

State of Oral Health Equity in America 2024

RESEARCH REPORT

Does Our Oral Health Care System Welcome Everyone?

Persistent Barriers to Equitable Access for All

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Socioeconomic factors are consistent drivers of oral health inequities. [Lower annual income](#) is linked to more dental disease and poorer oral health–related quality of life. Individuals with [less educational attainment](#) are less likely to have had a dental visit within the prior 12 months. In 2023, as part of the post–Public Health Emergency [redetermination period](#), an estimated [5.9 million adults and 6.1 million children](#) were disenrolled from Medicaid coverage that included dental benefits. Despite increased attention from [lawmakers](#) and [national media outlets](#) to the oral health crisis in America, socioeconomic factors continue to serve as barriers to adequate oral health care for millions of adults and children in the US.

To better understand individuals’ perspectives on the evolving oral health care system, CareQuest Institute for Oral Health conducted the fourth annual State of Oral Health Equity in America (SOHEA) survey from March to May 2024. In the survey, more than 9,000 adults reported their attitudes, experiences, and behaviors related to oral health. In prior rounds of the SOHEA survey:

- The [2021 survey results](#) highlighted 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.
- The [survey from 2023](#) found that discrimination and economic issues were two leading factors contributing to oral health disparities.

In the 2024 survey results, while 74% of respondents (about 193 million adults) say they have dental insurance, just under one third (32%) say they have not visited a dentist in the prior year, and 16% of adults do not plan to see a dentist in the coming year for routine or preventive care. One quarter of adults (24%) say they do not have a usual source of dental care, otherwise known as a dental home, and 26% of adults report that they do not have any type of dental insurance. One quarter of adults (24%) rate their oral health as fair or poor. This year’s survey results highlight persistent inequities and the need for more inclusive care environments. Results reported below are from the 2024 survey unless otherwise noted.

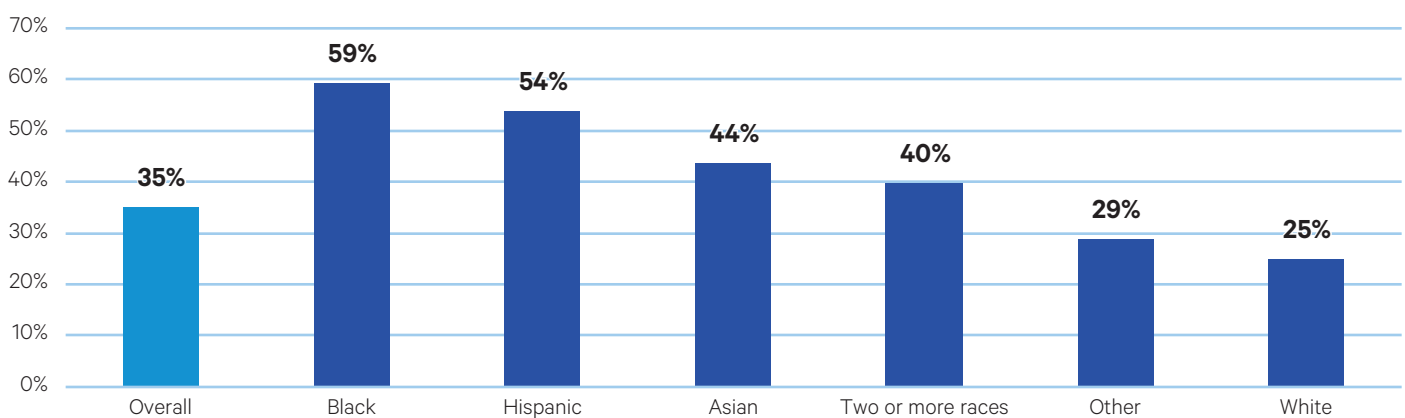


The Role of Diversity and Discrimination in the Oral Health Care Setting

For the first time in 2024, survey respondents were asked how important it is to them that their dentist offers translation and interpretation services, has a diverse workforce, and embraces their cultural preferences. Approximately one third (35%) of adults overall say that having translation services available is very or somewhat important to them. However, 59% of adults identifying as Black say these services are very or somewhat important to them when making decisions about dental care,

compared to adults identifying as Hispanic (54%), Asian (44%), two or more races (40%), “other” (29%), or white (25%). In the overall study sample, 11% of adults say they speak a language other than English at home. As this survey was administered only in English, its findings regarding the desire for translation services may differ from those of surveys administered in multiple languages.

Importance (Very/Somewhat) of Translation Services Available in the Dental Setting



