

What Patients Are Telling Us about Their Oral Health:

Insights from the Largest National Survey
on Oral Health Equity in America

September 5, 2024

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

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- Complete the evaluation by **Friday, September 13**.
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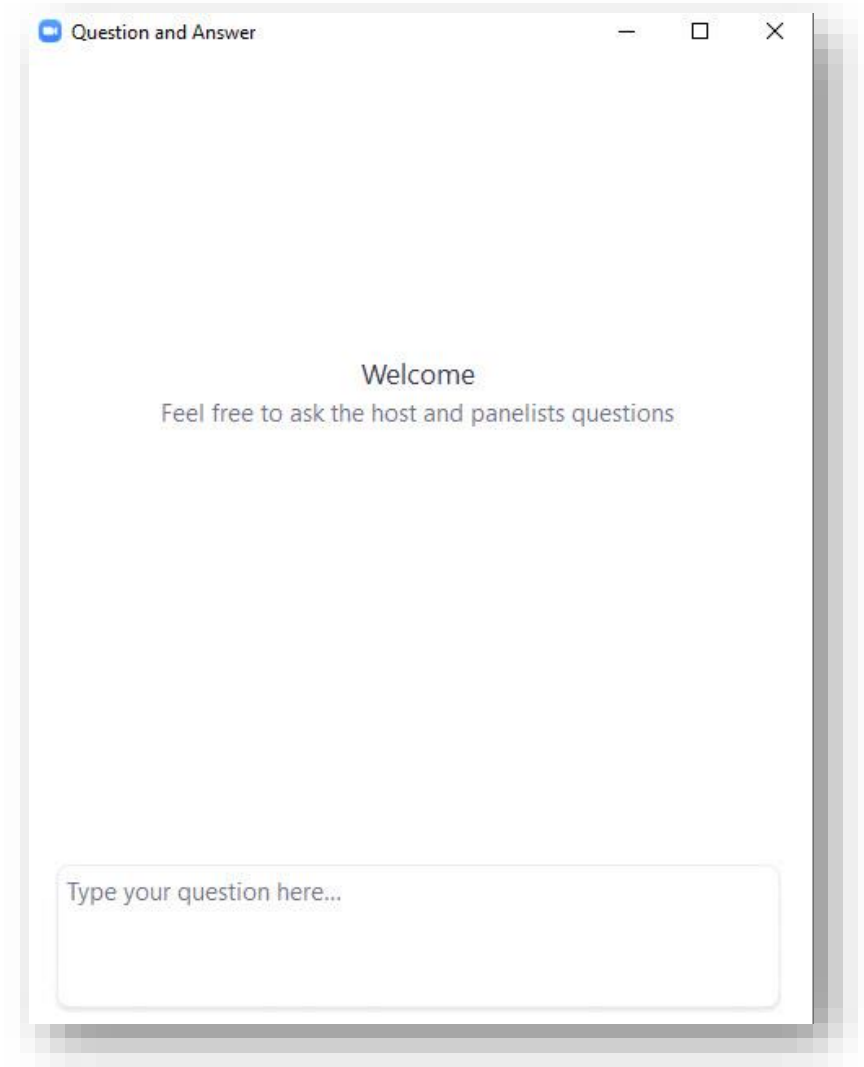
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*Full disclosures available upon request



Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Learning Objectives

- List at least three significant findings from the State of Oral Health Equity in America survey.
- Recognize how racial, ethnic, and economic disparities can negatively influence access to oral health care and patient outcomes.
- Discuss how the oral health experiences of adults living in the United States can influence clinical practice, policy development, and advocacy.



Webinar

What Patients Are Telling Us about Their Oral Health:

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Thursday, September 5, 2024
1-2 p.m. ET

ADA CERP Credits: 1



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Presenter

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Presenter

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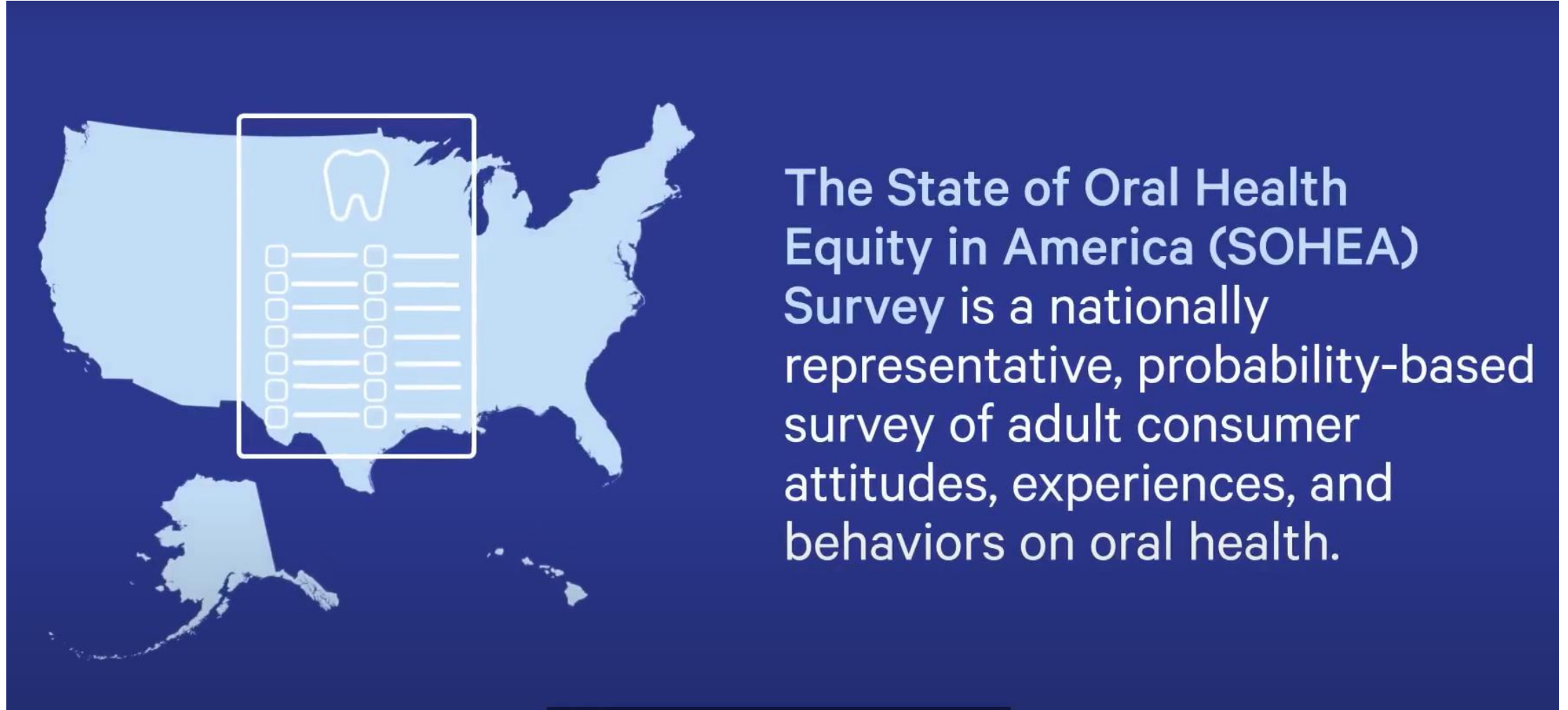


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What is the State of Oral Health Equity in America (SOHEA) Survey?



