



ALICE ISSUE BRIEFS: ORAL HEALTH

[Maintaining oral health](#) is critical to overall physical, mental, social, and economic well-being. Oral health affects a person's ability to eat and to speak clearly; their self-image and how they are perceived by others; and, crucially, their ability to work and participate in community activities.

The benefits of good oral health extend to families and communities, as the consequences and costs associated with oral health disease are substantial. Progress has been made over the past two decades in



the treatment and prevention of oral health issues. Yet tooth decay remains the most common [chronic disease](#) in both children and adults, despite being [largely preventable](#). [Cost and availability](#) continue to limit who has access to vitally important oral health services.

ALICE and the Dental Divide in Wisconsin

Nationwide, there is a health-wealth divide in [access to care](#) and [dental health outcomes](#). Higher income is associated with better access to routine preventive dental care (like regular checkups and cleanings) and specialized dental care (dealing with damaged or missing teeth, dental disease, orthodontics, and more), as well as access to cosmetic procedures that straighten and whiten teeth, improving social and job opportunities. Yet when people are financially insecure, they often have to [forgo or postpone even routine preventive care](#). This can lead to tooth decay, tooth loss, gum disease, cardiovascular disease, social anxiety, embarrassment, and overall poorer quality of life. Not only do households earning lower incomes have [greater unmet dental needs](#), but even when they can access dental care, their out-of-pocket financial burden is [disproportionately higher](#).

Understanding the true extent of financial hardship in Wisconsin is key to addressing the dental divide. However, financial insecurity has been undercounted by official measures for decades.

According to the Federal Poverty Level (FPL), 11% of households in Wisconsin were in poverty in 2023. Yet [United For ALICE](#) data shows that another 24% were **ALICE** (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed). ALICE households earn above the FPL, but not enough to afford the [ALICE Household Survival Budget](#). This minimum-cost budget includes housing, child care, food, transportation, health care, technology, and taxes, and is adjusted based on household size, composition, and location.

With poverty-level and ALICE households combined, a substantial 864,159 (35%) of the 2,474,496 households in Wisconsin were below the ALICE Threshold in 2023, struggling to make ends meet.

This Issue Brief provides new data on households below the ALICE Threshold pertaining to their frequency of dental care; the divide in dental health outcomes; barriers related to the cost of care and dental insurance coverage; and broader community factors that affect oral health, like access to dental providers and community supports.

Key Findings

- **Frequency of care:** In 2024, 61% of Wisconsin adults (age 18+) below the ALICE Threshold had a dental visit within the prior year, compared to 75% above the Threshold. And 13% of people below the ALICE Threshold in Wisconsin reported that they had not visited a dentist or a dental clinic for any reason in five or more years, the same as the national average (13%).
- **Dental health outcomes:** In 2024, of adults below the ALICE Threshold in Wisconsin, 18% reported that six or more of their permanent teeth had been removed because of tooth decay or gum disease, higher than the national average (17%).
- **Cost of care:** In 2023, in the Midwest Census Region (which [includes](#) Wisconsin), a substantial 29% of people below the ALICE Threshold reported that they had to forgo dental care in the prior twelve months due to cost.
- **Community factors:** Access to dental providers and availability of broader community supports both have an impact on oral health. In Wisconsin in 2023, 41% of households below the ALICE Threshold lived in communities with limited proximity to dental care providers.

