CareQuest Institute for Oral Health™

State of Oral Health Equity in America 2023

RESEARCH REPORT

Cost, Race, and the Persistent Challenges in Our Oral Health System

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Methodology:

The State of Oral Health Equity in America survey is a nationally representative survey of consumer attitudes, experiences, and behaviors related to oral health. The study was designed by CareQuest Institute for Oral Health. Results were collected by NORC at the University of Chicago in January–February 2021, January–February 2022, and January–February 2023 from adults 18 and older on the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the United States' (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 the NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. In 2023, a sampling unit of 18,521 was used, with a final sample size of 5,240 and a final weighted cumulative response rate of 4.4%. All data presented account for appropriate sample weights. The margin of error for the survey is 1.83%. All results presented are statistically significant at the $p<0.05$ level unless otherwise noted. As this survey was administered prior to the expiration of the COVID-19 public health emergency (PHE) declaration in May 2023, these results do not reflect any loss of dental benefits through Medicaid or other sources due to the PHE expiration.

Introduction

The COVID-19 pandemic shone a troubling spotlight on health disparities in the United States, revealing racial, economic, and socioeconomic inequities. Oral health disparities mirrored those of overall health disparities, and more adults lack dental insurance than health insurance. As the public health emergency comes to an end, it is more important than ever to maintain a focus on the sources of oral health disparities as targets for interventions.

In January and February 2023, CareQuest Institute conducted the annual State of Oral Health Equity in America (SOHEA) survey with 5,240 adult health care consumers to follow up on similar surveys conducted in 2021 and 2022. The 2021 survey results highlighted issues surrounding oral health disparities that emerged during the early stages of the COVID-19 pandemic. Findings from the 2022 survey revealed that oral health inequities persisted as the country recovered from the public health emergency. This year's survey shows that discrimination and economic issues are two leading factors contributing to oral health disparities. Results reported are from the 2023 survey unless otherwise noted.

Racial Inequities and Differences:

- One-third of adults had not visited a dentist within the past year. Adults identifying as non-Hispanic Asian or non-Hispanic white were more likely to report a dental visit in the last year (74% and 70%, respectively) than non-Hispanic Black (61%) and Hispanic (58%) adults, as well as adults identifying their race/ethnicity as "other" (53%).
- More than half of Black adults reported having lost one or more permanent teeth due to decay or gum disease (52%), compared with 43% of all adult respondents.
- Asian adults were most likely to report brushing their teeth at least twice per day (86%), while Hispanic, white, and Black adults reported brushing twice a day or more in similar frequencies to each other (69%, 64%, and 62%, respectively).
- Black, Asian, and Hispanic adults were more likely to rate oral health as more important to an individual's overall health than physical health (37%, 31%, and 29%, respectively), compared with white adults (20%).

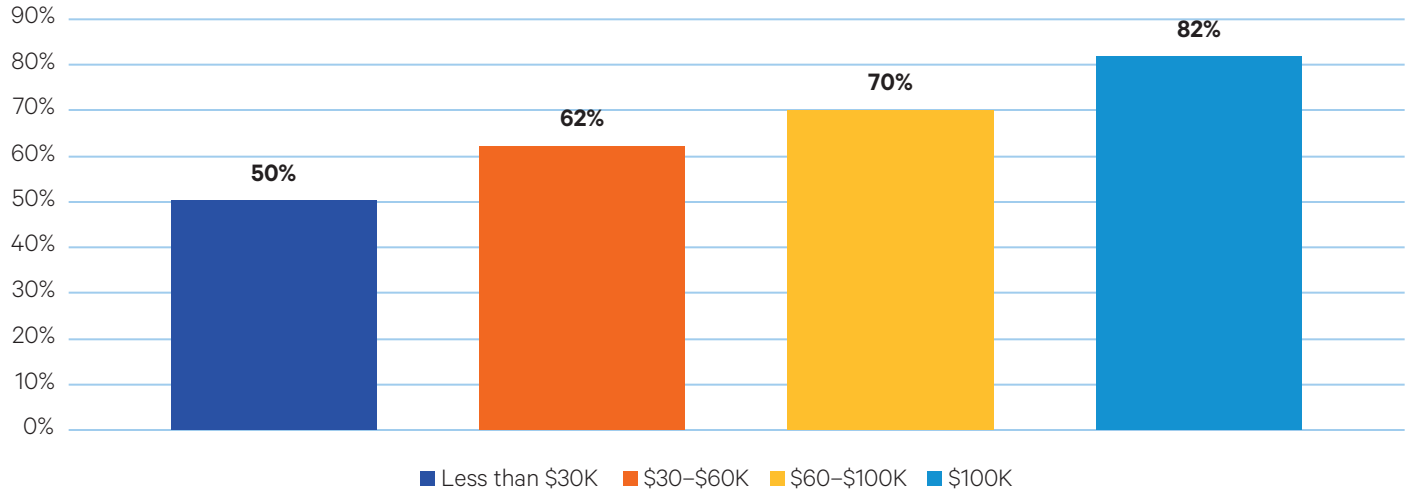
Economic Inequities:

- The proportion of adults with a dental visit in the last year increased with greater income (50% of adults earning $30,000 annually or less versus 82% of adults earning $100,000 or more).
- Adults earning $30,000 or less annually were more likely to have an oral health problem (61%) than adults earning $100,000 or more (44%).
- Homeowners visited a dentist in the last year in greater numbers (72%) than those who rent their home (57%) and those who occupy a home without paying rent or a mortgage (39%).
- Nine percent of adults said they do not plan to visit a dentist in the coming year for routine or preventive care, and 7% were unsure. Of those adults who were not planning to visit a dentist, many said it was because of cost (45%) or lack of insurance (28%).

Dental Visits — Past and Planned

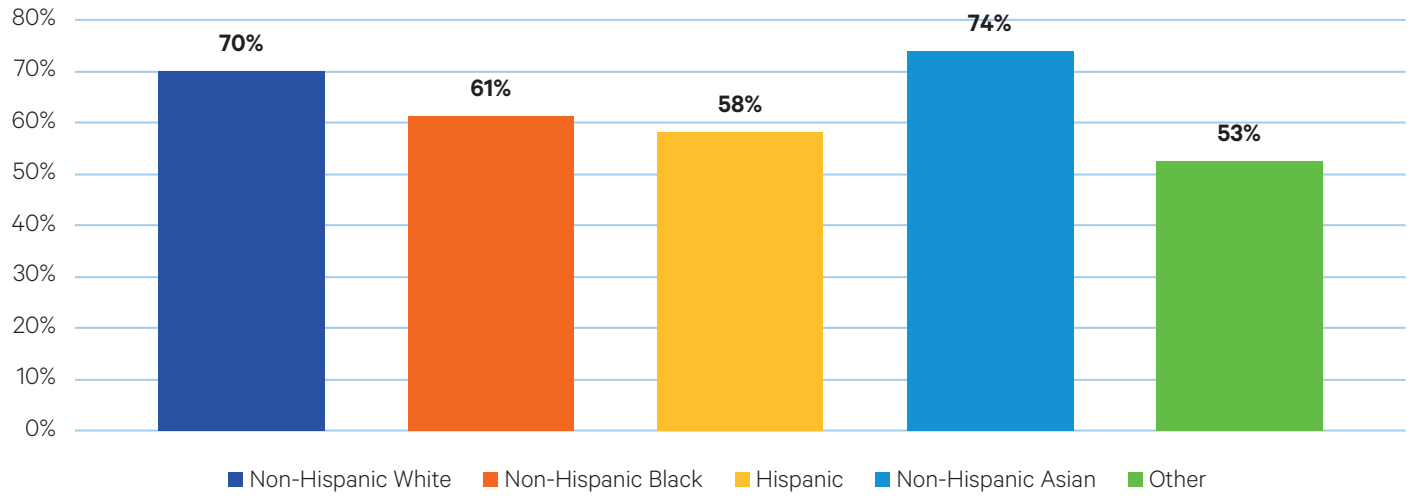
Overall, nearly half of respondents had seen a dentist in the past six months (48%). This is a slight increase from 2022 (46%) and 2021 (43%). Two-thirds of adults (67%) had visited a dentist in the previous year. The majority went to the dentist most recently for a check-up, examination, or cleaning (79%), while some (8%) went because something was wrong, hurting, or bothering them. Individuals identifying as female reported a dental visit in the last year more often (71%) than those identifying as male (63%), and those with dental insurance were about 45% more likely to have seen a dentist in the past year than those without dental insurance (74% versus 47%). The proportion of adults with a dental visit in the last year increased with age (58% of 18–29-year-olds versus 75% of adults aged 60 and above) and income (50% of adults earning $30,000 or less annually versus 82% of respondents earning $100,000 or more).