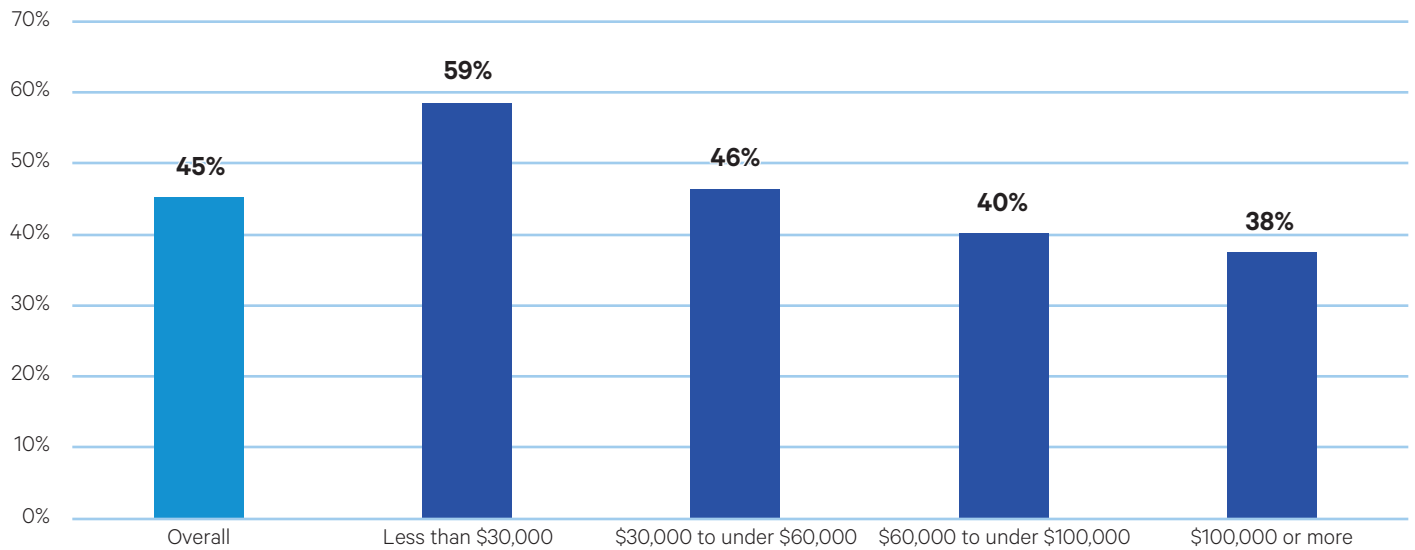
Nearly half (45%) of adults overall say it is very or somewhat important to them that their dental office has a diverse workforce. However, more adults reporting an annual income of \$30,000 or less say it is very or somewhat important (59%), compared to adults earning \$100,000 or more annually (38%).

Nearly half (47%) of adults overall say it is very or somewhat important that a dentist embraces their cultural preferences (i.e., values, beliefs, norms) in making treatment recommendations. However, a greater proportion of adults aged 18–29 (57%) and 30–44 years (56%) say this is very or somewhat important to them, compared to 44% of adults aged 45–59 years and 37% of adults aged 60 or above.

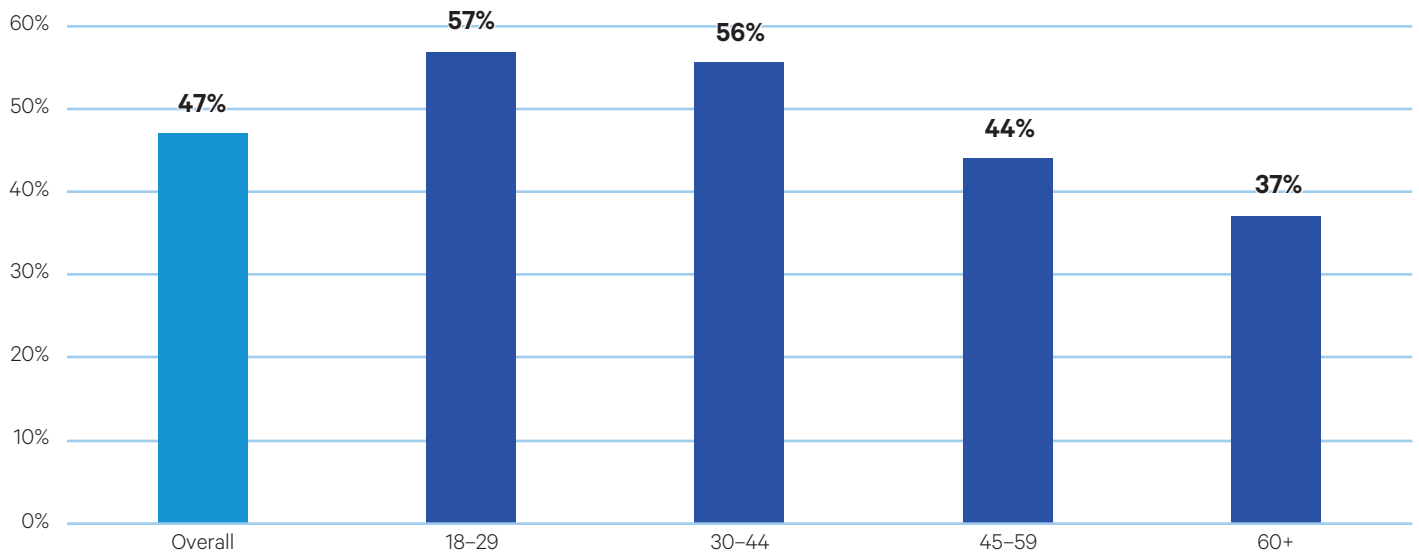
Nearly half (45%) of adults overall say it is very or somewhat important to them that their dental office has a diverse workforce.

Most adults overall (84%) agree or strongly agree that, in general, their oral health providers thoroughly explain why a treatment is being recommended before starting the treatment.