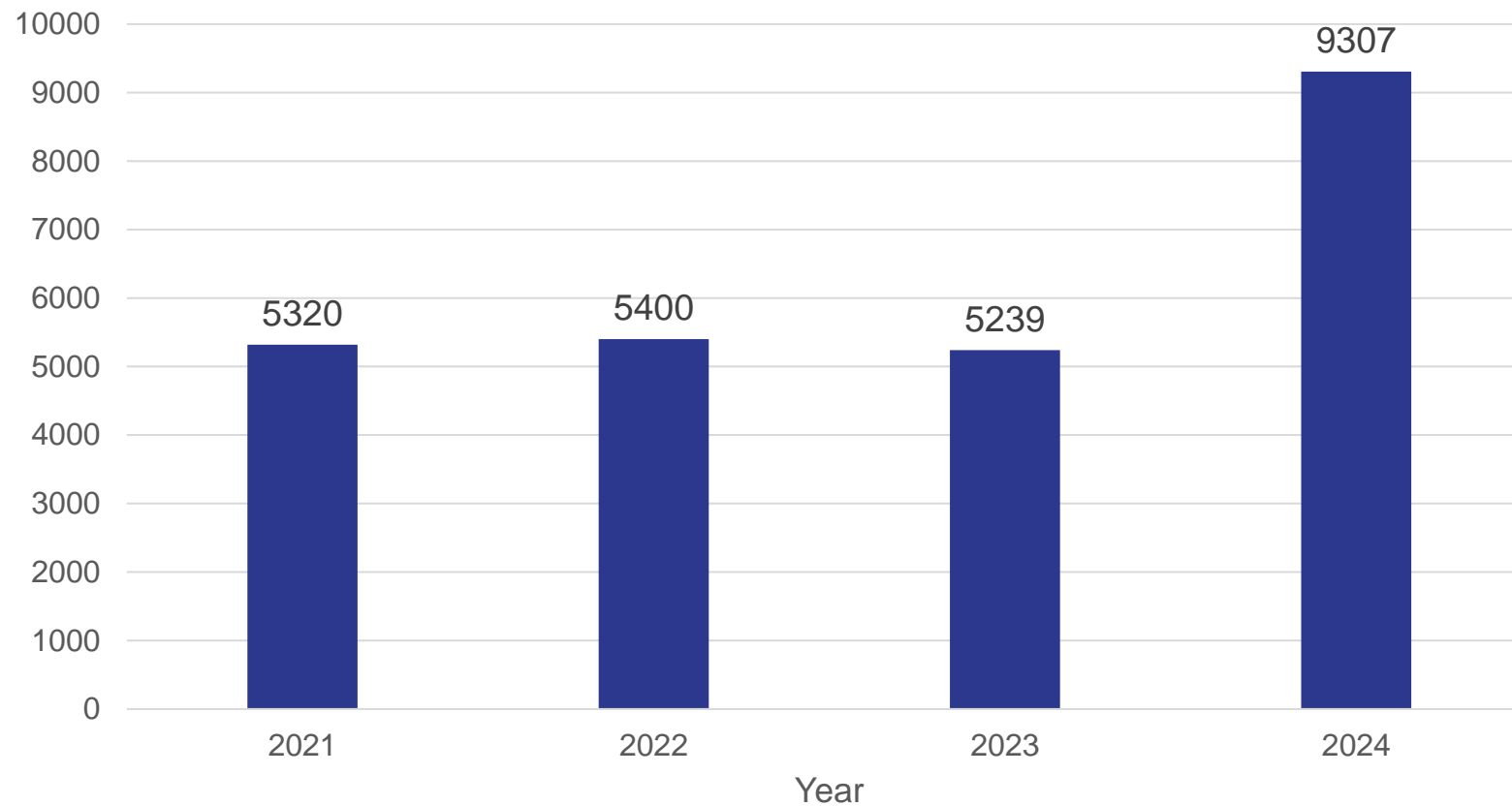
The State of Oral Health Equity in America (SOHEA) Survey is a nationally representative, probability-based survey of adult consumer attitudes, experiences, and behaviors on oral health.

SOHEA Study Methodology

- **March–May 2024:** Data collected by the National Opinion Research Center (NORC) at the University of Chicago
- Sampled randomly selected US households using area probability and address-based sampling, with a known, non-zero probability of selection from the NORC national sample frame and additional individual state oversamples
 - Sampling unit = **22,448**
 - Final sample size = **9,307**
 - Final weighted cumulative response rate = **7.3%**
 - Margin of error = **1.44%**

Oversample Strategy in 2024

An additional general population sample was selected on a state-level basis to increase the number of complete interviews for individual state oversamples



Topics Included in the Survey



Oral Health Status and Knowledge

- Oral health opinions and literacy
- Oral health habits
- Symptoms
- Self-management of pain
- ER utilization



Oral Health Care Experiences

- Access to oral health care
- Dental anxiety
- Health screenings
- Patient/provider concordance
- Diversity and culture



Interprofessional Care

- Value-based care
- Time loss
- Medical-dental integration
- Teledentistry and technology



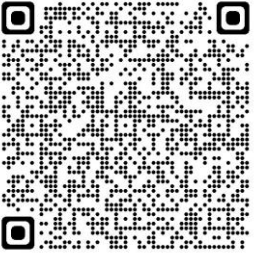
Social Determinants of Health

- Veteran status
- Food security
- Disability status
- LGBTQIA+ topics
- Discrimination
- Insurance status
- REALD-SOGI

Insights from Previous Years

2021 Findings

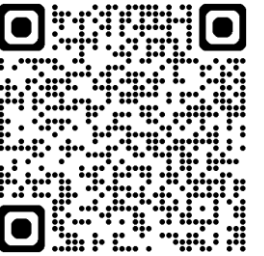
- People of color and those with lower incomes bear a disproportionate burden of oral disease and lack access. The COVID-19 pandemic made the situation worse.



[SOHEA 2021](#)

2022 Findings

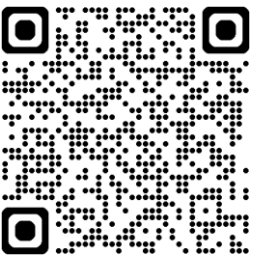
- Nearly half of Hispanic adults, Asian adults, and Black adults report experiencing discrimination in an oral health setting.
- Black adults and American Indian/Alaska Native adults are 2 and 3 times more likely, respectively, to visit the emergency department for a dental condition than white adults.



[SOHEA 2022](#)

2023 Findings

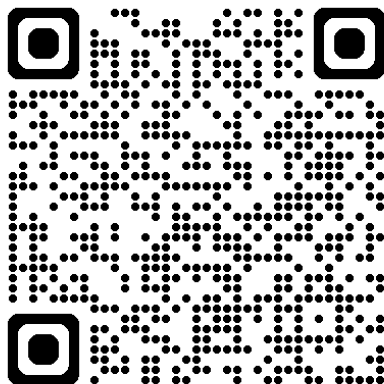
- 68.5 million adults do not have dental insurance.
- Nearly 24 million adults in the US (9%) experience food insecurity.
- Lost productivity time due to untreated dental disease costs the US an estimated \$45 billion each year.



[SOHEA 2023](#)

SOHEA 2024 Insights

Builds on the 2021, 2022, and 2023 SOHEA surveys, suggests access to oral health care and differences regarding preferences for diversity and inclusiveness to be contributors to oral health inequities.



The 2024 State of Oral Health Equity in America survey is a nationally representative survey of over 9,000 adults' attitudes, experiences, and behaviors related to oral health. Future reports will take a deeper dive into specific outcomes and experiences; some key findings are highlighted here.

Dental Visits in the Past Year



Planned Dental Visits in the Coming Year



More Inclusive Questions in SOHEA 2024

- SOHEA 2024 includes questions on race, ethnicity, age, language, disability, sexual orientation and gender identity (REALD-SOGI) that will allow better disaggregation of information than past years
- More inclusive options for race/ethnicity, sexual orientation, and gender identity
- Further information will be released as we continue to analyze more deeply

RACE.

What is your race/ethnicity? (please select one or more boxes and specify origin)

RESPONSE OPTIONS:

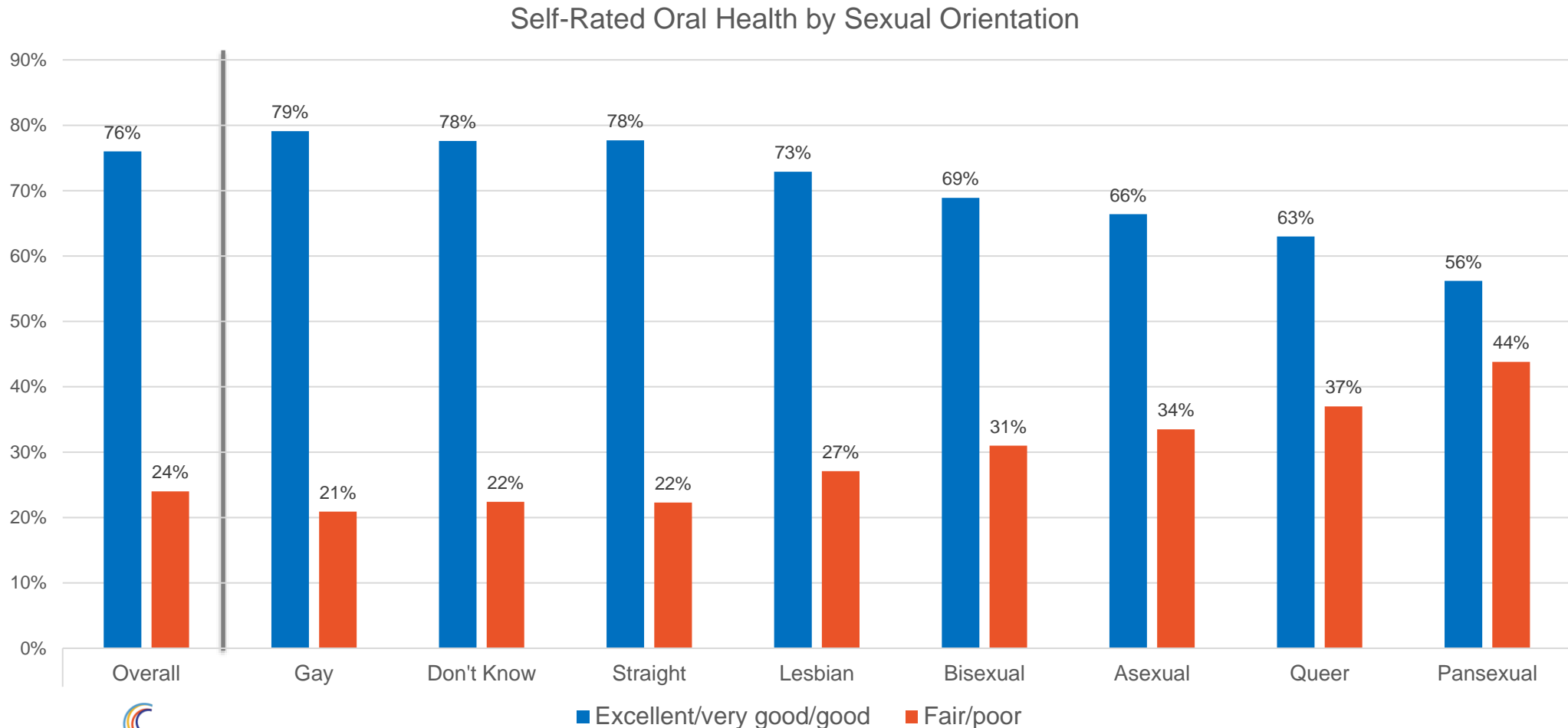
1. Black or African American
2. African (e.g., Nigerian, Ethiopian, Somali), please specify: [\[TEXTBOX\]](#)
3. Caribbean (e.g., Jamaican, Haitian), please specify: [\[TEXTBOX\]](#)
4. American Indian/Alaska Native (e.g., Navajo Nation, Blackfeet tribe, Mayan, Aztec), please specify: [\[TEXTBOX\]](#)
5. Mexican, Mexican American, Chicano
6. Puerto Rican
7. Cuban
8. Other Hispanic, Latino or Spanish origin (e.g., Salvadorian, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian), please specify: [\[TEXTBOX\]](#)
9. Middle East/North Africa (MENA) region (e.g., Lebanese, Egyptian, Syrian, Moroccan), please specify: [\[TEXTBOX\]](#)
10. Asian American
11. Chinese
12. Filipino
13. Asian Indian
14. Vietnamese
15. Korean
16. Japanese
17. Other Asian (e.g., Pakistani, Cambodian, Hmong), please specify: [\[TEXTBOX\]](#)
18. Native Hawaiian
19. Samoan
20. Chamorro
21. Other Pacific Islander (e.g., Tongan, Fijian, Marshallese, Palauan, Tahitian, Chuukese), please specify: [\[TEXTBOX\]](#)
22. White (e.g., German, Irish, English, Italian), please specify: [\[TEXTBOX\]](#)
23. Another race not listed [\[TEXTBOX\]](#)
99. Prefer not to answer [\[SP\]](#)

Perceived Oral Health Status Varies Among Sexual Orientations

- **76% of adults** rated their oral health positively, up slightly from **2023 (74%)** and **2022 (75%)**.
- Adults identifying as gay, “don’t know,” straight, or lesbian rated their oral health in positive terms in **greater percentages** than adults identifying as bisexual, asexual, queer, or pansexual.



Perceived Oral Health Status Varies Among Sexual Orientations

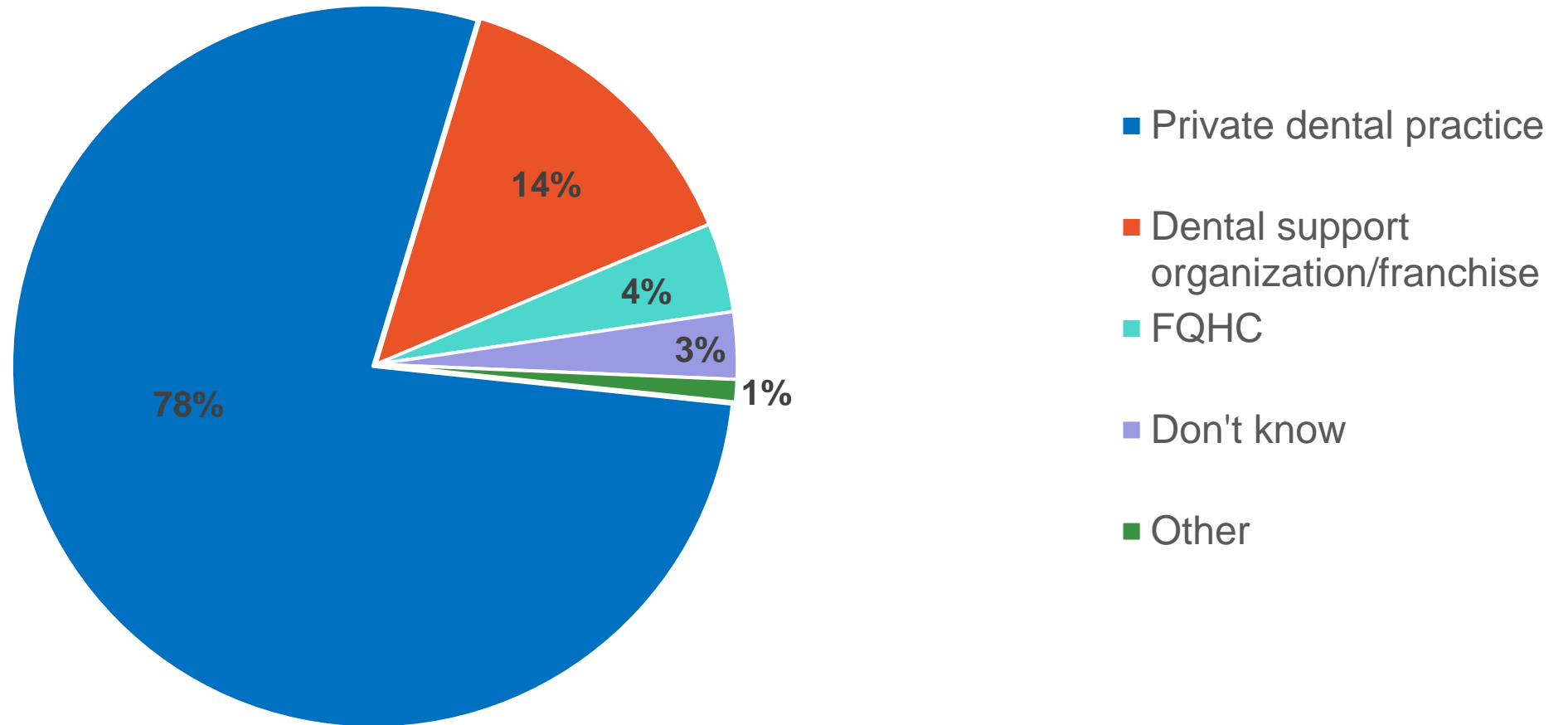


Where Do Adults Receive Dental Care?

