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Oral Health Access in the United States: Barriers and Opportunities to Strengthen Oral Health Through Access, Education, and Prevention

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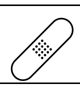
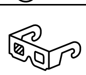
Background: Why Oral Health Matters

For many families, oral health care is not about cosmetic smiles or routine cleanings—it is about managing pain, preventing infection, and ensuring children can eat, speak, and learn without discomfort. While modern dentistry has transformed what is possible for oral health, too many children and adults still experience preventable disease simply because they cannot access timely, affordable care.

Over the past century, major technological and clinical advancements have helped many Americans avoid the widespread tooth loss and gum disease once considered inevitable.[1] Such advancements have contributed to better function, fewer extractions, and an overall improved quality of life for many (see Table 1).

Table 1. Advancements in Oral Health Care

	Fluoride use	Fluoride in the nation's drinking water supply strengthens enamel and prevents cavities[2]
	Tele-dentistry	Digital tools and remote care have boosted access to care for underserved groups[3,4]
	Minimally invasive techniques	Techniques (e.g., laser dentistry) involve less patient pain/discomfort, shorter recovery times, and lower risk of infection[5]
	3D printing in dentistry	3D printing of dental implants, crowns, bridges, and dentures customized for each patient speeds up treatments and improves accuracy[6]

	Artificial intelligence (AI)	The use of artificial intelligence in dental care (e.g., reading dental images to diagnose) can improve accuracy, enhance treatment planning, and cut costs by reducing errors[7,8]

Despite these technological and clinical improvements, progress has not been evenly shared, and preventable oral diseases remain widespread in the United States (U.S.)—particularly among children and underserved communities. For example, tooth decay, commonly known as cavities, remains highly prevalent throughout the life course, occurring five times more often than other serious chronic diseases such as asthma among children.[1]

Oral health extends beyond teeth alone, encompassing the structures that support speaking, chewing, and swallowing,[1] and oral health is increasingly recognized as a key component of overall health. Poor oral health has been linked to chronic conditions such as diabetes, heart disease, and respiratory illness.[13,14]

This brief examines barriers to accessing oral health care and highlights how community health worker (CHW) training programs, including KDHRC's Guardians Receiving Information through Navigators (GRIN), can help reduce persistent gaps—particularly for children, adolescents, and underserved communities.

Importance of Oral Health Across the Lifespan

Common Oral Health Diseases and Their Long-Term Consequences

Cavities

Cavities occur when bacteria attack the tooth's enamel, eventually creating a small hole in the tooth.[15] It remains one of the most pervasive chronic conditions across all age groups.[16–18] In the U.S., more than 40% of young children have untreated cavities in their baby teeth,[19] and 50% of children aged 6 to 9 years old have had at least one cavity in their permanent teeth.[20] Common warning signs of a cavity include toothaches, sensitivity to hot or cold, and pain when biting down.[21]

Early childhood is a critical window for prevention, as oral-health behaviors learned in childhood typically continue into adulthood. Adult oral health also directly influences children's risk of dental diseases: caregivers with poor oral health or limited access to care are more likely to transmit cavity-causing bacteria to children through close contact such as sharing utensils or saliva, and less likely to model positive oral health behaviors like daily brushing and regular dentist visits. Together, these factors contribute to a cycle of poor outcomes across generations.[18,22–24]

Gum Disease

While tooth decay is one of the most common oral health conditions, it is not the only disease that threatens long-term oral health. Another major concern is periodontitis, or gum disease. Gum disease encompasses several conditions with different causes, many of which are linked to preventable lifestyle factors such as smoking, inadequate daily brushing and flossing, and lack of regular professional dental cleanings.[10,13] Early symptoms often include gum inflammation and bleeding; however, without treatment, the disease can progress to bone damage, painful chewing, and eventual tooth loss.[10] It is crucial to seek treatment from a professional to slow down and manage the progression of gum disease.

Tooth Loss

Untreated cavities and gum disease are the two leading causes of tooth loss.[27] Tooth loss can significantly affect diet, speech, self-esteem, and overall quality of life.[27] Although largely preventable, it commonly results from untreated cavities, gum disease, and smoking, and is more likely to occur among people with chronic health conditions such as diabetes, heart disease, or emphysema.[27] While rates of tooth loss have declined over time, certain populations—including older adults, individuals with lower incomes or education attainment, and Black adults—continue to experience disproportionately high rates of complete tooth loss.[27]