Importance (Very/Somewhat) of a Diverse Oral Health Workforce by Income



Importance of Embracing Cultural Differences by Age



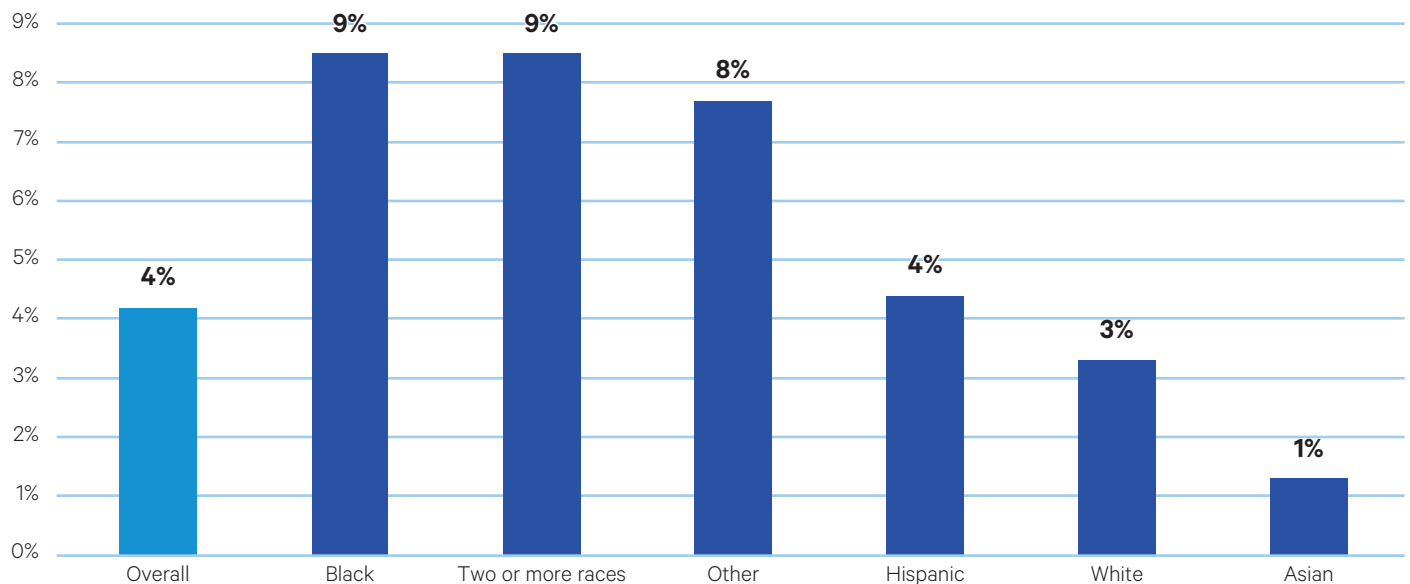
Four percent of adults report having ever experienced discrimination in an oral health care setting, down from seven percent in 2023. Adults identifying their race as Black (9%), two or more races (9%), or “other” (8%) were at least twice as likely to report experiencing discrimination in an oral health care setting as adults identifying as Hispanic (4%), white (3%), or Asian (1%).

Four percent of adults report having ever experienced discrimination in an oral health care setting, down from seven percent in 2023.

Of those adults who say they experienced discrimination in an oral health care setting, 27% say they had been denied oral health care due to discrimination, up from 22% in 2023. Two thirds of Asian adults who experienced discrimination in the oral health care setting reported being denied oral health care due to discrimination (67%). This proportion is greater

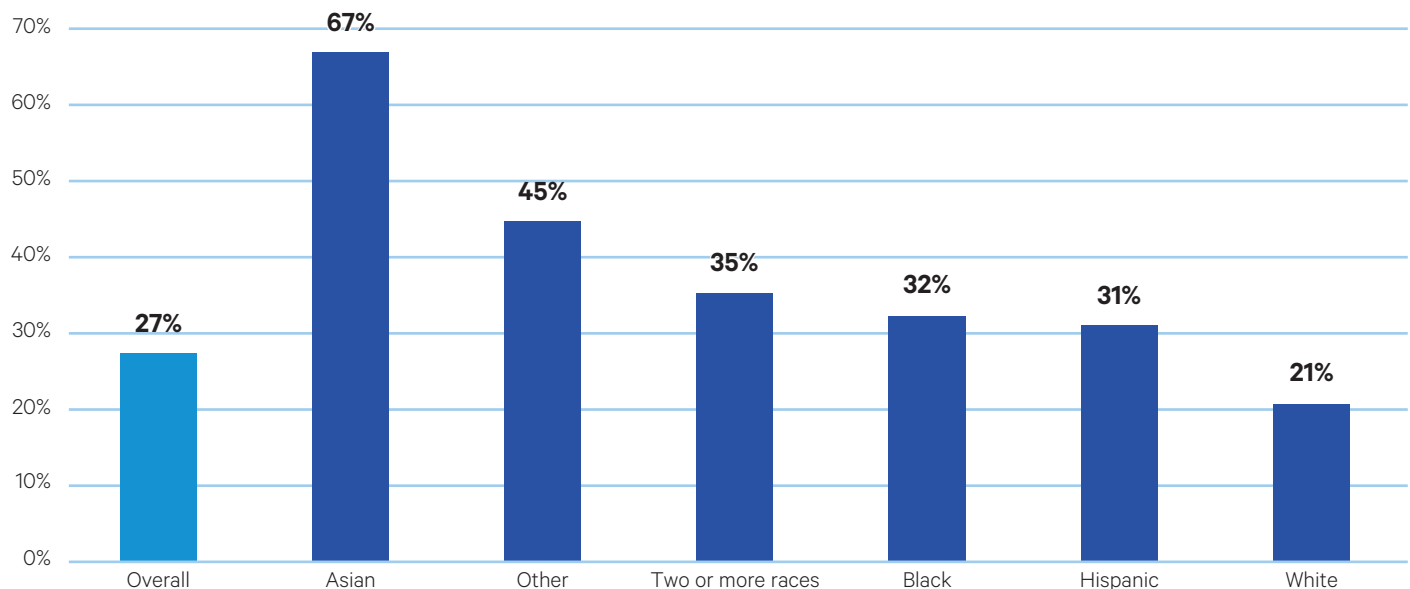
than that for adults describing their race/ethnicity as “other” (45%), two or more races (35%), Black (32%), Hispanic (31%), or white (21%).

