

# Oral Disease Is Common. Access to Care Is Not.



## State of Oral Health Equity in America 2021



**The State of Oral Health Equity in America 2021, a survey designed and commissioned by CareQuest Institute for Oral Health,**

demonstrates that symptoms of oral disease are common. People of color and low-income populations bear more of the burden of these diseases. These diseases often go untreated or lead to costly Emergency Department (ED) visits due to a lack of access to regular dental care. Oral health care is important because it is directly linked to overall health. When oral health deteriorates it can have far-reaching consequences and health impacts that [go beyond the mouth](#), including higher risk for diabetes, cardiovascular disease and stroke, complications in pregnancy and childbirth, and adverse mental health outcomes.

## Symptoms of Oral Diseases are Common



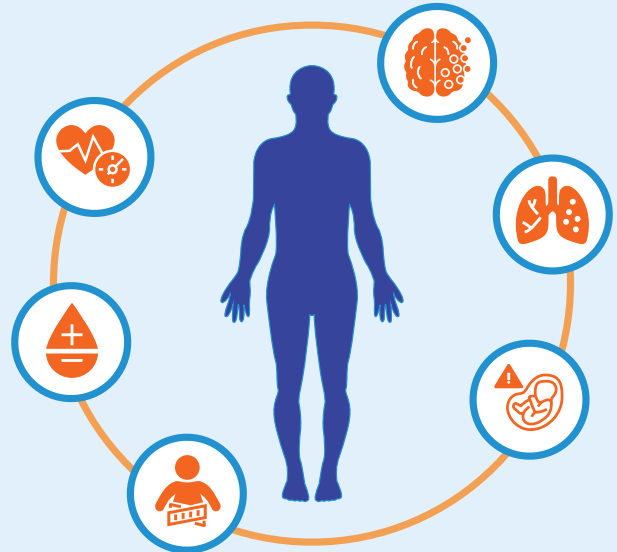
**56%** of respondents **had one or more oral health symptoms** in the past year, including:

- a toothache (23%)
- cracked or broken teeth (20%)
- swollen or bleeding gums (18%)

### Oral Health Symptoms in the last 12 Months

None	43%
A toothache	23%
Cracked or broken teeth	20%
Swollen or bleeding gums	18%
Frequent dry mouth	15%
Pain when chewing or swallowing	14%
Clicking of the jaw or TMJ pain	11%
Chronic bad breath	7%
Swelling of the face or cheek	5%
Ulcers, sores, or tender areas in the mouth that don't heal on their own	3%

**Oral health is associated with several systemic conditions**, including cardiovascular disease, diabetes, and adverse pregnancy outcomes.



The lower a person's income, the higher the likelihood of having an oral health symptom in the last 12 months, with



**61%** of people **making less than \$30,000 per year** had an oral health symptom, compared to **50%** of those making \$100,000 per year or more.

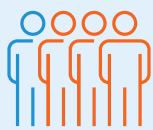
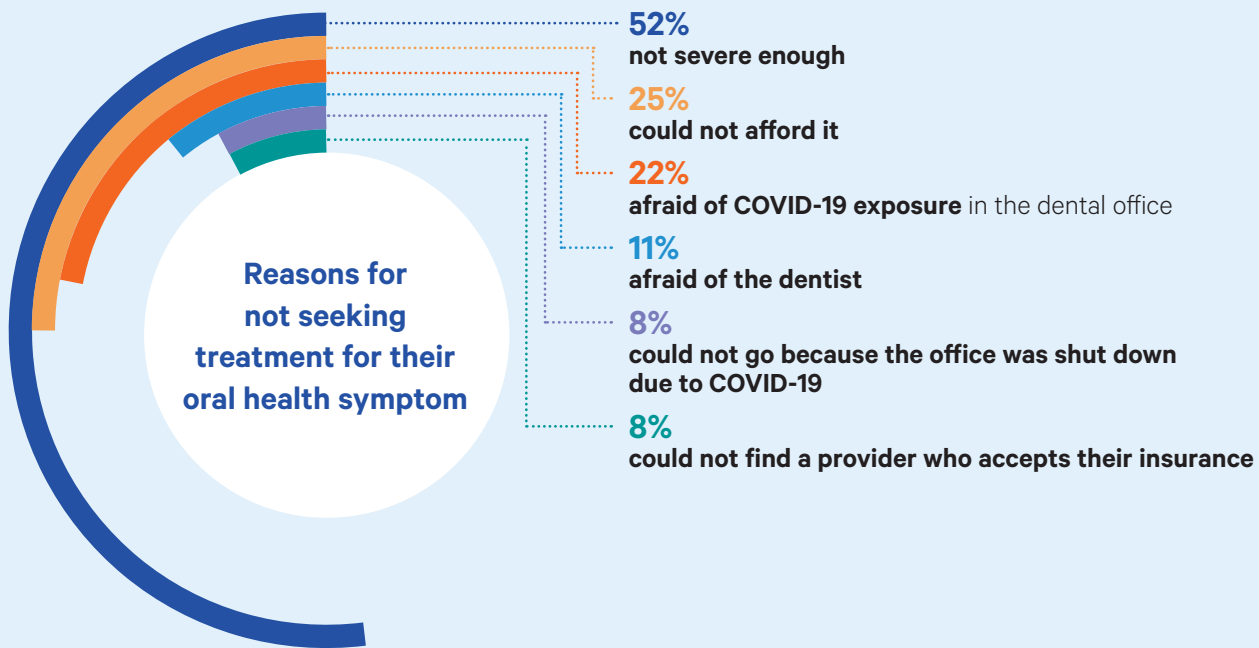
## Oral Health Symptoms Often Go Untreated



