CareQuest Institute for Oral Health®

The Dental Home Is Where Good Oral Health Starts

Sociodemographic Factors Associated with Having a Usual Source of Dental Care

If you woke up tomorrow with a toothache, a broken tooth, or another oral health problem, who would you call? If your answer is something like "my dentist" or "the dental clinic I've been going to for a while," then you have a *dental home*.

A dental home, or usual source of dental care, refers to a dental practice or clinic where a person has an ongoing relationship with an oral health care provider. Individuals without a dental home who have an urgent dental problem may find themselves calling several dental offices and clinics to find a dentist to see them, traveling long distances to receive dental care, seeking dental care in an emergency department, or forgoing care altogether.

Adults with a dental home are more likely to have had a dental visit in the prior 12 months than those without a dental home. Mothers of young children are more likely to have had a dental cleaning and less likely to have had a tooth extracted at their last dental visit when they have a dental home. On average, children with an established dental home have less dental decay and gingivitis (gum disease), and are more likely to consume fewer sugary beverages and snacks in comparison with those without a dental home.

The goal of this study was to determine in what types of dental practices US adults regularly seek dental care — their dental home — and the sociodemographic factors associated with the type of dental home they use.

Adults participating in the nationally representative 2024 State of Oral Health Equity in America (SOHEA) survey (N=9,307) reported whether they have a dental home and the setting in which they receive care (private practice, dental service organization (DSO), community health center (CHC), other, or don't know). This report explores the relationship between dental home setting and factors such as annual household income, dental insurance, education level, and homeownership.

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Who Does or Does Not Have a Dental Home?

Seventy-six percent of adults in the 2024 SOHEA survey report having a dental home. A higher percentage of adults identifying as female (81%) report having a dental home than adults identifying as male (77%). Four out of five adults identifying as Asian/Pacific Islander, non-Hispanic (81%) report having a dental home, followed by adults identifying as white, non-Hispanic (79%), Black, non-Hispanic (73%), two or more races, non-Hispanic (72%), and Hispanic (66%).

Seventy-six percent of adults in the 2024 SOHEA survey report having a dental home.

Adults with dental insurance are more likely to have a dental home (85%) than those without dental insurance (62%). In particular, 87% of adults with private dental insurance have a dental home, followed by 83% of adults with Medicare Advantage insurance or with "other" dental insurance, and 73% of adults with Medicaid coverage.

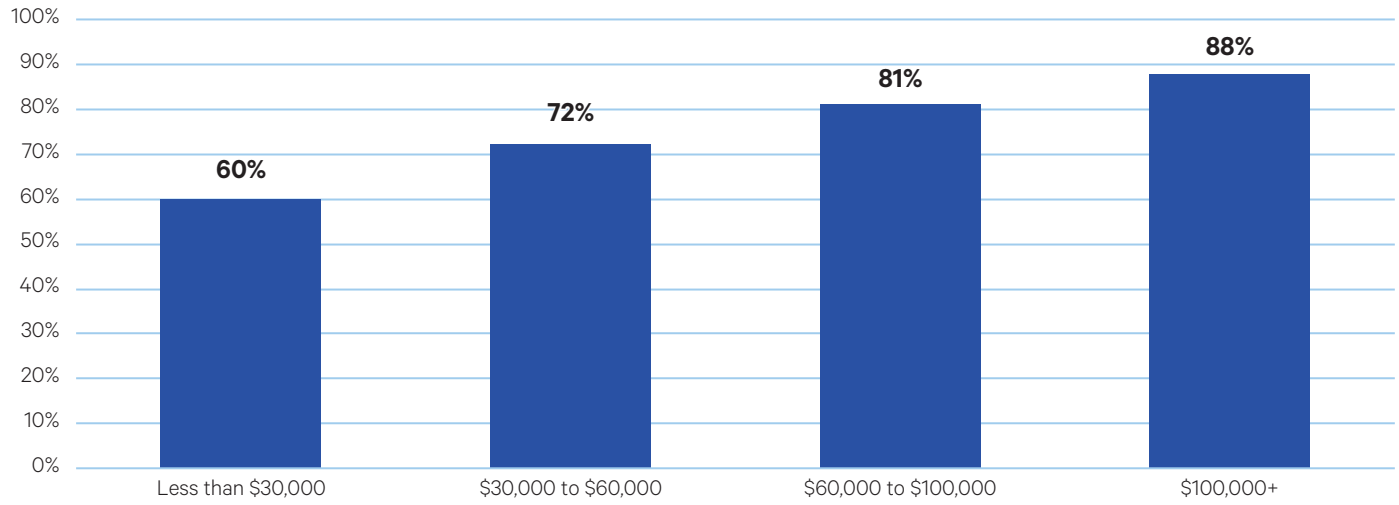
The percentage of adults who report having a dental home increases with age: 63% of adults aged 18–29 report having a dental home, compared with 73% of those aged 30–44, 76% of those aged 45–59, and 85% of those aged 60 or above. The percentage of adults who have a dental home also rises with income: 60% of adults earning less than $30,000 per year report having a dental home, compared to 88% of those earning $100,000 or more annually.