Frequency of Dental Care by Income



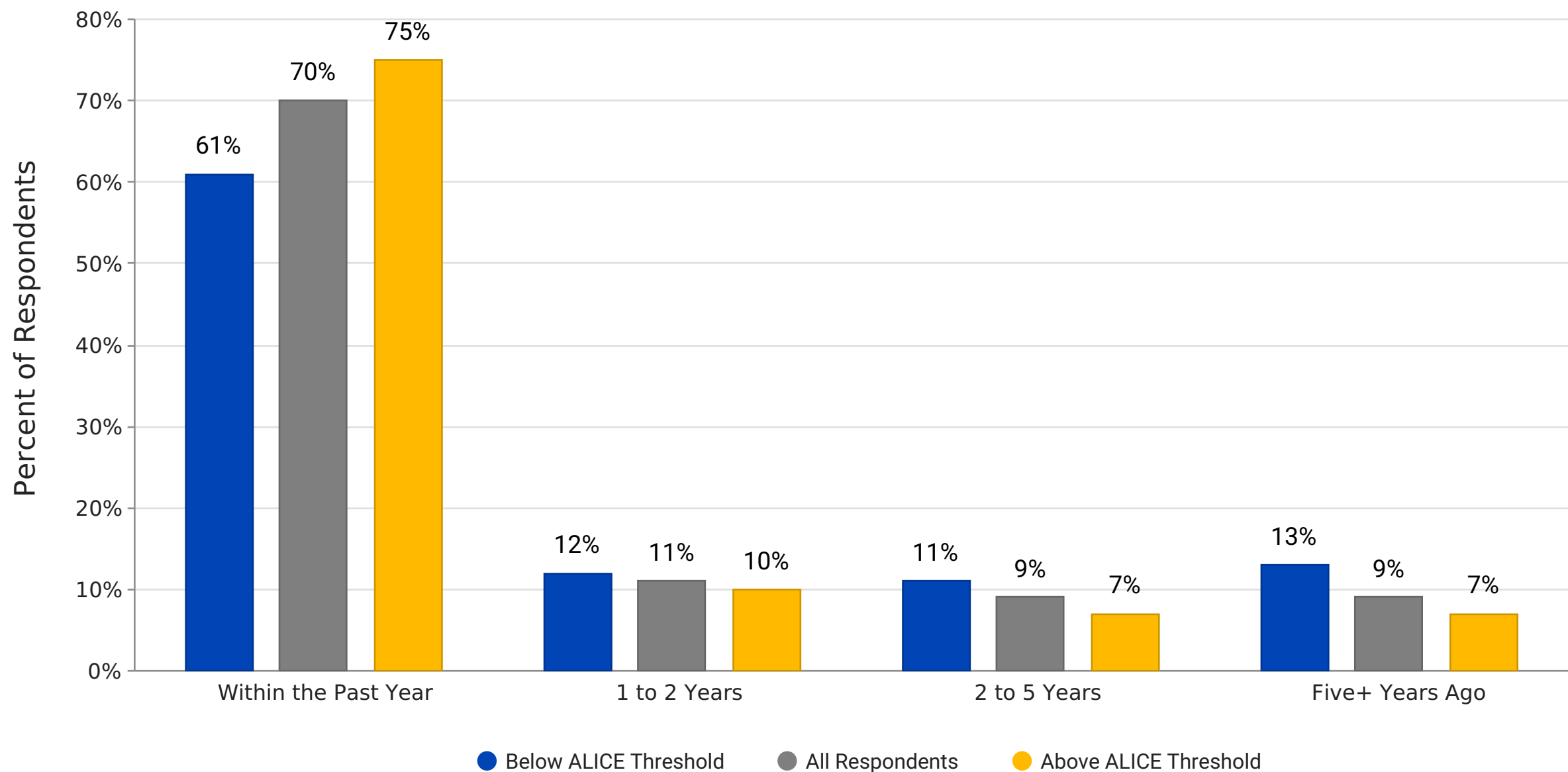
ALICE Threshold in Wisconsin had a dental visit within the previous year, compared to 75% of those above the Threshold.

The American Dental Association recommends that adults [visit their dentist at least every six months](#) for routine exams and cleanings. Yet in Wisconsin, according to the CDC's 2024 [Behavioral Risk Factor Surveillance System \(BRFSS\) Survey](#), only 70% of adults (age 18+) reported that they had visited a dentist or a dental clinic for any reason within the previous year. This state average also conceals substantial differences by income: In 2024, only 61% of adults below the

Additionally, 13% of people below the ALICE Threshold in Wisconsin reported that they had not visited a dentist or a dental clinic for any reason in five or more years, the same as the national average (13% of people below the Threshold).

The figure below shows when respondents had last visited the dentist, giving data for all respondents and for those below and above the ALICE Threshold.