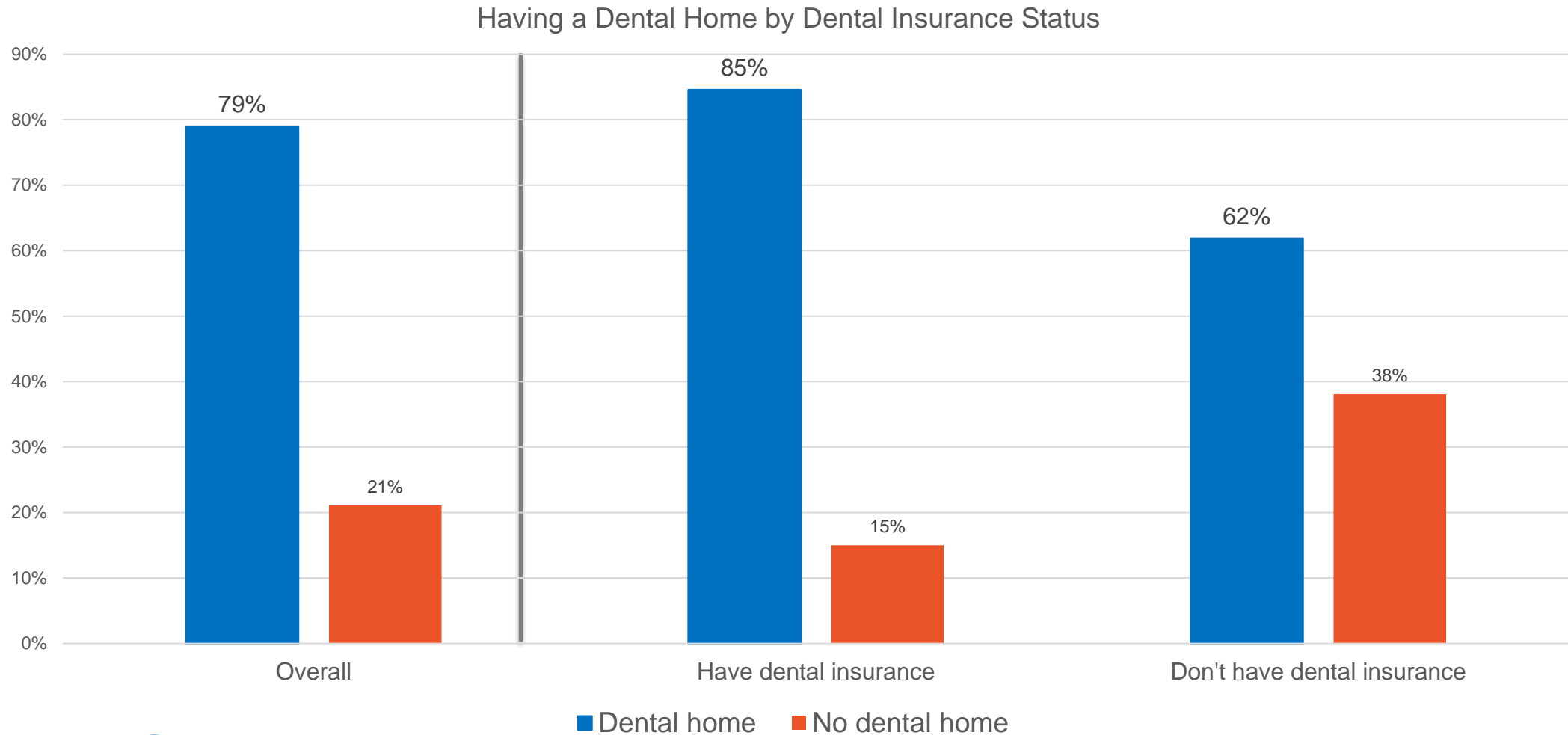
- Just over **3/4** of adults say they have a usual source of dental care, up slightly from reporting a dental home in **2023 (75%)** and **2022 (76%)**.
- More than **4 out of 5 adults** with dental insurance say they have a dental home compared to just over **1/2** of adults without dental insurance.

Types of Dental Homes

Usual Sources of Dental Care / Dental Home



Dental Insurance Status Indicates Having a Dental Home

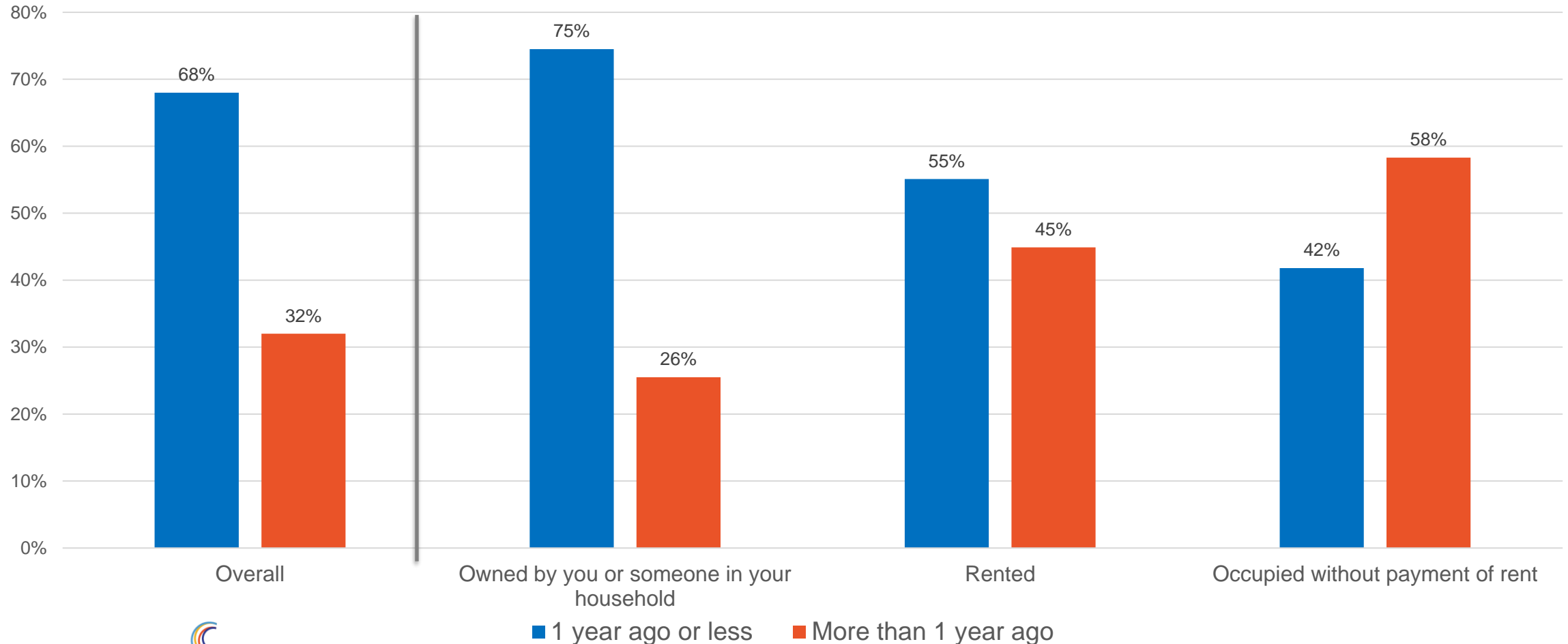


Regular Dental Visits Higher Among Homeowners

- More than **2/3 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 own their 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%**).

Regular Dental Visits Higher Among Homeowners

Time Since Last Dental Visit by Home Ownership



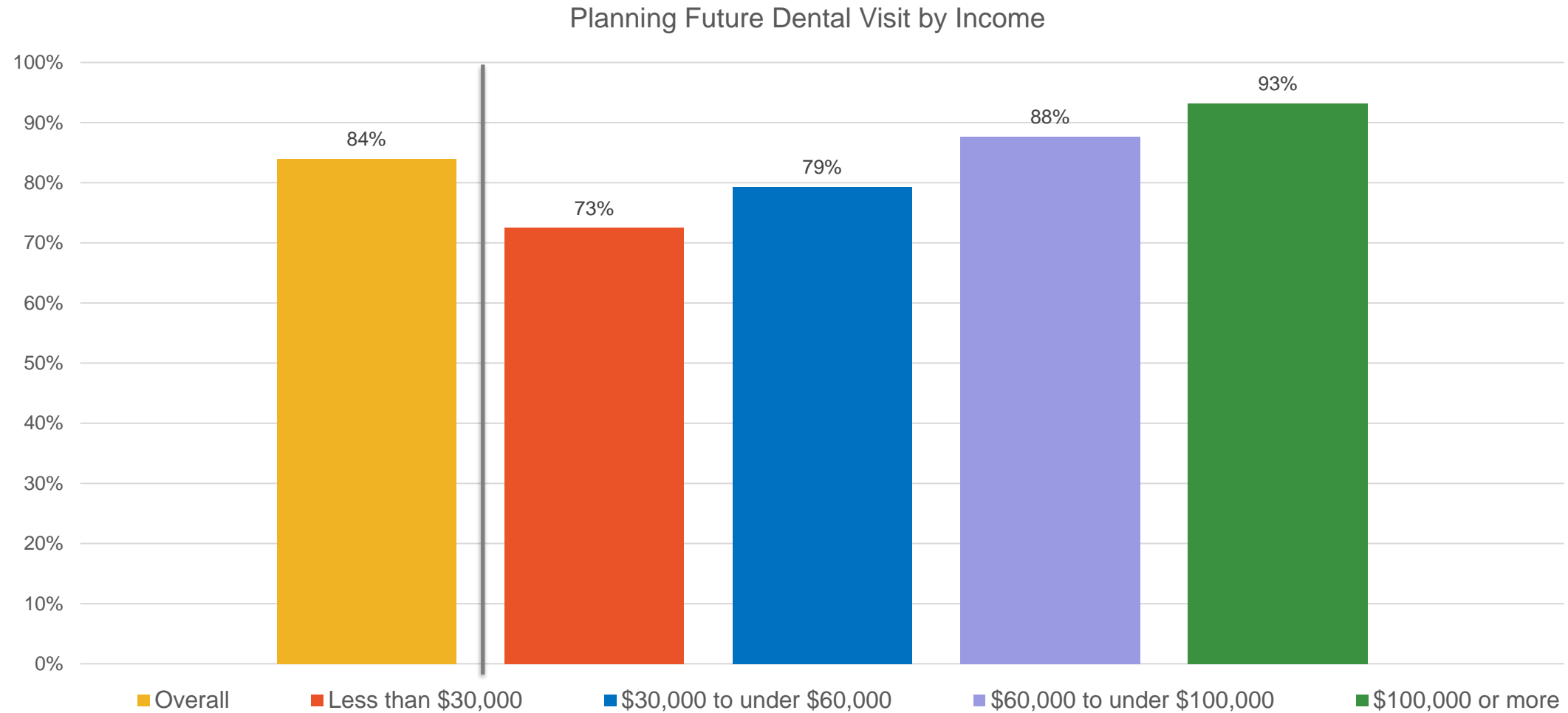
Reasons for Last Dental Visit

- Nearly **2/3 of adults (64%)** say they scheduled their most recent dental visit on their own for an examination or cleaning.
- **14%** of adults say their dentist called them to schedule a visit for an examination or cleaning.
 - **8%** went in to treat a problem found at an earlier visit.
- **1 in 10 adults (10%)** went to the dentist most recently because they were experiencing a dental problem.