Of the 24% of adults who say they do not have a dental home, adults identifying as male are more likely to lack a dental home (23%) than adults identifying as female (19%). Nearly one third of adults aged 18–29 do not have a dental home (32%), followed by 23% of adults aged 30–44, 22% of those aged 45–59, and 14% of those aged 60 or above.

Twenty-eight percent of adults identifying as Hispanic report not having a dental home, followed by 24% of adults identifying as two or more races (non-Hispanic), 22% of Black, non-Hispanic adults, 22% of those identifying their race/ethnicity as "other," 18% of white, non-Hispanic adults, and 15% of those identifying as Asian/Pacific Islander, non-Hispanic.

Thirty-eight percent of those without dental insurance do not have a dental home, more than twice the percentage of adults with dental insurance (15%). Specifically, 38% of adults without dental insurance do not have a dental home, followed by 27% of adults with Medicaid/CHIP coverage, 17% of those with "other" dental insurance or Medicare Advantage coverage, and 13% of adults with private insurance. Relatedly, as adults' income increased, the percentage reporting not having dental insurance decreased: 32% of adults earning less than $30,000 annually did not have dental insurance, followed by 24% of those earning $30,000 to $60,000, 17% of adults earning $60,000 to $100,000, and 11% of adults earning $100,000 or more each year.

Figure 1. Having a Dental Home by Annual Household Income



What Types of Dental Homes Do Adults Use?

Nearly four out of five adults who report having a dental home report regularly seeking dental care in a private practice setting (78%), followed by 14% who receive care through a DSO, 4% from a CHC, 3% who say they do not know what kind of dental home they have, and 1% who report "other." Survey respondents' dental home settings do not differ by gender identity, with males and females seeking care at similar rates across private practice (80% to 76%), DSO (14% to 15%), and CHC settings (3% to 4%).

As adults age, the percentage of those seeking care in private dental practices increases compared to other types of dental homes. While 66% of adults aged 18–29 report that their dental home is a private dental practice, that number rises to 83% for adults aged 60 or older. Conversely, younger adults are more likely to receive dental care through DSOs and CHCs than older adults. Among adults aged 18–29, 21% seek care in DSOs and 5% in CHCs. For those aged 60 and older, the corresponding figures are just 10% and 2%, respectively.