Regular preventive dental visits, are among the most effective ways to reduce the burden of these oral health diseases.[27,28] Typically recommended every six months for the general population, though adjusted based on individual oral health needs, preventive visits allow dentists to identify early signs of decay, provide professional cleanings, and address existing oral health issues before they progress into more serious complications.[28,29] Despite their effectiveness, access to routine dental care is far from equitable. Roughly 20% of children[30] and 35% of adults[31] in the U.S. do not receive annual preventive dental appointments, with gaps most pronounced among individuals with lower incomes, people who smoke, and certain racial and ethnic minority groups.[32]

Oral Health as a Gateway to Whole-Body Health

The consequences of limited oral health care extend well beyond the mouth. Access to oral health care supports overall health and well-being, and a growing body of research links oral health conditions to a wide range of health conditions, including cardiovascular disease, respiratory infections such as pneumonia, pregnancy and birth complications, and even certain cancers.[33–37] When oral disease is present, such as untreated cavities or gum inflammation, the bacteria can more easily enter the bloodstream or airways and spread throughout the body. These bacteria can trigger chronic inflammation, which can contribute to a variety of health conditions from respiratory illness and cardiovascular disease to a weakened immune response and even elevated risks for some cancers.[33]

Persistent Oral Health Disparities in the United States

Although oral diseases are common, they affect communities in the U.S. unevenly. Oral health conditions disproportionally burden low-income families and racial and ethnic minority populations, who experience significantly higher rates of untreated decay and lower access to preventive care. These disparities often begin early in childhood and persist into adulthood, reinforcing long-term inequities in health and well-being.

Table 2. Key Oral Health Disparities

28% of Black children (aged 2–5) have experienced tooth decay…

*compared with **18%** of White children.[25]*

In low-income households, 17% of children (aged 2–5) have untreated tooth decay…

*a rate **three times** higher than that of higher-income families.[25]*

From low-income families, 23% of adolescents (aged 12–19) have untreated decay in their permanent teeth…

***double the rate** observed in higher-income youth.[26]*

Preventive measures received at the dentist such as dental sealants – a lasting protective coating painted onto the chewing surfaces of back teeth[38] – are highly effective in preventing future cavities. However, limited access to care, insurance gaps, and lower awareness of preventive services make dental sealants less accessible to low-income children, even though they are among the most effective tools for preventing cavities.[18] Low-income children (aged 6–11) are 20% less likely to receive dental sealants and are twice as likely to have untreated tooth decay compared to their higher-income peers.[39] Racial disparities are also evident: approximately 25% of Black children have untreated decay—nearly double the rate seen among White children—and Black children are about half as likely to receive dental sealants.[40] If sealants were placed on the teeth of an estimated 7 million children (nearly the population of New York City) from lower-income families who do not have them, it could prevent over 3 million cavities and cut dental treatment costs by up to $300 million.[38] Taken together, disparities observed in childhood persist into adulthood, reflecting a consistent pattern in which income, race, education, and access to care shape oral health outcomes across the lifespan.

Barriers That Limit Access to Oral Health Care

Despite major advances in dental treatment and prevention (see Table 1), significant barriers continue to limit access to oral health services, especially among low-income families, rural communities, and other underserved groups.

Geographic and Structural Barriers

Access to dental health professionals varies across the country. A Health Professional Shortage Area (HPSA) is a geographic area, population group, or health care facility designated as having an insufficient number of health professionals, including dental providers. As of 2025, around 64 million people (about twice the population of California) live in a dental HPSA,[41,42] and nearly two-thirds of these areas are in rural regions.[32] Across all age groups, individuals living in rural communities experience poorer oral health outcomes than their urban counterparts.[43] Limited availability of dental providers in rural areas often leads to long wait times, extended travel distances, and delayed or forgone preventive care.[44] These challenges are compounded by built environments that discourage walking or biking and limit access to transportation, creating substantial geographic barriers to care.[45] As a result, preventive dental visits among low-income children and adolescents declined by roughly 10% between 2016 and 2021.[32]

Health Literacy and Awareness

Understanding how oral health affects overall health strongly influences whether individuals recognize problems early and seek appropriate care. Health literacy—defined as a person's ability to locate, comprehend, and apply health information and services to make informed decisions for themselves and others—plays a critical role in this process.[46] In the U.S., health literacy levels remain low, with only about 12% of adults demonstrating proficient skills.[46,47] National survey data indicate that close to half (43%) of U.S. adults are at risk for limited literacy, a burden that falls disproportionately on rural communities, which also experience higher rates of chronic disease and poorer overall health outcomes.[48]

