

Research Brief

Why Adults Forgo Dental Care: Evidence from a New National Survey

Authors: Cassandra Yarbrough, M.P.P.; Kamyar Nasseh, Ph.D.; Marko Vujcic, Ph.D.

The Health Policy Institute (HPI) is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policy makers, oral health advocates, and dental care providers.

Who We Are

HPI's interdisciplinary team of health economists, statisticians, and analysts has extensive expertise in health systems policy research. HPI staff routinely collaborates with researchers in academia and policy think tanks.

Contact Us

Contact the Health Policy Institute for more information on products and services at hpi@ada.org or call 312.440.2928.

Key Messages

- *Cost and low perceived need are the top reasons why adults indicate they do not intend to visit a dentist in the next 12 months. This is true among adults of all ages and income levels.*
- *Other important reasons for not visiting a dentist include lack of time, difficulty traveling to a dentist, anxiety, and difficulty finding a dentist that accepts Medicaid.*
- *The prominence of "no need" as a reason for forgoing dental care may be driven by improvements in oral health, changes in oral health literacy, or a significant shift in the value proposition of dental care. Further research is needed in this area.*

Introduction

The oral health landscape has changed significantly over the past decade.¹ The percentage of Americans with private dental benefits declined from 2000 through 2012, with more adults and children moving into Medicaid or CHIP.² For working-age adults, this trend has been accompanied by a significant decrease in dental care utilization.³ While dental care utilization is at its highest level ever among children, utilization among adults is in steady decline, with only 35.4 percent of working-age adults visiting the dentist in 2012.⁴

There are various reasons why adults do not visit a dentist. The most apparent reason is financial barriers,⁵ with one study finding that one out of five individuals are unable to afford needed dental care.⁶ At the same time, "supply-side" barriers are falling, with fewer individuals reporting problems with dentist office hours or the distance to a dental office being too far.⁷ While finding a dentist remains a challenge in some settings,⁸ in recent years, financial barriers to dental care have been declining.⁷ Moreover, various surveys and research methodologies measure barriers to dental care in different ways. Clearly, the

available evidence does not provide a complete picture, which leads to renewed questions of the true underlying reasons why adults continue to forgo visiting a dentist.

In this research brief, we analyze the reasons why adults report not intending to visit a dentist within the next 12 months. We assess these reasons by age, household income, and health insurance status.

Data & Methods

Our findings are based on an online survey that Harris Poll carried out on behalf of the ADA Health Policy Institute (HPI) between April 8 and 21, 2014. The survey asked respondents a variety of questions including their health insurance status, oral health status, and dental care seeking behavior. Harris Poll collected data from a nationally representative sample of 4,014 adults aged 18 or older. Harris Poll created general population weights, accounting for demographic differences such as age, gender, and race, and survey controls for biases inherent to fielding an online survey. HPI analyzed the raw data using STATA 13, weighting the responses using the general population weights provided by Harris Poll.⁹ The analyses in this document were conducted by HPI.

Survey respondents were asked whether they plan to visit a dentist in the next 12 months. Respondents could choose one of the following responses: "Yes," "No," or "Not sure." There were 965 survey respondents that chose "No" or "Not sure," and they were subsequently asked why they do not plan to visit a dentist in the next 12 months. They were asked to select all responses from the following list that applied: "My mouth is healthy – I do not need to visit the dentist;" "It is too hard to find a dentist that accepts my dental plan or Medicaid;" "I cannot find the time to get to a dentist (e.g., cannot get the time off from work, dentist does not have convenient office hours);" "Many services are not covered by my dental plan or

Medicaid, so I end up having to pay with my own money;" "I cannot get to a dentist easily (e.g., do not have transportation, located too far away);" or "Other." Respondents could choose more than one response. Respondents that selected "Other" were asked to elaborate and we received a variety of reasons including cost, lack of dental insurance, anxiety over visiting the dentist, having dentures, not having teeth, and additional explanations that were not generalizable.