Planning a Future Dental Visit

- **84% of adults** plan to see a dentist in the coming year for routine or preventive care, slightly more than the number of adults planning to see a dentist in **2023 (84%) and 2022 (85%)**.
- Those earning **\$100K** or more per year report planning to seek dental care in greater numbers **(93%)** than those earning less than **\$30K per year (73%)**.

Planned Dental Visits Higher Among Top Earners

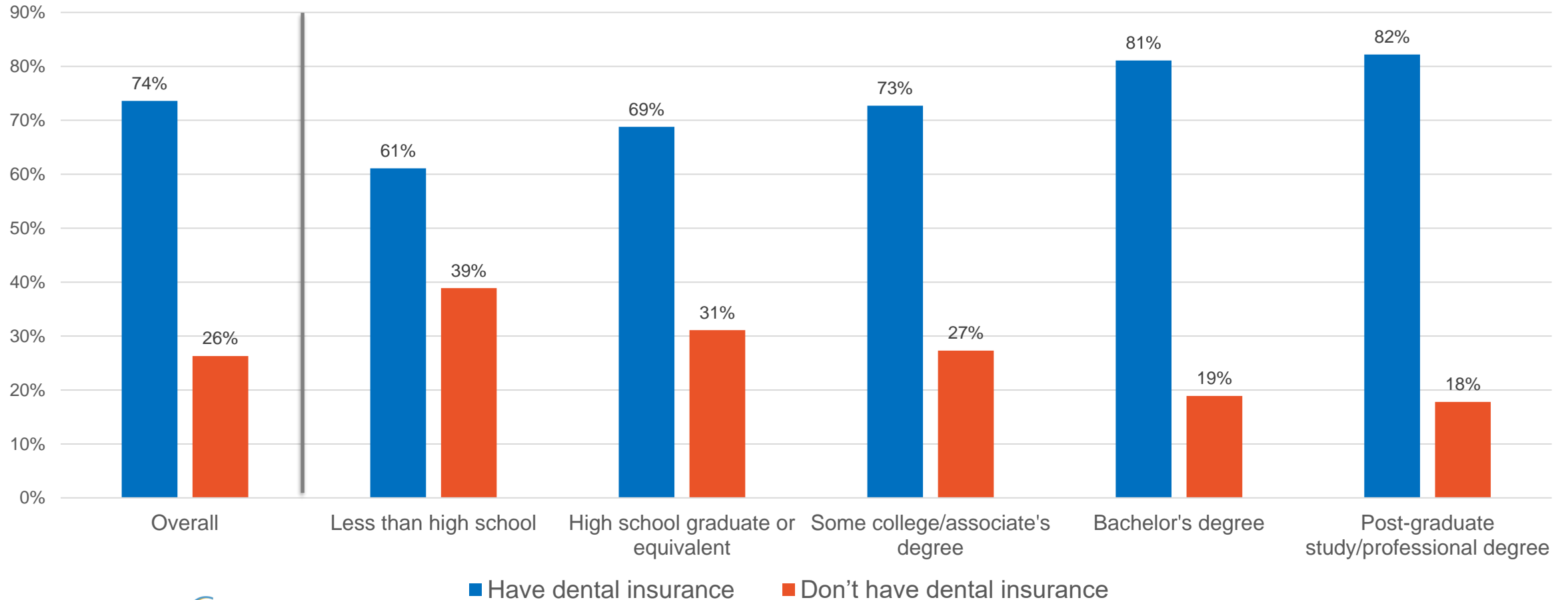


Percentage of Adults Without Dental Insurance Decreases

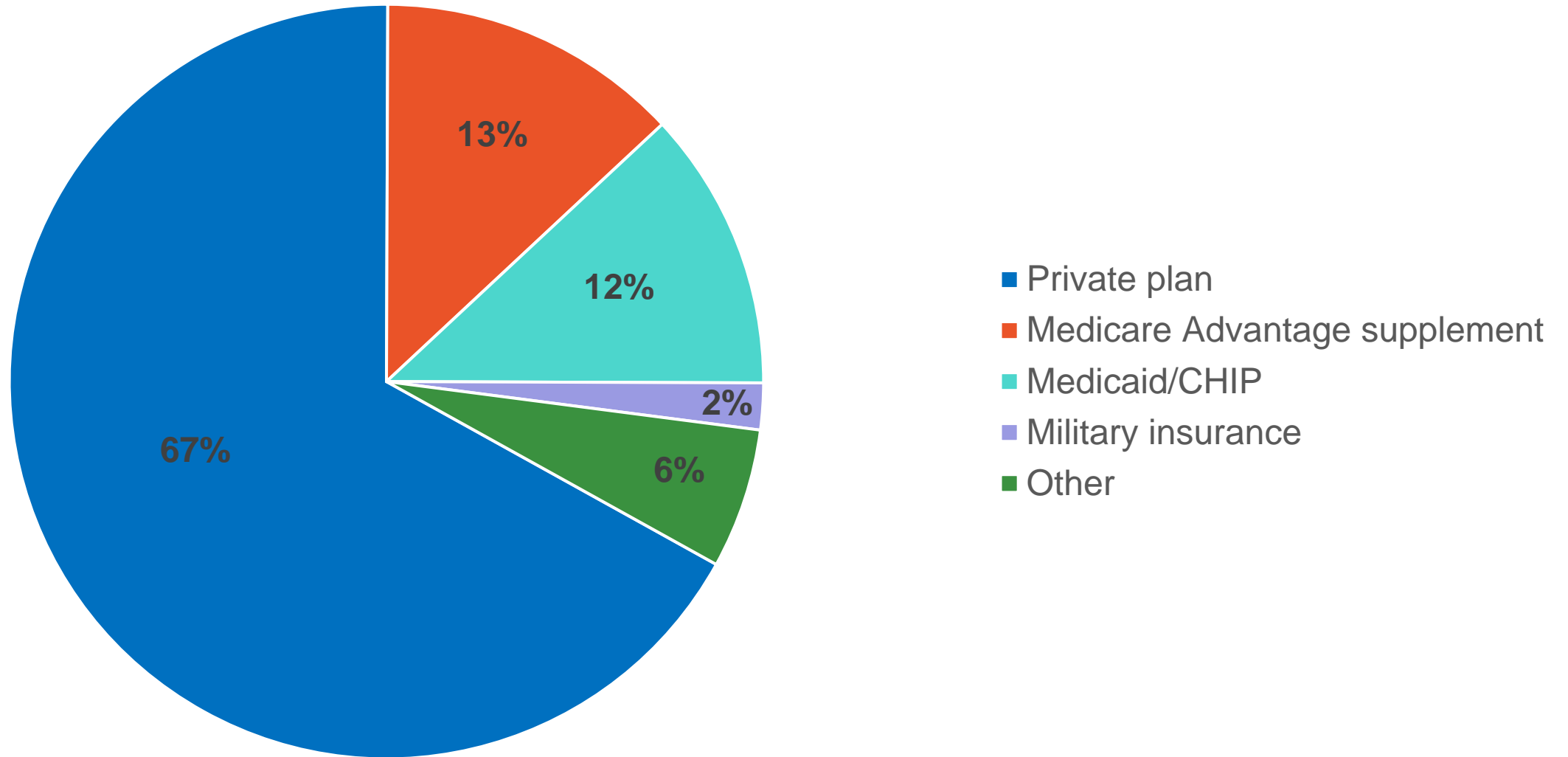
- Nearly **3/4 of adults (74%)** report they have some type of dental insurance, slightly down from **2023 (75%) and 2022 (76%)**.
- Percentage of adults with dental insurance increased with education level, with **61%** of those with less than a high school education having dental insurance, compared to **82%** of those with a postgraduate or professional degree.