Ever Experienced Discrimination in Oral Health Care



Denied Oral Health Care Due to Discrimination by Race/Ethnicity

(Of Adults Experiencing Discrimination in the Oral Health Care Setting)



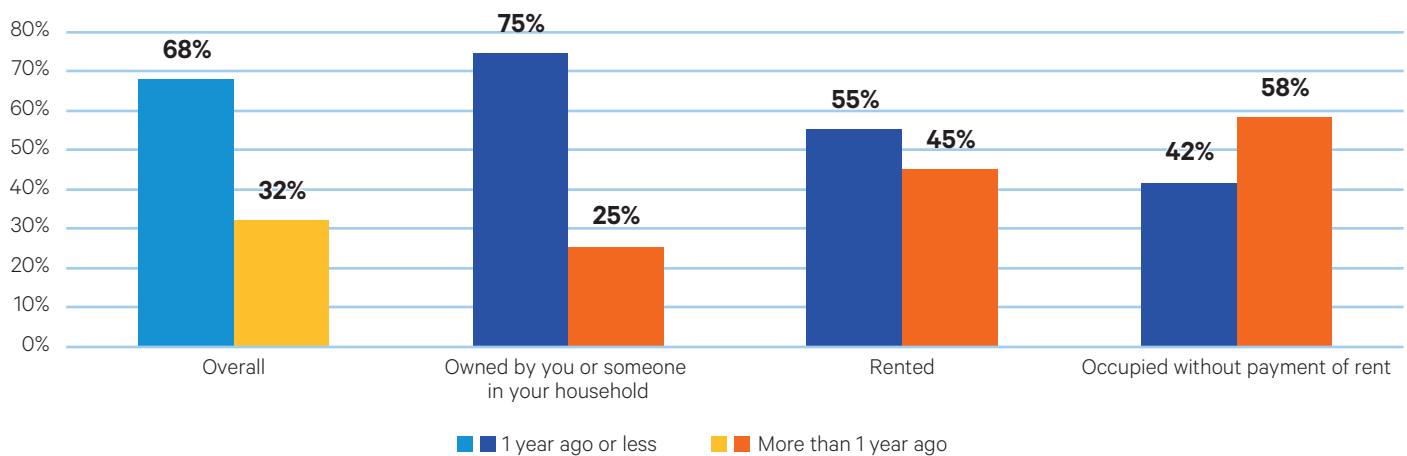


When, Why, and Where Do Adults Receive Dental Care?

Over two thirds of adults overall (68%) report seeing a dentist in the prior year, up slightly from 67% of adults in 2023 and 65% in 2022. Adults who report having a disability, those identifying their sexual orientation as bisexual or lesbian, and those who rent their home or live in their home without payment are least likely to have had a dental visit in the past year. Conversely, adults who are aged 60 or above, have an annual income of

\$60,000 or higher, have dental insurance, live in a metropolitan area, or have an education level of a bachelor's degree or higher are most likely to report having had a dental visit in the past year. Adults who own their own home (75%) report seeing a dentist in the prior year in higher percentages than those who rent their home (55%) or occupy their home without paying rent (42%).

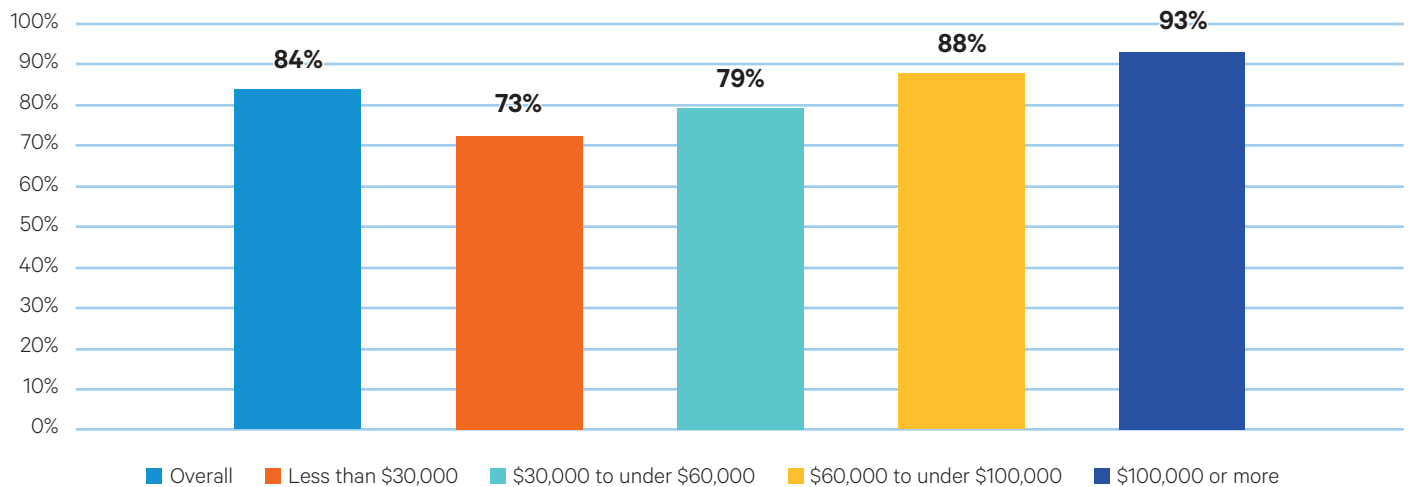
Time Since Last Dental Visit by Home Ownership



Most adults (84%) say they plan to see a dentist in the coming year for routine or preventive care, which is very similar to the percentage of adults who planned to see a dentist in 2023 (84%) and 2022 (85%). Adults who report having a disability and those who rent their home or live in their home without payment are the least likely to say they plan to see a dentist in the coming year. Adults who plan to see a dentist in the coming

year are most likely to identify their race/ethnicity as Black or “other,” earn \$100,000 or more annually, have dental insurance, have a chronic health condition, live in a metropolitan area, or have at least some level of college education. Those earning \$100,000 or more per year report planning to seek dental care in greater numbers (93%) than those earning less than \$30,000 per year (73%).

