

The Hour of Need

Productivity Time Lost Due to Urgent Oral Health Needs

State of Oral Health Equity in America 2023

Adults in the United States (US) Lose More than 243 Million Work or School Hours Annually for Their Own and Others' Oral Health Problems

Oral health problems — including oral pain — significantly affect the person experiencing them. Individuals with oral pain (pain anywhere in the oral cavity) often [change how and what they eat, sleep poorly, and have difficulty concentrating](#). Individuals with lower incomes, without dental insurance, and with less education are more likely to [experience a greater impact on their daily activities](#) due to oral health problems and unplanned dental visits. Adults with oral pain and untreated tooth decay are significantly more likely to experience a [decrease in productivity](#). Lost productivity time due to untreated dental disease costs the US an estimated [\\$45 billion each year](#).

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Through its annual, nationally representative State of Oral Health Equity in America (SOHEA) survey, CareQuest Institute for Oral Health® surveyed 5,240 adult health care consumers in January–February 2023 inquiring whether they had missed work or school (identified in this report as “productivity time” or “productive hours”) due to their own oral pain (please see the Methodology section for survey question details). In a separate question, respondents were asked if they missed productivity time due to their own unexpected dental visits in the past year. Parents were also asked in a single question whether they missed productivity time due to their children’s oral pain or unexpected dental visits. In a separate question, caregivers were asked about losing productivity time due to oral pain or unplanned dental visits of adults in their care who lived with them during the past year. Respondents who reported losing productivity time were also asked to estimate how many productive hours they had lost due to their own or others’ oral health problems in the past year. Estimates based on these survey results suggest that adults lose a substantial number of productive hours due to both their own dental issues and the dental problems of others in their care.

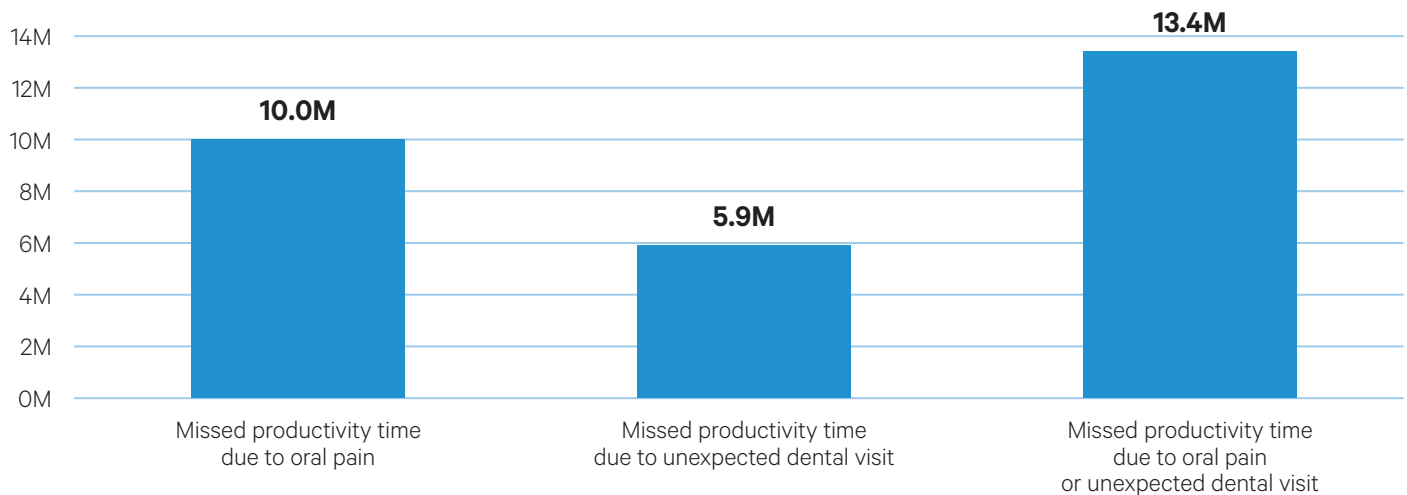
More than 13 Million Adults Lost More than 187 Million Total Productive Hours Due to Their Own Dental Issues