Frequency of Dental Visits by Income Status, Wisconsin, 2024



Sources: ALICE Threshold, 2024; Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2024

The Divide in Dental Health Outcomes

Going without dental care increases the risk of tooth decay, gum infection, tooth loss, and associated pain and discomfort. Other [serious consequences](#) of poor oral health include increased risk of cardiovascular disease, pregnancy and birth complications, pneumonia, and endocarditis (a life-threatening inflammation of the lining of the heart).

[Permanent tooth loss](#) that is not due to injury is most often the result of untreated tooth decay or gum

disease. In 2024, according to the CDC's 2024 [Behavioral Risk Factor Surveillance System \(BRFSS\) Survey](#), 39% of Wisconsin adults (age 18+) reported that one or more of their permanent teeth had

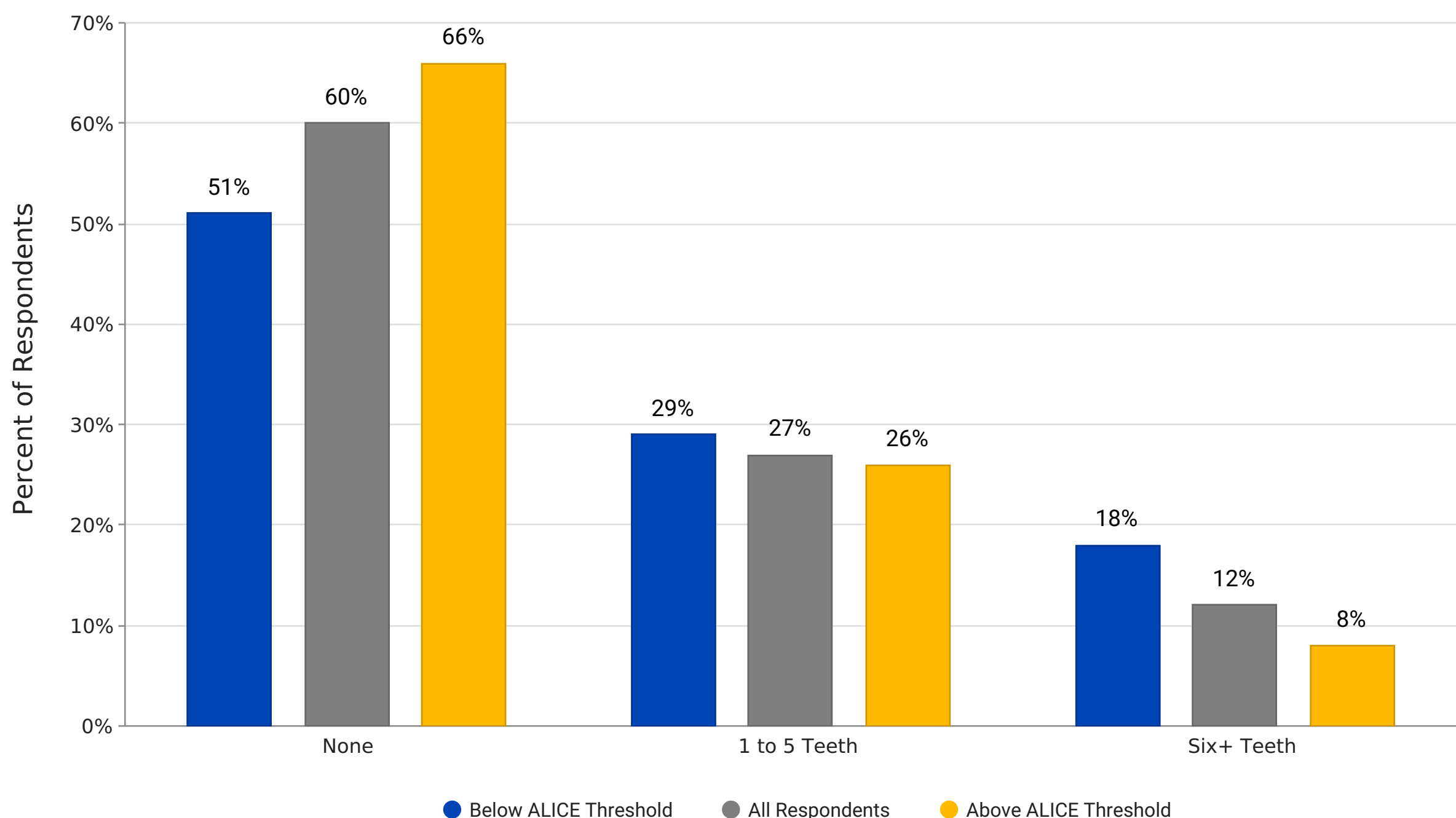


been removed because of tooth decay or gum disease, lower than the national average (41%). This rate varied by income, with 47% of respondents below the ALICE Threshold and 33% of those above the Threshold reporting tooth loss due to tooth decay or gum disease.

There were also differences in the share of Wisconsin adults (age 18+) who had lost six or more teeth because of tooth decay or gum disease: 12% of all adults, 18% of adults below the ALICE Threshold, and 8% of those above the Threshold. At the opposite extreme, respondents above the Threshold were more likely to say they had not had any teeth removed (66%, compared to 51% of adults below the Threshold).

The figure below shows the number of teeth removed due to tooth decay or gum disease, for all respondents and for those below and above the ALICE Threshold.