Dental Visit Within the Last Year by Income



Adults identifying as Asian or white were more likely to report a dental visit in the last year (74% and 70%, respectively) compared with Black (61%) and Hispanic (58%) adults and adults identifying their race/ethnicity as "other" (53%). Black adults were less likely than white adults to have had a routine dental visit in the past year (62% versus 70%). Black and Hispanic adults were more than twice as likely as white adults to report that they had never been to a dentist (3%, 4%, and 1%, respectively).

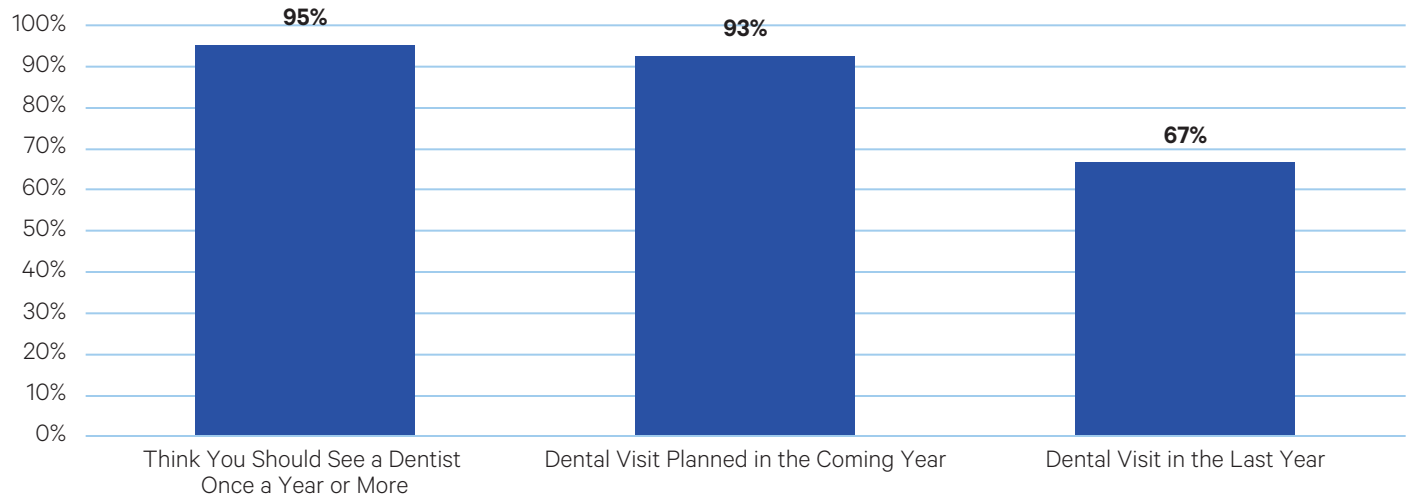
Dental Visit Within the Last Year by Race/Ethnicity



Individuals identifying as gay/lesbian or straight were more likely to have had a dental visit in the last year (70% and 68%, respectively) than those who identified their sexual orientation as bisexual (45%), "something else" (50%), or said that they didn't know (52%). Adults living in suburban areas were more likely to have seen a dentist in the last year (70%) than adults in urban (65%) or rural (60%) areas. Homeowners visited a dentist in the last year in greater numbers (72%) than those who rent their home (57%) and those who occupy a home without paying rent or a mortgage (39%).

Nearly all adults said they think they should see a dentist at least once a year (95%), and more than four out of five adults said they plan to visit a dentist in the coming year for routine or preventive care (84%). This number remained relatively stable from 2021 (83%) and 2022 (85%). However, as noted above, only 67% of adults reported seeing a dentist in the last year. For those planning a dental visit, a substantial majority said a dental visit was important to maintain their oral health (88%). Slightly more than half responded that they were planning a dental visit to avoid a painful oral health problem (51%), and 44% said they were planning a dental visit because it was covered by their insurance plan.

Intention vs. Reality: More Adults Plan to Visit a Dentist Than Have a Dental Visit

