CareQuest Institute for Oral Health®

COMMUNICATION BRIEF

The Glaring Scope of Racial Disparities in Oral Health

Surveys reveal the disproportionate impact of oral health disparities on Black, Hispanic, and American Indian/Alaska Native individuals. These disparities take many forms and lead to significant consequences for oral health and beyond.

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To address oral heath disparities and increase oral health equity, health leaders and dental providers must reckon with a stark reality: Race and ethnicity are closely linked with whether a person's mouth is healthy.

In the United States, Black, Hispanic, and American Indian/Alaska Native (AI/AN) communities have historically faced structural racism and other barriers to optimizing their oral health. Accordingly, people of color have suffered consequences that endure today:

- **Access to prevention:** Black, Hispanic, and AI/AN children are less likely than their white peers to obtain preventive care from a dental office or to receive dental sealants on their most cavity-prone teeth.
- **Untreated tooth decay:** Children and adults of color are more likely to have untreated tooth decay. In fact, Black and Mexican American working-age adults are nearly twice as likely to have untreated decay as non-Hispanic whites in this age group.
- **Tooth loss:** Tooth decay is a prime factor in tooth loss. Black and Asian adults (age 20 and up) are more likely than white adults to lose all of their teeth after the age of 65.

The COVID-19 pandemic has heightened awareness of the health disparities affecting people of color. Members of Black, Hispanic, and AI/AN communities suffered much higher hospitalization and death rates than white individuals due to COVID-19. Researchers have cited the virus's impact as a key reason why the average life expectancy of Americans declined in 2020, and the lifespan decrease was three or four times greater for Black and Hispanic individuals than for their white counterparts. With these and other data, the oral health community has the opportunity to leverage the heightened awareness of disparities to take action to eliminate them and advance health equity.

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Sharing a Belief in the Importance of Oral Health

A 2022 survey of more than 5,000 adults commissioned by CareQuest Institute for Oral Health explored the dynamics that sustain and reflect these disparities. This survey updated findings from a similar consumer survey from 2021. One finding from this survey is that individuals share a sense that oral health care is important. For example, roughly equal percentages of Black (76%), Hispanic (79%), and white (78%) adults said they think they should see a dentist or oral health provider at least every six months. Moreover, Black (18%) and Asian (17%) adults are less likely than white adults (20%) to cite fear of dentists as their primary reason for not planning to see a dentist in the coming year.

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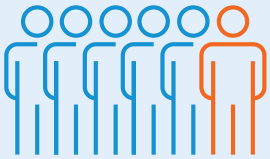
Delaying Dental Care

Given the disproportionate impact of COVID-19 on Black Americans, it is easy to understand why Black adults were more likely (30%) than white adults (18%) in early 2022 to cite fear of COVID-19 as a reason why they did not plan to see a dental provider within the next year for routine care. Furthermore, Black (21%), Asian (23%), and Hispanic (21%) adults were more likely than white (17%) adults to say they had not been able to visit a dentist since the beginning of the COVID-19 pandemic.

Delays in care have taken a toll on the oral health of people of color. Our 2022 survey revealed that Black (17%) and Hispanic (16%) adults were more likely than white adults (14%) to say they had felt "self-conscious or embarrassed because of [their] teeth, mouth, or dentures" either very or fairly often over the past year. In our 2021 survey, Black (12%), Asian (10%), and Hispanic (7%) adults were more likely than white adults (4%) to say that over the past year they "had difficulty doing everyday activities" because of problems with their teeth, mouth, or dentures very or fairly often.

In 2022, nearly 1 in 6 Black adults (16%) reported having lost at least six teeth due to tooth decay or gum disease. This degree of tooth loss is much higher than the proportions among adults who are white (12%), Hispanic (9%), or Asian (3%).

17% of Black adults and 16% of Hispanic adults felt self-conscious or embarrassed because of their teeth, mouth, or dentures compared to **14% of white adults.**



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Affecting More than Mouths

Poor oral health has consequences for overall health, and these consequences are often more significant for Black, Hispanic, and AI/AN individuals. For example, people with periodontal disease (PD) — also called gum disease — have a 28% higher risk of suffering a first-time heart attack than those without this condition. Furthermore, while white adults over the age of 18 are more likely to have heart disease, Black adults are more likely to die of heart disease. Researchers report that treating PD in people with diabetes is "particularly important" because successfully managing PD is linked with successfully managing blood sugar levels. Because diabetes rates are higher in AI/AN, Black, and Hispanic communities than in white communities, untreated PD is likely to result in greater harm for these communities.