Figure 2. Type of Dental Home

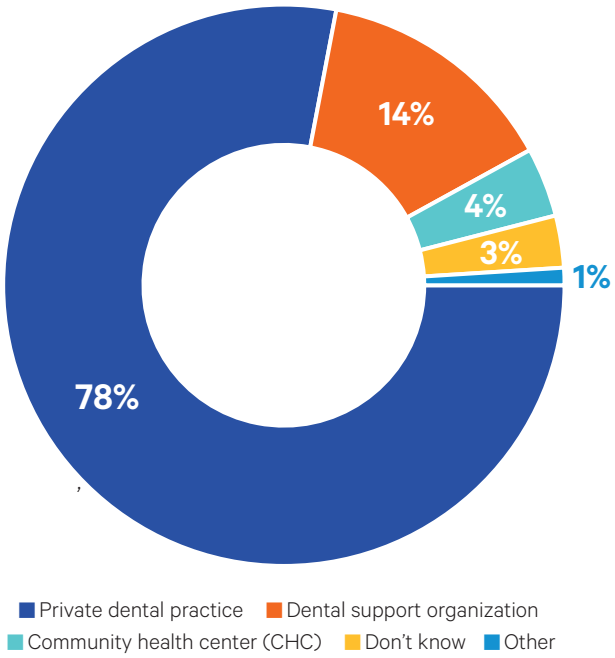


Figure 3. Type of Dental Home by Age

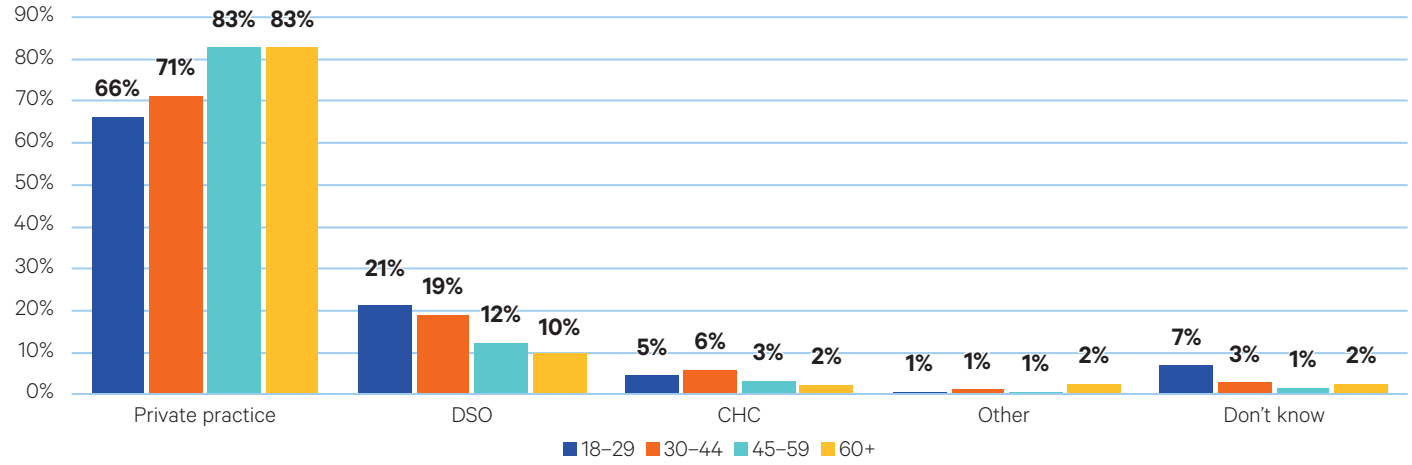
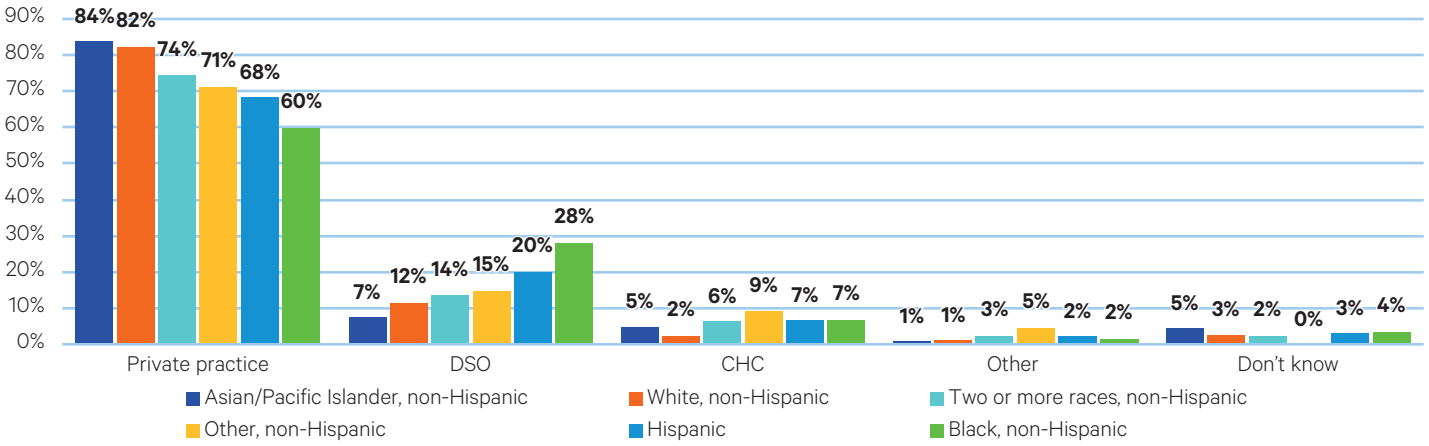