Survey respondents did not have the option of selecting "Cost" as a reason for not planning to visit a dentist in the next 12 months because we wanted more specificity with respect to financial considerations. To simplify our analysis, we created a category called "Cost" that includes: "Many services are not covered by my dental plan or Medicaid, so I end up having to pay with my own money;" individuals that specified cost when elaborating on their selection of "Other" (128 observations), and individuals that specified not having dental insurance when elaborating on their selection of "Other" (68 observations). We recognize that by not providing the generic reason of "Cost" as a response option we may have introduced response bias into our results.

We also analyzed the results of "Other" for additional common responses. Forty-one survey respondents indicated that they did not plan to visit a dentist because they have anxiety over visiting the dentist, and 79 survey respondents indicated that they did not plan to visit a dentist because they have dentures or do not have teeth. Therefore, we created two additional categories entitled "Anxiety over visiting the dentist" and "I have dentures/no teeth" and included them in our analysis.

We analyzed the data by age, income, and health insurance status. We created four age categories based on each respondent's reported birth year.¹⁰ We created four income categories based on 2014 HHS

federal poverty level (FPL) guidelines.^{11,12} We created four insurance categories based on respondents' reported source of health insurance.¹³ We do not have information on whether respondents had dental insurance.

Results

In 2014, approximately 22.9 percent of adults indicated that they are either unsure or definitely do not plan to visit a dentist in the next 12 months (see Table 1). By far, low-income adults and those with no health insurance are least likely to say they intend to visit a dentist. Intentions varied by age, household income, and health insurance status.

Adults that do not plan to visit a dentist provided numerous explanations for their decision to forgo dental care. Overall, top reasons include cost, having a healthy mouth (i.e., not needing dental care), and not having time to get to a dentist. Specifically, 40.2 percent of adults indicated that they will forgo dental care due to cost, 32.7 percent because they do not need dental care, and 14.1 percent because they do not have the time to get to a dentist (see Figure 1). However, when adults are categorized by age, household income, and health insurance status, we see variation in the top three reported reasons for not planning to visit a dentist.

Among adults ages 18 through 34, the top three reasons for not visiting a dentist are not needing dental care (37.9 percent), cost (35.7 percent), and lack of time to get to a dentist (28.4 percent) (see Figure 1). Among adults ages 35 through 49, the top three reasons are cost (43.4 percent), not needing dental care (29.5 percent), and lack of time to get to a dentist (17.3 percent). Among adults ages 50 through 64, the top three reasons are cost (50.5 percent), not needing dental care (30.0 percent), and having dentures or no teeth (8.4 percent). Among adults ages 65 and older, the top three reasons are not needing dental care (34.1

percent), having dentures or no teeth (29.5 percent) and cost (26.3 percent).

Cost and not needing dental care are also the top two reasons for not visiting a dentist across all household income groups (see Figure 2). Among adults with household income below 100 percent of the FPL, the top reasons are cost (53.1 percent), not needing dental care (26.1 percent), and not being able to easily travel to a dentist (21.0 percent). Among adults with household incomes between 100 and 199 percent of the FPL, the top reasons are cost (44.7 percent), not needing dental care (26.5 percent), and lack of time to get to a dentist (12.8 percent). Among adults with household incomes between 200 and 399 percent of the FPL, the top reasons are cost (36.3 percent), not needing dental care (31.0 percent), and lack of time to get to a dentist (19.7 percent). Among adults with household incomes at or above 400 percent of the FPL, the top reasons are not needing dental care (48.4 percent), cost (26.1 percent), and both lack of time to get to a dentist and anxiety over visiting the dentist (9.9 percent).

When adults are categorized by health insurance status, cost was the top reason for not visiting a dentist across all groups (see Figure 3). Among adults with private health insurance, the top reasons are cost (35.1 percent), not needing dental care (34.8 percent), and lack of time to get to a dentist (19.7 percent). Among Medicaid-insured adults, the top reasons are cost (49.9 percent), inability to find a dentist that accepts Medicaid (35.8 percent), and inability to easily travel to a dentist (19.9 percent). Among Medicare-insured adults, the top reasons are cost (38.3 percent), having dentures or not having teeth (25.6 percent), and not needing dental care (23.8 percent). Among the uninsured, the top reasons are cost (43.8 percent), not needing dental care (38.9 percent), and lack of time to get to a dentist (18.4 percent).