Planning Future Dental Visit by Annual Income

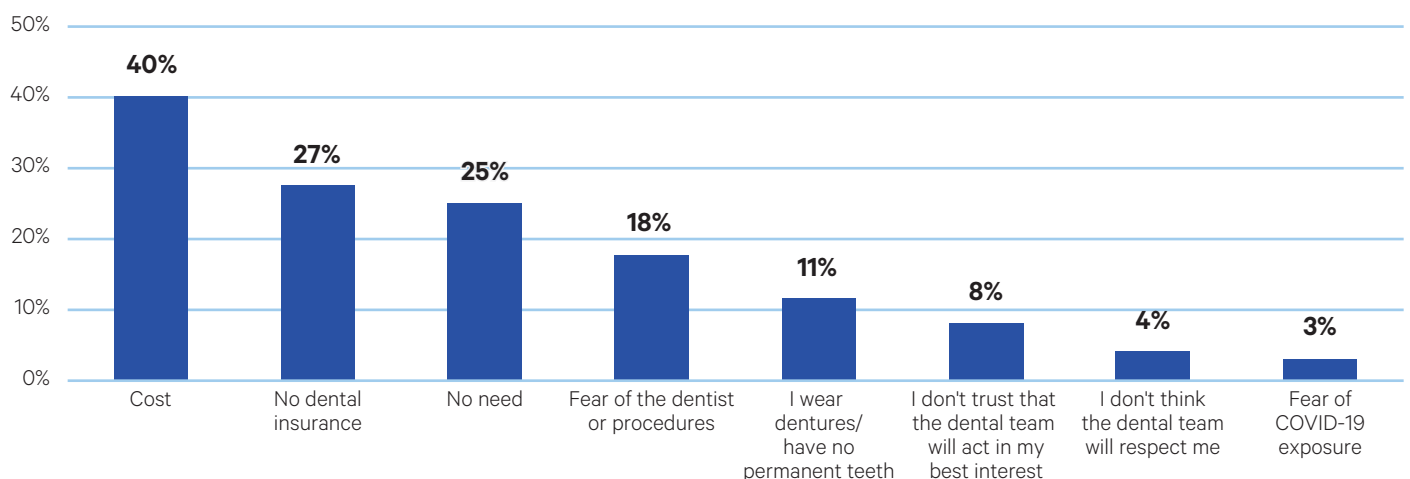


Adults were asked to select all the reasons they were planning to visit a dentist in the coming year. Most adults say they are planning such a visit because it is important to maintain their oral health (90%), while others say they want to avoid the cost of an urgent dental visit (64%), the stress of such a visit (69%), and painful dental problems (46%).

dental procedures (18%), not having any permanent teeth (11%), and fear of COVID exposure (3%, similar to 5% in 2023 and 3% in 2022). Eight percent of adults said they do not plan to visit a dentist because they do not think the dental team will act in their best interest, while four percent say they will avoid future dental care because they do not think the dental team will respect them.

Reasons adults selected for **not** planning a future dental visit include cost of care (40%), not having dental insurance (27%), not having a need for dental care (25%), fear of the dentist or