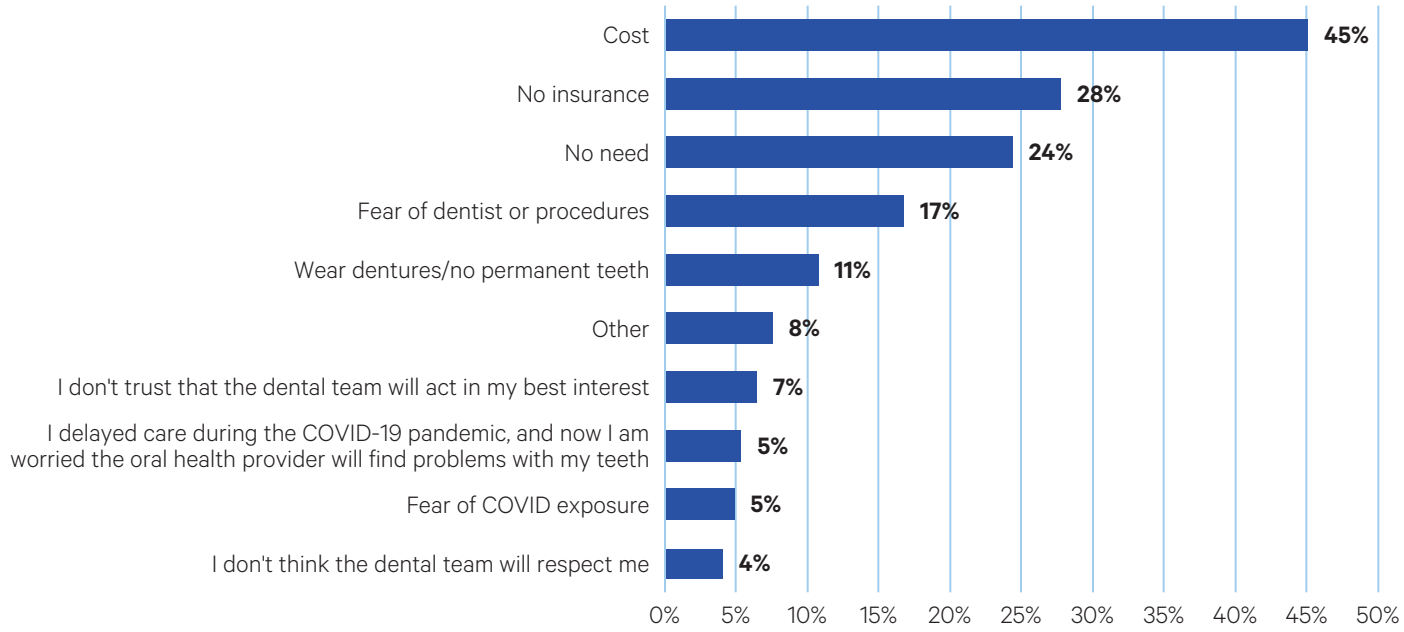


While few adults said they did not plan to see a dentist in the coming year (9%), one-third of adults did not see a dentist in the prior year (33%). Of those adults who were not planning to visit a dentist in the coming year or were unsure (a total of 16%), many respondents said it was because of cost (45%) or not having insurance (28%), while nearly a quarter said they had no need to visit a dentist (24%), and 11% said they wear dentures or have no permanent teeth.

Planning to see a dentist in the coming year was closely tied to economic factors. Adults with dental insurance were more likely to plan to see a dentist in the next year (96%) than those without dental insurance (82%). Employed individuals were slightly more likely to plan to see a dentist (94%) than adults who were not employed (91%). The proportion of adults planning to visit a dentist in the coming year increased with annual income, with 86% of those making less than $30,000 per year planning to visit a dentist versus 98% of those making $100,000 a year or more. Homeowners were more likely to plan a dentist visit in the coming year (94%) than those who rent their home (90%) and those who occupy a home without paying rent or a mortgage (80%).

Planning to see a dentist in the coming year was closely tied to economic factors.

Why do you not plan to see a dentist in the coming year for routine or preventive care?

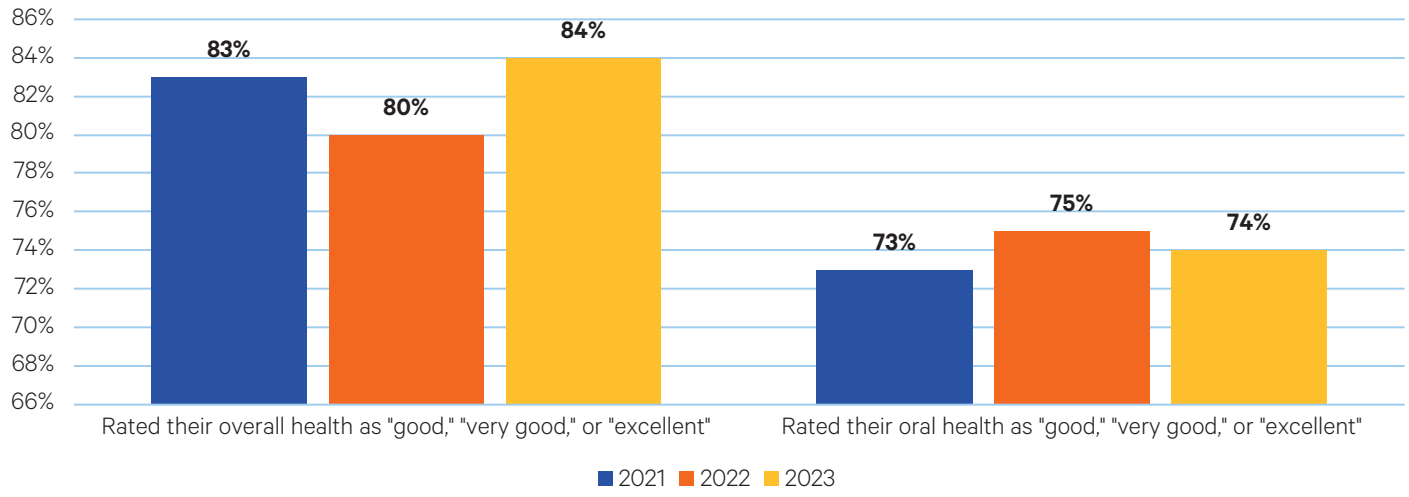


Differences in bar sizes with data labels showing equal percentages are due to rounding each data label to the nearest whole number.

Oral Health and Oral Problems

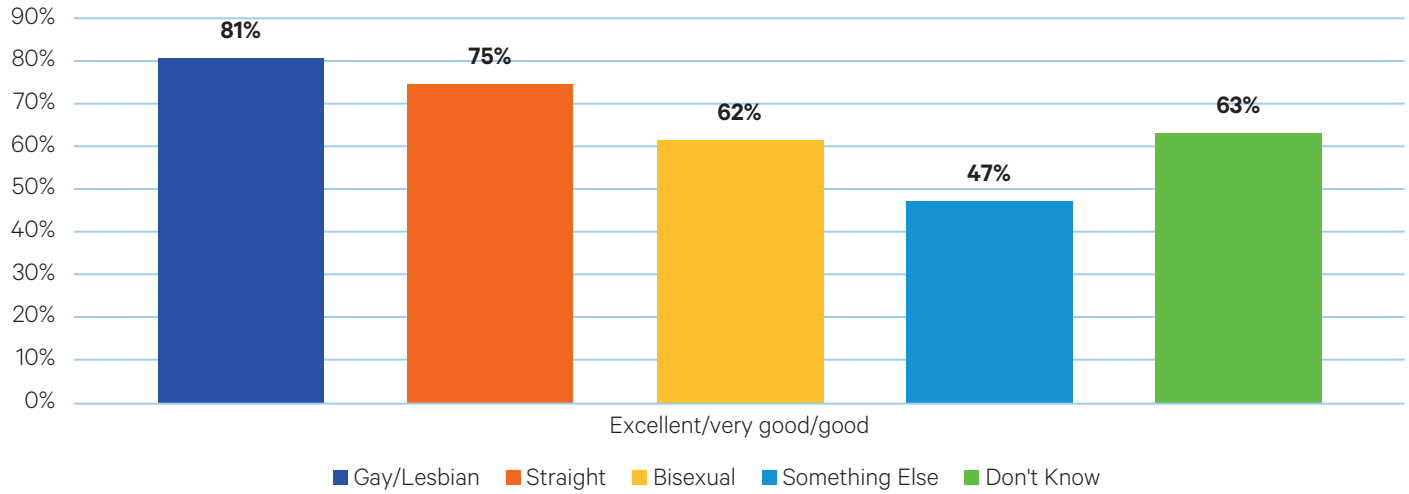
Overall, the number of survey respondents rating their oral health as excellent, very good, or good remained stable at 74% in 2023, compared with 73% in 2021 and 75% in 2022. Most respondents continued to rate their overall health as excellent, very good, or good, with 84% doing so in 2023, 80% in 2022, and 83% in 2021 — all higher than self-reported oral health.