**56%** of respondents **did not go see a dentist** or other provider about their symptom.



**65%** of respondents **who lost their health insurance** due to job loss or change in benefits caused by the COVID-19 pandemic had one or more oral health symptoms and **did not get any treatment for them.**



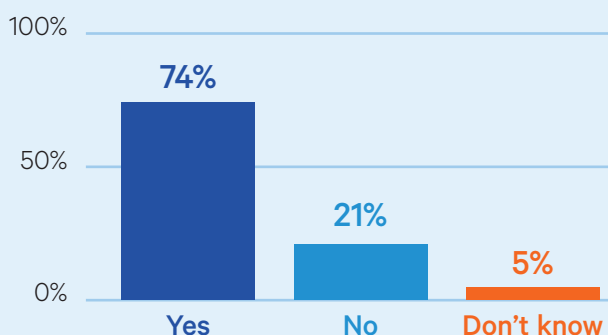
Respondents that make **\$30,000 or less per year** were **3x more likely** to say that they **could not afford to see a provider about their symptom** than respondents making \$100,000 per year or more.



**People of color** were **more likely** than white respondents to **not seek treatment** due to a fear of COVID-19.

## Establishing a Dental Home Is Important for Ensuring Regular Care

**Do you have a single dentist or dental office that is your usual source of dental care?**

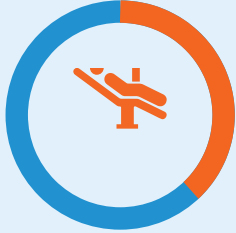


**91%** of respondents who said they have a **single dentist or dental office** that is their usual source of care **had been to the dentist in the last two years**, compared to only **30%** of those who said they did not have a single dentist or dental office.



**Black (67%), Asian (67%), and Hispanic (71%)** respondents are **less likely** to have a dental home than white respondents (77%).

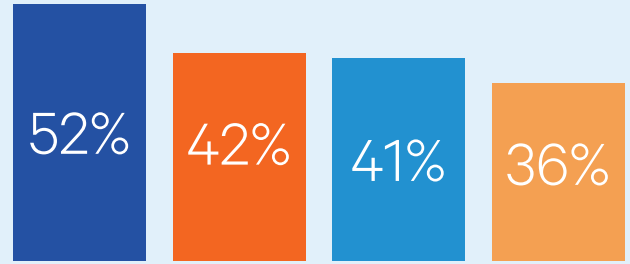
# Many People Are Not Able to Access the Dentist



62% of adults visited the dentist in the last year;

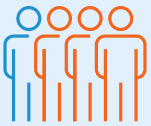
38% of adults **did not visit the dentist in the last year.**

- 16% visited the dentist 1-2 years ago
- 11% visited the dentist 2-5 years ago
- 9% visited the dentist more than 5 years ago
- 2% have never visited a dentist



Asian Black Hispanic White

Percentage who did not visit the dentist in the last year, by racial/ethnic group

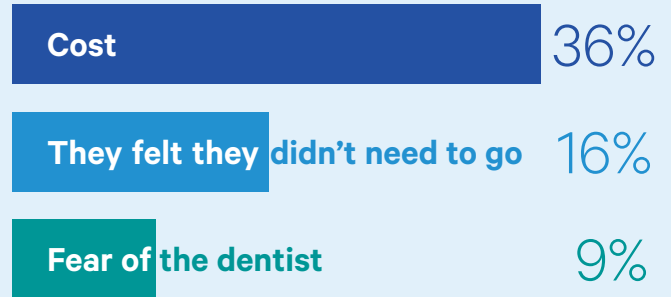


Black and Hispanic respondents reported that they had **never been to a dentist** at **more than 3x** the rate of white respondents.



Male respondents reported that they had **never been to a dentist** at **more than 2x** the rate of female respondents.

Among the **22%** who have not gone to the dentist in the last five years, **the top reasons** they cited were:



- Those in the lowest two income groups said their **reason for not going to the dentist was due to cost** at

**more than double**

the rate of those in the highest income group.

– less than \$30,000: **36%**

– \$30,000 - \$60,000: **37%**

versus

– \$100,000 or more: **15%**

- **Nearly a third (30%)** of those in the highest income group felt they **did not need to go.**

- Hispanic respondents were almost

**twice as likely**

to cite **cost as the reason** than Asian respondents (44% versus 22%).