Number of Teeth Lost to Decay or Gum Disease by Income Status, Wisconsin, 2024



Sources: ALICE Threshold, 2024; Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2024

Pediatric Dental Care

Children tend to have higher rates of dental health insurance coverage than adults for two key reasons:

- All states must cover [dental services for children enrolled](#) in Medicaid or the Children's Health Insurance Plan (whereas coverage of dental services for adults enrolled in Medicaid varies by state).
- The Affordable Care Act codified dental coverage as an "[essential health benefit](#)" for children 18 and under, making it available with most health plans and on the Health Insurance Marketplace.

Pediatric Dental Care (continued)

Early oral health care is an integral part of children's [overall health care](#), ensuring that they can eat, speak, play, and learn. However, there are still gaps in dental care access for children, especially those in households below the ALICE Threshold. According to the [National Survey of Children's Health](#), in the Midwest Census Region in 2023:

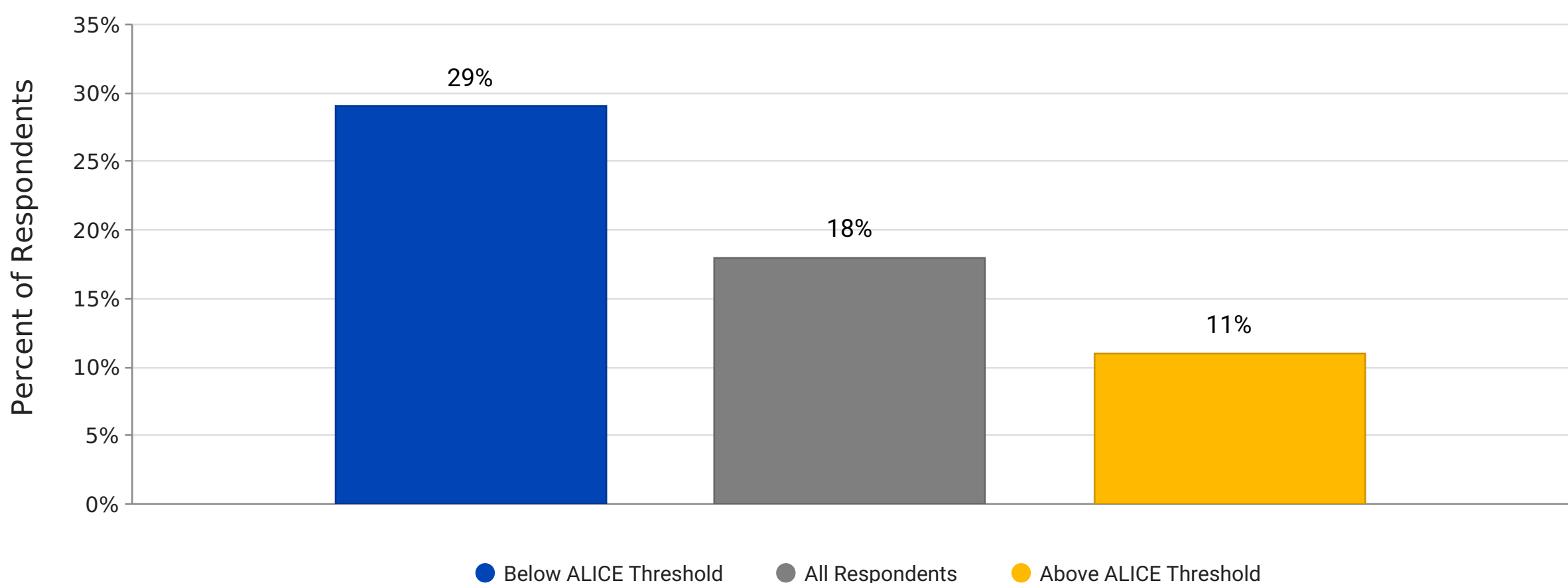
- 82% of all parents reported that their child had received care from a dentist or other oral health care provider in the prior year. For children in households below the ALICE Threshold, this rate was 76%, compared to 88% for those in households above the Threshold.
- 79% of children who saw a dentist received preventive care (including check-ups, dental cleanings, dental sealant, or fluoride treatments). For children in households below the ALICE Threshold, this rate was 71%, compared to 85% for those in households above the Threshold.