Self-Reported Overall and Oral Health by Year



Asian and white adults were more likely to rate their oral health as excellent, very good, or good (84% and 75%, respectively) than Hispanic (70%) and Black (68%) adults, as well as adults identifying their race/ethnicity as "other" (62%). Black, Asian, and Hispanic adults were more likely to rate oral health as more important to an individual's overall health than physical health (37%, 31%, and 29%, respectively) compared with white adults (20%). Individuals identifying as gay/lesbian or straight were more likely to rate their oral health as excellent, very good, or good (81% and 75%, respectively) compared with those who identified their sexual orientation as bisexual (62%), "something else" (47%), or reported that they didn't know (63%).

Self-Rated Oral Health by Sexual Orientation



Those with dental insurance were more likely to rate their oral health as excellent, very good, or good (77%) than those without dental insurance (65%). Self-reported oral health improved with annual income: 87% of those making $100,000 a year or more rated their oral health as excellent, very good, or good, compared with 60% of those making less than $30,000 per year. Adults living in suburban areas were somewhat more likely to rate their oral health as excellent, very good, or good (76%) compared with adults in urban (74%) or rural (67%) areas. Employed individuals were more likely to rate their oral health as excellent, very good, or good (77%) than adults who were not employed (70%). Finally, homeowners were more likely to rate their oral health as excellent, very good, or good (78%) than those who rent their home or those who occupy a home without paying rent or a mortgage (63% for both).

Home Ownership and Oral Health

	Own Their Home	Rent Their Home	Occupy Their Home Without Rent or Mortgage
Rate their oral health as excellent, good, or very good	78%	63%	63%
Have dental insurance	75%	71%	58%
Have a dental home	83%	70%	57%
Missed work or school due to an oral health problem	5%	13%	14%

Overall, 51% of adults in 2023 reported having at least one oral health problem in the prior year, compared with 56% in 2021 and 55% in 2022. More than half of Black adults reported having lost one or more permanent teeth due to decay or gum disease (52%), compared with 43% of all adult respondents. Of those with an oral health symptom in 2023, more than half did not seek treatment for their problem (57%). The most common reasons for not seeking treatment were: having a problem that was not severe enough to seek care (53%), not being able to afford treatment (25%), and being afraid of receiving dental care (12 %). For adults who did seek treatment for a specific problem, 94% sought treatment from a dentist or other oral health provider, while 6% visited an emergency department for treatment. Nearly two-thirds of those who sought care were able to have a procedure to treat the problem (64%)

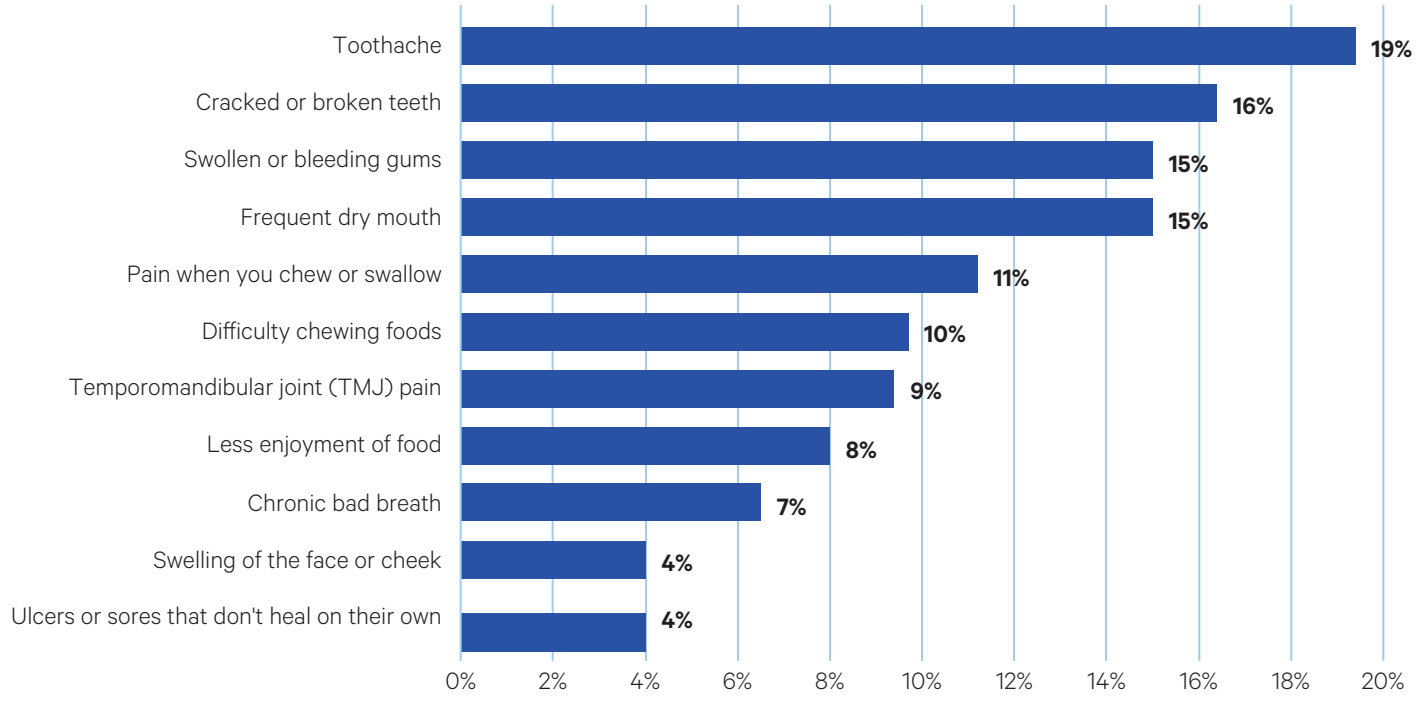
The most common problems listed were toothache (19%), cracked or broken teeth (16%), swollen or bleeding gums (15%), and frequent dry mouth (15%). These were also the most common symptoms reported in 2021 and 2022. Four percent of respondents reported visiting an emergency department for some kind of oral health problem in the past year, which is consistent with prior survey years (4% in both 2021 and 2022).

51% of adults had at least one oral health problem in the past year.

The most common reasons for not seeking care:

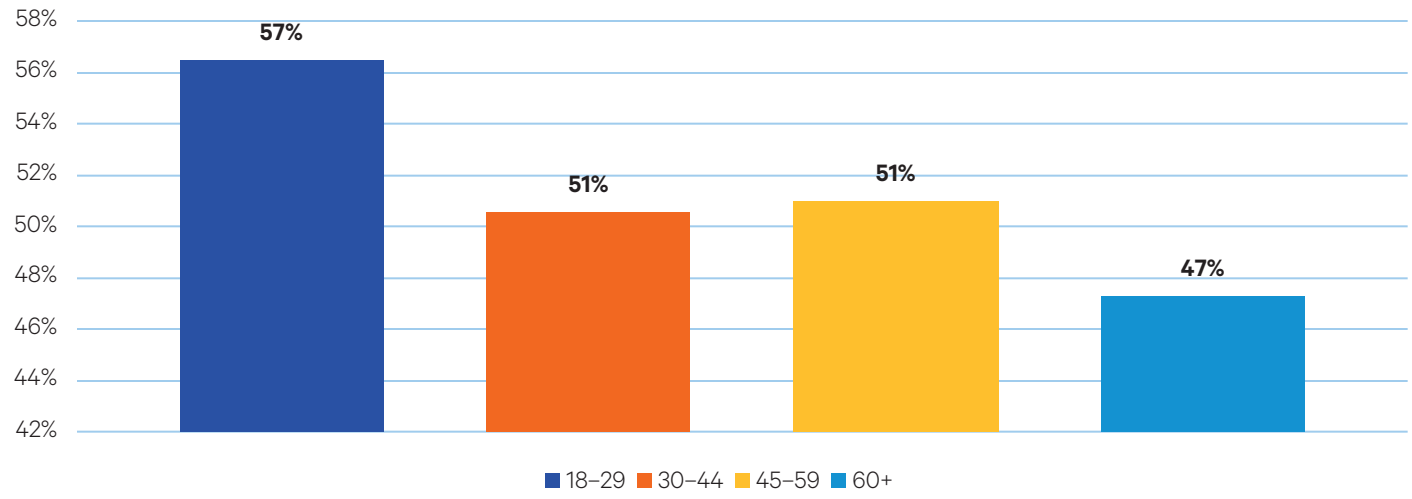
- **Having a problem that was not severe enough to seek care** — 53%
- **Not being able to afford treatment** — 25%
- 12% — **Being afraid of receiving dental care**

Frequency of Oral Health Problems in the Past Year



The prevalence of reporting an oral health symptom decreased with age, with younger individuals (18–29; 57%) being more likely to have had an oral health problem than older adults (60+; 47%).

Reports of at Least One Oral Health Symptom in the Past Year by Age



Differences in bar sizes with data labels showing equal percentages are due to rounding each data label to the nearest whole number.

Individuals identifying their sexual orientation as bisexual or "something else" were more likely to report having an oral health problem (66% and 69%, respectively) compared with those identifying as gay/lesbian (46%) and straight (50%), and those saying they didn't know (53%). Adults living in suburban areas were less likely to report an oral health symptom in the last year (48%) than those in rural (52%) or urban (55%) areas. Adults earning $30,000 or less annually (61%) were more likely to have an oral health problem than adults making $100,000 or more (44%).

Oral Health in Asian Communities

In the last few years, discrimination against individuals and communities identifying as Asian has drastically increased. In 2021, for example, the rate of anti-Asian hate crimes increased by 339% over the year before, according to the Center for the Study of Hate and Extremism. Given the rise in discrimination against those identifying as Asian, particularly during the COVID-19 pandemic, it is critically important to continue to examine possible oral health disparities and discrimination in oral health care in this population. As an example, in the 2021 the State of Oral Health Equity in America (SOHEA) survey, more than half of adults identifying as Asian did not visit a dentist (52% compared to 32% in 2022 and 26% in 2023), which may have been in response to a sharp increase in anti-Asian racism, particularly during the first part of the pandemic. In January–February 2022, a higher proportion of Asian adults reported not being able to visit a dentist since the start of the pandemic (24%) compared with white adults (18%).

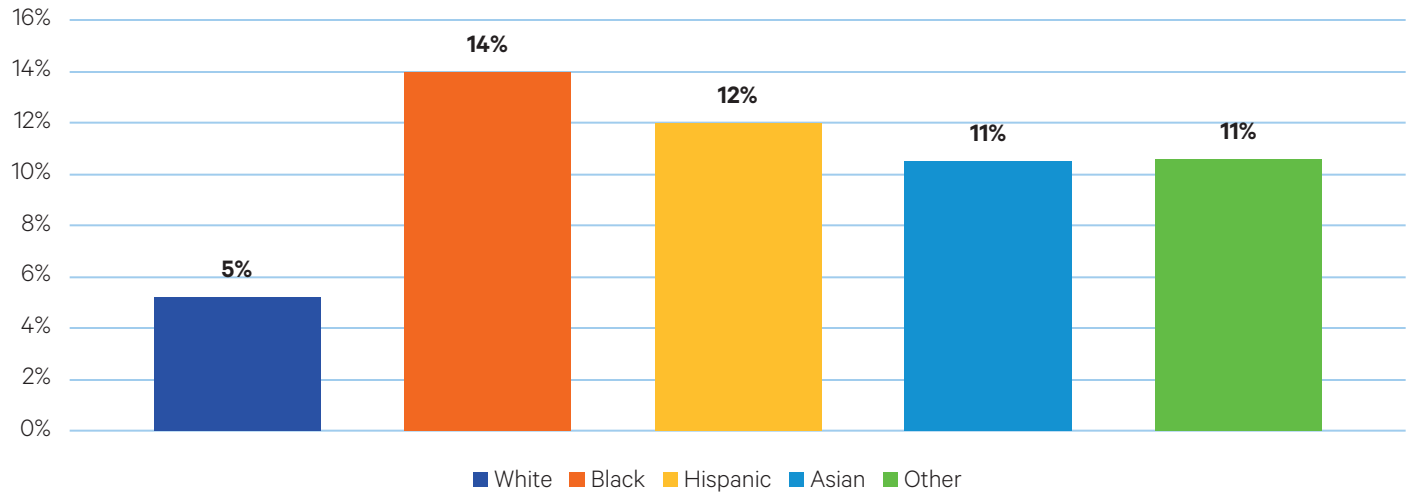
In the 2023 SOHEA survey, 6% of respondents identified as non-Hispanic Asian; the most common groups within this category were Chinese (2%), Asian Indian (1%), and other Asian (1%). Survey results suggest that for oral health outcomes such as self-rated oral health, time since last dental visit, access to a dental home and dental insurance, and planned dental visits in the coming year, adults identifying as Asian have similar or better outcomes than individuals identifying as another race/ethnicity. However, the percentage of Asian adults who reported being denied dental care due to discrimination (66%) was significantly higher than that of Hispanic (26%), Black (23%), and white (17%) adults, as well as adults identifying their race/ethnicity as “other” (10%). The total number of individuals reporting denial of dental care was a small proportion of the total sample (152 adults, or 3% of the SOHEA sample), and the number of Asian adults reporting this denial of care (six adults, or 0.1% of the sample) is too small to draw clear, nationally representative conclusions. However, the trend of Asian adults reporting denial of care due to discrimination is an important finding to continue tracking, particularly in light of the recent rise in anti-Asian sentiment and hate crimes.

Impacts of Oral Health Problems

Eight percent of survey respondents said they missed at least some school or work due to pain or discomfort in their mouths, a figure that equates to approximately 26 million adults in the United States (US). Nearly two-thirds of adults reported missing at least one day of work or school due to dental pain (65%); 30% missed three days or more. While female respondents were slightly more likely to report having had an oral health problem (51%) than male respondents (50%), male respondents were nearly twice as likely to report missing school or work due to an oral health problem (10%) than female respondents (6%). Black adults were more likely than adults identifying their race/ethnicity as Hispanic, Asian, "other," or white to report missing school or work due to an oral health problem (14%, 12%, 11%, 11%, and 5%, respectively).

Eight percent of survey respondents said they missed at least some school or work due to pain or discomfort in their mouths; this equates to approximately 26 million adults in the US.

