

POLICY CHANGE TO ADVANCE ORAL HEALTH EQUITY

AN OVERVIEW OF KEY FINDINGS

ORAL HEALTH IN AMERICA

More than two decades ago, the U.S. Surgeon General released [Oral Health in America](#), a seminal report calling dental disease in our country a “silent epidemic.” Its findings, and the subsequent [Call to Action](#) in 2003, increased awareness of the importance of oral health to overall well-being. Further, it spurred significant scientific and policy advancements to address the barriers to good oral health across the United States. And yet, inequities in oral health outcomes and access to care persist more than 20 years later. Recently, the National Institute of Dental and Craniofacial Research (NIDCR) published a follow-up to the initial report. This new publication, [Oral Health in America: Advances and Challenges](#), provides an extensive appraisal of progress since the 2000 Surgeon General’s report and highlights the many ways our current oral health system must be improved to meet the Surgeon General’s call to action to improve quality of life and eliminate longstanding, persistent disparities in oral health.

This brief provides an overview of key findings from the NIDCR report, focusing on opportunities for policy change toward oral health equity and racial justice.

Oral health is tied to broader societal inequities and structural racism

The NIDCR report is explicit in its assessment of how oral health affects overall health and economic well-being at the individual and community levels. It is also clear about how structural racism and economic inequity keep oral health out of reach for marginalized communities. The communities that suffer most from untreated dental disease – Black, Hispanic, and other communities of color; tribal communities; people with disabilities; people with low incomes; and rural communities – are also most affected by social determinants that limit access to health care; housing; employment; education; and economic mobility.

The report makes clear that because oral health influences these social determinants, and is itself shaped by them, oral health policy solutions must take into account the many factors that contribute to inequality and injustice. Among the many ways structural racism affects oral health, the report notes the high cost of dental care; the limited availability of dental care in marginalized communities; a lack of dental providers who are representative of their patients; discriminatory treatment; and lack of trust in the dental care system.

Our fractured systems have produced uneven progress

The NIDCR report highlights significant progress in reducing dental disease and expanding access to care for some subgroups, particularly children. However, the prevalence of disease remains largely unchanged for adults and unequal outcomes for marginalized populations are glaring. Improvements in oral health status remain largely concentrated in higher-income households, while people with lower incomes and people of color continue to shoulder the burden of untreated dental disease and high out-of-pocket costs.

Several structural challenges keep these disparities in place. In part, this is due to our nation's fractured systems of public and private health coverage, which often provides little or no access to dental care for adults. In addition, the prevailing approaches to financing dental care present a higher financial burden than any other category of care, leaving people to pay more than 40% of dental expenses out of pocket. Moreover, the report notes that the dental care delivery system remains largely separate from other systems of care. It also relies heavily on costly surgical interventions rather than evidence-based prevention and disease management approaches that could be more easily delivered by a wide range of providers in community settings.

Policy change is necessary to achieve a more responsive oral health system and drive equity forward

The NIDCR report includes a broad call to action. It notes that continued policy change is critical to eliminate the social, economic, and systemic inequities that keep oral health out of reach for millions of people. The authors further emphasize the need for a more diversified oral health workforce and integrated approach to care to ensure that oral health services are available in non-dental and community settings.

While the report does not include a summary of policy recommendations, authors mention promising practices and policies throughout the document, including:

- **Closing gaps in dental coverage:** Cost remains the primary barrier to accessing dental care and cost barriers have increased in recent years, particularly for low-income people of color. The report makes clear that, to address cost barriers, we must ensure comprehensive dental coverage for all people. This includes making adult dental coverage mandatory in [Medicaid](#) and [Medicare](#); adding oral health services for adults to private insurance offerings through the Affordable Care Act's essential health benefits; and making oral health care available to all [veterans](#) who get their care through the Department of Veterans Affairs. Comprehensive dental coverage has been shown to improve access to care; reduce racial disparities; and prevent costly emergency department visits, while producing cost savings for patients with other chronic conditions.

- **Expand the oral health workforce:** Almost 62 million people across our country live in areas where they cannot get to a dental provider. The inaccessibility of dental care most harms communities of color; tribal communities; people with disabilities; rural communities; and people with low incomes. The NIDCR report repeatedly calls for solutions to bring care to where people are, but notes that state policies often restrict who can deliver care and where. This limits progress toward integrating care and establishing a more representative, culturally competent oral health workforce. The report specifically notes that [dental therapy](#) is one of the most significant innovations to improve access to dental care in the last 20 years. As such, we must support policies that allow for a more diverse, representative, and community-based oral health workforce. Such policies must allow all provider types to deliver care in line with their training across health care settings.
- **Incentivize more accessible, evidence-based and person-centered models of care:** The NIDCR report highlights numerous scientific advances and innovative practices that promise to extend the reach of the oral health care system. These opportunities can also facilitate integration of care and address dental disease in ways that are less traumatic and costly. Such innovations include: the use of teledentistry to make basic care and treatment planning more timely and accessible; non-surgical interventions, like silver diamine fluoride, to manage or reverse dental disease that allow more people to keep their teeth; and the use of integrated electronic health records to facilitate the collaborative management of dental disease and chronic conditions like diabetes by both dental and medical professionals. All of these solutions require additional investment by state and federal policymakers. They also call for reimbursement mechanisms that incentivize providers to better prioritize less invasive and more coordinated approaches to whole-person health.
- **Address the socio-economic root causes of inequity in oral health:** The report is unequivocal in stating the overwhelming impact of social determinants of health on oral health. While individual health behaviors and access to clinical care are vital to a person's oral and overall health, the influence of social determinants like poverty; housing and food insecurity; education; and discrimination are primary drivers of inequity across all domains of health and well-being, including oral health. As such, we cannot achieve oral health equity without advocating for policies that tackle these root causes. This includes incorporating [equity-focused measures](#) into our health care system. It also requires holding health systems accountable for [discriminatory practices](#) that compound existing racial inequities our society.

Effective solutions to improve oral health in America are within reach

The NIDCR's 20-year follow up to the Surgeon General's report on America's "silent epidemic" comes at a critical moment. Communities are continuing to recover from the COVID-19 pandemic, which most devastated marginalized communities due to the depth of structural inequities in health care and other systems across the US. As the new oral health report emphasizes, proven policy approaches that target equity can lift such barriers to health and wellbeing.

Such solutions include expanding dental coverage; strengthening and diversifying the oral health workforce, with advances such as dental therapy; and investing in key dental health technology. The report also made clear that oral health policy strategies must explicitly invest in racial equity and economic justice. Policymakers must take steps that lift systemic barriers to good oral health and promote equity-based change. As one example, this could include advancing quality measures and payment models that specifically focus on access to care for people whom the current dental system leaves behind—including people of color; tribal communities; people with disabilities; rural communities; and those with low incomes, among others.

Oral Health in America: Advances and Challenges provided a sobering assessment of oral health today. But its authors offered a range of effective solutions to promote lasting gains. If policymakers act on these approaches, we can achieve equity in oral health and a better quality of life for all.