

Issue At A Glance:

Advancing Oral Health Equity

Most oral health conditions are preventable and treatable when caught early, but many children and adults lack dental insurance, making it harder to access necessary care. This brief provides an overview of health disparities in oral health, the Dental Public Health Residency Program, and legislative efforts to advance oral health equity.

Introduction

Oral health issues are among the most widespread health concerns for American adults. Fortunately, most oral health issues can be prevented and are easily treatable when caught early.¹ However, if left untreated, they can contribute to the development of serious chronic illnesses like diabetes, heart disease, arthritis, Alzheimer's, chronic obstructive pulmonary disease (COPD), and liver disease.^{2,3}

Advances in dental technology and understanding of oral-systemic health over the years have led to less-invasive treatments and improved preventative care. Yet over one in four working-age adults lack dental insurance, limiting access to care and deepening oral health disparities.⁴

Recent studies show that these issues are more severe in lower-income and rural populations, who often rely on emergency dental care from non-dental professionals at least once a year. Nationwide, untreated dental problems contribute to over \$25 million in lost work productivity and cause children to miss about 34 million school hours each year for emergency dental care.²

This brief provides an overview of oral health disparities, the Dental Public Health Residency Program, and legislative efforts to advance oral health equity.

Key Statistics⁵

- 18%** Of children aged 2 to 5 in low-income households in the U.S. have untreated cavities, which is nearly three times the rate seen in higher income households.
- 60%** Of adults aged 30 and older in the U.S. with low income had periodontitis, which is twice as common compared to those with higher income.
- 43%** Of working-age adults in the U.S. without health insurance have untreated cavities, which is twice the rate of those with coverage.
- 33%** Of older adults in the U.S. with less than a high school education experienced complete tooth loss, which is over three times the rate compared to those with higher education.

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Health Disparities in Oral Health

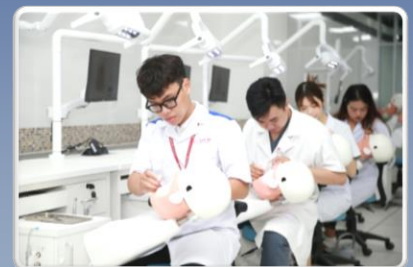
Like most parts of the body, the mouth is full of harmless germs that protect against harmful bacteria and help maintain a healthy balance in the oral environment.⁶ However, oral health goes beyond just healthy teeth. It involves being free from chronic facial pain, oral and throat cancers, tissue lesions, birth defects like cleft lip and palate, and various conditions affecting the mouth and facial structures. These parts of the body support essential functions, such as speaking, smiling, eating, and expressing emotions, while also protecting against infections and environmental harm.⁷

Although the nation's oral health has improved since the 1960s, not all Americans have benefitted equally. Persistent health disparities, often driven by factors such as limited access to care or financial barriers, contribute to poorer oral health in some populations.⁵ Health disparities are avoidable variations in the rates of disease, injury, or access to health-related opportunities among different populations. When individuals lack access to essential resources for maintaining good health, they face a higher risk of developing health problems.⁸

Research shows that older Black Americans have more decayed and missing teeth than White Americans, and this gap continues to widen over time. On the other hand, White Americans tend to have more filled teeth, indicating better access to care.⁹ Additionally, tooth decay is significantly more common among American Indian, Alaska Native, Native Hawaiian, Hispanic, and Black school-aged children compared to their White peers. These children are also less likely to receive dental sealants. Many children, particularly those relying on public insurance or living in areas with few dentists, struggle to access consistent, quality dental care.¹⁰

Dental Public Health Residency Program

Established in 1996, the Centers for Disease Control and Prevention's (CDC) Dental Public Health Residency (DPHR) program is an accredited training initiative aimed at developing skilled specialists in dental public health who can work collaboratively across multiple sectors to improve oral health in various communities. The DPHR program provides residents with advanced training in population-based dentistry, disease prevention, health promotion, policy development, and program management. Furthermore, it emphasizes research, policy development, and cross-sector collaboration to address oral health disparities and strengthen public health systems.¹¹