Low health literacy and oral health literacy are linked to poorer oral health. Individuals with limited understanding of oral health information are more likely to experience untreated cavities, gum disease, and related complications. Low health literacy has been associated with reduced use of preventive services, delays in diagnosis, difficulty following care instructions, missed dental appointments, and lacking effective daily hygiene.[44,48] These challenges can contribute to higher rates of tooth decay and gum disease over time. In many communities, lower literacy levels often overlap with areas where high-risk behaviors—such as tobacco, alcohol, and opioid use—are more prevalent, further elevating the risk for gum disease, oral cancers, tooth loss, and dental injuries.[9,49] Educational efforts that improve oral health literacy—particularly those focused on disease prevention, daily hygiene habits, and the importance of early and regular dental visits—are essential. These efforts are especially important for parents, caregivers, pregnant women, rural residents, and other populations facing elevated risk, where improving knowledge and navigation skills can directly reduce preventable health disparities.[44,48]

Financial Barriers

In addition to geographic and knowledge-based barriers, economic constraints remain among the strongest predictors of poor oral health. Many families struggle to afford dental insurance, out-of-pocket costs, or the indirect expenses associated with care, such as time off work or childcare.[44] Among adults, those aged 19 to 64 are especially likely to experience cost-related obstacles to health services; and across all income and age groups, financial barriers are reported more frequently for dental care than for medical visits, prescription medications, vision services, or mental health care.[50] These financial pressures significantly shape patterns of untreated disease:

- Among children aged 2 to 5, untreated decay is two and a half times higher in low-income households than in higher-income ones.[32]
- Six in ten children from low-income families have experienced cavities in their baby or adult teeth, compared with four in ten children from higher-income homes.[32]
- Adolescents from low-income families also face higher rates of untreated cavities than those from higher-income households (14% vs. 8%).[32]

Geographic, health literacy, and financial barriers are interconnected and contribute to delayed care, untreated disease, and long-term health consequences.

Consequences of Limited Oral Health Care Access

When barriers to oral health care exist, the consequences extend well beyond the dental chair, affecting individuals, families, and communities with significant personal, economic, and public health consequences. Each year in the U.S., untreated dental conditions lead to more than 2 million emergency room visits and the loss of roughly 34 million school hours and 92 million work hours, translating to over $45 billion in lost productivity.[52] These losses place strain on families and communities and reduce resources available for essential public services such as education, infrastructure, and job training.

For children, the consequences of untreated dental disease are particularly serious, with effects that can shape their health and development across the course of life. Dental problems can cause pain that disrupts sleep, interferes with concentration, school performance, speech, and self-esteem, and often limits social participation. Tooth pain can also make eating difficult, contributing to poor nutrition and lower body weight.[54] Untreated cavities, especially in permanent teeth, can lead to developmental defects in the enamel. In severe cases, young children may require treatment under general anesthesia to address advanced decay or infection, an outcome that is costly, traumatic, and preventable.[55]

Community-Based Strategies to Reduce Oral Health Barriers

Although oral health disparities remain prevalent, they are not insurmountable. Addressing these challenges requires strategies that extend beyond the dental clinic and into the communities most affected—an area where community health workers (CHWs) are uniquely positioned to make an impact. A CHW is a trusted community member and public health worker who connects individuals to health and social services while providing education, support, and advocacy to improve community health.[56] KDHRC equips CHWs with accessible, evidence-based oral health education through professional development programs like Guardians Receiving Information through Navigators (GRIN). GRIN provides CHWs with the knowledge and resources to conduct effective oral health outreach with parents and guardians, particularly those in underserved communities.

In the fall of 2025, KDHRC led twelve online webinar sessions for CHWs and conducted an evaluation study to assess the program's effectiveness in improving CHWs' oral health knowledge, attitudes, self-efficacy, and intentions to engage in community outreach. KDHRC successfully trained nearly 300 participants on the GRIN program. While a comprehensive analysis of evaluation findings will be presented in a future research brief, early indicators—including strong webinar attendance, high engagement, and positive participant feedback—suggest the program was well received. CHWs reported learning new information about oral health and have since noted they are already applying their new knowledge in their outreach. Building on these encouraging results, KDHRC plans to expand access to oral health education through the finalization and publication of GRIN for public use.

Key strategies for community-based oral health outreach include incorporating basic oral health education into existing programming, strengthening partnerships among dental providers and CHWs, maintaining accessible resources such as dental insurance information, and promoting participation in training opportunities like GRIN. Effective training programs should present oral health information in clear, understandable terms; increase awareness of preventive services; and equip CHWs with practical tools to navigate insurance systems and conduct outreach in underserved communities.

Conclusion

Improving understanding of oral health—and its close connection to overall health—is essential to promoting healthy behaviors and reducing longstanding disparities. Oral health disparities are preventable but only through the collaboration of providers, researchers, educators, CHWs, and community members. Public health training initiatives such as GRIN represent important steps toward closing these gaps. Equally critical, however, is sustained engagement with communities and continued investment in education that empowers individuals to access and use oral health care effectively.

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