Figure 4. Type of Dental Home by Race/Ethnicity



Adults identifying their race/ethnicity as Asian, non-Hispanic report receiving dental care in private practices at the highest rates (84%), followed by those identifying as white, non-Hispanic (82%), two or more races, non-Hispanic (74%), other, non-Hispanic (71%), Hispanic (68%), and Black, non-Hispanic (60%). An inverse pattern is observed for those seeking care through a DSO. Twenty-eight percent of adults identifying as Black, non-Hispanic report a DSO as their dental home, followed by those identifying as Hispanic (20%), other, non-Hispanic (15%), two or more races, non-Hispanic (14%), white, non-Hispanic (12%), and Asian, non-Hispanic (7%).

Eighty-five percent of adults who report being retired seek dental care through a private practice, followed by 80% of paid employees, 78% of self-employed adults, 67% of adults who identify their non-working status as "other," 62% of adults currently looking for work, 59% of adults who report being disabled, and 58% of adults experiencing a temporary layoff from work. For those who seek care at a DSO, an inverse trend appears: 31% of laid-off adults seek care in this setting, followed by 21% of adults who identify their non-working status as "other," 21% of those currently looking for work, 19% of adults identifying as disabled, 15% of paid employees, 12% of self-employed adults, and 9% of retired adults. One in ten adults who are looking for work (10%) or who identify as disabled (10%) report receiving care through a CHC.

As income increases, so does the percentage of adults who report their dental home is a private practice. Among adults earning $30,000 or less annually, only 54% receive care in a private practice, compared to 89% of those earning $100,000 or more. Conversely, the percentage of adults seeking care in DSOs and CHCs decreases as income rises. Compared to those earning $100,000 or more, a greater share of those earning $30,000 or less seek care in DSOs (24% vs 9%) and CHCs (12% vs. 1%).