We also analyzed responses for the subset of privately-insured adults who have household incomes above 400 percent of the FPL (69 observations). This subgroup had slightly different reasons for not planning to visit a dentist compared to the overall privately-

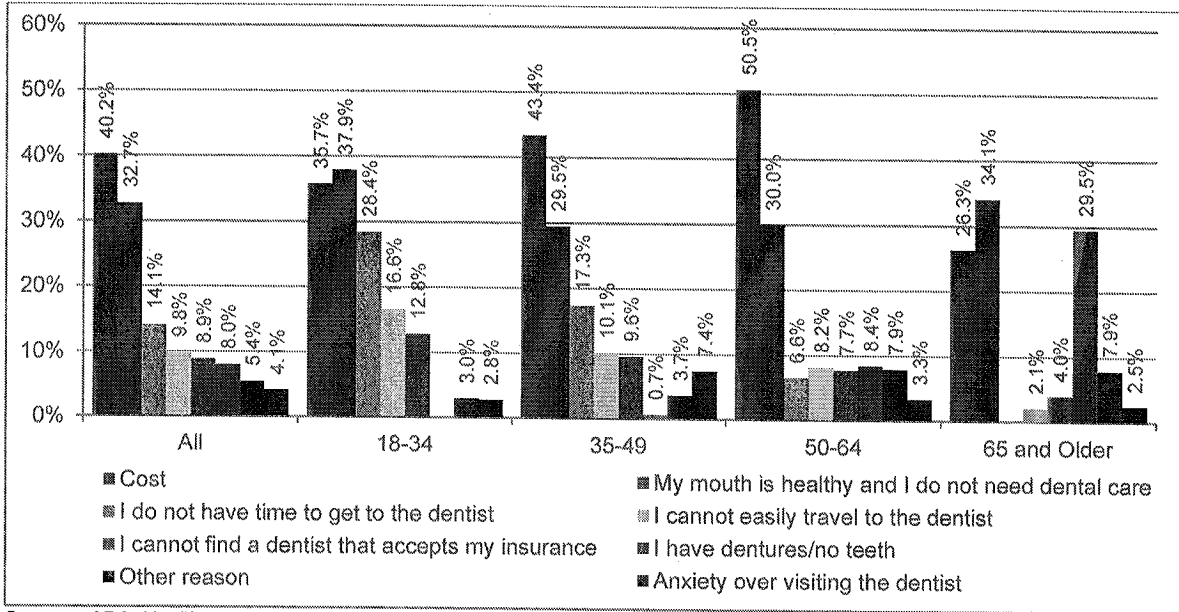
insured population. Among privately-insured, high-income adults, not needing dental care is by far the most prominent reason (53.2 percent). The next two most important reasons for not visiting a dentist are cost (21.9 percent) and anxiety over visiting the dentist (17.5 percent).

Table 1: Adults' Plans to Visit the Dentist in the Next 12 Months by Age, Household Income, and Health Insurance Status

		Yes	No	Not Sure
All		77.1%	9.9%	13.0%
Age	18-34	79.2%	10.2%	10.7%
	35-49	77.1%	9.8%	13.1%
	50-64	75.4%	8.6%	16.0%
	65 and Older	76.2%	11.4%	12.4%
Household Income (% of FPL)	Less than 100%*	64.2%	16.1%	19.7%
	100% to 199%*	65.0%	16.1%	18.9%
	200% to 399%	77.1%	8.3%	14.6%
	Over 400%*	88.4%	5.8%	5.8%
Health Insurance Status	Privately Insured*	86.2%	4.9%	8.9%
	Medicaid*	71.6%	13.3%	15.1%
	Medicare*	72.6%	12.1%	15.4%
	Uninsured*	43.7%	28.5%	27.7%