Efforts to Advance Oral Health Equity

Oral Health Products Inclusion Act (H.R. 1219)

Daily oral healthcare plays a key role in preventing disease and supporting overall health. Neglecting oral health can lead to a range of serious conditions, including gum disease, infections, and complications linked to diabetes and heart disease.⁷ Regular use of basic oral care products, like toothpaste, toothbrushes, and dental floss, is a vital part of maintaining overall wellness.¹² Currently, these essential products are not considered qualified medical expenses under most tax-advantaged health accounts. Making them eligible under Health Savings Accounts (HSA) and Flexible Savings Accounts (FSA) would align with their recognized role in preventative health and could contribute to lower long-term healthcare costs by reducing the need for more intensive and expensive treatments.²

In 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act reinstated support for allowing HSAs and FSAs to cover over the counter (OTC) products and expanded eligibility to include feminine care products.^{2,13} Therefore, on February 11, 2025, the Oral Health Products Inclusion Act (H.R. 1219) was introduced. This bill builds upon the CARES Act and would classify OTC oral care products as qualified medical expenses, allowing them to be purchased with HSAs and FSAs.¹⁴ By expanding eligibility, the bill would give millions of Americans greater flexibility in managing their oral health while helping to reduce the overall burden on the U.S. healthcare system.²

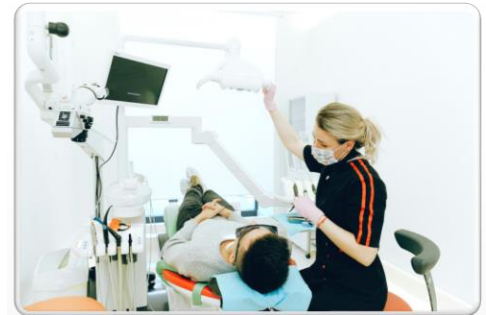
To Amend the Public Health Service Act to Reauthorize a Grant Program for Addressing Dental Workforce Needs (H.R. 2001)

Since 2018, the American Dental Association's Action for Dental Health program has allocated \$13.9 million annually to enhance the dental workforce and improve access to oral health through the Health Resources and Services Administration's grant program.¹⁵ In March 2024, the Action for Dental Health Act of 2023 (H.R. 3843) was passed in the House, though it did not progress further to become law.^{15,16} For more information on H.R. 3843, please refer to IHPL's July 2024 Policy Brief titled [*Action for Dental Health Act of 2023 \(H.R. 3843\)*](#).

Since its implementation in 2018, the Action for Dental Health Act has expanded access to oral healthcare in communities across the U.S. Reauthorizing this legislation is crucial for addressing barriers to oral care, promoting disease prevention, and enhancing oral health education.¹⁷ Therefore, on March 10, 2025, the To Amend the Public Health Service Act to Reauthorize a Grant Program for Addressing Dental Workforce Needs (H.R. 2001) was introduced to reauthorize the Action for Dental Health program.¹⁸ H.R. 2001 aims to strengthen organizations that provide oral healthcare to underserved communities, including children, seniors, and families in both rural and urban areas. By expanding access to preventative dental care, H.R. 2001 also helps reduce emergency room visits for dental issues.^{17,18}

Conclusion

Despite the significant progress that has been made in understanding and treating oral diseases and conditions, many individuals across the nation continue to experience persistent oral health issues and face barriers to accessing care.¹⁹ Without regular, preventative dental services, early signs of tooth decay or gum disease can progress, negatively affecting overall health and leading to higher treatment costs. Many people are unable to access preventative care due to policy and structural barriers, such as insufficient dental coverage and shortage of providers within their communities, contributing to widespread oral health disparities.²⁰ Addressing these challenges will require comprehensive policy solutions and community-based strategies to ensure equitable access to oral health care for all.



Did you know?

Approximately 57 million Americans live in areas with a shortage of dental health professionals, and about two thirds of these areas are in rural communities.⁵



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