Missed Work/School Due to Oral Health Problem



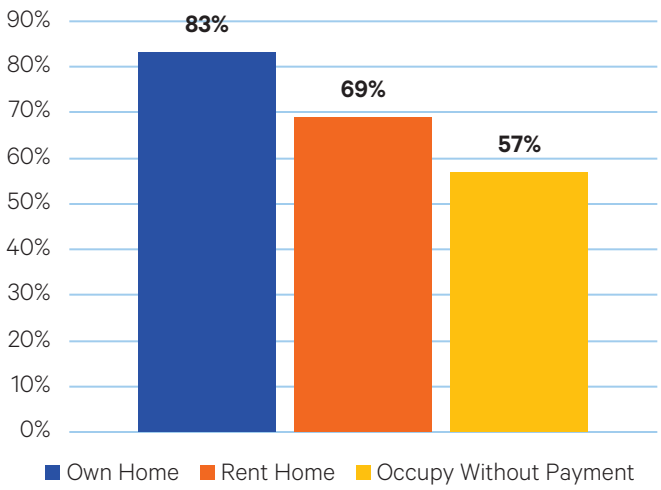
The frequency with which respondents missed school or work due to an oral health symptom decreased with age, with younger individuals (aged 18–29; 13%) more than six times as likely to have missed work or school due to an oral health problem than older adults (aged 60+; 2%). This result may reflect, at least in part, that adults aged 60+ are less likely to attend school and more likely to be retired. Homeowners were least likely to miss school or work due to an oral health problem (5%), compared with those who rented their home (13%) or occupied their home without payment (14%).

Protective Factors — A Dental Home and Dental Insurance

In 2023, 75% of adults reported having a dental home (that is, a usual source of dental care), similar to the percentages of adults who reported having a dental home in 2021 (74%) and 2022 (76%). Female participants were more likely than male participants to have a dental home (83% versus 75%). Older adults (aged 60+) were most likely to have a dental home (85%), and younger adults aged 18–29 were least likely to have a dental home (69%). Asian and white adults were more likely to report having a dental home (83% and 82%, respectively) than Black (74%) and Hispanic adults (72%) and adults who reported their race/ethnicity as "other" (69%). Individuals identifying as gay/lesbian or straight were more likely to have a dental home (81% and 80%, respectively) than those who identified their sexual orientation as bisexual (63%), "something else" (66%), or said that they didn't know (71%).

Adults with dental insurance were 31% more likely to have a dental home than adults without dental insurance (85% versus 62%). The proportion of adults with a dental home increased with annual income, with 61% of those making less than $30,000 per year reporting that they had a usual source of dental care, compared with 89% of those making $100,000 a year or more. Adults living in suburban areas were slightly more likely to have a dental home (81%) than adults in urban (78%) or rural (75%) areas, and homeowners reported having a dental home in greater numbers (83%) than those who rent their home (69%) and those who occupy a home without paying rent or a mortgage (57%).

Having a Dental Home by Home Ownership

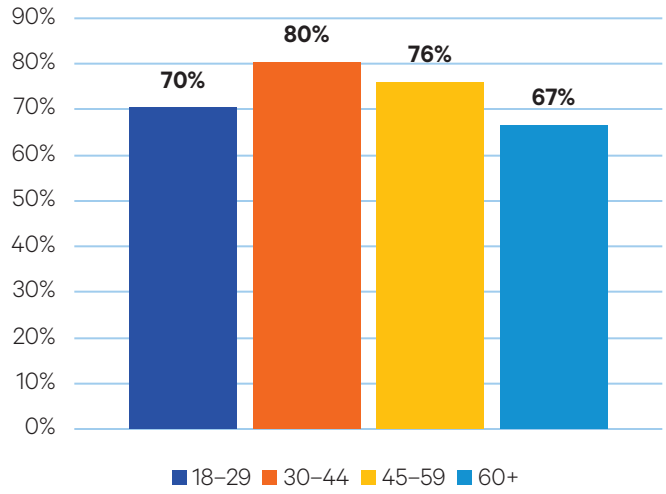


The number of adults who reported having dental insurance increased slightly in 2023, to 73% from 70% in both 2021 and 2022. More than two-thirds of respondents had some type of private dental insurance (67%), followed by 12% of participants with Medicaid dental insurance and 11% with Medicare Advantage or another supplemental Medicare plan. Thirty percent of veterans did not have dental insurance, compared to 27% of individuals in the non-veteran population. There were no significant differences in dental insurance coverage by race/ethnicity or gender. Adults aged 30–44 were most likely to have dental insurance (80%), followed by 45–59-year-olds (76%), 18–29-year-olds (70%), and those aged 60 and above (67%).

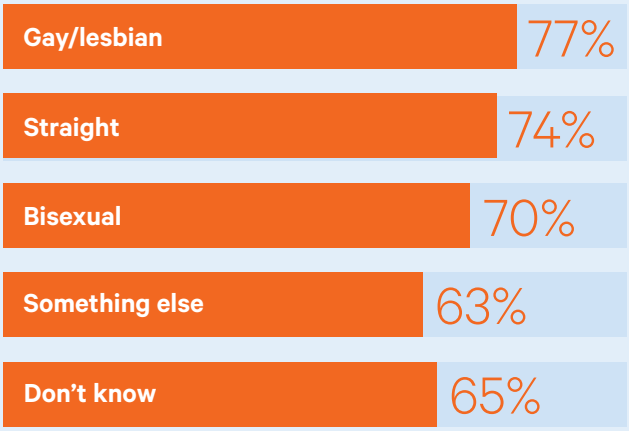
Individuals identifying as gay/lesbian or straight were more likely to have dental insurance (77% and 74%, respectively) than those who identified as bisexual (70%) and those who identified their sexual orientation as "something else" (63%) or said they didn't know (65%). Employed individuals were more likely to have dental insurance (78%) than adults who were not employed (67%). The proportion of adults with dental insurance increased with annual income, with 61% of those making less than $30,000 per year having dental insurance, compared with 83% of those making $100,000 a year or more. Adults living in suburban areas were more likely to have dental insurance (77%) than adults in urban (72%) or rural (66%) areas. Homeowners had dental insurance in greater numbers (75%) than those who rent their home (71%) or those who occupy a home without paying rent or a mortgage (58%).

One in four respondents said they did not have dental insurance (27%). Of those who did not have dental insurance, 10% reported that they lost their dental insurance in the last year, and 31% reported that they had never had dental insurance. Of those who lost their dental insurance in the last year, 41% noted it was due to a job loss; 12% stated their company's benefits had changed, and 11% indicated they chose not to have it.