Reasons for Not Planning a Dental Visit in the Coming Year

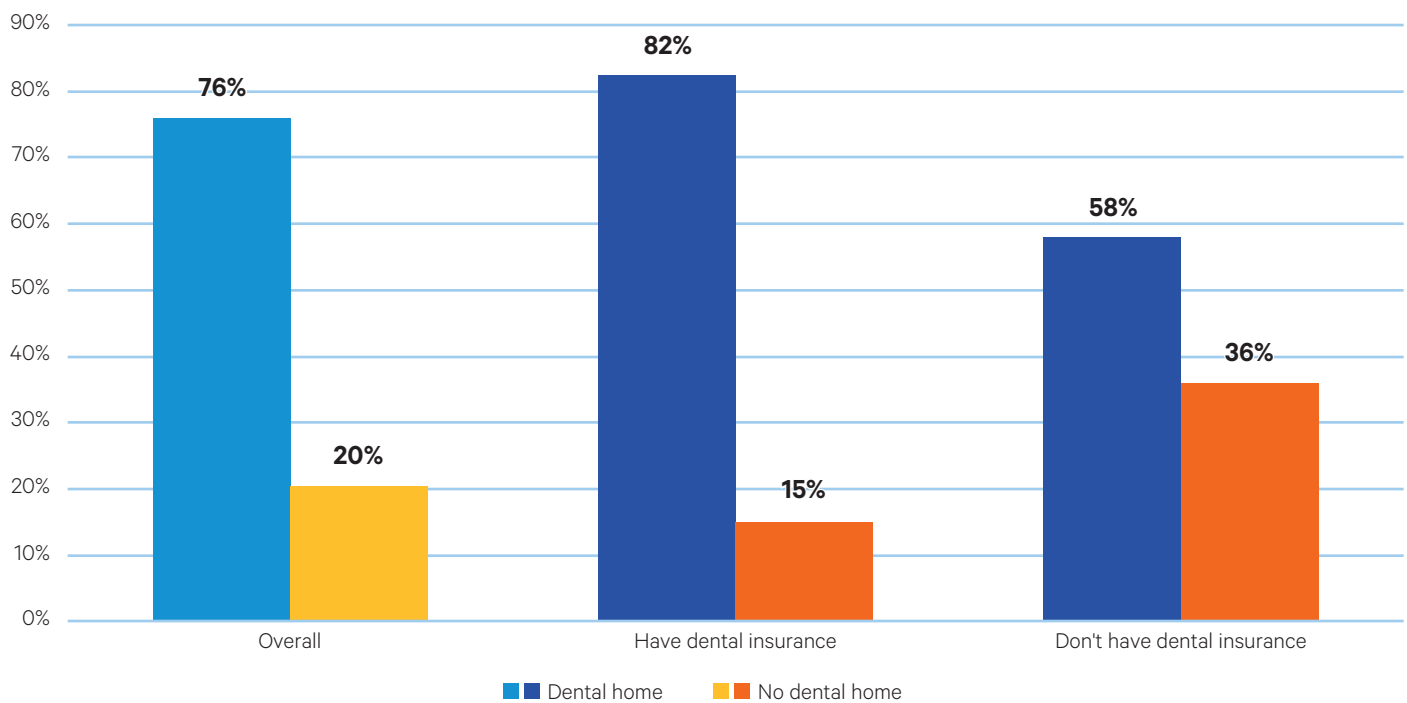


Just over three quarters of adults say they have a usual source of dental care (76%), otherwise known as a dental home, comparable to the percentage that reported having a dental home in 2023 (75%) and 2022 (76%). Adults identifying their race/ethnicity as Hispanic, those identifying their sexual orientation as lesbian, adults with some type of disability, and those who rent their home or live in their home without payment are least likely to report having a dental home. Adults are most likely to have a dental home if they are aged 60 or over, earn \$60,000 per year or more, have dental insurance, or have at least some years of college education. More than four out of five adults with dental insurance say they have a dental home (82%) compared to just over half of adults without dental insurance (58%).

Just over three quarters of adults say they have a usual source of dental care (76%), otherwise known as a dental home, comparable to the percentage that reported having a dental home in 2023 (75%) and 2022 (76%).

A majority of adults say their usual source of dental care is a private dental practice (78%), followed by a [dental support organization](#) (DSO) or dental franchise (14%), a federally qualified health center (FQHC; 4%), or another source of dental care (1%); 3% of adults do not know how to define their dental home.

Having a Dental Home by Dental Insurance Status



For each pair of bars, the difference from 100% is from respondents who say they “don’t know” if they have a dental home.



Changes in Dental Insurance in the Prior Year

Nearly three quarters of adults (74%) reported that they had some type of dental insurance at the time of the survey, slightly down from 2023 (75%) and 2022 (76%). Nationally, these percentages correspond to approximately 193 million adults with dental insurance and 69 million adults without dental insurance. While 17% of adults say they obtained dental insurance within the past year, 4% say they lost their dental insurance during the same period. To put these figures in a national context, this means that of the 193 million adults with dental insurance, an estimated 46 million obtained their dental insurance in the prior year. Meanwhile, of the 69 million adults without dental insurance, about 10 million lost their dental insurance in the prior year. Most people who lost their dental insurance in the past year did so due to a job loss (27%), because their employers' benefits changed (19%), because they chose not to have it (12%), or for other reasons (30%).

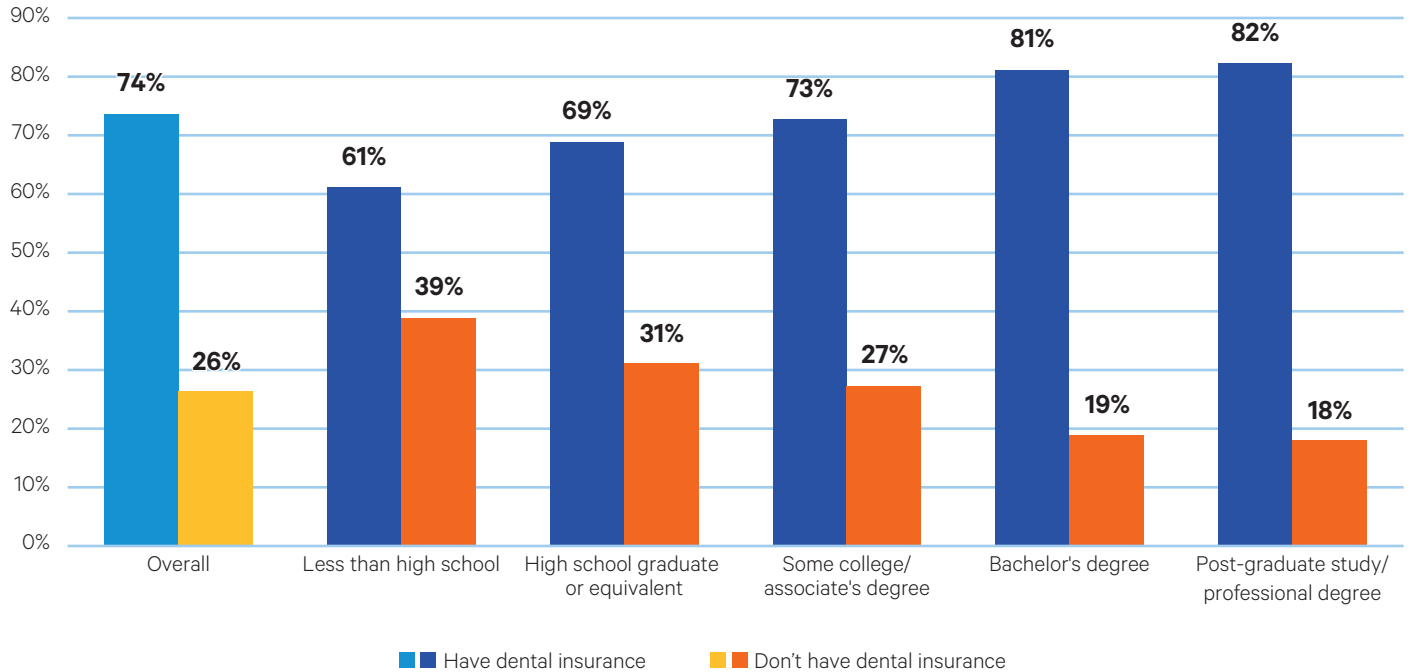
Adults reporting having some kind of disability are least likely to have dental insurance. Adults aged 30–44, earning at least \$60,000 per year, identifying their sexual orientation as asexual, identifying their race/ethnicity as Black, living in

a metropolitan area, who are employed, and who have at least some years of college education are most likely to report having dental insurance. The percentage of those with dental insurance increased with education level: 61% of those with less than a high school education report having dental insurance, compared to 82% of those with a post-graduate or professional degree.