Affordability as a Barrier to Dental Care

In Wisconsin, 29% of adults (age 18+) [spent more than \\$500 out-of-pocket](#) for dental care in 2024. When people lack dental insurance or when dental costs aren't fully covered by insurance, cost can drive people to delay or go without needed care. According to the 2023 Federal Reserve Board Survey of Household Economics and Decisionmaking (SHED), **dental care was the medical treatment Americans were most likely to forgo due to cost** (19% of respondents), followed by visiting a doctor or specialist (15%), filling a prescription (10%), and seeing a mental health provider or counselor (9%). In the Midwest Census Region (which [includes](#) Wisconsin), a substantial 29% of SHED respondents below the ALICE Threshold reported that during the prior twelve months, there was a time when they needed dental care but went without because they could not afford it. This rate was lower than the national average for respondents below the ALICE Threshold (30%) and much higher than the rate for those above the Threshold (11%) in the Midwest Census Region.

The figure below shows the percentage of respondents who went without dental care due to cost, for all respondents and for those below and above the ALICE Threshold.

Rates of Forgoing Dental Care Due to Cost by Income Status, Midwest Census Region, 2023



Sources: ALICE Threshold, 2023; Federal Reserve Board Survey of Household Economics and Decisionmaking (SHED), May 2023

ALICE the Patient and ALICE the Provider

Oral health care is a critical part of overall health, ensuring that people can work, go to school, and participate in their communities. But in Wisconsin, the full cost of dental care is often more than many people can afford.

At the same time, Wisconsin's dental care providers are struggling to adjust to economic and insurance changes and still ensure broad, affordable access to care. Additionally, many dental assistants, dental hygienists, and dental laboratory technicians struggle to make ends meet for their own families. For example, with an annual median hourly wage of \$22.10 in Wisconsin in 2023, 25% of dental assistants were below the ALICE Threshold.

Dental Insurance: The separation of medical and dental services in Wisconsin and across the U.S. has [wide-reaching implications](#) for dental health access, outcomes, and insurance coverage. Notably, dental insurance policies outline the maximum amount the insurance company will contribute, whereas health insurance plans detail the maximum amount the insured party would pay. Also, health insurance provides some protection against catastrophic medical costs, but dental insurance does not. In Wisconsin, 25% of adults did not have [dental insurance](#) in 2024 (compared to 26% nationally). Because dental insurance is not included in many private or public health plans, rates of medical insurance coverage are three times higher than dental coverage rates [nationally](#).

Access to [dental insurance increases with income](#). Nationally in 2024, 38% of adults with an annual household income of less than \$30,000 lacked any dental insurance, including Medicaid ([income eligibility](#) and [asset limits](#) for Medicaid vary substantially by state). As household income rose, the rate of adults without dental insurance fell — to 32% of adults in households earning \$30,000 to less than \$60,000; 21% of adults in households earning \$60,000 to less than \$100,000; and 17% of adults in households earning \$100,000 or more.

