



COLORADO
Department of Public
Health & Environment



ORAL HEALTH IN COLORADO *by the numbers*

Diverse communities call Colorado home.

Across the state, Coloradans talk about how their communities offer connection and support. People identify communication and education as sources of strength. These connections enable people to get information from trusted members in their own community like school staff, faith leaders, resource centers, families and friends. These relationships contribute to the resilience communities demonstrate as they confront barriers to optimal oral health.

The challenges Colorado communities face are as varied as the landscape. Each

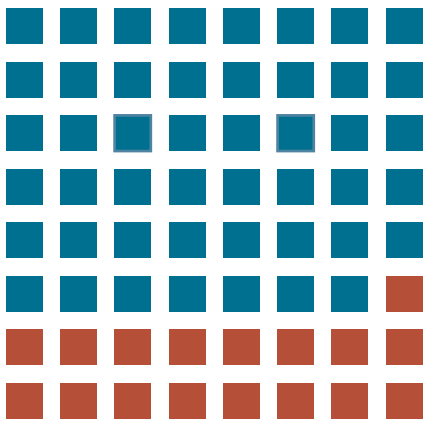
encounters unique barriers that contribute to state-wide inequities. Factors including insurance status, cost, region, language, and cultural variations impact social determinants of health for people across Colorado.

Coloradans are more likely to have poor oral health if they encounter barriers such as earning low wages, are not covered by insurance, are a racial or ethnic minority, have immigrated recently, have disabilities, or live in a rural community. The following infographics highlight factors that may contribute to oral health disparities.



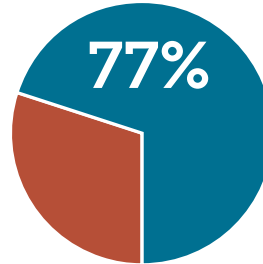
Regional Disparities

CARE SHORTAGE



47
out of
64

Colorado counties are designated as either geographic or low-income population Dental Health Professional Shortage Areas (HPSA)



of Colorado's rural or frontier counties are designated as Dental Health Professional Shortage Areas

23

counties do not have a dental hygienist who accepts Medicaid¹

13

counties do not have a dentist

11

counties do not have a hygienist



"Rural populations have a lower supply of dentists, receive less dental care for adults and children, and have higher rates of tooth loss for adults. They are also more likely than urban populations to have inadequately fluoridated drinking water[...] and have lower health literacy." — [Colorado Rural Health Center, 2022](#)

1. Between 1/1/2023 -6/30/2023

1:1,476

Ratio of dentists to residents in Colorado

1:1,320

Ratio of dental hygienists to residents in Colorado

Clinical treatment capacity is unevenly distributed across the state





Economy, Race and Culture

Social determinants of health (including economic stability, neighborhood and built environment, education access and quality, social and community context, and health care access and quality) are directly related to oral health. Hispanic/Latino community members and those in low-wage earning households experience poorer oral health than their white and higher-income counterparts.

LANGUAGE BARRIERS

Though the state is becoming more diverse, the dental profession remains overwhelmingly comprised of White, non-Hispanic professionals who often only practice in English.



315,000

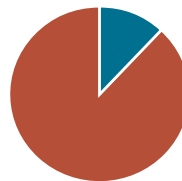
Coloradans speak English "less than very well," which result in additional barriers to navigating insurance and health care.³



21%

of dentists with an active license are over age 60.⁴

12%

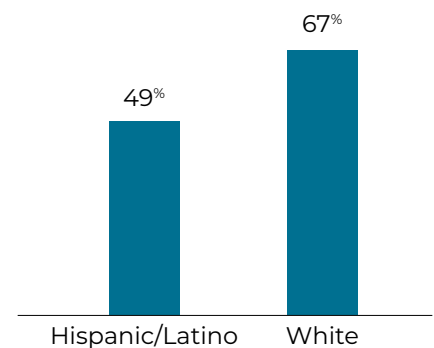


of Colorado households report Spanish is their preferred language.

INSURANCE STATUS

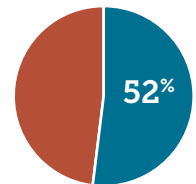
Treatment is not equally available to all persons because of insurance status or the inability to pay for needed oral health services.

HAVE INSURANCE:

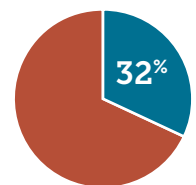


MEDICAID GAPS

Of dentists who accept Medicaid, only 52% had at least one Medicaid claim as a rendering provider.²



And only 32% of hygienists who accept Medicaid had at least one Medicaid claim as a rendering provider.²



FEDERAL POVERTY LEVEL

250%

Hispanic/Latino adults and adults living at or below 250% of the federal poverty level have statistically similar rates of tooth loss resulting from decay or gum disease.¹

Many Coloradans are unable to receive care in a language they are comfortable speaking. Spanish-speaking participants noted that they would prefer seeing a dentist that speaks their language.



1. Behavioral Risk Factor Surveillance System data
2. Between 1/1/2023 -6/30/2023

3. 2021 census data
4. Colorado Health Systems Directory



Oral Health and Children

The inequities in social determinants of health impact and shape the lives of Colorado's children and are barriers in accessing oral health care in the state.

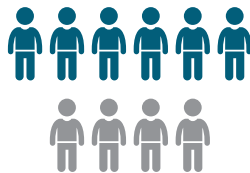
#1

Cavities remain the number one chronic disease in children, with potential developmental, economic, and social ramifications.

Statewide Snapshot



NEARLY HALF of kindergarteners have had a cavity.



NEARLY 60% of third graders have had a cavity.



25% of kindergarteners and third graders have untreated cavities.



MORE THAN 20% of kindergarteners and third graders need early or urgent dental treatment.

Oral Health Inequities



Kindergarteners who are Black and Hispanic are more than **TWICE AS LIKELY** to have untreated cavities.



Students who are Black are only **HALF AS LIKELY** to have sealants compared to white students.



Third graders in urban schools are **7 TIMES** more likely than those in rural schools to need early dental care.

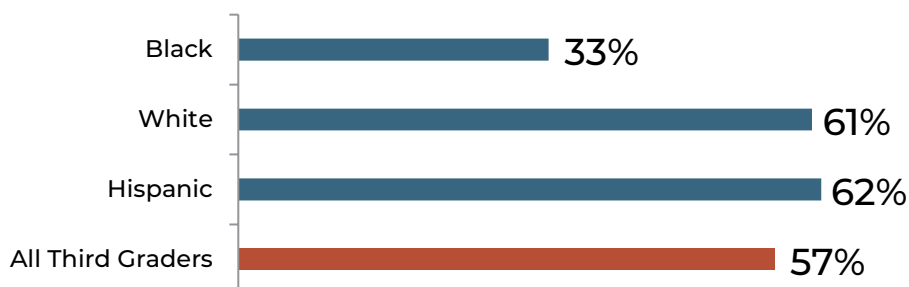


Kindergarteners who are Black and Hispanic are almost **TWICE AS LIKELY** to have experienced a cavity.

37%

Hispanic third graders are **37% MORE LIKELY** to have ever experienced a cavity.

Colorado Third Graders with Sealants



In the 2022-2023 BSS, more than half (57%) of Colorado third graders have sealants, with high rates of sealant prevalence among Hispanic (62%) and white (61%) third graders. However, Black third graders have a significantly lower prevalence of sealants (33%), underscoring disparities that still need to be addressed.