Figure 5. Type of Dental Home by Employment Status

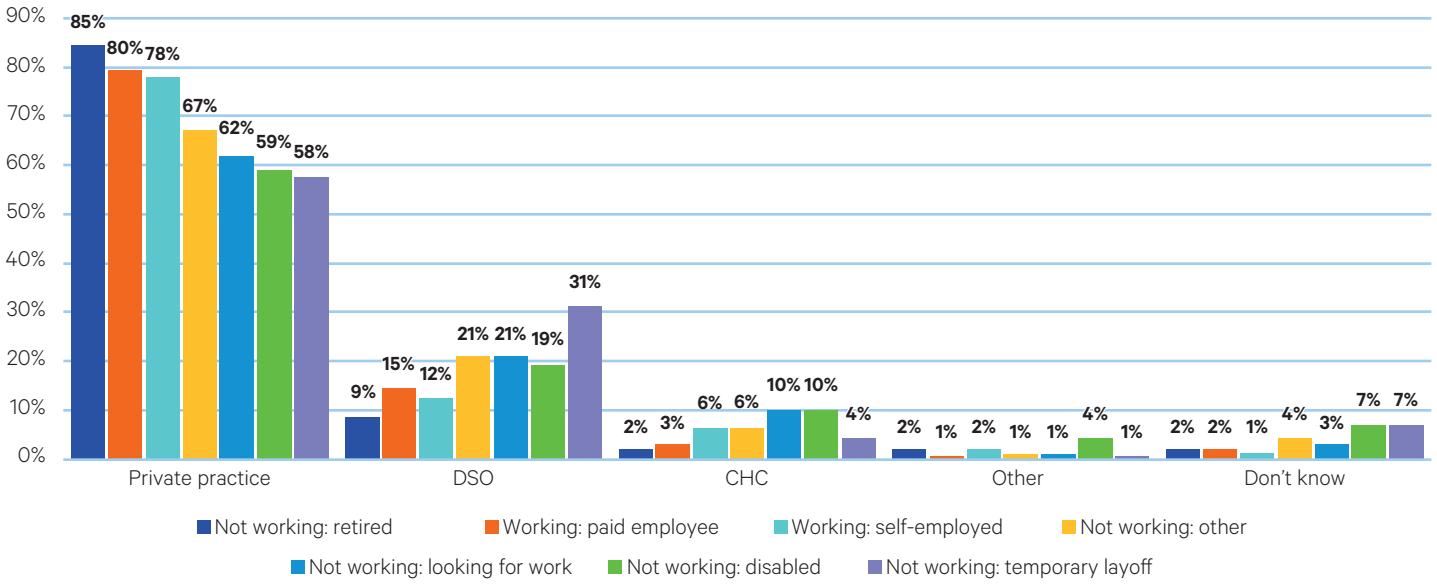


Figure 6. Type of