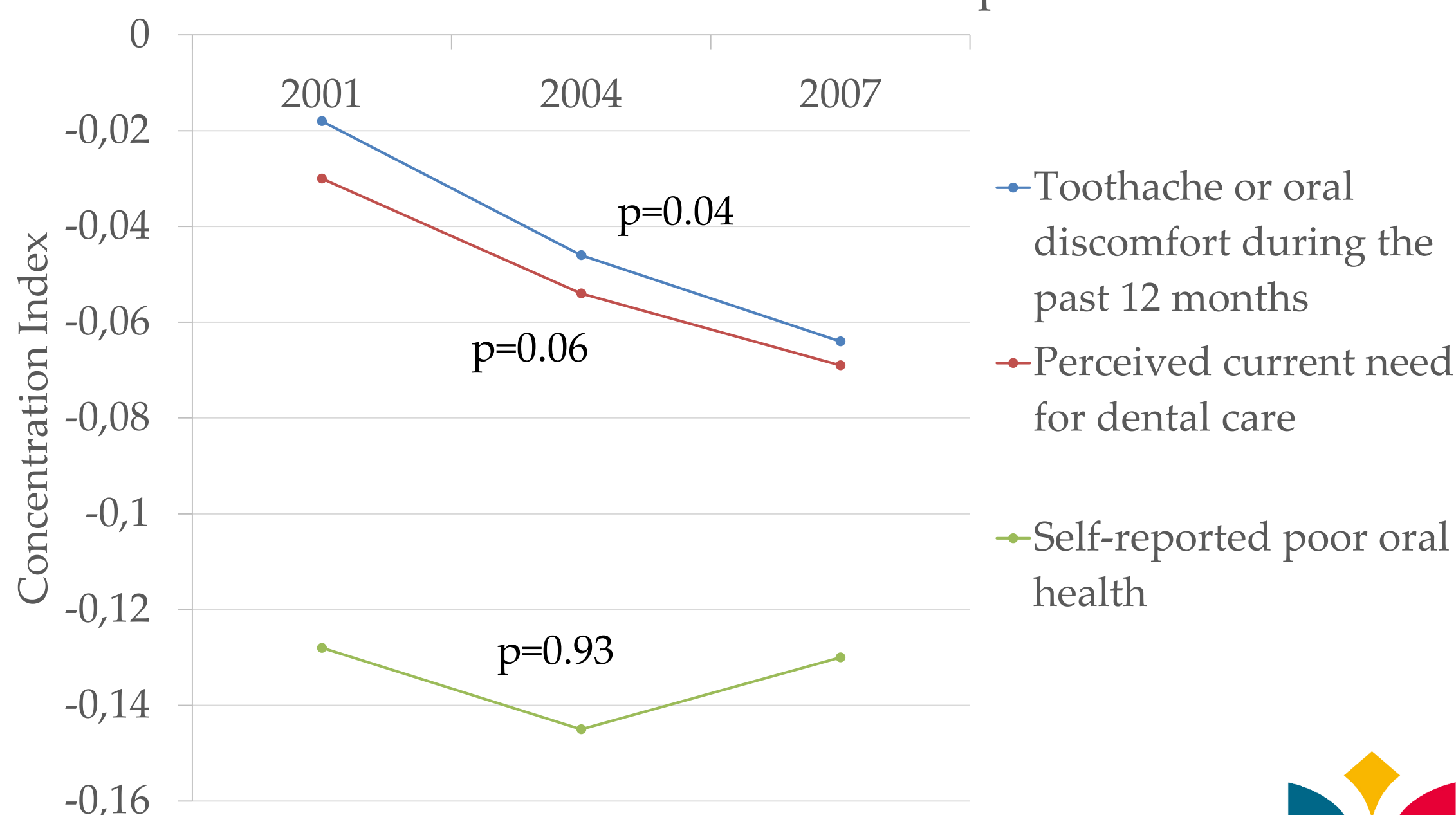
## Aim

Aim of this study was to investigate income-related inequality in the perceived oral health and its determinants among adult Finns before and after the reform.

Percentages for the dependent variables



Concentration indices for the dependent variables



## Data and methods

Three cross-sectional postal surveys, focusing on perceived oral health and use of dental services among people born before 1971, were conducted in 2001 (n=2157), in 2004 (n=1814) and in 2007 (n=1671).

Three measures of perceived oral health were used: toothache or oral discomfort during the past 12 months, current need for dental care and self-reported oral health status.

Income-related inequalities and associated factors were analyzed using concentration index and its decomposition.

## Results

Perceived need for dental care decreased mostly among the well-off from 2001 to 2007. Time since last visit to dental care explained most of the pro-rich inequality in perceived need for dental care.

The (less) well-off reported having had toothache or other oral discomfort less (more) frequently in 2007 than in 2001. Distribution of the reports of toothache by income was mostly explained by perceived general health and income itself.

No change in level of or inequality in self-reported oral health was seen. Most of the pro-rich inequality in self-reported poor oral health was related to income, perceived general health and time since last visit to dental care.

## Discussion and conclusions

Overall, it seems that despite the valuable and justified reform and its adequate realization in the field, only perceived need for dental care decreased while the income-related inequalities in perceived oral health remained or even widened.

Tackling the income-related inequalities in perceived oral health requires multidisciplinary and comprehensive upstream actions.