More than two thirds of adults have their dental insurance through a private plan (67%), 13% through a supplemental Medicare Advantage plan, 12% through Medicaid/Children's Health Insurance Plan (CHIP), 2% through a military insurance plan, and 6% through another type of plan.

Adults reporting having some kind of disability are least likely to have dental insurance.

Have Dental Insurance by Education Level

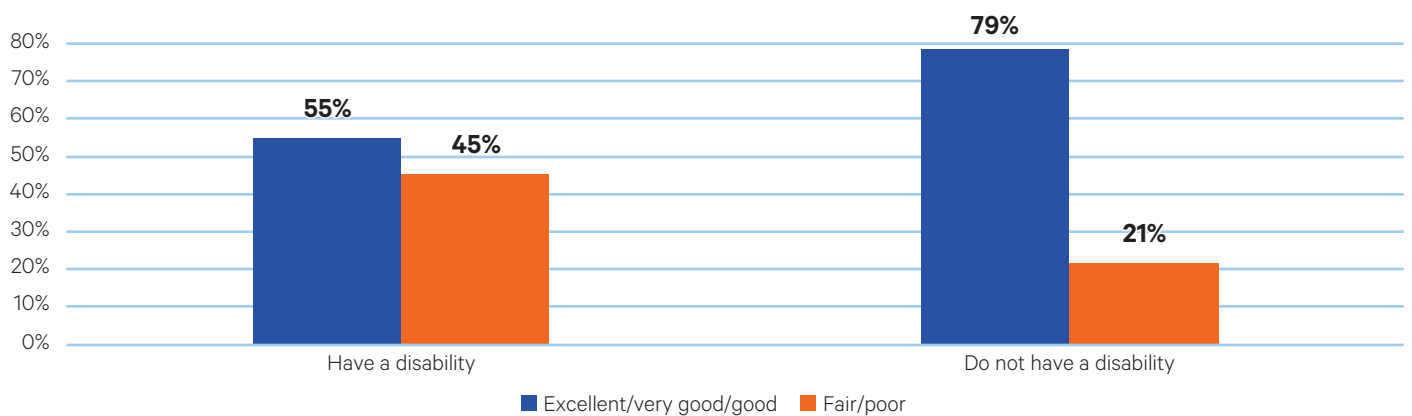


How Do Adults View Their Oral Health?

Overall, 76% of adults rated their oral health as excellent, very good, or good, up slightly from 2023 (74%) and 2022 (75%). Adults identifying as Asian or Pacific Islander, those who have a chronic health condition, and those who rent their home or live in their home without payment are least likely to report having excellent, very good, or good oral health. Conversely, adults are most likely to rate their oral health as excellent,

very good, or good if they are female, have an annual income of \$60,000 or more, have an education level of a bachelor's degree or higher, or have dental insurance. While 55% of adults who report having some kind of disability rated their oral health as excellent, very good, or good, nearly four out of five adults (79%) who report not having a disability describe their oral health in the same positive terms.

Self-Rated Oral Health by Disability Status

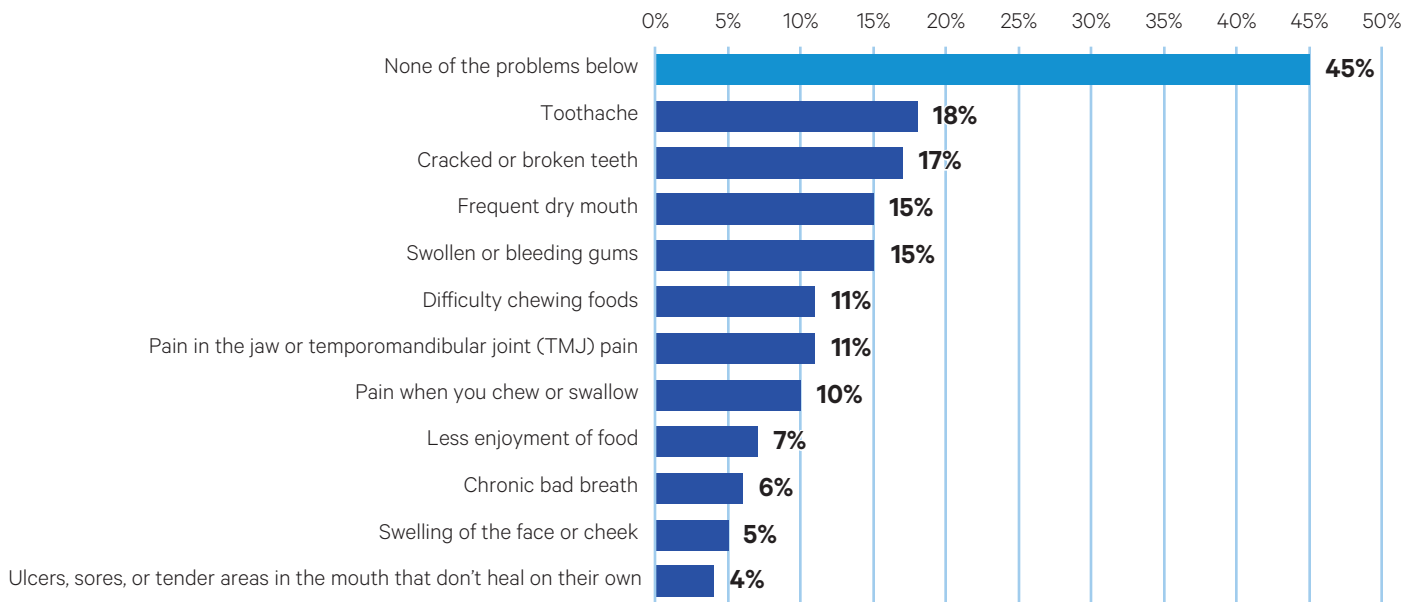


What Happens When Someone Has an Oral Health Problem?

