

Key Findings

Oral health is an integral component of whole body health. The American Dental Association's Health Policy Institute (HPI) analyzed key aspects of the oral health care system in all 50 states and the District of Columbia. Topics include dental care utilization, self-reported oral health status, knowledge and attitude toward oral health, community water fluoridation, provider reimbursement rates and the supply of dentists.

The data sources, methodology, state-level fact sheets, as well as all of the underlying data used in the analysis are available for download at ADA.org/statefacts.

Key findings from the analysis are summarized below.



Dental Care Utilization

Nationally, the percentage of Medicaid children who visited a dentist within the past year increased from 29 percent in 2000 to 48 percent in 2013. All but one state saw an increase in dental care utilization among Medicaid children. Dental care utilization among children with private dental benefits increased, as well, from 60 percent in 2005 to 64 percent in 2013. In contrast, utilization among adults with private dental benefits decreased slightly over the same timeframe, with the majority of states experiencing a decline.

In 2013, dental care utilization among children with Medicaid dental benefits was highest in Connecticut, while Massachusetts had the highest utilization rate among children with private dental benefits. Among adults with private dental benefits, dental care utilization was highest in Oregon.



Sealants and Community Water Fluoridation

In 2013, 14 percent of Medicaid children ages 6 through 14 in the United States received a dental sealant on a permanent molar. This ranges from 6 percent in Ohio to 24 percent in Massachusetts.

In 2012, approximately 75 percent of Americans on a community water system received fluoridated drinking water. This ranges from 11 percent in Hawaii to 100 percent in the District of Columbia and Kentucky.



Oral Health Status, Knowledge and Attitude

HPI developed a new, innovative composite measure of oral health status based on various self-reported measures. On an index of zero (frequent oral health problems) to ten (no oral health problems), the average oral health status rating for U.S. adults was 7.9 in 2015. This ranges from 7.2 in Alaska to 8.6 in Illinois. High-income adults had an average score of 8.2 compared to 7.2 for low-income adults. The widest gap between high- and low-income adults was in Arizona, while the narrowest gap was in California.

HPI also developed a new, simplified measure of oral health knowledge. Nationally, 50 percent of adults were able to respond correctly to each of the eight general knowledge questions regarding oral health facts. This ranges from 42 percent in

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New Jersey to 60 percent in Colorado and from 44 percent among low-income adults to 52 percent among high-income adults nationwide.

HPI developed a new index measuring attitude toward oral health, and U.S. adults have a positive attitude overall toward oral health. On a scale of -10 to +10, with zero being neutral, the average score was 5.1 nationally. This ranges from 4.3 in Montana to 5.7 in Arizona.



Reimbursement, Supply of Dentists and Medicaid Participation

From 2003 to 2013, Medicaid fee-for-service reimbursement rates for child dental services decreased by 14 percent nationally. This ranges from a decrease of 41 percent in Minnesota to an increase of 82 percent in the District of Columbia. Over the same time period, private dental benefit plan charges increased, on average, by 1.2 percent nationally for child dental services. This ranges from a decrease of 13 percent in Hawaii to an increase of 14 percent in North Dakota. For adult dental services, private dental benefit plan charges decreased by 0.6 percent between 2003 and 2013, ranging from a decrease of 14 percent in Nevada to an increase of 12 percent in North Dakota.

The supply of dentists in the United States increased from 57.3 dentists per 100,000 population in 2001 to 60.5 in 2013. Nationally, 42 percent of dentists participate in Medicaid, with significant variation across states.