Higher Education Suggests Dental Insurance Status

Have Dental Insurance by Education



Types of Dental Insurance



Changes in Dental Insurance within the Past Year

- **24%** of adults said they obtained dental insurance within the past year.
 - **4%** of US adults and **12%** of all adults who currently do not have dental insurance, lost theirs within the past year.
- Most people who lost their dental insurance in the past year did so due to:
 - Job loss (**27%**); employers' benefit change (**19%**); chose not to have it (**12%**); or for other reasons (**30%**).



What Happens When There's a Problem?

- A little **more than ½ of adults (53%)** say they experienced at least one oral health problem in the prior year, compared to **51% in 2023** and **55% in 2022**.
- Of those experiencing at least one of these oral health problems, **6%** visited an ED for this problem.
 - Top 3 oral health problems: frequent dry mouth, cracked or broken teeth, toothache

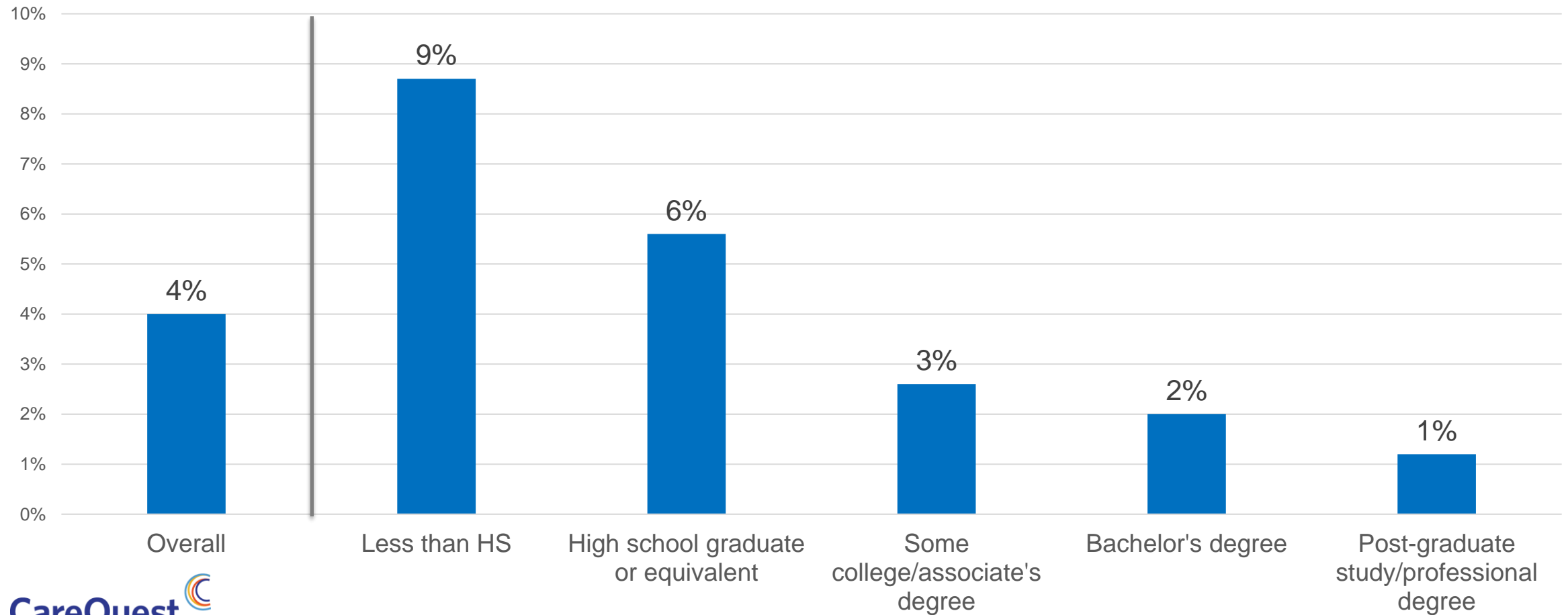


ED Visits for Dental Care Remain the Same

- Approximately **4%** of adults reported seeking dental care through an emergency department (ED) in the last year.
 - Percentage of visits remain stable from **2023 (4%) and 2022 (4%)**.
- Adults with less than a high school education were **9x more likely** to report seeking dental care through an ED (**9%**) than those with a postgraduate or professional degree (**1%**).



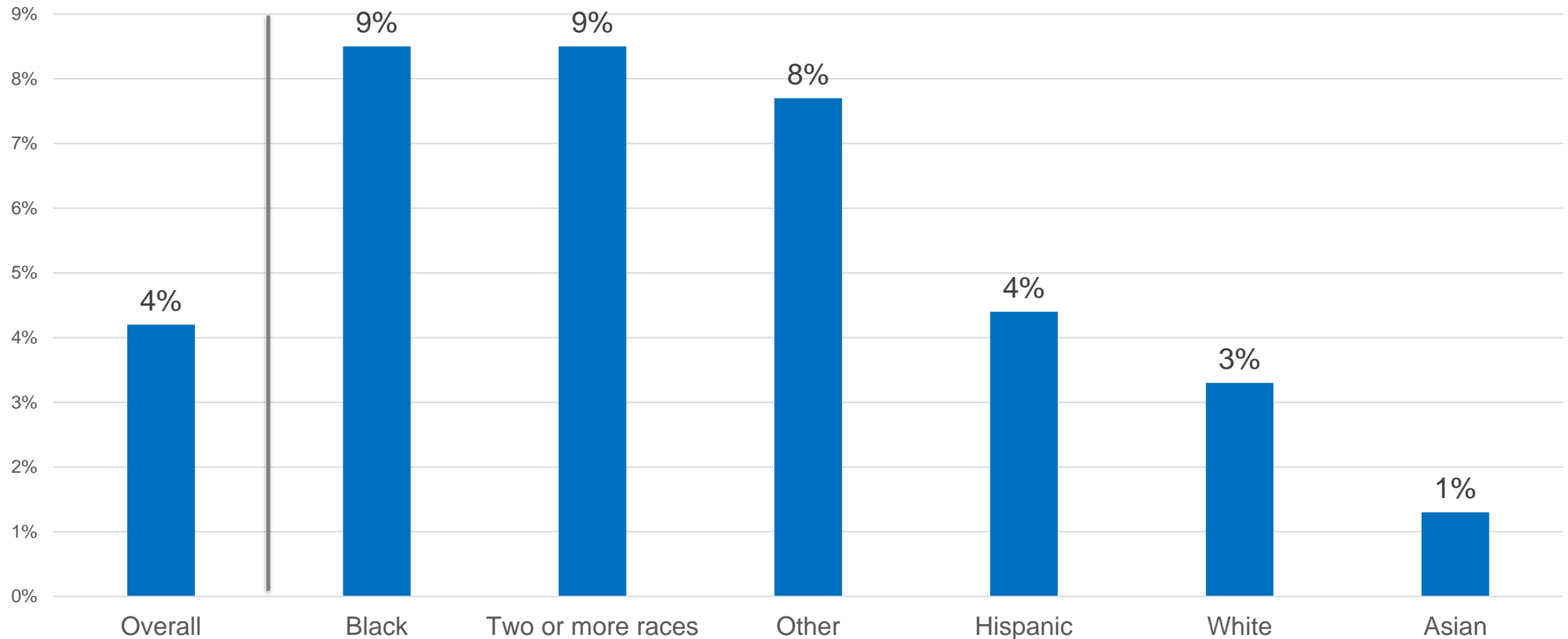
In the last year, have you visited a hospital emergency department (ED) or an emergency room (ER) for dental care or pain/discomfort in your mouth? (Yes)



Barriers to Care: Discrimination by Race/Ethnicity

- **4%** of adults reported ever experiencing discrimination in an oral health care setting, down from **7% in 2023**.
- Adults identifying as Black (**9%**), two or more races (**9%**), or identifying their race as “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%**).

