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Oral Health in the US: Key Facts

Oral health is an integral dimension of overall physical health and well-being. For that reason, the high rates of untreated tooth decay and other oral health problems among Americans, and the fact that millions of children and adults lack access to preventive and primary oral health care and needed dental treatment, are urgent concerns. The consequences of poor oral health access and care include complications of major chronic conditions, pain, impacts on children's growth and social development, nutrition problems, late detection of oral cancers, loss of teeth, missed school days and work, and expensive emergency room use for preventable dental conditions. Tragically, untreated oral disease occasionally leads to death.

Currently, 15% of the U.S. population lives in dental Health Professional Shortage Areas, and nearly half the states do not meet federal targets for fluoridation of drinking water, a highly effective measure to prevent tooth decay. The nation has made great strides to help ensure dental coverage and care for all children, most recently in the Affordable Care Act. Still, major access and affordability challenges remain, and progress for adults has been particularly elusive, affecting those with low income and people of color most adversely.

The data and facts highlighted here (see over, too) illustrate the scope and contours of the oral health gaps facing the U.S. today:

Children

- Tooth decay is the most common chronic illness among school-age children. It is almost entirely preventable.
- About 1 in 4 children have untreated tooth decay. The rate among low-income children is more than twice that for children with more income (31% versus 14%). African American and Hispanic children also have elevated rates compared to White children (28% and 29% versus 19%).
- Medicaid and CHIP cover comprehensive dental benefits for children, but 30% of children with private health insurance are uninsured for dental care.
- In 2010, more than 80% of low-income children with health insurance – whether Medicaid or private insurance – had a dental visit within the past 12 months, compared to half of low-income, uninsured children.

Nonelderly adults

- About 1 in 4 nonelderly adults have untreated tooth decay. The rate among low-income adults is twice that for adults with more income (41% versus 19%).
- Employed adults lose over 164 million hours of work a year related to oral health problems or dental visits.
- For every adult without health insurance, an estimated three lack dental insurance.
- Dental benefits are mandatory for children in Medicaid, but adult dental services are covered at state option. Most states provide some adult dental benefits, but half restrict their coverage to emergency services, and adult dental benefits are frequently cut or eliminated when states face budget pressures.
- In 2010, 22% of low-income adults had gone five years or more without a dental visit, or had never had a visit.

Medicare beneficiaries

- Medicare does not provide coverage for routine dental care. Some beneficiaries have dental coverage through private plans, or through Medicaid, but the scope of coverage varies widely.
- One in four Medicare beneficiaries have no natural teeth. This condition can often lead to other health issues, including nutritional deficiencies.
- Nearly half (44%) of all Medicare beneficiaries report no dentist visit in the past year, and 22% report they have not seen a dental provider in the last five years. Among lower-income beneficiaries, one in three have not visited a dental provider in five years.
- Medicare beneficiaries who used any dental services in 2008 spent, on average, \$672 out-of-pocket for dental care.

Oral Health Access in the States: Selected Measures

	Percent of Population Living in a Dental HPSA ¹	Percent of Adults Age 18+ with a Dental Visit within the Past Year ²	Percent of Adults Age 65+ Who Have All Natural Teeth Extracted ³
United States	15.4%	69.7%	17.0%
Alabama	31.8%	64.7%	25.5%
Alaska	20.7%	69.4%	16.2%
Arizona	21.4%	70.1%	13.4%
Arkansas	7.9%	61.1%	23.3%
California	6.7%	69.6%	10.6%
Colorado	9.8%	68.0%	13.4%
Connecticut	12.9%	81.6%	9.2%
Delaware	30.1%	74.2%	16.4%
District of Columbia	5.5%	75.3%	11.2%
Florida	20.1%	66.4%	13.3%
Georgia	14.5%	70.2%	21.0%
Hawaii	24.7%	72.6%	7.4%
Idaho	24.8%	69.3%	15.7%
Illinois	18.2%	69.7%	15.2%
Indiana	4.2%	68.8%	21.3%
Iowa	14.1%	76.0%	16.9%
Kansas	22.7%	72.9%	17.9%
Kentucky	8.4%	63.2%	27.4%
Louisiana	50.6%	63.9%	25.6%
Maine	21.2%	68.7%	20.7%
Maryland	8.2%	75.5%	13.6%
Massachusetts	15.4%	81.7%	15.2%
Michigan	12.6%	72.5%	13.1%
Minnesota	10.5%	78.9%	11.2%
Mississippi	57.8%	58.1%	27.1%
Missouri	21.6%	64.3%	19.5%
Montana	33.7%	61.1%	17.6%
Nebraska	0.8%	69.5%	15.2%
Nevada	13.1%	67.2%	17.2%
New Hampshire	4.5%	76.7%	17.2%
New Jersey	1.2%	76.0%	14.1%
New Mexico	38.3%	67.2%	18.5%
New York	10.8%	72.5%	14.7%
North Carolina	18.0%	68.4%	21.5%
North Dakota	10.2%	72.6%	18.8%
Ohio	11.2%	71.5%	19.8%
Oklahoma	3.8%	57.2%	24.6%
Oregon	22.9%	70.4%	13.7%
Pennsylvania	14.2%	72.3%	18.0%
Rhode Island	15.1%	78.1%	16.5%
South Carolina	32.5%	63.4%	21.6%
South Dakota	14.1%	73.5%	18.2%
Tennessee	27.1%	66.3%	33.7%
Texas	19.3%	61.7%	14.1%
Utah	19.3%	74.3%	12.8%
Vermont	3.8%	75.6%	17.5%
Virginia	14.3%	78.4%	15.0%
Washington	13.6%	72.1%	12.0%
West Virginia	14.5%	60.5%	36.0%
Wisconsin	11.1%	75.1%	16.3%
Wyoming	12.2%	69.0%	18.6%

¹ Designated Health Professional Shortage Areas (HPSA) Statistics, Health Resources and Services Administration (HRSA), February 2012. Percentages calculated using 2010 population data from U.S. Census Bureau, available at <http://2010.census.gov/2010census/data/>

² Centers for Disease Control and Prevention (CDC), based on the Behavioral Risk Factor Surveillance System (BRFSS), 2010. Data available at <http://apps.nccd.cdc.gov/brfss/list.asp?cat=OH&yr=2010&qkey=6610&state=All>

³ Centers for Disease Control and Prevention (CDC), based on the Behavioral Risk Factor Surveillance System (BRFSS), 2010. Data available at <http://apps.nccd.cdc.gov/brfss/list.asp?cat=OH&yr=2010&qkey=6606&state=All>

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bipartisan group of national leaders and experts in health care and public policy.