Four percent of respondents (4.0%) — corresponding to approximately 10 million adults in the US — missed at least some productivity time due to their own oral pain, according to SOHEA results. As a result of oral pain, these adults missed an estimated total of 160.7 million productive hours, for an average of 16 hours missed for each adult among those who reported losing productivity time due to oral pain. For every two adults who missed productivity time due to oral pain, approximately one adult missed productivity time due to an unexpected dental visit. An estimated 5.9 million adults (2.3% of survey respondents) lost an estimated total of 41.1 million hours of productivity time due to an unplanned dental visit, for an average of seven missed hours for each adult who reported missing time for a dental visit. This estimate is lower than that found in a study of 2008

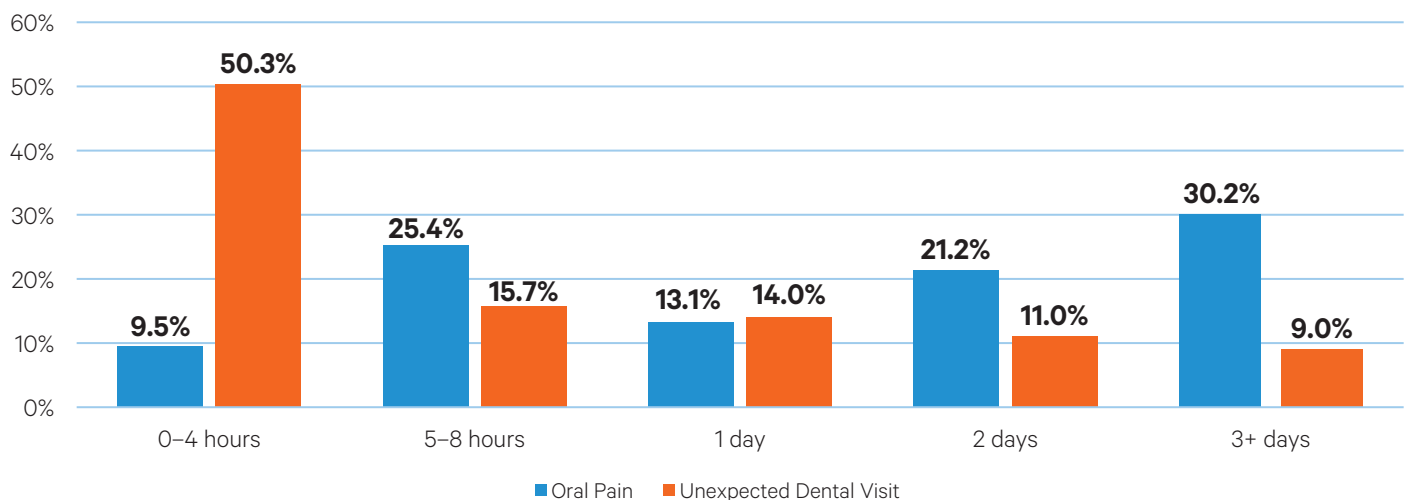
National Health Interview Survey (NHIS) data, which found that [adults lost 92.4 million hours for unplanned dental care](#). An estimated 13.4 million adults (5.2% of survey respondents) missed 182.6 million hours for either oral pain or an unplanned dental visit, averaging 14 hours for each adult missing time for oral pain or an unexpected dental visit.

For adults who missed productivity time due to oral pain, more than half (51%) reported that they lost two or more days' worth of productivity time. Meanwhile, two-thirds (66%) reported missing less than one day (eight hours or less) of productivity time due to an unexpected dental visit, suggesting that adults miss more productivity time as a result of oral pain than unplanned dental care.