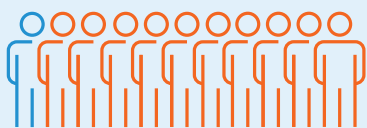


**The higher someone's income was, the more likely they were to say they had been to the dentist in the last six months.**

Respondents making less than \$30,000 per year reported that they had **never been to a dentist** at

**more than 10x**

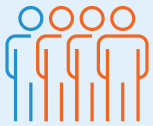
the rate of those making \$60,000 or more.



- 3% of those who make less than \$30,000 a year said they had never been to the dentist as opposed to 0.3% of those who made \$60,000 or more.

# ED Visits for Oral Health Symptoms Are More Common Among Those with Limited Access to Care

4% of respondents visited the ED in the past year for dental care or pain/discomfort in their mouth.

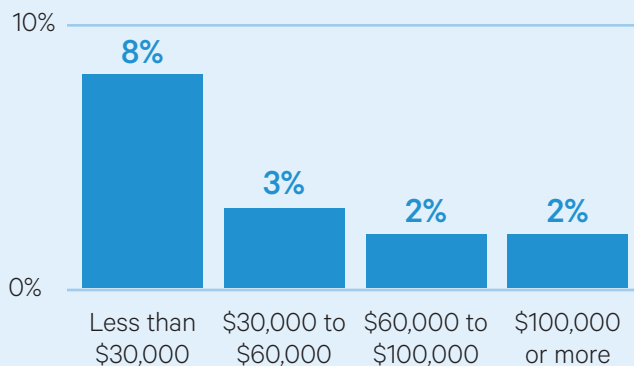


Black respondents were **almost 3x** more likely to have visited an ED for dental care for pain/discomfort in their mouth than the next most frequent group.

People who face barriers to care often turn to EDs for relief when their pain becomes too much to bear. But dental services provided in EDs generally cost more and focus on managing pain or infections rather than addressing the underlying oral health condition. What's more, EDs often lack systems for oral health provider referrals, so many patients return to the ED again.

FROM: [Reducing Preventable Dental-Related Hospital Emergency Visits, dentaquest.com](https://www.dentaquest.com/resources/reducing-preventable-dental-related-hospital-emergency-visits)

Those in **lower income groups** were **much more likely** to utilize the **ED for dental care** in the last year.



**63%** of patients who went to the ED were **prescribed pain medication during or after their visit** and

**57%** were **referred to an oral health provider** following their visit

***because their needs were not fully met in the ED.***

# Increasing Access to Care Is Vital for Solving Oral Health Inequities



Regular dental care is important to maintain oral health, yet it is out of reach for millions of adults and children each year. Even before the COVID-19 pandemic closed and/or reduced operating capacity at

dental offices and programs across the country, cost, transportation, location of dental offices, hours of operation, and cultural and language access issues were common barriers to care. CareQuest Institute for Oral Health is working to alleviate and eliminate these barriers.

Teledentistry is an important avenue for increasing access to care and provides the opportunity to [bring care to where people are in community locations and integrated with educational, social, and general health systems](#). Teledentistry provides patients with more flexible options for [receiving care, consulting with dental providers, and obtaining educational information](#).

CareQuest Institute is working to promote a primary-care-like structure for oral health that can increase access to care by promoting the use of teledentistry, increasing the use of minimally invasive care, and making surgical interventions more targeted and safer. To achieve this, our work revolves around the [Three Domain Framework](#), an elevated model of dental care that builds on health promotion and disease prevention and supports value-based care. Each domain

reinforces the connection between social and structural determinants of health while advancing value-based care solutions that connects providers, communities, and patients.

[The Community Oral Health Transformation](#) (COrHT) initiative is a prime example of how this model has influenced dental service delivery. COrHT serves as a vehicle for implementing medical-dental integration and value-based oral health care. Through this initiative, key stakeholders came together to enhance their current oral health system by developing a care delivery network with community support, and utilizing the three domains to provide change management. By doing this, these stakeholders have been able to see the influence of community and interprofessional collaborations on increasing access to oral health.

[CareQuest Institute for Oral Health](#) is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in grantmaking, research, health improvement programs, policy and advocacy, and education as well as our leadership in dental benefits, care delivery, and innovation. We collaborate with thought leaders, health care providers, patients, and local, state, and federal stakeholders, to accelerate oral health care transformation and create a system designed for everyone.

## Methodology:

State of Oral Health Equity in America 2021 is a nationally representative survey of consumer and patient attitudes, experiences, and behaviors related to oral health. It was designed by CareQuest Institute for Oral Health. The survey was administered in January and February 2021 to adults 18 and older by NORC at the University of Chicago on the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the US household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, non-zero probability of selection from NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. A sampling unit of 16,986 was used with a final sample size of 5,320, with a final weighted cumulative response rate of 5.2%. All data presented account for appropriate sample weights. The margin of error for the survey is 1.86%.

## Suggested Citation:

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