For adults who do have [dental insurance](#), the majority have private coverage (most through an employer, but some self-purchased).

The next most common forms of insurance are public dental plans under Medicaid, which vary by state. [Thirty-four states' adult Medicaid dental benefits](#) are defined by the ADA's Health Policy Institute as "Enhanced", meaning they offer a comprehensive mix of services with a per-person annual maximum benefit of \$1,000 or more (or no spending limit).



Eight states offer "Limited" Medicaid coverage, which includes diagnostic, preventive, and minor restorative procedures and a per-person annual benefit cap of less than \$1,000; another eight states provide only "Emergency" care for the relief of pain and infection; and one state, Alabama, has no Medicaid dental services for adults.

And since most state Medicare plans (for adults age 65 and over) do not cover routine cleanings, fillings, tooth extractions (removals), or items like dentures and implants, older Americans must purchase Medicare Advantage plans or opt for other private plans to ensure dental coverage. These plans vary substantially in several regards, including coverage of different types of services, cost-sharing levels, and caps on expenditures.

Although plans differ, dental coverage is generally limited to [basic and preventive care](#). For more substantial interventions like crowns, root canals, and oral surgery, patients are generally charged copayments and there is a [maximum annual benefit](#) that the dental plan will pay (typically \$1,000 to \$2,000). And the most expensive types of care — orthodontics, dentures and bridges, and management of acute infections — are often not covered initially or at all.

Lack of access to dental care and insurance can add financial and health burdens to communities and hospital systems as well. For example, [the use of Emergency Departments](#) (EDs) for non-traumatic dental conditions is far more expensive than average dental care and increases the workload for ED staff.

Community Factors That Affect Oral Health

Broader community and economic factors — like having dental providers close to home, work arrangements that enable the scheduling of routine care, and community-based programs — can help promote good oral health.

In Wisconsin, there were 1,048,836 households with no or low access to dental providers within 30 minutes of their home in 2023. (Low-access areas are those in the bottom two quintiles for access nationally, as reported by the [ADA Health Policy Institute](#).) This includes 344,899 households below the ALICE Threshold — 41% of all households below the Threshold.

Proximity to providers was substantially lower for households in rural areas than for those in urban areas. In Wisconsin, 80% of households in rural areas (604,979) had low access to dental providers, compared to 26% of households in urban areas (443,857). Differences between rural and urban areas persisted across income levels: In rural areas, 83% of households below the ALICE Threshold and 79% of those above had low access; in urban areas, 26% below and 27% above had low access.

However, living in close proximity to a dentist is not enough to ensure that oral health needs are met. For example, work arrangements such as working multiple jobs, long shifts, or lack of paid time off can make it difficult to prioritize or find time for routine care (especially at dental clinics that only offer appointments during standard work hours). Other barriers include [lack of transportation](#) and low participation of [dental care providers in public programs](#), largely due to low reimbursement rates and high administrative burden.

In addition to addressing issues like transportation and Medicaid provider participation, states and municipalities can contribute to better oral health outcomes with a [wide range of community-based programs](#) and interventions, including increasing the availability and affordability of fresh, minimally-processed, low-sugar foods; implementing school dental sealant programs; and maintaining optimal levels of [fluoride in water](#).

Learn More and Take Action

Capturing the true extent of financial hardship in Wisconsin is critical for creating data-driven solutions that lead to improved outcomes. Strategically addressing oral health needs and creating policies and systems that work for all will require participation from multiple sectors and from government at the local, state, and federal levels. Take the next step by exploring ALICE data [nationally](#), at the [state, county, or ZIP code level](#), or by [legislative district](#).