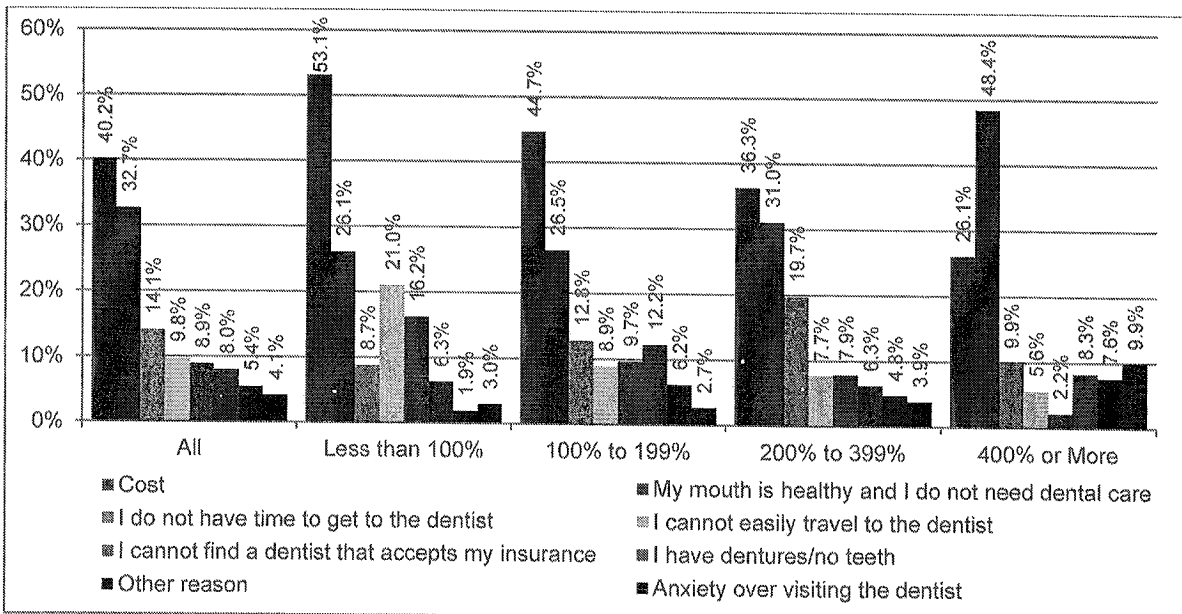
Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Age results based on 4,014 observations. Household income results based on 3,647 observations. Age categories calculated based on adults' reported year of birth. Income categories calculated based on HHS 2014 Federal Poverty Guidelines. All survey responses are weighted by general population weights provided by Harris Poll. * p-value<0.01.

Figure 1: Reasons Why Adults Do Not Plan to Visit a Dentist in the Next 12 Months by Age



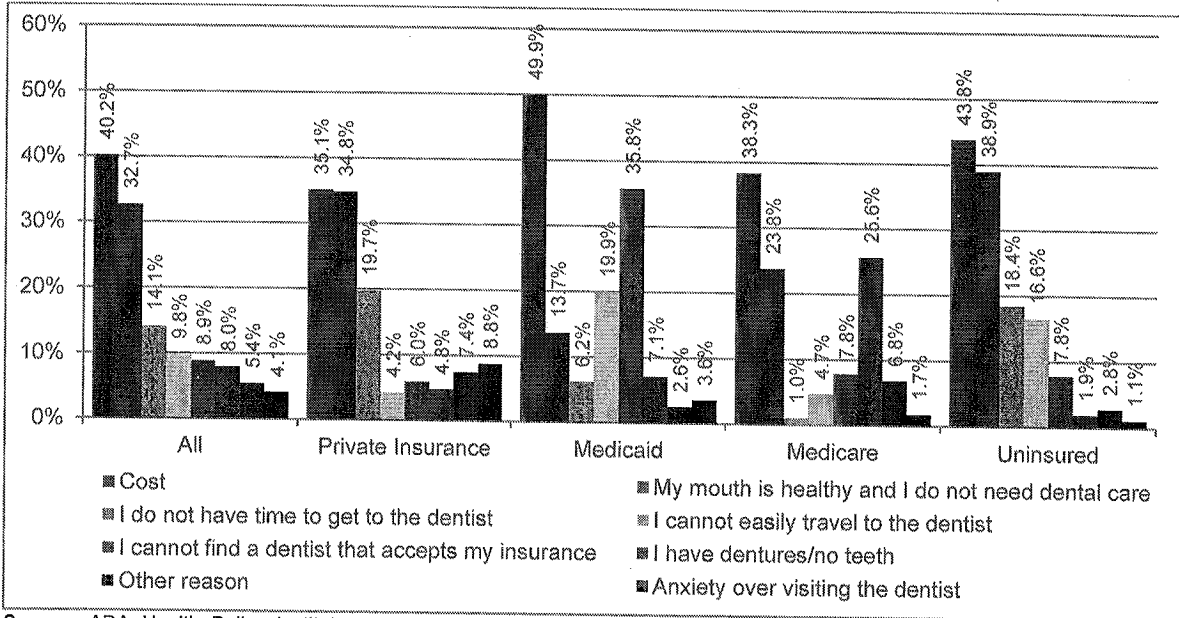
Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. Notes: Results based on 965 observations. Age categories calculated based on adults' reported year of birth. All survey responses are weighted by general population weights provided by Harris Poll.