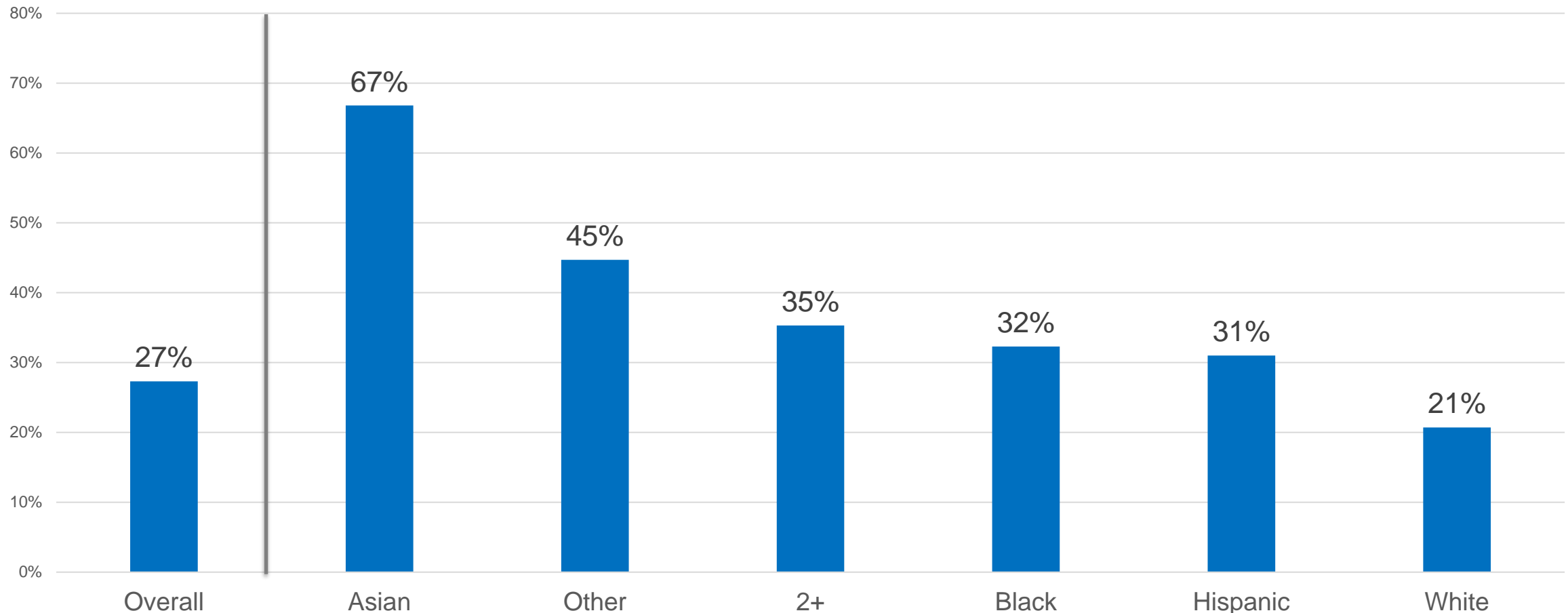
Have you ever experienced discrimination in dental or oral health care? (Yes)



Barriers to Care: Denied Oral Care Due to Discrimination

- Of those adults who said they had ever experienced discrimination in an oral health care setting, **27%** said they had been **denied oral health** care due to discrimination, up from **22% in 2023**.
- **2/3** of adults identifying as Asian and reporting having experienced discrimination in the oral health care setting reported being denied oral health care, compared with adults describing their race/ethnicity as “other” (**43%**); two or more races (**35%**); Black (**32%**); Hispanic (**31%**); and white (**21%**).

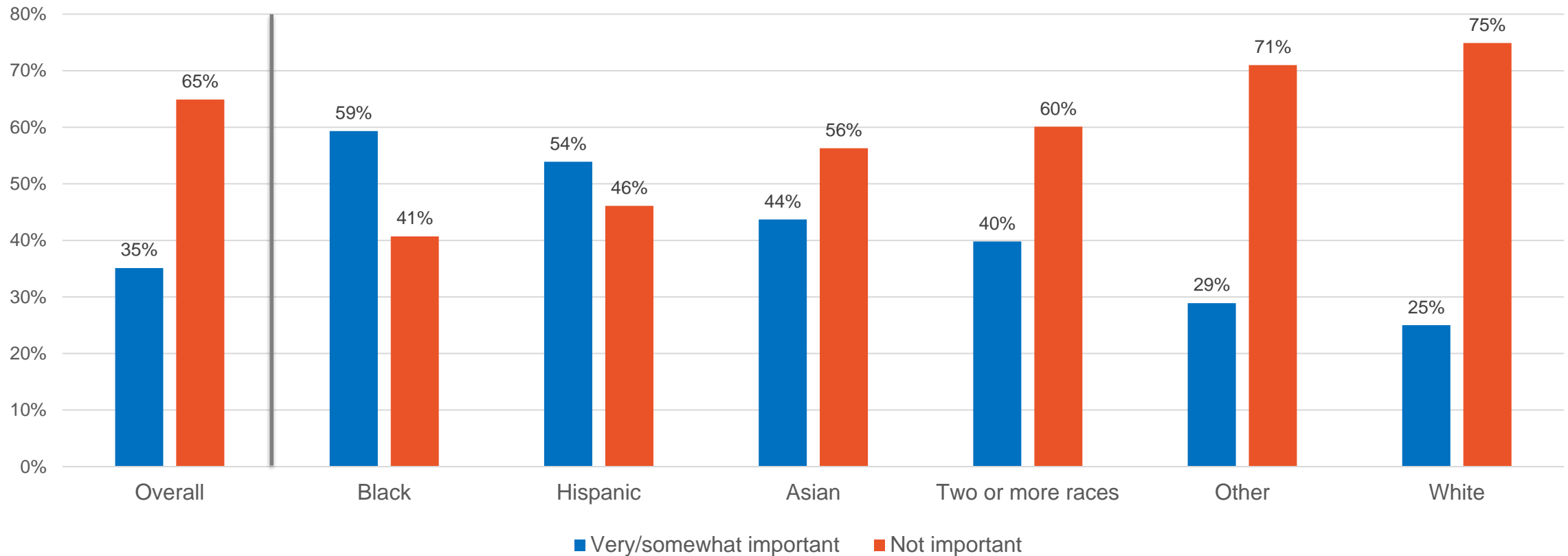
Have you been denied dental or oral health care due to discrimination? (Yes)*



Importance of Translation/Interpretation Services in Oral Health Care

- Nearly **2/3** of adults overall said translation and interpretation services in the dental office was not important to them when making decisions about dental care.
- However, **59% of adults** identifying as Black said these services were 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%**), identifying their race as “other” (**29%**), or white (**25%**).

When making decisions about dental care, how important is it to you that a dentist offers translation and interpretation services in their practice?

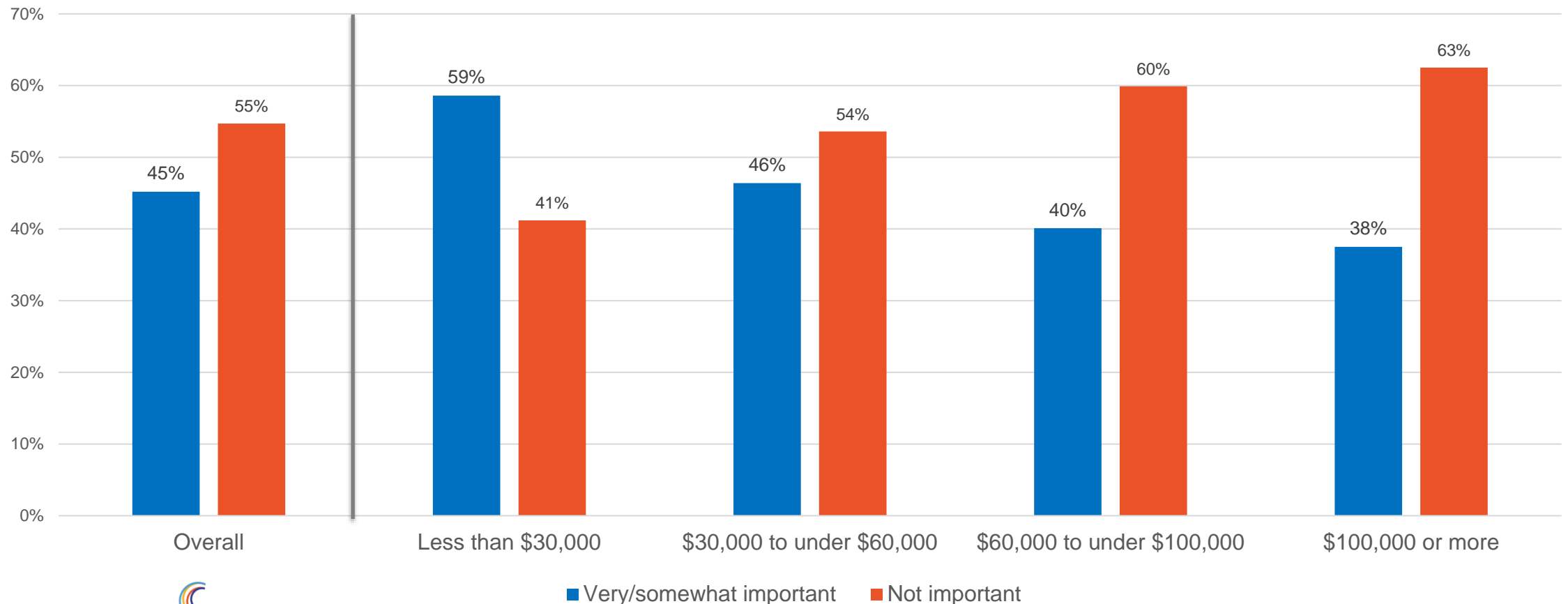


Importance of a Diverse Oral Health Care Workforce

- Over **half** of adults (**55%**) overall said a dental office with a diverse workforce was not important to them when making decisions about dental care.
- However, adults reporting **\$30K or less** annual income said their dental office having a diverse workforce was very or somewhat **important in greater percentages** (59%) than adults with higher annual incomes.