Number of Adults Losing Productivity Time Due to Oral Pain or an Unexpected Dental Visit



Percentage of Adults Reporting Missing Productive Hours Due to Their Own Oral Pain and Unexpected Dental Visits in the Past Year



Nine Million Adults Lost More than 60 Million Total Work/School Hours Due to Others' Oral Health Problems

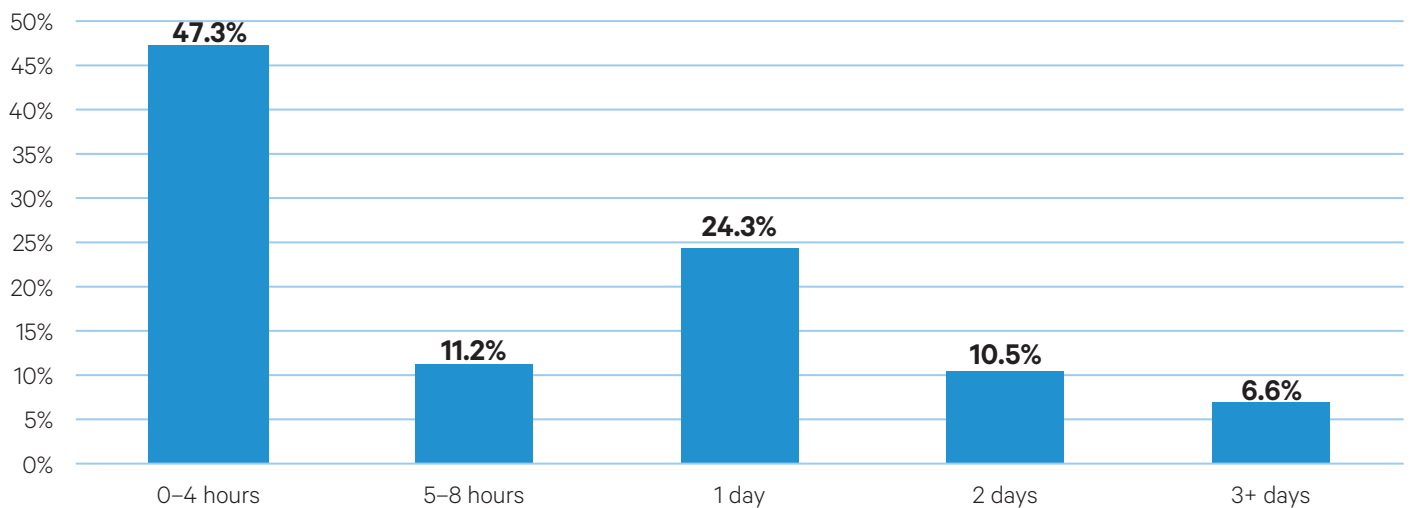
More than one-quarter of respondents (28.4%) are parents or legal guardians of minors under the age of 18 who are living with them. Approximately 5.7 million parents/guardians (2.2% of all respondents, 7.7% of parents/guardians) missed an estimated total of 38.5 million productive hours due to their children's oral pain or unplanned dental visit. More than half of parents/guardians (58.5%) missed less than one work day of productivity time due to their children's dental problems.

Almost one in 10 (9.2%) of SOHEA survey respondents have caregiving responsibilities for another adult over the age of 18 living in the home with them (whether in a formal, paid capacity, informal, unpaid capacity, or other arrangement). Approximately 3.3 million adults (1.3% of all respondents, 14.4% of caregivers) said that, in the past year, the person for whom they care