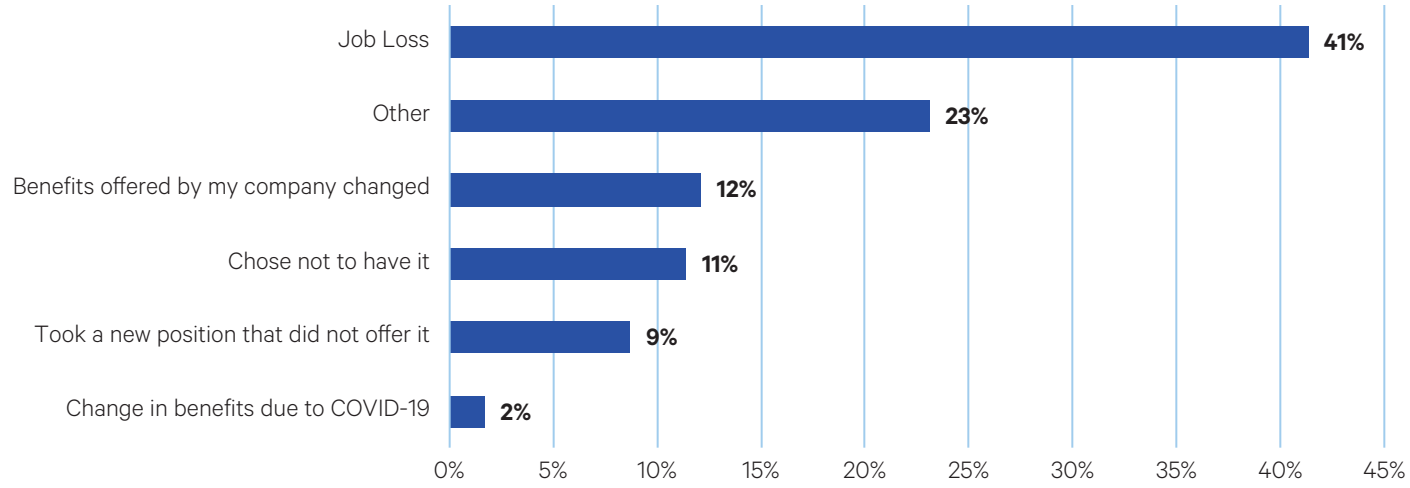
Dental Insurance by Age



Sexual orientation of respondents with dental insurance:



Reason for Losing Dental Insurance in the Past Year (2023)

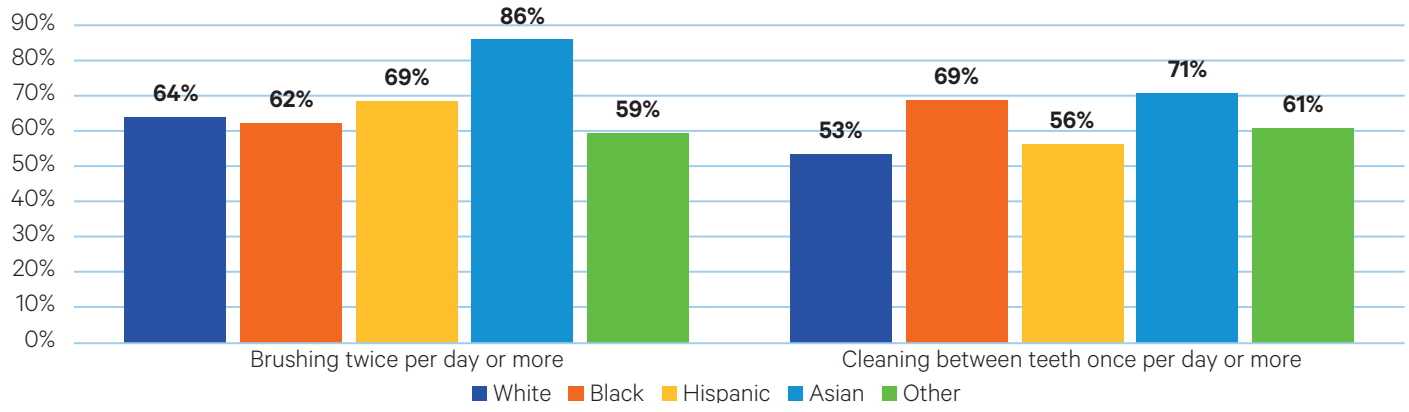


Oral Hygiene Practices

Two-thirds of adults reported brushing their teeth at least twice per day (66%), and more than half said they cleaned between their teeth at least once per day (57%). Dental floss and disposable dental flossers were the most commonly reported means for cleaning between teeth (81%), followed by toothpicks (8%), water flossers (7%), and interproximal brushes (3%). Asian adults were most likely to report brushing their teeth at least twice per day (86%), while Hispanic, white, and Black adults reported brushing twice a day or more in similar frequencies to each other (69%, 64%, and 62%, respectively). Asian and Black adults were most likely to report cleaning between their teeth at least once per day (71% and 69%, respectively), followed by adults who reported their race/ethnicity as "other" (61%), Hispanic (56%), and white (53%).

Approximately two-thirds of adults across all age groups reported brushing at least twice per day, while adults aged 60 and above were the most likely to report cleaning between their teeth at least once per day (67%), compared with adults aged 45–59 (59%), 30–44 (52%), and 18–29 (46%). Individuals with higher incomes were more likely to brush twice a day or more, compared to those with lower incomes, although there were no differences in cleaning between teeth by income.

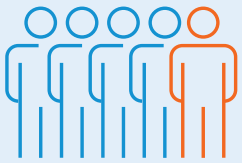
Frequency of Oral Hygiene Habits by Race



Barriers to Care — Disabilities and Discrimination

More than one in ten survey respondents (12%) reported having a physical or intellectual/developmental disability (IDD). Of those with a self-reported disability, 81% had a physical disability, while 24% had an IDD (respondents were able to report having both a physical disability and an IDD). More than half of adults with a disability said they brush their teeth at least twice per day (57%), and 55% said they clean between their teeth at least once per day.

While two-thirds of adults with a disability reported having a dental home (67%), one in five said their disability makes it difficult to access necessary oral health care (21%). The majority of adults with a disability had visited a dentist within the past year (57%). More than half of individuals with a disability who require special help or accommodations in the dental setting said their current source of dental care does not provide this kind of assistance (54%). Fourteen percent of adults with a disability said they had experienced discrimination in the dental setting, and 27% said they had been denied oral health care due to discrimination.



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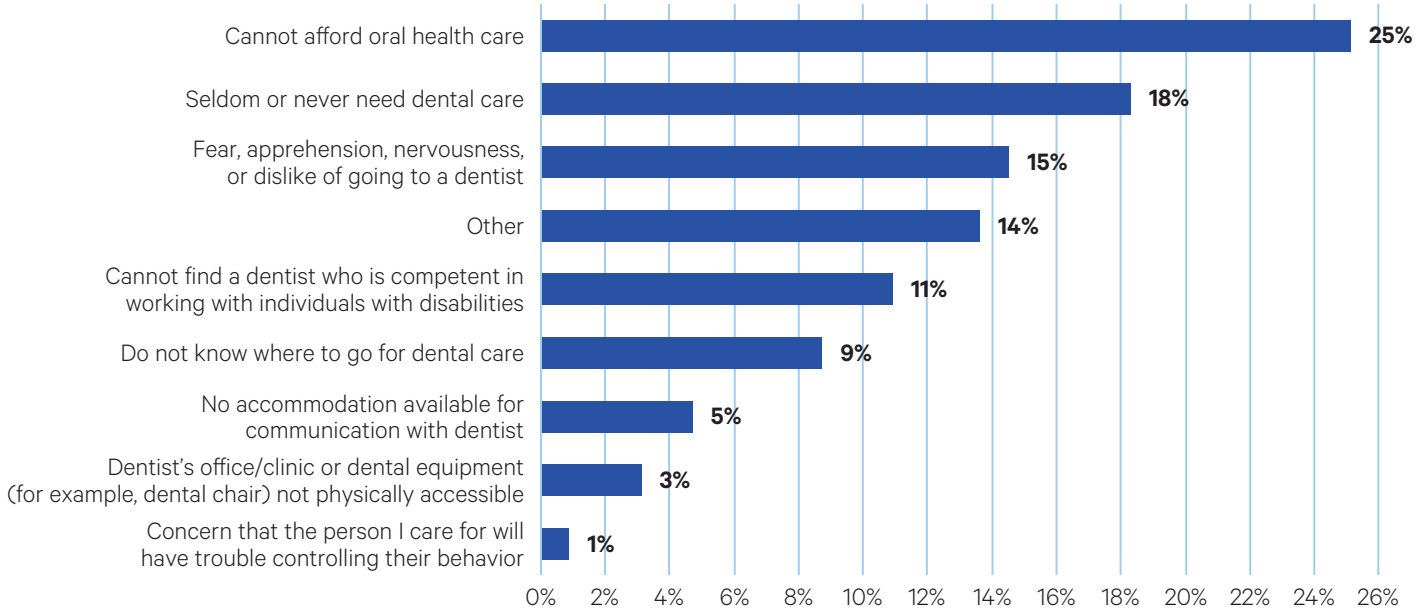
said their disability makes it difficult to access necessary oral health care (21%).