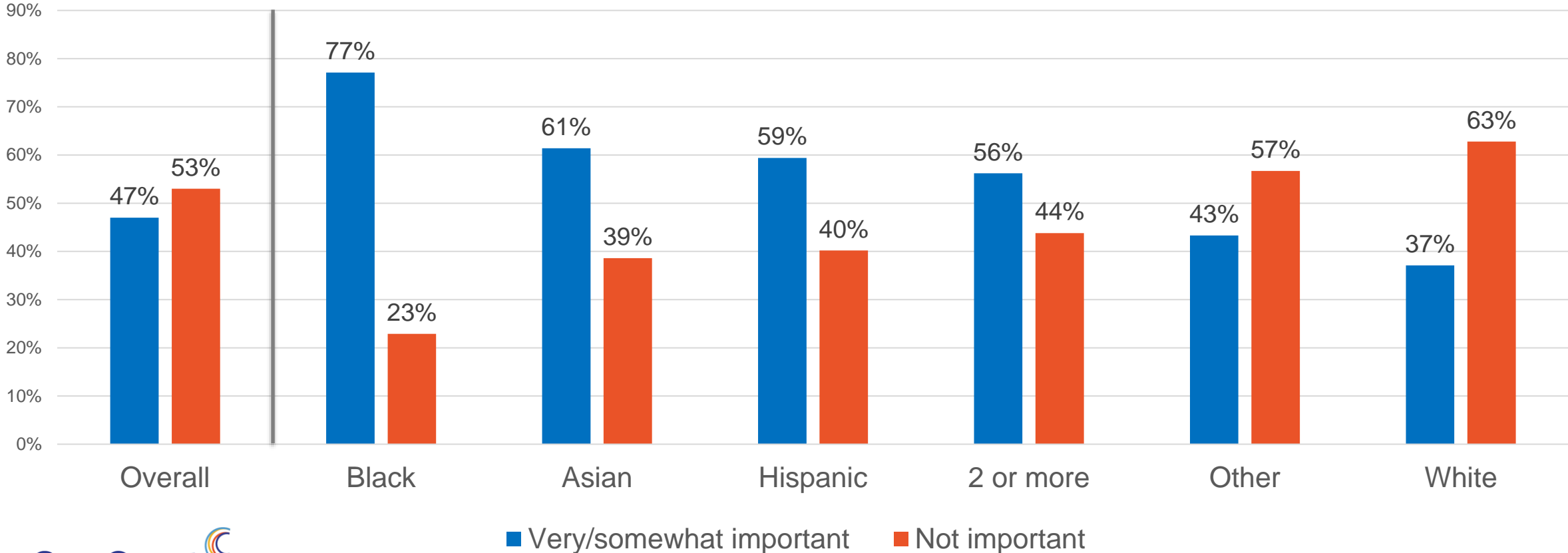
When making decisions about dental care, how important is it to you that a dental office has a diverse workforce?



Importance of Cultural Humility in Oral Health Care

- Overall, **53%** of adults said it was not important to them that a dentist embraces their cultural preferences (i.e., values, beliefs, norms) in their treatment recommendations.
- However, **greater proportions** of adults identifying as Black (**77%**), Asian (**61%**), Hispanic (**59%**), or two or more races (**56%**) said a dentist embracing their cultural differences was very or somewhat **important** to them.
 - Compared to **43%** of adults identifying their race/ethnicity as “other” and **37%** of adults identifying as white.

When making decisions about dental care, how important is it to you that a dentist embraces your cultural preferences (i.e., values, beliefs, norms) in their treatment recommendations?

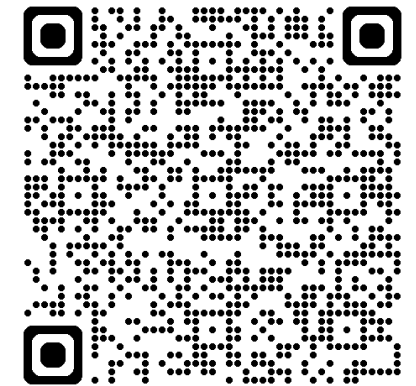


Social Inequities Persist in Oral Health

- Economic factors (home ownership and income) are linked to oral health-related outcomes like planning a future dental visit and having regular dental visits.
- Discrimination in oral health care **disproportionately impacts** individuals identifying as Black, two or more races, or an “other” race.
- Results show **significant differences** by **race/ethnicity** and **economic factors** in perceptions of importance for translation services, diverse oral workforce, and cultural humility in the dental setting.
- Oral health providers must be aware of how individuals’ lived experiences shape how they access and experience oral health care.

Clinicians Must Get Involved

- Learn about transformative and minimally invasive care options to help effectively treat patients
- Connecting Caries Risk Assessments and Cultural Awareness
- Help treat underserved members of your community



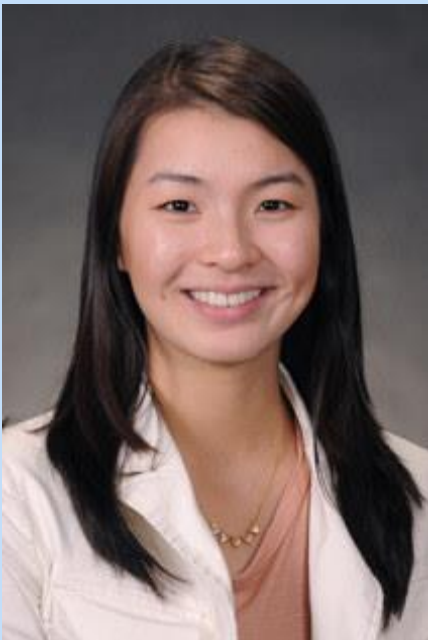


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Panel Discussion

Question and Answer



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Webinar Evaluation

Complete the evaluation by **Friday, September 13** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Hispanic Heritage Month: Oral Health in Latino/Hispanic Communities on **September 19 at 7 p.m. ET**

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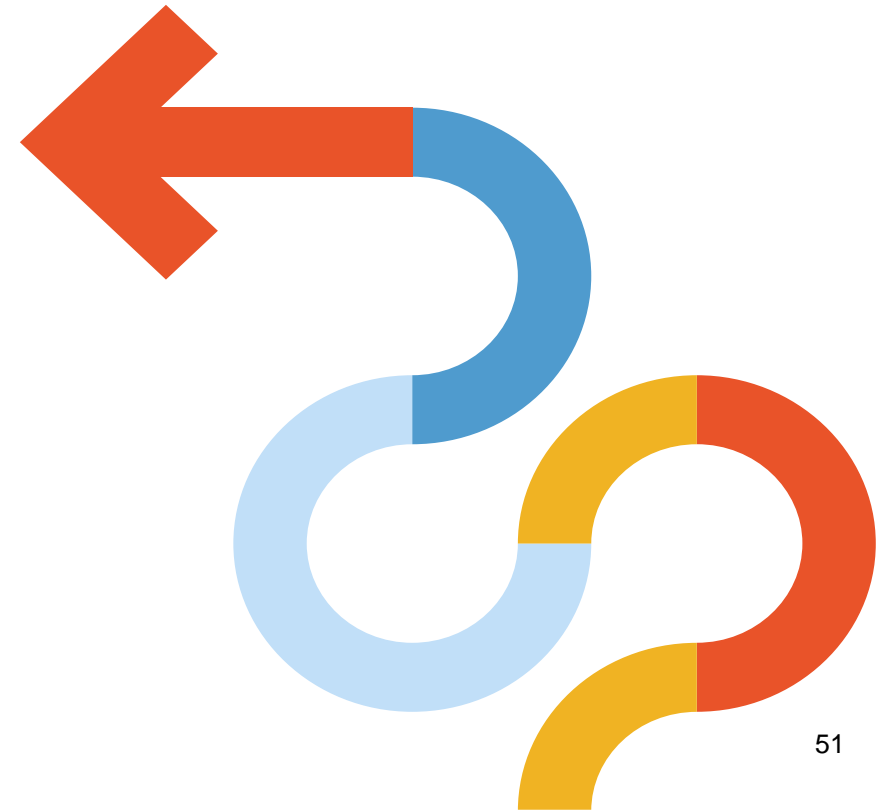
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