Dental Home by Annual Income

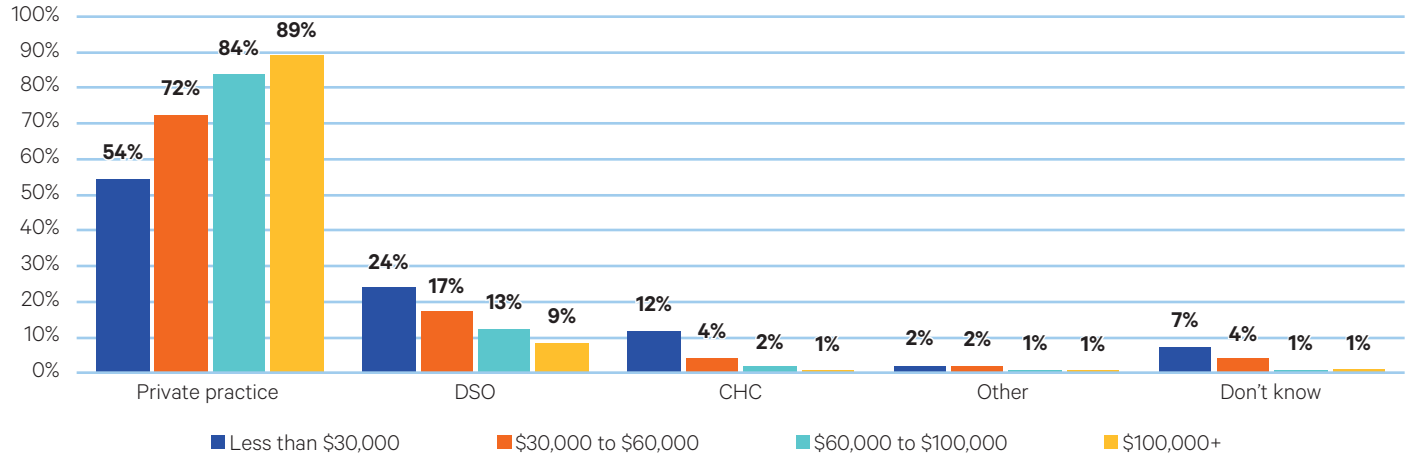
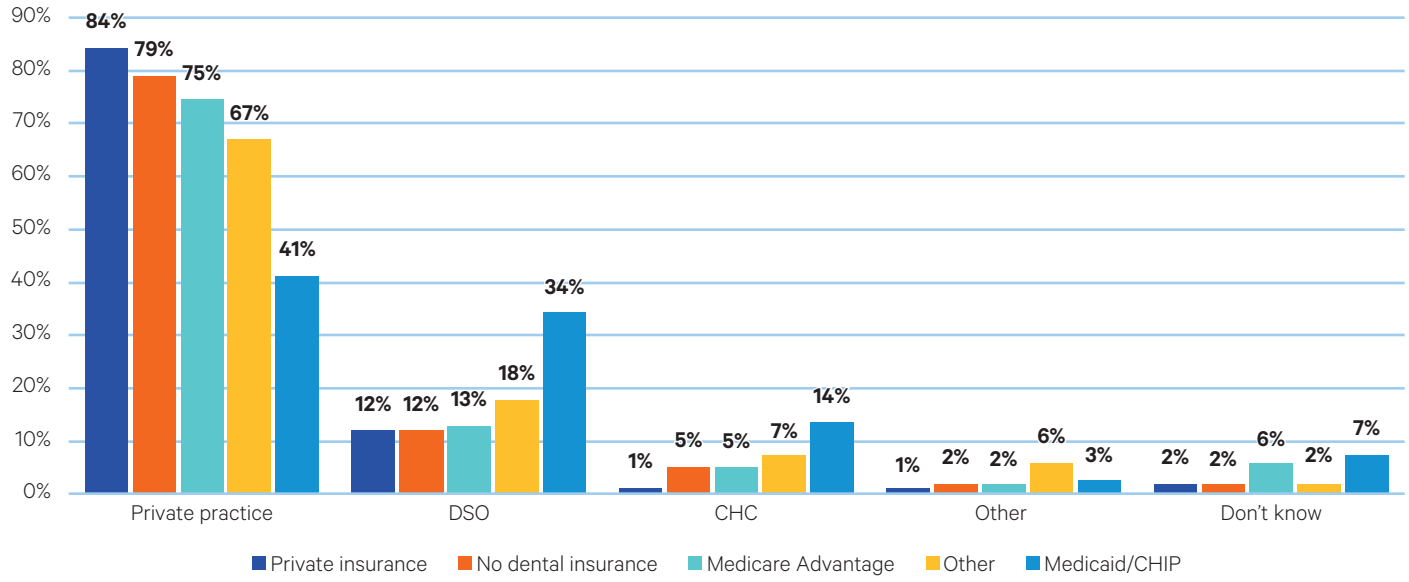