For additional information and resources to help advocate for accessible, affordable, and quality oral health care, explore the links below:

- [American Dental Association: Advocacy](#)
- [American Academy of Pediatrics: Good Oral Health Starts Early: AAP Policy Explained](#)
- [Care Quest: State of Oral Health Equity in America](#)
- [Care Quest: The Glaring Scope of Racial Disparities in Oral Health](#)
- [Care Quest: Family Affair: A Snapshot of Oral Health Disparities and Challenges in Individuals and Households Experiencing Disabilities](#)
- [Delta Dental: The 2025 State of America's Oral Health and Wellness Report](#)
- [Military Times: A Dental Debacle: Why Veterans Struggle to Navigate VA's Oral Care](#)
- [National Conference of State Legislatures: Workforce Strategies to Improve Access to Oral Health](#)
- [American Association of Public Health Dentistry: Challenges and Strategies to Improve Access to Oral Health Care in Rural America](#)

To learn more about ALICE in Wisconsin, visit the interactive maps, County Reports, household budgets, and more on the ALICE in [Wisconsin](#) pages. And to see examples of the practices, programs, and policies that ALICE partners are implementing to improve financial stability, visit the [ALICE in Action Database](#).

National Comparison, Key Dental Indicators

Download Table: [PDE](#)

National Comparison, Key Dental Indicators					
State	Adults Below ALICE Threshold With No Dental Visit in Prior Year, 2024	Adults Below ALICE Threshold With 6+ Teeth Removed (Decay or Disease), 2024	Adults Below ALICE Threshold Forgoing Dental Care Due to Cost, 2023*	Adults Without Dental Insurance (All Adults), 2024	Adults Below ALICE Threshold, Low Proximity to Dental Provider, 2023
United States	44%	18%	30%	26%	38%
Alabama	52%	28%	34%	29%	74%
Alaska	46%	19%	11%	24%	29%
Arizona	48%	19%	30%	29%	30%
Arkansas	53%	29%	34%	30%	66%
California	39%	12%	30%	24%	20%
Colorado	39%	12%	30%	26%	22%
Connecticut	33%	15%	23%	17%	16%
Delaware	44%	19%	34%	29%	48%
**D.C. Metro Area	49%	21%	34%	23%	0%
Florida	48%	21%	34%	32%	39%
Georgia	49%	20%	34%	27%	63%
Hawaii	38%	11%	30%	25%	21%
Idaho	39%	19%	30%	26%	31%
Illinois	43%	16%	29%	23%	28%
Indiana	48%	25%	29%	26%	55%
Iowa	41%	19%	29%	25%	49%
Kansas	43%	21%	29%	26%	50%
Kentucky	49%	31%	34%	27%	60%
Louisiana	45%	24%	34%	29%	49%
Maine	45%	28%	23%	31%	61%
Maryland	42%	15%	34%	25%	29%
Massachusetts	31%	14%	23%	26%	20%
Michigan	40%	20%	29%	18%	39%
Minnesota	39%	14%	29%	22%	45%
Mississippi	91%	27%	34%	28%	72%
Missouri	47%	24%	29%	28%	46%
Montana	43%	21%	30%	29%	40%
Nebraska	41%	15%	29%	0%	31%
Nevada	45%	14%	30%	26%	16%

National Comparison, Key Dental Indicators (continued)

National Comparison, Key Dental Indicators					
State	Adults Below ALICE Threshold With No Dental Visit in Prior Year, 2024	Adults Below ALICE Threshold With 6+ Teeth Removed (Decay or Disease), 2024	Adults Below ALICE Threshold Forgoing Dental Care Due to Cost, 2023*	Adults Without Dental Insurance (All Adults), 2024	Adults Below ALICE Threshold, Low Proximity to Dental Provider, 2023
New Hampshire	39%	21%	23%	26%	44%
New Jersey	37%	15%	23%	20%	18%
New Mexico	44%	18%	30%	27%	46%
New York	41%	16%	23%	23%	20%
North Carolina	45%	22%	34%	28%	55%
North Dakota	46%	19%	29%	30%	43%
Ohio	45%	23%	34%	19%	50%
Oklahoma	50%	26%	34%	33%	51%
Oregon	42%	22%	30%	21%	29%
Pennsylvania	41%	22%	23%	26%	46%
Rhode Island	40%	16%	23%	19%	36%
South Carolina	47%	23%	34%	27%	61%
South Dakota	41%	20%	29%	28%	50%
***Tennessee	51%	29%	34%	30%	60%
Texas	50%	15%	34%	33%	36%
Utah	37%	10%	30%	23%	22%
Vermont	42%	23%	23%	25%	64%
Virginia	39%	17%	34%	23%	42%
Washington	40%	15%	30%	26%	25%
West Virginia	55%	37%	34%	31%	70%
Wisconsin	41%	18%	29%	25%	41%
Wyoming	44%	21%	30%	28%	53%

*The percentages in this column are for the Census Regions that correspond with each state.