Nine percent of respondents said they were a caretaker for at least one other person over the age of 18; 38% described the person they care for as an adult with a physical disability; 24% of those needing care had an IDD; and 33% of those requiring care were adults over the age of 65 who cannot care for themselves. Most caretakers indicated that the person whom they care for is a parent (26%), spouse (23%), child (19%), or other relative (16%). Two-thirds of those requiring care have their teeth brushed at least once per day (69%), according to their caregivers, while less than a third have their teeth flossed at least once per day (32%).

One-third of adults with disabilities requiring care do not have a dental home (34%). The most common reasons for not having a dental home, according to caregivers, are that they cannot afford oral health care (25%); they seldom or never need dental care (18%); or they have a fear, apprehension, nervousness, or dislike of going to the dentist (15%). One-half of individuals with disabilities receiving care see a dentist at least once per year, according to caregivers (51%), and 20% see a dentist only for urgent dental needs. Almost half of individuals who require a caregiver and need special help or accommodations to see a dentist do not receive these accommodations, according to their caregivers (46%).

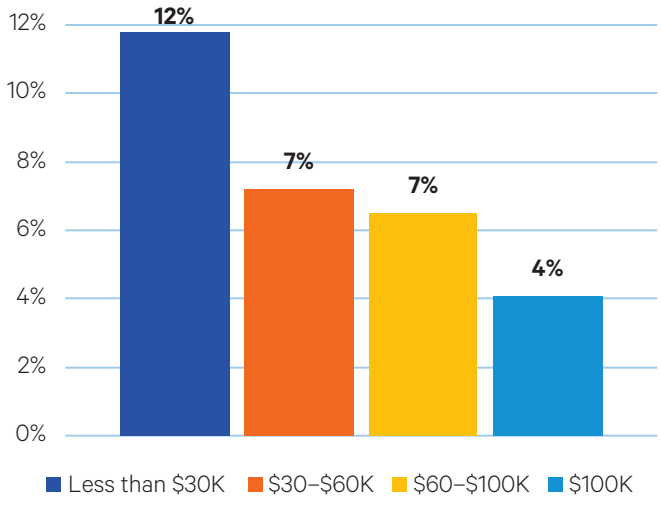
Reasons Individuals Requiring Care Do Not Have a Dental Home According to Caregivers



Of adults who reported having at least one experience with discrimination in their lifetime (across a variety of factors, characteristics, and social environments), 37% had not had a routine dental visit in the past 12 months, compared with 31% of those who had not experienced discrimination. Seven percent of survey respondents said they had experienced discrimination in an oral health care setting. Of those who had experienced discrimination in oral health care, one in five said they had been denied care due to discrimination (22%). Adults describing their race/ethnicity as "other" were most likely to report experiencing discrimination in an oral health care setting (15%), compared with adults identifying as Black (8%), Hispanic (7%), white (7%), or Asian (6%). Additionally, male participants were twice as likely to report being denied oral health care due to discrimination (34%) compared with female participants (16%).

Experiencing discrimination in oral health care was associated with economic factors. For example, individuals without dental insurance were nearly twice as likely to report experiencing discrimination in oral health care (11%) than those with dental insurance (6%). Experiencing discrimination in oral health care was inversely associated with income, in that adults earning $30,000 or less annually were significantly more likely to experience discrimination in oral health care (12%) than those making $100,000 or more annually (4%). Unemployed individuals were more likely to report experiencing discrimination in oral health care (9%) than employed adults (7%), and unemployed adults were twice as likely to report that they had been denied oral health care due to discrimination (30%) compared with employed adults (17%).

Experienced Discrimination in Oral Health Care by Income



Differences in bar sizes with data labels showing equal percentages are due to rounding each data label to the nearest whole number.

Conclusions

As the COVID-19 public health emergency expires and many aspects of life return to normalcy, oral health inequities persist. As was the case prior to 2020, individuals in Black, Hispanic, and other minoritized communities reported poorer oral health and less regular access to adequate dental care, despite reporting similar and, in some cases, better rates of oral hygiene habits, such as brushing and cleaning between their teeth. Adults identifying their race/ethnicity as "other" were more likely to report experiencing discrimination in the oral health care setting than other adults, and a greater proportion of individuals identifying as Asian reported being denied oral health care due to discrimination, compared with adults identifying as other races/ethnicities. As the incidence of race-related hate crimes continues to rise in the US, it is critical to pay attention to the role of discrimination as a cause of oral health care inequities.

An important finding in the 2023 SOHEA survey is the link between economic factors and oral health disparities. Homeownership was linked to higher rates of having a dental home, better self-rated oral health, and more regular dental visits compared with renting or occupying a home without payment. Those with lower income and unemployed individuals consistently reported poorer oral health, less access to regular dental care, and a lack of dental insurance. CareQuest Institute estimates that at least 14 million adults risk losing Medicaid dental coverage with the public health emergency expiration in spring 2023, and already, an estimated 87.8 million adults lack dental insurance. These economic inequities highlight the need for enhanced dental coverage for all adult Medicaid enrollees and dental care coverage for all Medicare beneficiaries to help mitigate oral health disparities in lower-income and older populations.

Additional efforts to reduce oral health disparities in underrepresented and underserved populations include the integration of oral health care into other health care settings, such as primary care and behavioral health clinics. The use of teledentistry can provide lower-cost access to some forms of oral health care, such as screenings, triage for dental emergencies, and oral hygiene instruction. As a continual shortage of oral health providers in rural areas (and some urban settings) is a driver of inequities for individuals living in these areas, there is a need to expand the oral health workforce through the use of mid-level providers such as expanded-function dental hygienists and dental therapists. While oral health disparities existed long before the COVID-19 public health emergency, findings from SOHEA emphasize the need to continue working toward an oral health care system that is more accessible, equitable, and integrated.

CareQuest Institute for 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 philanthropy, analytics and data insights, health transformation, policy and advocacy, and education as well as our leadership in dental benefits and innovation advancements. 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. To learn more, visit carequest.org.

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