Figure 7. Type of Dental Home by Insurance Type



Eighty-four percent of adults who have a dental home and have private dental insurance seek dental care in a private dental practice, followed by 79% of adults without dental insurance who seek care in a private practice, 75% of those with Medicare Advantage dental coverage, 67% of adults with "other" dental insurance, and 41% of adults with Medicaid/CHIP dental insurance. Meanwhile, about one in ten adults with private insurance (12%), no dental insurance (12%), or Medicare Advantage (13%) found their dental home in a DSO, compared to 18% of adults with "other" dental insurance and more than one third (34%) of adults with Medicaid/CHIP. Conversely, 14% of adults with Medicaid/CHIP dental coverage say their dental home is in a CHC, compared to 7% of those with "other" dental insurance, 5% of adults with Medicare Advantage or without dental insurance, and 1% of those with private dental insurance.

As education levels increase, so does the percentage of adults seeking care in private dental practices. Adults with less than a high school education are less likely to seek care in private practices (54%) compared to those with a postgraduate or professional degree (89%). They are also more likely to receive care from DSOs (33%) and CHCs (8%) than adults with a postgraduate or professional degree (7% and 1%, respectively).

Figure 8. Type of Dental Home by Education

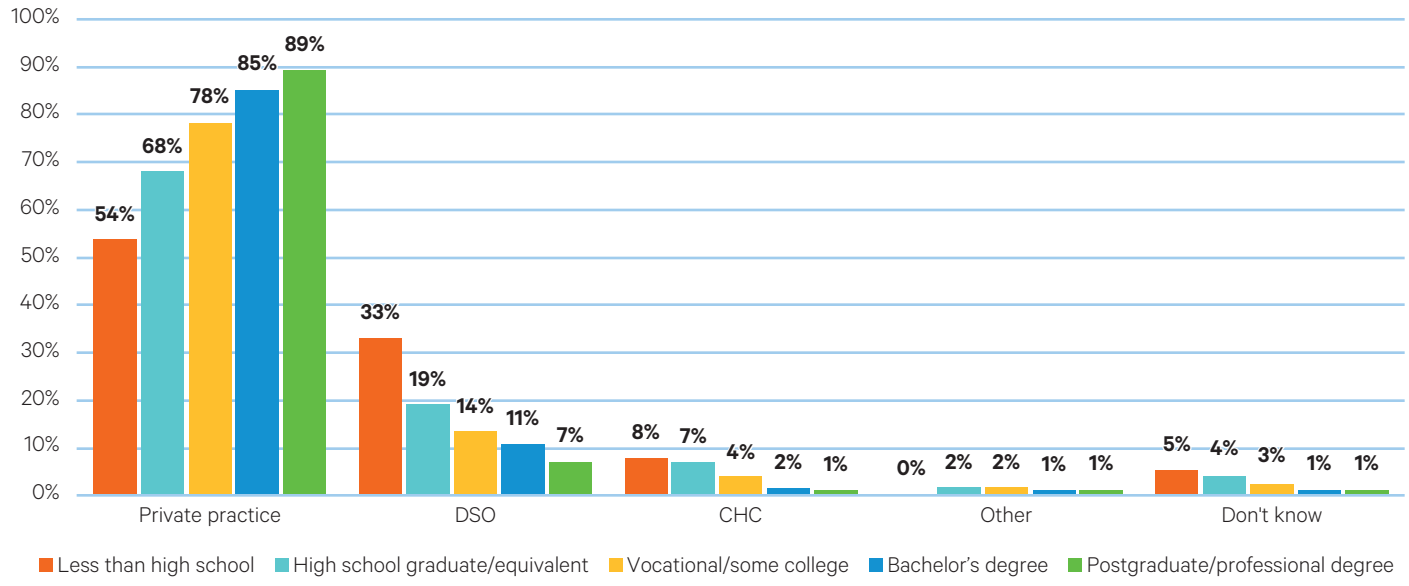
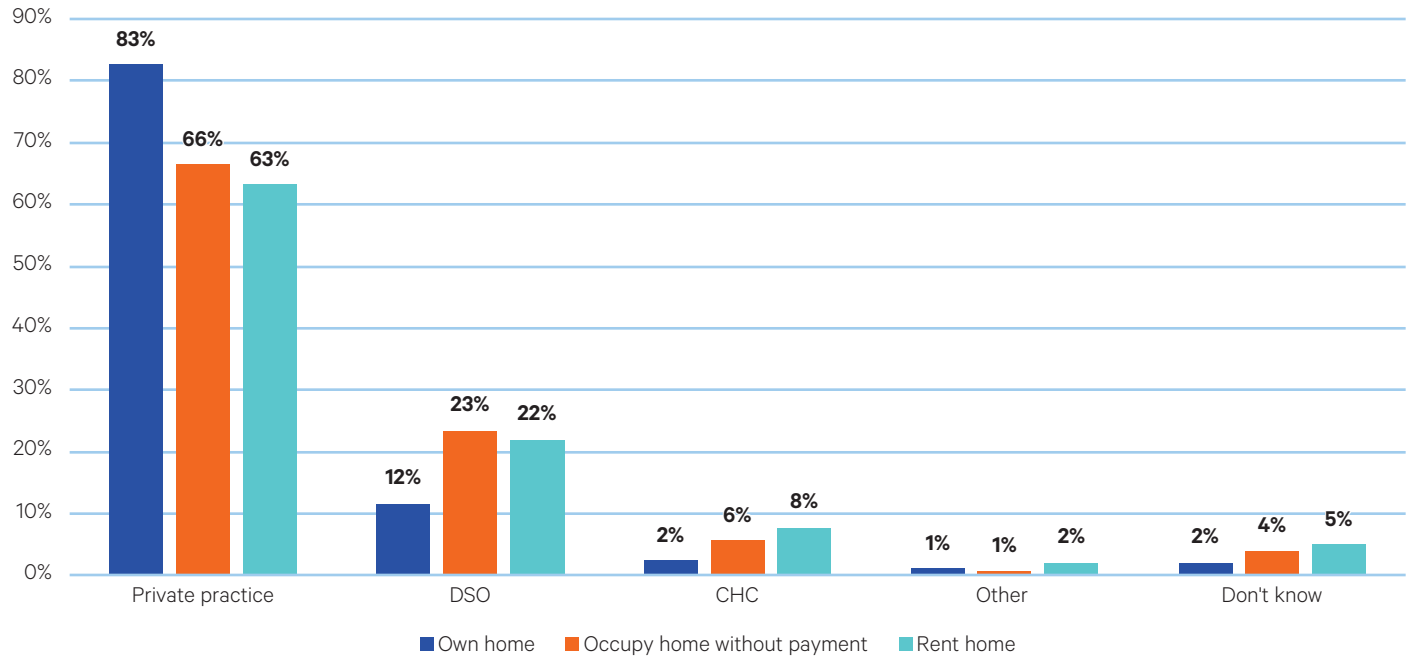


Figure 9. Type of Dental Home by Home Ownership



Adults who own their home are more likely to seek care in private dental practices (83%) than are those who live in a home without owning or paying rent (66%) or those who rent (63%). Adults who occupy their home without payment or who rent their home or are more likely to seek care in DSOs and CHCs than adults who own their home.