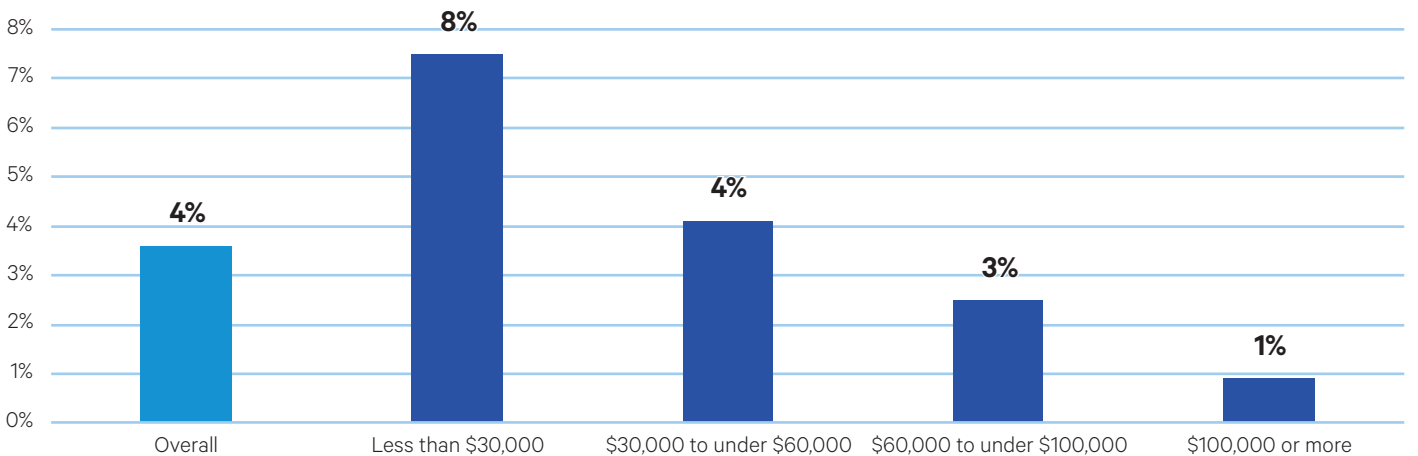
Nearly half of adults (48%) say they experienced at least one oral health problem in the prior year, down from 51% in 2023 and 55% in 2022. The most common oral health problems reported by adults include toothache (18%), cracked or broken teeth (17%), frequent dry mouth (15%), and swollen or bleeding gums (15%). Of those experiencing at least one of these oral health problems, 2% visited an emergency department (ED) for the problem.

Overall, approximately 4% of adults report seeking dental care through an ED in the prior year, remaining stable from 2023 (4%) and 2022 (4%). Adults earning less than \$30,000 annually were eight times more likely to report seeking dental care through an ED (8%) compared to those earning \$100,000 or more per year (1%).

Frequency of Oral Health Problems in the Prior Year



Frequency of Visiting an Emergency Department for a Dental Problem by Income





Conclusions

These survey findings suggest that improving access to high-quality oral health care relies on addressing factors related to how individuals feel they are treated by the oral health care team when they seek oral health care and ameliorating socioeconomic barriers to care. Addressing these challenges will require encouraging oral health professionals to take proactive steps to provide culturally responsive care that [“incorporate\[s\] the beliefs, values, and behaviors of families’ social and cultural backgrounds so health information is relevant to them.”](#) Oral health providers should be aware of their own implicit biases and take steps to educate themselves and their teams about ways to [provide clinical care with cultural humility](#).

These findings also emphasize the fact that many people cannot afford or otherwise access dental services. Addressing major gaps in dental coverage involves enhancing [Medicare and Medicaid dental coverage](#) for adults and [integrating medical and dental care](#) to facilitate whole-person care. By addressing these diverse challenges to accessing oral health care, policymakers, advocates, and oral health professionals can help create an oral health care system that is accessible, equitable, and integrated for all individuals.

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Methodology

The State of Oral Health Equity in America survey is a nationally representative survey of adults' 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, January–February 2023, and March–May 2024 from adults 18 and older on the AmeriSpeak panel. Unless otherwise noted, data presented in this report were collected in the 2024 round. 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. An additional general population sample was selected on a state-level basis to increase the number of complete interviews for individual state oversamples. In 2024, a sampling unit of 22,448 was used, with a final sample size of 9,307 and a final weighted cumulative response rate of 7.3%. All data presented account for appropriate sample weights. The margin of error for the survey is 1.44%. All results presented are statistically significant at the $p < 0.05$ level unless otherwise noted.

Chi-square analyses were conducted to test statistical significance between groups on the variables of interest; all bar graphs presented represent statistical significance as a group of variables at a minimum level of $p < 0.05$. Logistic regression analyses examined statistically significant predictors ($p < 0.05$) of the variables of interest, including in each model age (reference=18–29 years old), gender (reference=male), race/ethnicity (reference=white), annual income (reference=less than \$30,000 annually), education level (reference=less than high school), employment status (reference=unemployed), homeownership (reference=own home), metropolitan location of residence (reference=non-metropolitan), dental insurance status (reference=no), sexual orientation (reference=heterosexual/straight), disability status (reference=no), and presence of at least one chronic health condition (reference=no) as predictors. As this survey was administered after the expiration of the COVID-19 public health emergency (PHE) declaration in May 2023, these results do reflect any loss of dental benefits through Medicaid or other sources due to the PHE expiration. While the cross-sectional nature of these data does not allow for causal conclusions to be drawn, future research should focus on examining underlying factors (e.g., insurance coverage, demographic factors, and other socioeconomic factors) that may help further explain these findings.

CareQuest Institute for Oral Health

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