



# CDHP Fact Sheet

## Racial and Ethnic Disparities in Oral Health

Racial and ethnic disparities in oral health are common, considerable, and consequential. They manifest as inequitable differences in oral health status, access to dental care, extent of dental coverage, and workforce. While many of these differences also relate to socioeconomic status, many persist even after considering income, education, and other social factors. Racial and ethnic disparities often belie differences in opportunities to obtain and maintain oral health.

The US Surgeon General's 2000 Report, *Oral Health in America* asked, "Once socioeconomic factors are controlled, why do we [still] see differences?" and "Why are some conditions more prevalent in certain populations than in others?" The Institute of Medicine's 2002 Report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* found that healthcare systems, patient attitudes and behaviors, and providers' biases, prejudices and uncertainties all contribute to differences in general health and medical care. These findings likely also explain many of the following disparities in oral health and dental care.

### Differences in Oral Health

- **Overall:** The US Surgeon General reports that Blacks, Hispanics, and American Indians and Alaska Natives (AI/AN) generally have poorer oral health than other racial and ethnic groups in the US (Surgeon General's Report, *Oral Health in America*)
- **Young Children and Cavities:** Latino preschoolers – the fastest growing child population in the US – experience 2.5 times more tooth decay than white children. African-American children experience 1.5 times more tooth decay than white children (CDC NHANES III). An AI/AN 2-4 year old is 5.8 times more likely to experience tooth decay than a white child (HP 2010 baseline).
- **Adults and Gum Disease:** "Destructive periodontal disease" occurs in 59% of AI/AN, 33% of Blacks, 25% of Mexican Americans, & 20% of whites. (Healthy People 2010 baseline)
- **Adults and Cancer:** Black men have the highest rates of oral and pharyngeal cancer of any group (NCI). Overall, oral cancer "occurs twice as often in the Black population as in whites" (Oral Cancer Foundation)
- **Retirees and Tooth Loss:** 34% of Black older Americans have lost all of their teeth compared to 23% of whites and 20% of Hispanics (Healthy People 2010, 2002 update)

### Differences in Dental Care

- **Overall:** Racial/ethnic minority groups are less likely than whites to have had a dental visit in the past year, regardless of age. 27% of Blacks and Hispanics had a visit compared to 36% of Asian & Pacific Islanders, 41% of Native Americans and Alaska Natives, and 48% of whites (Healthy People 2010, 2000 update).
- **Children:** White preschoolers are 1.5 times more likely to have a dental visit than minority children and are 2.4 times more likely to receive preventive services (AHRQ/MEPS analysis). Differences in preventive care persist after adjusting for income. Among poor children under age 19, 13% of Blacks, 16% of Hispanics, and 25% of whites obtained a preventive dental visit in a year (HP2010 baseline). Evidencing insufficient care, untreated tooth decay among 6-8 year olds is found in over 70% of AI/AN and Asian children, 47% of Mexican-American children, 36% of Black children, and 22% of white children (HP2010 baseline).
- **Working Adults and Retirees** 29% of Asian Americans, 26% of Blacks and Hispanics, and 20% of whites report not getting needed dental treatment in the past year for a toothache or other dental problem because of cost (Commonwealth Fund). White adults are 1.8 times as likely to report an oral cancer screening in the past year than Black adults, despite Black's experiencing higher cancer rates (HP2010 2000 update).

### **Differences in Dental Coverage**

- Overall: There are over 108 million Americans without dental coverage compared to an estimated 46 million without medical coverage (CDC/NCHS).
- Children: At least 23 million US children lack dental coverage (CDC/NCHS). These include many from “working poor families” who cannot access SCHIP because they have some medical coverage. White children are 1.7 times more likely to have private dental coverage than non-white children (AHRQ/MEPS).
- Adults and Medicaid: As few as five states continue to provide reasonably comprehensive dental care to poor adults through Medicaid. About half the States provide no dental coverage or emergency services only (Children’s Dental Health Project).
- Working Adults: Non-white working adults are less likely to have dental coverage than white workers. Workers without dental coverage are only about half as likely to have a dental visit in a year (Commonwealth Fund).
- Retirees and Medicare: Only 27% of US residents over 65 have any dental coverage (Commonwealth Fund).

### **Consequences of Disparities**

- Overall: Consequences of poor oral health and inadequate dental care include pain and infection, missed work and school, speech and eating dysfunctions, distraction from normal activities, risks to general health, and exacerbations of medical conditions.
- Children’s function: Parents reported seeking care for relief of their child’s pain for 10% of white children, 16% of Black children, and 17% of Hispanic children (CDC/NCHS). Parents of AI/AN schoolchildren report that one third miss school because of dental pain each year. They also report that 1-in-4 avoid laughing or smiling and 1-in-5 avoid meeting other people because of the way their teeth look (Chen et al, WHO).
- Oral Cancer survival: Five year survival statistics for Blacks are poorer at 33% versus 55% for whites (Oral Cancer Foundation).
- Missed work: Hispanic adults are twice as likely, Black adults 3 times as likely, and Asian adults 4 times as likely as whites to report missed work or missed school because of a dental problem. (Commonwealth Fund).

### **Workforce Diversity**

- Dental providers do not mirror the US population. In 1999, 2% of practicing dentists and 3% of dental hygienists were African-American and 4% of practicing dentists and 1% of hygienists were Hispanic (HRSA/BHPr). By contrast, the 2000 Census reported that 12.3% and 12.5% of US residents are African-American and Hispanic respectively.
- Underrepresented minority recruitment into dental education is a serious problem. In 2003, first-year enrollment of underrepresented minority students comprised 11.6% of students, down from 13.8% in 1990 (ADEA).
- Given the fact that the patients of Black dentists are 61.8% Black and the patients of Hispanic dentists are 45.4% Hispanic, increasing minority enrollment is an immediate and practical approach to addressing the problem. Only 10.5% of Black patients are seen by white dentists (ADA).
- Only 4.2% of dental faculty are African-American and 4.8% are Hispanic (ADEA).
- There is a severe shortage of Latino dentists in California, resulting in difficulties for nearly 1/3 of the state’s population in accessing dental care (California Endowment). Only 4.6% of all dentists in California are Latino, while Latinos comprise 32.4% of the state’s population (UCLA).

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