Figure 2: Reasons Why Adults Do Not Plan to Visit a Dentist in the Next 12 Months by Household Income (Percentage of the FPL)



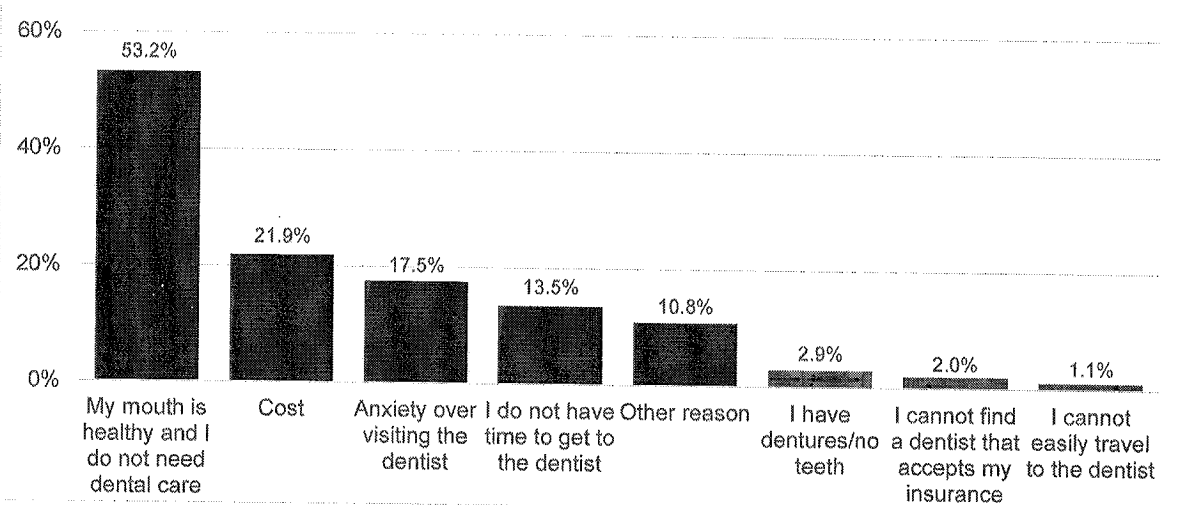
Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. Notes: Results based on 875 observations. Income categories are based on household income as a percentage of the FPL based on HHS 2014 Federal Poverty Guidelines. All survey responses are weighted by general population weights provided by Harris Poll.

Figure 3: Reasons Why Adults Do Not Plan to Visit a Dentist in the Next 12 Months by Health Insurance Status



Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Results based on 965 observations. Health insurance categories are based on respondents' reported source of health insurance. All survey responses are weighted by general population weights provided by Harris Poll.

Figure 4: Reasons Why High Income Adults with Private Health Insurance Do Not Plan to Visit a Dentist in the Next 12 Months



Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Results based on 69 observations. These results should be interpreted with caution due to the small number of observations. Age categories calculated based on adults' reported year of birth. Income categories are based on household income as a percentage of the FPL based on HHS 2014 Federal Poverty Guidelines. Health insurance categories are based on respondents' reported source of health insurance. All survey responses are weighted by general population weights provided by Harris Poll.