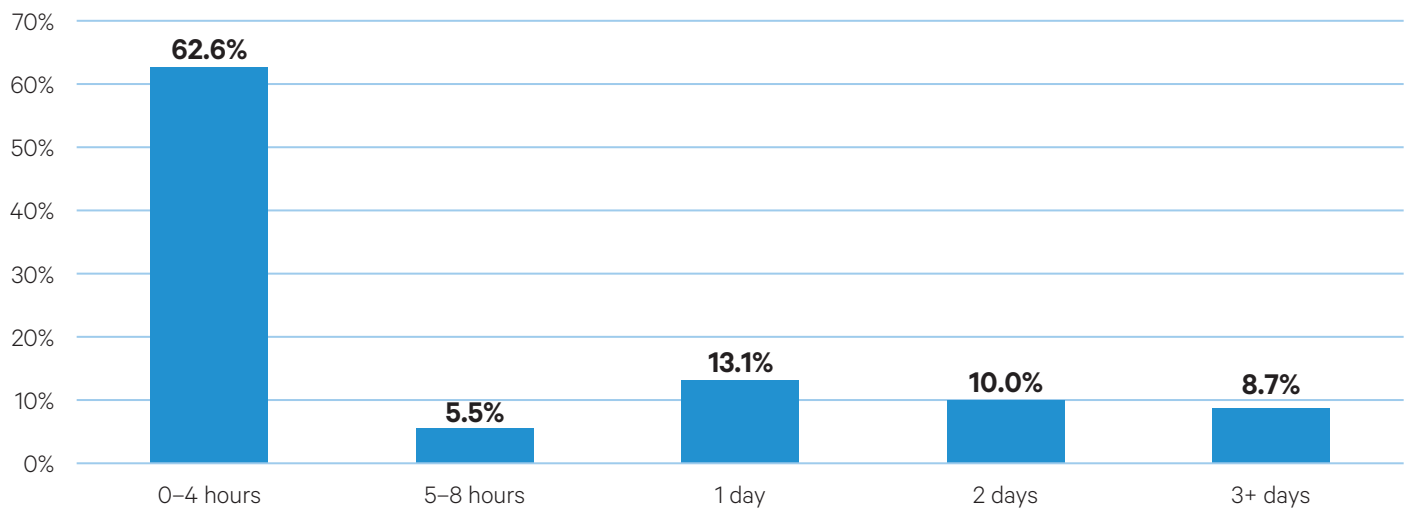
had oral pain or an unexpected dental visit. These caregivers reported missing an estimated total of 22 million hours of productivity time as a result of either taking those for whom they care to an unplanned dental visit or staying home with them due to their oral pain. More than two-thirds of caregivers (68.1%) missed less than a day of productivity time due to another adult's dental problems.

Adults in the survey reported missing productivity time for their own oral pain or unplanned dental visits (182.6 million hours) and the oral pain or dental visits of children (38.5 million hours) or adults (22 million hours) in their care. We can therefore estimate that US adults miss more than 243 million hours (243.1 million) annually for their own or others' oral health problems.

Percentage of Parents/Guardians Missing Productive Hours Due to Children's Oral Pain or Unplanned Dental Visits in the Past Year



Percentage of Caregivers Missing Productive Hours Due to Other Adults' Oral Pain or Unplanned Dental Visits in the Past Year



Factors Associated with Time Lost

Our survey results found that some adults were more likely to miss productivity time due to unexpected dental visits. Missing productivity time was significantly associated with identifying as female, Hispanic, or having to travel 45 minutes or more to see a dental provider. Being at least 60 years old, or unemployed, made adults significantly less likely to report missing productivity time for unexpected dental visits, as they are more likely to be retired or otherwise do not have job obligations to miss. These results suggest that lost productivity time can disproportionately affect younger, employed individuals with greater caregiving responsibilities. Adults who are [less able to afford dental care](#), such as those with lower-paying and hourly jobs, are more likely to lose more work hours due to unexpected dental visits than those in higher-paying, salaried occupations. Those in lower-paying jobs are also [less likely to have employer-sponsored dental insurance](#), further limiting their options to receive oral health care. Individuals with a lower socioeconomic position are at higher risk for both losing productivity time and [experiencing more days of restricted activity](#) due to oral pain. In other words, those who can least afford to miss time away from work or school due to oral health problems are the most likely to do just that.

