



## GUIDE TO ORAL HEALTH DATA SOURCES

This resource provides information on oral health data and sources that advocates commonly find helpful in describing access to care barriers, oral health problems and disparities. This data is also useful for making the case for policy solutions that address these issues. You may also wish to reach out to your state's office of oral health as they may be able to direct you to state-specific publications or data.

### Oral Health Access & Outcomes

#### *Trackers & Point-In-Time Data*

- **Adult Yearly Dental Visit:** The CDC tracks the [percent of adults who have had a dental visit](#) in the past year, by age, education, gender, income, and race. Data are available nationally and by state.
- **Emergency Room Usage for Dental Conditions:** National data is [available here](#) from the ADA but there is no central source for state data on this topic. However, many states track and/or publish data. You may also be able to make a request for Medicaid data from your state (we can guide you on exactly what to ask for if desired).
- **National Oral Health Data and Statistics:** The [National Institute of Dental and Craniofacial Research](#) has published summary data tables on several oral health outcomes and access to care measures sorted by race/ethnicity & age group. In addition, the [National Center for Health Statistics](#) publishes data briefs summarizing national level data on oral health and related health conditions.

#### *Reports*

- **ADA Health Policy Institute - [State Fact Sheets](#):** These state fact sheets from the American Dental Association combine publicly available and one-time survey data on a range of measures related to the oral health care system in each state
- **ADA Health Policy Institute Research Brief (2016) - [Dental Care Utilization Steady Among Working-Age Adults and Children, Up Slightly Among the Elderly](#):** This brief looks at use of dental services among children and adults and includes several key data points:
  - Almost two-thirds of U.S. adults don't see a dentist each year
  - Fewer than half of older adults and children see a dentist each year
  - Across all age categories, low-income people as well as those who are uninsured or publicly-insured, fare worst with respect to use of dental services
- **Centers for Disease Control (CDC) – [Basics of Oral Health](#):** This resource offers basic data points on access to care and oral health for children, adults, and older adults, as well as data on oral health disparities. Key data points include:

- 20% of children have untreated tooth decay and low-income children are twice as likely as higher income children to have cavities
- More than a quarter of U.S. adults have untreated tooth decay
- About 75% of Black, Hispanic, and low-income adults have unmet needs for dental care

## Oral Health Providers

- **Dental Health Professional Shortage Areas (DHPSAs):** The Health Resources and Services Administration (HRSA) tracks how many people live in areas without enough dentists to meet community need. Several data tools are available to access DHPSA data:
  - A Kaiser Family Foundation [DHPSA tracker](#) offers the easiest access to the key datapoints, displaying the number of DHPSAs and the population of people who live in those areas, by state
  - HRSA offers two interactive data tools – [HPSA Find](#) and [Explore HPSAs](#) – which allow DHPSA data to be viewed nationally and by state and/or county (and also track primary care and mental health shortage areas)
- **Scope of Practice Policy:** The National Conference of State Legislatures and the Association of State and Territorial Health Officials tracks the [scope of practice of oral health providers](#) by state, including dental hygienist scope, dental therapist authorization, and the existence of teledentistry statute and/or regulations.

## Medicaid

- **Medicaid Adult Dental Benefits:** The Center for Health Care Strategies (CHCS) tracks [Medicaid coverage of adult dental benefits](#) by state. General information about coverage category by state is available [here](#) and detailed information and sourcing is available [here](#).
- **Children with Medicaid Coverage Utilization:** The Centers for Medicare and Medicaid Services (CMS) requires states to report annually on the number of children who utilized certain services. The data is [available here](#) on Form CMS-416 (scroll to almost the bottom of the page). To calculate the percentage of children in your state who saw a dentist, divide the number of children who “received any dental service” (#12a) by either “the total individuals eligible for EPSDT” (#1a) or “total individuals eligible for EPSDT for 90 continuous days” (#1b). For oral health purposes, the data for ages 1-18 or 1-20 is usually used (as children don’t often see a dentist before age 1). You may wish to check any oral health reports your state has put out in the past to see how it calculated the rate so that you can be consistent.
- **Dentist Participation in Medicaid:**
  - The American Dental Association (ADA) Health Policy Institute (HPI) tracks the [percentage of dentists who accept Medicaid](#) coverage by state. Note that this data tracks the number of dentists enrolled in Medicaid, not the number actually treating Medicaid patients or accepting new Medicaid patients (many states have found significant gaps between those numbers).
  - Advocates in some states have obtained claims data from their state Medicaid agencies and used it to calculate how many dentists are actually treating Medicaid patients. If

you're interested in pursuing that option, we'd be happy to guide you on requesting and/or analyzing the data.

## **Special Populations**

### ***Children***

- **Children's Access to Dental Care Data:** The National Survey of Children's Health (NSCH) collects data on children's health, including oral health, from all 50 states (and DC). Data can be sorted by state or region and also by demographic factors including race, primary language, and income. The [NSCH interactive data tool](#) includes several dental access measures:
  - Yearly dentist visit and yearly preventive dental visit (includes a general preventive visit variable as well as specific variables about type of preventive services children received)
  - Forgone needed dental care
- **Children's Oral Health Outcomes Data:** The National Survey of Children's Health (NSCH) collects data on children's health, including oral health, from all 50 states (and DC). Data can be sorted by state or region and also by demographic factors including race, primary language, and income. The [NSCH interactive data tool](#) includes several oral health measures:
  - Condition of teeth
  - Oral health problems (includes a general oral health problems variable as well as specific variables about toothaches, bleeding gums, and cavities)
- **State-Level Quality of Care Data for Children:** [This resource](#) from the Centers for Medicare and Medicaid Services (CMS) provides state-level data for the CMS Child Core Set of quality measures used to gauge the performance of Medicaid and CHIP programs. Key data points include:
  - A median of 48% of Medicaid and CHIP eligible children ages 1 to 20 received any preventive dental services across 50 states
  - Across 30 states, a median of 23% of Medicaid and CHIP eligible children ages 6 to 9 at elevated caries risk received a dental sealant on a first permanent molar

### ***Pregnant Individuals***

- **Pregnancy Risk Assessment Monitoring System (PRAMS):** PRAMS includes data on a number of [pregnancy-related health indicators](#), including access to oral health care during pregnancy.

### ***Older Adults***

- **Senior Tooth Loss:** The CDC tracks the percent of [older adults who have lost multiple teeth or all their teeth](#) due to dental disease by education, gender, income, and race.

## ***Low-Income Adults***

- **Oral Health Care Utilization and Expenditures for Low-Income Adults:** [This brief from the Center for Health Care Strategies](#) examines use of dental services among low-income adults with Medicaid coverage and includes several key data points:
  - Low-income adults are 40% less likely to see a dentist each year and 2.5 times more likely to have untreated tooth decay than higher income adults
  - Low-income adults are more likely to use dental services if their state has a Medicaid adult dental benefit
  - Offering a Medicaid adult dental benefit has the potential to address racial disparities