

Inequities Remain
Pervasive in
Oral Health



# State of Oral Health Equity in America 2021



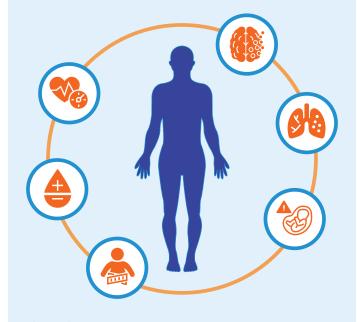
A nationally representative survey reveals that oral health disparities are pervasive. People of color and lower-income populations bear most of the burden of these long-standing and well-documented disparities. At the same time, people from all backgrounds, but particularly those with the least access to care, agree that:

- Oral health is important to overall health.
- Payment should be aligned with outcomes, not procedures.
- Medical and dental care should be integrated.

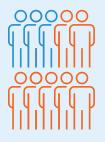
**State of Oral Health Equity in America 2021, a survey designed and commissioned by CareQuest Institute for Oral Health,** revealed that COVID-19 has exacerbated social, economic, and health care inequities and further limited access to dental care and other necessary health services. Many of the communities that faced barriers to dental care and experienced correspondingly poor oral health prior to the pandemic are now those hardest hit by it. The findings demonstrate public recognition that oral health is important to overall health, and dental care and coverage should look different than the status quo.

### The Vast Majority of Americans Value Their Oral Health

There is growing awareness that oral health is directly linked to overall health and that there is a connection between the health of the mouth and the health of the rest of the body.



95% of all respondents know that there is a connection between the health of the mouth and the health of the rest of the body.



### Nearly

### 7 out of 10

respondents rated

oral health about as important as physical health.



### Nearly

1 in 4

respondents rated

oral health as more important than physical health.

• Black respondents were

## 2x more likely

to respond that **oral health is more important** than physical health compared to white respondents (40% vs. 20%).

• Those in the **lowest income group** were nearly

## 2x more likely

to agree that **oral health is more important** than physical health than the highest income group (32% vs. 17%).

# Black, Hispanic, and Low-Income Populations Struggle with Poor Oral Health



26% of American adults rate their oral health as fair or poor.

30% of Black respondents rate their oral health as fair or poor.

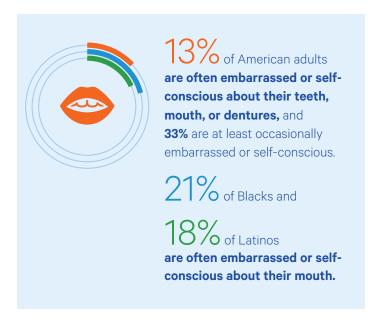


46% of American adults

have lost one or more permanent teeth due to decay or gum disease.

57% of Black adults

have lost one or more permanent teeth due to decay or gum disease.

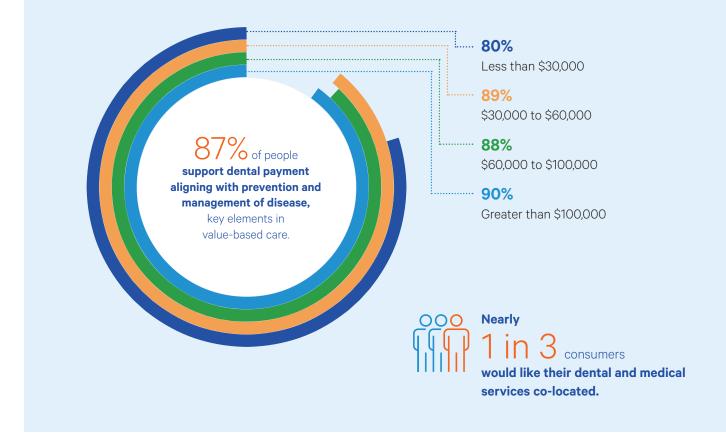




# Most Americans Agree that Transforming Oral Health Care Is Necessary

An overwhelming majority of respondents believe that dental payment should be aligned with prevention and management of disease, supporting transformation away from pay for procedure.

The HIGHER the income, the more LIKELY the support for this payment approach.



### Future-Proofing for Equity — CareQuest Institute's Approach



CareQuest Institute for Oral Health is committed to transforming the oral health care system by creating a more equitable, accessible, and integrated health system designed for everyone, through our work in grantmaking, research, health improvement

programs, policy and advocacy, and education. Each of these areas allows us to drive meaningful change in reducing oral health disparities. We collaborate with thought leaders, health care providers, patients and community members, and local, state, and federal stakeholders to test and measure prevention-focused, person-centered strategies. We also conduct innovative research and analyze data to reveal opportunities to improve patient outcomes.

The <u>Three Domain Framework</u>, developed by CareQuest Institute and colleagues, provides a framework for innovating oral health care to become more value-based, focused on prevention, minimally invasive, and personalized, predictive, and interprofessional. By moving towards a value-based oral health care delivery system, we can achieve a more equitable oral health system. <u>Value-based care</u> is a model designed to align the system of care, the person, the provider, and the community to achieve better health outcomes at lower costs.

Successful designs are prevention-focused, minimally invasive, person-centered, and risk-based to ensure an equitable distribution of resources. The long-term economic implications of COVID-19 for dentistry provide opportunities to advance alternative payment models and value-based care within the oral health care system.



### Learn from current crisis to build an equitable health system for All, inclusive of oral health.

Increase access to, and quality of, care throughout the lifespan by intentionally seeking out and including community perspectives in program and policy design.

# Pay for prevention and disease management.

Oral health education, care coordination, and minimally invasive care will evolve over surgical payment models in oral health by increasing adoption of value-based care and dental-medical integration.

# Dismantle and address structural racism in oral health.

Promote whole-person and community-level approaches to health transformation to meet and close the gaps in access, care and outcomes.

Expand and protect
Medicaid adult dental
benefits to address
income-related
disparities and health
outcomes. Provide
comprehensive dental
benefits for all adults,
including seniors
through Medicare.
Reduce out-of-pocket
burden on those who
can least afford it.

#### 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:

CareQuest Institute for Oral Health. Inequities Remain Pervasive in Oral Health. Boston, MA; July 2021.

Copyright © 2021 CareQuest Institute for Oral Health, Inc.