For communities of color, the impact of oral health inequities reaches well beyond health, limiting economic success for adults and school performance for children. Black and Hispanic individuals in the US are more than twice as likely as white individuals to live in poverty. Families living in poverty spend ten times more of their annual income on dental care than do high-income families, which may further exacerbate economic disparities. In our 2021 survey, Black (9%), Asian (5%), and Hispanic (4%) adults were more likely than white adults (2%) to say that within the previous year they believed they "did not get a job" because of their teeth, mouth, or dentures. Research shows a potential for more affluent people to hold biases against low-income individuals for having unhealthy looking or missing teeth. This may be one lens through which poor oral health shapes the perceptions of employers when they make hiring decisions.

Children miss 34 million hours of school each year for dental appointments due to dental emergencies. Our 2021 survey asked parents how often during the previous year their children's teeth or mouth had affected their attendance or performance at school. Black (15%) and Hispanic (9%) parents were far more likely to say their children had been affected in this way very or fairly often, compared with only 2% of white parents.

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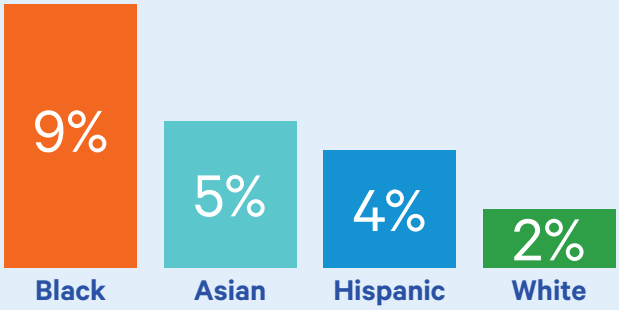


Percentage of adults who say that within the previous year they believed they **"did not get a job" because of their teeth, mouth, or dentures.**

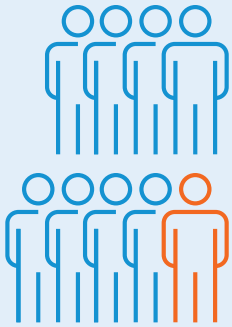
15% **of Black and** 9% **of Hispanic parents** say their children's **teeth or mouth had affected their attendance or performance at school** compared to 2% **of white parents.**

Disparities in Access to Care

In 2022, two-thirds of white adults (66%) said they had received dental care within the past year. By contrast, Hispanic (62%) and Black (62%) adults were less likely to have obtained oral health services during the previous year.

In addition, 1 in 9 Black adults said they had visited a hospital emergency department (ED) within the past year seeking dental services or treatment for oral pain. In fact, Black adults were at least two and a half times more likely than white, Hispanic, or Asian adults to have visited a hospital ED for this reason. Barriers to accessing regular dental care — such as being uninsured or lacking transportation — are considered to be one key driver of hospital ED visits. The care provided in hospital EDs typically focuses on acute pain management and does little or nothing to address the underlying, persistent unmet oral health need.

66% **of white adults received dental care within the past year** compared to 62% **of Hispanic** and 62% **of Black adults.**



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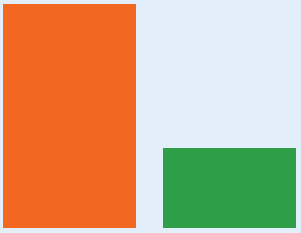
Impact on Dental Providers

People of color not only face disproportionate challenges as consumers of dental and medical care; dental providers from minoritized backgrounds tend to have different experiences than practitioners who are white. A 2020 survey of providers reveals the challenges faced by providers of color:

- Dental providers of color tend to serve geographic areas with higher proportions of Black, Hispanic, and AI/AN residents. As noted above, these patient communities have suffered disproportionately during the pandemic. Black and Hispanic people have had a COVID-19 hospitalization rate that is 2.8 times higher than the rate for white individuals. The hospitalization rate for AI/AN individuals is 3.5 times higher than for white individuals. For all three groups of color, COVID-19 death rates are at least twice as high as those of white Americans. While this survey did not measure the percentage of providers who had suffered grief and trauma related to COVID-19 deaths among their patients, it is important to acknowledge this emotional burden for providers.
- The inequity of COVID-19's impact may help to explain why 71% of dental providers of color reported significant reductions in patient volumes since the pandemic began, compared with 57% of white providers. As noted above, Black adults were more likely than white adults to delay or avoid dental care due to fears related to COVID-19.
- More than half (53%) of oral health providers of color reported seeing fewer new patients than before the COVID-19 pandemic, compared with 40% of white providers.



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Coverage Is Critical

A key issue with regard to racial inequities in oral health is insurance coverage. In states that have not expanded Medicaid coverage to include dental care, Black and Hispanic adults make up more than half of those in the "coverage gap." Individuals who fall into this gap have incomes that are too low for subsidized health insurance under the Affordable Care Act but too high to be eligible for Medicaid. Prior research has found that expansion of Medicaid benefits contributes to reduced racial health disparities. It's inescapable: Any meaningful effort to reduce oral health disparities must include improvements in dental coverage — both through Medicaid and Medicare.

Under the Medicaid program, low-income children in all states are insured for a comprehensive set of dental services, but adult coverage varies significantly by state. In a slight majority of states (26), Medicaid programs offer no adult dental benefits, restrict adult coverage to emergency-only care, or offer limited coverage. States without a comprehensive dental benefit make it harder for adults to maintain healthy mouths.

Medicare also does not cover routine dental services. Nearly 24 million Medicare beneficiaries lack critical oral health coverage, and 76.5 million adult Americans lack dental coverage overall. This is why many older adults do not receive regular dental services. Among all Medicare and Medicare Advantage recipients, at least 75% of total dental costs were paid for out of pocket, adding strain to household budgets for people on fixed incomes.

All Americans should receive regular dental care to prevent oral health problems from developing. When cost, lack of transportation, or other barriers lead people to postpone care, oral infections are likely to worsen and become more difficult and costly to treat. Similarly, because of delays in care, cancers of the mouth and throat might not be diagnosed until these conditions become more dangerous.

Nonetheless, dental care providers and other health system leaders must recognize that racial disparities in oral health are multifactorial, and that providers can play a key role in advocating for an oral health system that is more diverse, equitable, and inclusive. Research indicates that people of color who reported experiencing discrimination were less likely to utilize dental services in the previous year. It is incumbent upon oral health professionals to learn about and acknowledge the history of racism in the US while confronting misconceptions they might have about race. This acknowledgment is a critical ingredient that must complement policy and programmatic strategies to address racial and ethnic disparities in oral health.

Methodology

This communications brief cites data from the State of Oral Health Equity in America survey, which 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 and January–February 2022 from adults 18 and older 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. In 2022, a sampling unit of 17,603 was used, with a final sample size of 5,682 and a final weighted cumulative response rate of 4.0%. All data presented account for appropriate sample weights. The margin of error for the survey is 1.75%.

This brief also cites data about dental providers that was drawn from an electronic survey conducted by CareQuest Institute for Oral Health from August 13 to September 1, 2020. An emailed invitation and link were sent to 21,617 DentaQuest-enrolled dental providers in more than 20 states. Up to three reminders were sent to encourage completion. Respondents were only asked to complete the entire survey if they indicated having a high degree of familiarity with their dental office's patient volume, staffing, dental insurance carriers, treatment protocols, and pre-and post-COVID finances. A total of 2,767 dental providers partially or fully completed the survey for a response rate of 13%. Our analytical sample was limited to providers who passed screening questions and answered the question on racial identification, and it excluded public health dental providers. We obtained a subsample of 1,568 dental providers stratified by race, with 758 providers identifying as white, 332 identifying as Asian, 156 as Hispanic, 103 as Black, 19 as AI/AN, and 300 as "other." Together, those who identified as non-white were referred to as "providers of color." Supplemental analysis revealed no significant differences in the findings between oral health providers of color.

CareQuest Institute for Oral Health

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