Missed work and school time for oral health problems not only affects the individual with dental disease, parents, and caregivers, but schools and employers also suffer when their

students and employees are unable to be fully engaged. Although this report focuses on time missed by adults due to dental problems, prior research using 2008 NHIS data estimates that children in the US miss approximately [34 million hours of school each year](#) due to unplanned dental care for acute dental problems. Furthermore, lost productivity time due to untreated dental disease costs the US an estimated [\\$45 billion each year](#).

Efforts to increase access to local, convenient, and affordable oral health care can help mitigate the impact of oral health problems on work and school time. Increasing the [number of oral health professionals working in rural](#) and other health provider shortage areas can reduce the amount of time required to travel for care, thus limiting time away from work and school. [Integrating medical and dental care](#) in collocated clinics can help physicians identify dental disease before it becomes a painful emergency and can help facilitate timely referrals to oral care; such referrals and warm handoffs can be beneficial for both children and adults. Providing [minimally invasive care](#) can arrest dental caries in early stages during planned, scheduled dental visits, thus averting dental emergencies that require unexpected time away from work or school. Addressing the oral health problems that lead to missed productivity time benefits not only individuals but also families, society, and the overall economy.

Methodology:

The State of Oral Health Equity in America is a nationally representative survey of consumer and patient attitudes, experiences, and behaviors related to oral health. It was designed by CareQuest Institute for Oral Health. The survey was administered in January and February 2023, to adults aged 18 and older, by NORC at the University of Chicago as part of 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, nonzero probability of selection from the NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. A sampling unit of 18,521 was used with a final sample size of 5,240, for a survey completion rate of 28.3% and a final weighted cumulative response rate (through all phases of panel recruitment and retention and survey completion) of 4.4%. All data presented account for appropriate sample weights.

We used data from the US Census to project estimates from the survey to the adult population of the US by multiplying the weighted percentages for each question by 257,463,251 (the estimated US population aged 18 and above in February 2023; [National Population by Characteristics: 2020–2022 \[census.gov\]](#); Monthly Postcensal Civilian Noninstitutionalized Population). Respondents were asked to select the number of hours or days lost due to their own oral pain and their own unplanned dental visits (two separate questions) within the last year, from a range (e.g., 1–4 hours, 5–8 hours, one day, two days, three or more days). We opted to use a conservative approach when estimating the average number of hours/days lost and used the smallest number of hours to represent each range. For example, adults reporting 1–4 hours lost were said to have lost one hour. One day lost was reported as eight hours; two days was reported as 16 hours, and three or more days was reported as 24 hours. We presented regression analysis results for missed time due to unplanned dental visits controlling for demographics such as age, gender, race/ethnicity, household income, employment status, dental insurance, geographic location (urban, rural, suburban), level of education, and distance traveled to receive oral health care.

Parents/guardians for children under the age of 18 were identified as those who responded “yes” to the question, “Are you the parent or legal guardian of any of the minors under the age of 18 that are living with you?” Caregivers for adults were identified as those who responded “yes” to the question, “Do you have caregiving responsibilities for another person or people who are over the age of 18 and need help taking care of themselves who live with you more than half of the time?” Therefore, we were unable to distinguish whether a caregiver was caring for a family member in an unpaid capacity, caring for an unrelated adult in their home in a paid capacity, or caring for another adult through another arrangement. Parents/guardians were asked in a single question how many hours they had missed due to their child’s oral pain or unplanned dental visits. Similarly, caregivers of adults were asked in a single question how many hours they had missed due to the oral pain or unplanned dental visits of the adult in their care. Therefore, we were unable to differentiate between hours lost for oral pain versus unplanned dental visits for children or adults requiring caregiving. Additionally, because survey respondents included only adults, we did not calculate estimates for children’s time away from school due to oral pain or dental visits.

Suggested Citation:

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