Adults who own their home are more likely to seek care in private dental practices (83%) than are those who live in a home without owning or paying rent (66%) or those who rent (63%).

There was no significant difference in the percentage of adults seeking care in a private dental practice between those identifying as male (80%) or female (77%). Similarly, no gender-based differences were observed in other dental home types (e.g., DSO, CHC). There were also no significant differences in dental home type based on whether adults lived in metropolitan or non-metropolitan areas.

Conclusions

The results of this survey indicate that, in 2024, approximately three quarters of adults surveyed report having a dental home where they receive regular dental care. While most adults identify their dental home as a private dental practice, those with lower incomes and less education are more likely to seek care in DSOs and CHCs than their counterparts with higher incomes and more education. These findings highlight the role of diverse types of high-quality dental homes in supporting access to care across a range of socioeconomic statuses. Specifically, these results suggest that if only private dental practices are available to serve as dental homes, individuals with lower income and education levels may have difficulty establishing a regular source of dental care.

Regular oral health care is essential not only for achieving and maintaining optimal oral health but also for supporting overall health. Because oral health and overall health are inextricably linked, access to regular dental care is critical for maintaining both. The significant percentage of individuals in this survey who seek care in DSOs and CHCs highlights the importance of dental care sources that accept public forms of dental insurance, including Medicaid and Medicare, and care settings that accommodate uninsured individuals, such as those offering sliding fee schedules.

Because oral health and overall health are inextricably linked, access to regular dental care is critical for maintaining both.

One quarter of the adults surveyed do not have a dental home. These individuals may seek care through local government-funded clinics (e.g., health departments) or may not receive dental care at all. They may be more likely than those with a dental home to seek dental care in an emergency department (ED) setting. ED visits for dental concerns tend to be more costly and do not typically result in definitive treatment for issues such as decay or injury. There may be opportunities to reduce the frequency of ED-based dental care through enhanced access to regular dental services. For example, referral partnerships between hospital EDs and dental providers could facilitate more appropriate care pathways for dental emergencies. Shifting dental care away from EDs may offer cost savings — estimated at $1.7 billion annually — and improve oral health outcomes for adults across the US.

Methodology

The State of Oral Health Equity in America survey is a nationally representative survey of adults' attitudes, experiences, and behaviors related to oral health. The study was designed by CareQuest Institute for Oral Health. Information was collected by NORC at the University of Chicago from March through May 2024, from adults 18 and older on the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the US household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, non-zero probability of selection from the NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. An additional general population sample was selected at the state level to increase the number of complete interviews for individual state oversamples. In 2024, a sampling unit of 22,448 was used, with a final sample size of 9,307 and a final weighted cumulative response rate of 41.5%. All data presented account for appropriate sample weights. The margin of error for the survey is 1.44%. All results presented are statistically significant at the $p < 0.05$ level unless otherwise noted.

Respondents were asked, "Do you have a single dentist or dental office that is your usual source of dental care?" Those who responded "yes" were considered to have a dental home and were then asked, "What kind of dental office is your usual source of dental care?" Options included private practice, dental service organization or practice affiliated with a franchise, community health center, other, and don't know. Chi-square analyses were conducted to evaluate statistical significance between groups on the variables of interest. All bar graphs in this report represent statistical significance at a minimum level of $p < 0.05$. As this survey was administered after the expiration of the COVID-19 public health emergency (PHE) declaration in May 2023, these results do not reflect any loss of dental benefits through Medicaid or other sources due to the PHE expiration. While the cross-sectional nature of these data does not allow for causal conclusions to be drawn, future research should focus on examining underlying factors (e.g., insurance coverage, demographic factors, and other socioeconomic factors) that may help further explain these findings.

Suggested Citation:
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