Discussion

This is the first nationally representative study we know of that identifies detailed reasons why adults do not intend to visit a dentist in the next 12 months. We find that there are a diverse set of reasons and that they vary by age, household income, and health insurance status. However, a common theme that emerged from our research is that across all ages, income levels, and health insurance statuses, cost is a major factor. This is consistent with previous studies showing cost is the main barrier preventing adults from obtaining needed dental care.⁷

Interestingly, we find that younger adults are less likely to report cost as a reason for not visiting a dentist than adults ages 50 through 64. This is inconsistent with previous research that indicates young adults experience more financial barriers to dental care than any other age group.¹⁴ Given that the data we analyzed in this research brief are much more current than in previous studies, it could be that the financial barriers faced by younger adults ages 19 through 25 have eased. In fact, recent analysis indicates that the Affordable Care Act has made dental care more affordable for young adults,¹⁵ and young adults are the most likely age group to have purchased dental benefits in the health insurance marketplaces.¹⁶

Medicaid-insured and low-income adults report cost as a reason for not visiting a dentist at a much higher rate compared to other health insurance and household income groups. This may be because many states' Medicaid programs do not offer adult dental benefits or only cover a limited number of services.¹⁷ There is strong evidence that providing adult dental benefits within Medicaid programs improves dental care affordability and increases dental care utilization.^{18,19}

Medicaid-insured adults also report difficulty finding a dentist that accepts Medicaid as one of the top reasons

for not visiting a dentist. This is an important and growing issue, especially in light of the significant expansion in the number of adults with Medicaid dental benefits as a result of the Affordable Care Act.^{8,17} In addition, both Medicaid-insured adults and low-income adults report difficulty traveling to a dentist as a factor. Unfortunately, our analysis does not allow for a comparison of dental care service delivery locations that accept Medicaid patients and the location of our survey respondents. As a result, our analysis does not provide insight into whether the reported difficulty in finding Medicaid dentists is due to a true scarcity of such dentists or due to difficulties Medicaid enrollees have in navigating the Medicaid system. Future research will dig deeper into this issue. Nevertheless, we believe our findings suggest that Medicaid-insured and low-income adults may be well served by a patient navigator that can help arrange travel services for patients to get to their dental appointments, and can work to connect individuals to dentists that accept Medicaid.²⁰

Our research also underscores the importance of the perceived need for dental care as a critical driver of intentions to visit a dentist, especially among high-income groups. In fact, the top reason why privately-insured and high-income adults report not planning to visit the dentist in the next 12 months is due to lack of need. Lack of need is among the top reasons for not visiting a dentist even among lower-income groups. This lack of perceived need may be due to improvements in oral health due to enhanced prevention²¹ and healthy behaviors,²² changes in oral health literacy, or other reasons including changes in individual and household priorities. However, in our view, there is limited research on the value proposition of dental care to individuals and households as well as the oral health status of adults and how this has evolved over time. The low perceived need for dental

care that we have uncovered has critical implications for dental care providers and the oral health status of the public. We plan to follow-up in this area in future research.

This Research Brief was published by the American Dental Association's Health Policy Institute.

211 E. Chicago Avenue
Chicago, Illinois 60611
312.440.2928
hpi@ada.org

For more information on products and services, please visit our website, www.ada.org/hpi.

