

Household catastrophic health expenditure and impoverishment

March 16 2016

Today at the 45th Annual Meeting & Exhibition of the American Association for Dental Research, researcher Eduardo Bernabé, King's College London Dental Institute, England, UK, will present a study titled "Household Catastrophic Health Expenditure and Impoverishment Due to Payments for Dental Care in Low and Middle Income Countries." The AADR Annual Meeting is being held in conjunction with the 40th Annual Meeting of the Canadian Association for Dental Research.

In this study, researchers explored whether [dental care](#) spending was associated with household catastrophic health expenditure and impoverishment in 40 low- and middle-income countries. Data from 174,257 respondents age 18 years and over (62,961 in 17 low income countries, 58,388 in 15 lower middle income countries and 52,908 in 8 upper middle income countries) who participated in the World Health Organization's World Health Surveys were analyzed.

Respondents were asked to provide information on total household expenditure over the last four weeks, and then details of item-by-item expenditure (including dental care) over the same period. Health expenditure was defined as catastrophic (CHE) if it was equal to or higher than 40 percent of the household capacity to pay. A household was considered impoverished when household expenditure was equal to or higher than subsistence spending but lower than subsistence spending net of health expenditure. The association between expenditure on dental care, CHE and impoverishment was assessed in multilevel logistic regression, with individuals nested within countries and adjusting for a

number of individual and country-level factors.

The proportion of households with dental care spending in the last four weeks was 7.8%, whereas the proportions of households incurring CHE and becoming impoverished were 11.2 percent and 4.3 percent, respectively. The odds of CHE (1.88, 95 percent CI: 1.78-1.99) and impoverishment (1.65, 95percent CI: 1.52-1.80) were significantly greater among adults living in households that spent on dental care in the last four weeks, after adjustment for gender, age, marital status, education, household wealth and size, having children less than five years old and adults over 60 years old in the household, health insurance status and urban/rural status, gross domestic product, Gini coefficient and national out-of-pocket [health expenditure](#). This study shows that payments for dental care can pose a considerable burden on households, to the extent of preventing expenditure on basic necessities and pushing families into poverty.

More information: This is a summary of oral presentation #0037, "Household Catastrophic Health Expenditure and Impoverishment Due to Payments for Dental Care in Low and Middle Income Countries," which will be presented on Wednesday, March 16, 2016, 2:30 p.m. - 2:45 p.m. at the Los Angeles Convention Center, room #511BC.

Provided by International & American Associations for Dental Research

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