There is a large health disparity in minority populations concerning oral health care—only 34% of Black males reach the 5 year survival rate after an oral cancer diagnosis compared to 56% of White males. There are limited programs targeting minority communities to improve oral health.

**Quick Facts**
- Employed adults lose 164 million hours of work every year due to oral health problems.
- Blacks and Hispanics are twice as likely to have tooth and gum decay than Whites.
- Annually, 35,000 people are diagnosed with oral cancer.
- Lower income and education are linked to more untreated tooth decay.

<table>
<thead>
<tr>
<th>Most Common Oral Health Conditions Among Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Condition</td>
</tr>
<tr>
<td>Toothaches</td>
</tr>
<tr>
<td>Gum Disease</td>
</tr>
<tr>
<td>Oral Cancer</td>
</tr>
</tbody>
</table>

**Proper Care**
Many adults do not understand oral health information. Educating individuals of proper oral health care is as simple as teaching them to:
- Floss and brush twice daily, using fluoride toothpaste.
- Visit the dentist regularly (every 6 months).
- Eat healthy foods.
- Stop tobacco use and limit alcohol intake.

The figure above demonstrates the lack of primary oral care; many diagnoses were discovered at later stages regardless of race, income or education.
Evidence Based Interventions to Improve Oral Health

- **Body and Soul**: Body and Soul is sponsored through the NIH and focuses on educating communities about proper nutrition, specifically increasing intake of fruits and vegetables (F&V). Direct focus is given to changes in diet, motivation and efficacy to eat F&V, and social support.

- **Mouth Self-Examination Promotion Program (MSE)**: MSE is an educational program directed towards individuals who are at high-risk for oral cancer. Participants learn about risk factors, and ways to detect oral problems through a self-exam.

- **Wellness Outreach at Work**: Wellness is a prevention program that seeks to reduce substance abuse of tobacco and alcohol in adults. A comprehensive screening is completed for all participants (at the worksite) while follow-up is scheduled for high-risk persons.

**Conclusion**

- Data suggests that good oral health can be attributed to proper oral care, healthy diet, avoidance of tobacco and low alcohol consumption.

- Due to low health literacy levels in low-income adults, oral education is necessary to promote good oral health.

- Prevention of oral decay should be a priority because many severe conditions are discovered late stage, which results in oral or gum disease, or tooth decay and loss.

**Additional Resources**

- American Dental Association: [http://www.ada.org/2996.aspx](http://www.ada.org/2996.aspx)

- Centers for Disease Control: [http://www.cdc.gov/oralhealth/](http://www.cdc.gov/oralhealth/)

- Community Health Improvements Resources: [http://health.mo.gov/data/interventionmica/oralhealth/](http://health.mo.gov/data/interventionmica/oralhealth/)

- Evidence Based Disease and Disability Prevention Program: [http://www.aoa.gov/AoA_programs/HPW/Evidence_Based/index.aspx](http://www.aoa.gov/AoA_programs/HPW/Evidence_Based/index.aspx)

- National Institute of Dental and Craniofacial Research: [http://www.nidcr.nih.gov/FindingDentalCare/default.htm](http://www.nidcr.nih.gov/FindingDentalCare/default.htm)

- Substance Abuse and Mental Health Services Administration: [http://www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)

- To Find Oral Health Care: [http://www.hrsa.gov/publichealth/clinical/oralhealth/index.html](http://www.hrsa.gov/publichealth/clinical/oralhealth/index.html)


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