References

- ¹ American Dental Association. A profession in transition: key forces reshaping the dental landscape. Health Policy Institute, American Dental Association. August 2013. Available from: http://www.ada.org/~media/ADA/Member%20Center/Files/Escan2013_ADA_Full.ashx. Accessed August 26, 2014.
- ² Nasseh K, Vujicic M. Dental benefits expanded for children, young adults in 2012. Health Policy Institute Research Brief. American Dental Association. October 2014. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_5.ashx. Accessed October 10, 2014.
- ³ Vujicic M and Nasseh K. A decade in dental care utilization among adults and children (2001-2010). Health Services Research. *Health Serv Res.* 2014;49(2):460-80.
- ⁴ Nasseh K, Vujicic M. Dental care utilization rate highest ever among children, continues to decline among working-age adults. Health Policy Institute Research Brief. American Dental Association. October 2014. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_4.ashx. Accessed October 10, 2014.
- ⁵ Bloom B, Simile CM, Adams PF, Cohen RA. Oral health status and access to oral health care for U.S. adults aged 18-64; National Health Interview Survey, 2008. National Center for Health Statistics. *Vital Health Stat* 10(253). 2012.
- ⁶ Brown T, Finlayson T, Fulton B, Jahedi S. The demand for dental care and financial barriers in accessing care among adults in California. *CDA Journal.* 2009;37(8).
- ⁷ Wall T, Nasseh K, Vujicic M. Most important barriers to dental care are financial, not supply related. Health Policy Institute Research Brief. American Dental Association. October 2014. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_2.ashx. Accessed October 10, 2014.
- ⁸ Johnson P. Denti-Cal patients feel the pain as rates shrink. California Health Report. July 16, 2014. Available from: <http://www.healthycal.org/archives/16152>. Accessed October 13, 2014.
- ⁹ For more information on Harris Poll, the creation of this survey, and the creation of the general population weights, please see: Yarbrough C; Nasseh K, Vujicic M. Key differences in dental care seeking behavior between Medicaid and non-Medicaid adults and children. Health Policy Institute Research Brief. American Dental Association. August 2014. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0814_4.ashx. Accessed August 25, 2014.
- ¹⁰ Age categories include: aged 18-34, 35-49, 50-64, and 65 and older.
- ¹¹ HHS. 2014 Poverty Guidelines. Office of the Assistant Secretary for Planning and Evaluation. 2014. Available from: <http://aspe.hhs.gov/poverty/14poverty.cfm>. Accessed August 26, 2014.
- ¹² Household income is categorized as follows: less than 100 percent of the FPL, greater than or equal to 100 percent of the FPL and less than or equal to 199 percent of the FPL, greater than or equal to 200 percent of the FPL and less than or equal to 399 percent of the FPL, greater than or equal to 400 percent of the FPL.
- ¹³ Health insurances categories include privately insured, Medicaid, Medicare, and uninsured. We considered a respondent to be privately insured if they reported obtaining health insurance for 2014 through either employer-sponsored insurance, the health insurance marketplaces, or directly from an insurer.
- ¹⁴ Wall T, Nasseh K, Vujicic M. Financial barriers to dental care declining after a decade of steady increase. Health Policy Institute Research Brief. American Dental Association. October 2013. Available from: http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief_1013_1.pdf. Accessed September 5, 2014.
- ¹⁵ Vujicic M, Yarbrough C, Nasseh K. The effect of the Affordable Care Act's expanded coverage policy on access to dental care. *Med Care.* 2014 Aug;52(8):715-9.

¹⁶ Vujcic M, Yarbrough C. Young adults most likely age group to purchase dental benefits in health insurance marketplaces. Health Policy Institute Research Brief. American Dental Association. August 2014. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0814_3.ashx. Accessed September 5, 2014.

¹⁷ Yarbrough C, Vujcic M, Nasseh K. More than 8 million adults could gain dental benefits through Medicaid expansion. Health Policy Institute Research Brief. American Dental Association. February 2014. Available from: http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0214_1.pdf

¹⁸ Nasseh K and Vujcic M. Health reform in Massachusetts increased adult dental care use, particularly among the poor. *Health Affairs*, 32, no.9 (2013): 1639:1645.

¹⁹ Choi MK. The impact of Medicaid insurance on dental service use. *J Health Econ*. 2011; 30(5):1020-31.

²⁰ American Dental Association. Impact of CDHCs. Action for Dental Health. Available from: <http://www.ada.org/en/public-programs/action-for-dental-health/community-dental-health-coordinators/impact-of-cdhcs>. Accessed October 14, 2014.

²¹ Centers for Disease Control and Prevention. 2012 Water Fluoridation Statistics. Available from: <http://www.cdc.gov/fluoridation/statistics/2012stats.htm>. Accessed September 15, 2014.

²² Egan S. Why smoking rates are at new lows. The New York Times. June 25, 2014. Available from: http://well.blogs.nytimes.com/2013/06/25/why-smoking-rates-are-at-new-lows/?_php=true&_type=blogs&r=0. Accessed September 15, 2014.

Suggested Citation

Yarbrough C, Nasseh K, Vujcic M. Why adults forgo dental care: Evidence from a new national survey. Health Policy Institute Research Brief. American Dental Association. November 2014. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1114_1.ashx.