**For the D.C. Metro Area, columns 1-3 represent the South Census Region, column 4 shows the District of Colombia, and column 5 shows the value the counties included in the D.C. Metro Area.

***For Tennessee, columns 1-2 show 2022 data (2024 data for Tennessee was not reported in the public BRFSS dataset)

About United For ALICE and our Partners

United For ALICE is a center of innovation founded by United Way of Northern New Jersey that is shining a light on the challenges ALICE (Asset Limited, Income Constrained, Employed) households face. Through a standardized methodology that assesses the cost of living in every county, the project provides a comprehensive measure of financial hardship across the U.S. Equipped with this data, ALICE partners convene, advocate, and innovate in their local communities to highlight the issues faced by ALICE households and to generate solutions that promote financial stability.

To learn more about how you can get involved in advocating and creating change for ALICE in Wisconsin, contact:

Charlene Mouille, *United Way of Wisconsin*, cmouille@unitedwaywi.org

United For ALICE partners with state United Ways to bring the ALICE data to Wisconsin. This work was guided by insights from the National ALICE Leadership Committee for Oral Health.

National ALICE Leadership Committee for Oral Health

- Jessica August, M.S.D.H., CDA, RDH, FADHA, *American Dental Hygienists' Association; Department of Health Professions, North Idaho College*
- Hannah Cheung, M.P.H., M.S., RDH, *CareQuest Institute for Oral Health*
- Nick Conte, D.M.D., MBA, *Delaware Division of Public Health*
- Eleanor Fleming, Ph.D., D.D.S., M.P.H., FICD, *American Board of Dental Public Health*
- Timothy Gibbs, M.P.H., *Delaware Academy of Medicine and Public Health*
- JoAnn R. Gurenlian, RDH, M.S., Ph.D., AAFAAOM, FADHA, *American Dental Hygienists' Association*
- Michal Herman, D.D.S., FACD, *KinderSmile Foundation*
- Amid Ismail, Dr.PH., M.P.H., MBA, B.D.S., *Kornberg School of Dentistry, Temple University*
- Sharon Lanier, Ph.D., *Delta Dental of Arkansas Foundation*
- Hannah Maxey, Ph.D., M.P.H., *Bowen Center for Health Workforce Research and Policy, Indiana University School of Medicine*
- Kamyar Nasseh, Ph.D., *Health Policy Institute, American Dental Association*
- Jennifer Salisbury, CFRE, *HealthLink Dental Clinic*
- Casey Stoutamire, J.D., *Florida Dental Association*
- Karen Struble Myers, CFRE, *United Way of the Southern Alleghenies*
- Gary A. Turco, M.S., *Connecticut Oral Health Initiative*
- Marko Vujicic, Ph.D., *Health Policy Institute, American Dental Association*
- Kasey Wilson, M.S.W., *Community Catalyst*

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Sources and Data Notes

- **Sources:** ALICE Threshold, 2024 and 2023; Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), 2024; Federal Reserve Board Survey of Household Economics and Decisionmaking (SHED), 2023; U.S. Census Bureau, American Community Survey (ACS), 2024 and 2023.
- **Data Notes:** The income data used in this Issue Brief rely on ACS estimates. The ACS, BRFSS Survey, and SHED are based on a representative sample of housing units and people; therefore, these estimates have a degree of uncertainty. ALICE analysis includes households regardless of work status, as employment is fluid and most households have members who are working, have worked, are out on disability, or are looking for work. ALICE analysis includes families and roommates but does not include people who are unhoused or living in group quarters (such as college residence halls, skilled nursing facilities, and military barracks).
- **Suggested Citation:** United For ALICE. (2025). "ALICE and the Dental Divide in Wisconsin"