

Research Brief

Main Barriers to Getting Needed Dental Care All Relate to Affordability

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Key Messages

- *During each year from 2013-2016, approximately 15.2% of the U.S. population needed dental care but did not obtain it.*
- *Financial reasons such as “could not afford the cost,” “insurance did not cover procedures,” and “did not want to spend the money” were the top three barriers cited for not obtaining needed dental care. Respondents less frequently cited non-financial barriers such as “afraid or do not like dentists,” “dental office is too far away,” or “too busy.”*
- *Financial barriers to obtaining needed dental care were reported most frequently among low-income working-age adults and seniors as well as high-income working-age adults.*

Introduction

In 2016, 50.4 percent of children with Medicaid or CHIP and 67.1 percent of children with private insurance had a dental visit in the past 12 months.¹ According to 2015 data, 48.5 percent of children ages 2 to 18, 36.0 percent of adults ages 19 to 64, and 43.7 percent of adults ages 65 and older had a dental visit in the past year.² The percentage of children without dental insurance decreased from 15.8 percent in 2010 to 10.3 percent in 2015.³ Similarly, the percentage of working-age adults without dental insurance decreased from 34.6 percent in 2010 to 27.5 percent in 2015.³ The percentage of seniors without dental insurance decreased from 66.4 percent in 2010 to 61.6 percent in 2015.³

Although insurance coverage for dental care is expanding, previous studies have found that cost is an important barrier to obtaining dental care.^{4,5,6} In this brief, we examine the percentage of the U.S. population between 2013-2016 that indicated dental care was needed but not obtained. In particular, we compare financial and non-financial barriers to receiving dental care among different age groups and income levels.

Results

As shown in Figure 1, 15.2 percent of the respondents, or approximately 47,578,543 individuals in the U.S., indicated that they needed dental care but did not receive it in the past 12 months. Results varied by age group, with 4.4 percent of children, 20.0 percent of working-age adults, and 10.7 percent of seniors in the U.S. indicating that they needed dental care but did not receive it in the past 12 months.

Figure 2 breaks down respondents' self-reported reasons for not obtaining needed dental care. Financial reasons such "could not afford the cost," "insurance did not cover procedures," and "did not want to spend the money" were the top three reported barriers to dental care.

As seen in Figure 3, the percentage of respondents citing financial barriers was greater than the percentage citing non-financial barriers across all age groups. The percentage of financial (17.4 percent) and non-financial barriers (5.8 percent) to needed care was highest among working-age adults.

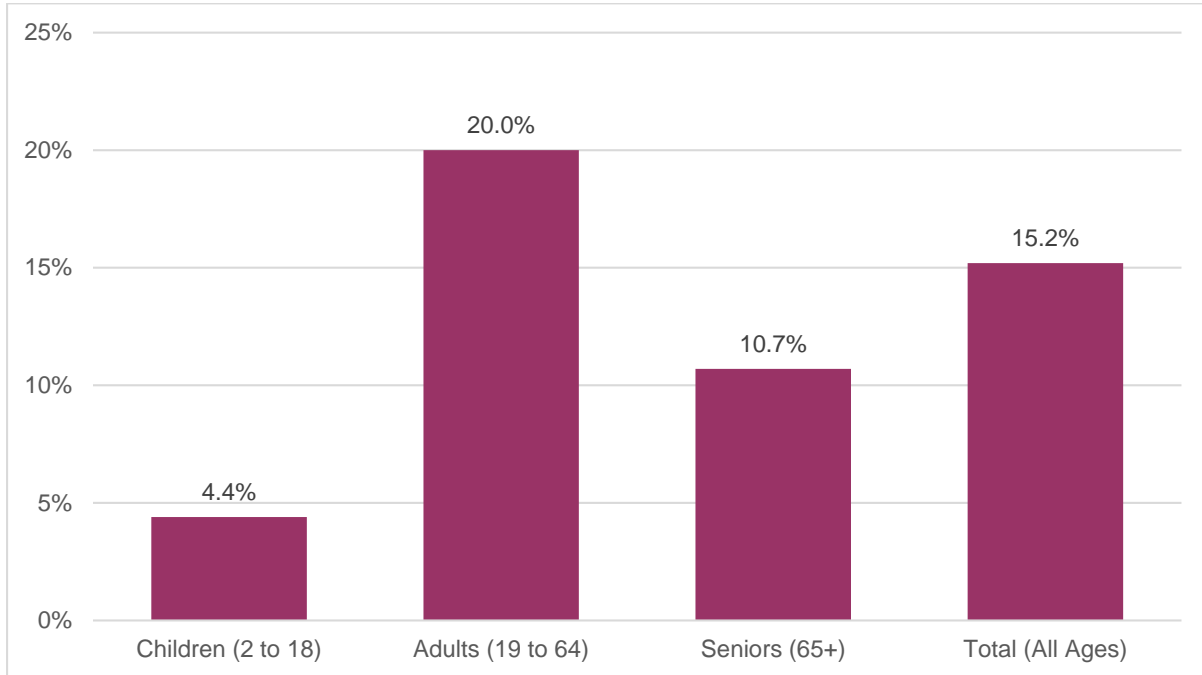
Figures 4 and 5 show that across all age groups, the percentage of individuals citing financial and non-financial barriers to dental care was higher among low-income groups (below 133% of the federal poverty level [FPL]) than among high-income groups (133% FPL or higher). Figure 4 shows that low-income

working-age adults (33.0 percent), low-income seniors (19.2 percent), and high-income working-age adults (12.4 percent) were the top three population groups citing financial barriers to dental care. Similarly, Figure 5 shows that low-income working-age adults (9.0 percent), high-income working-age adults (4.9 percent), and low-income seniors (4.8 percent) were the top three population groups citing non-financial barriers to dental care.

Discussion

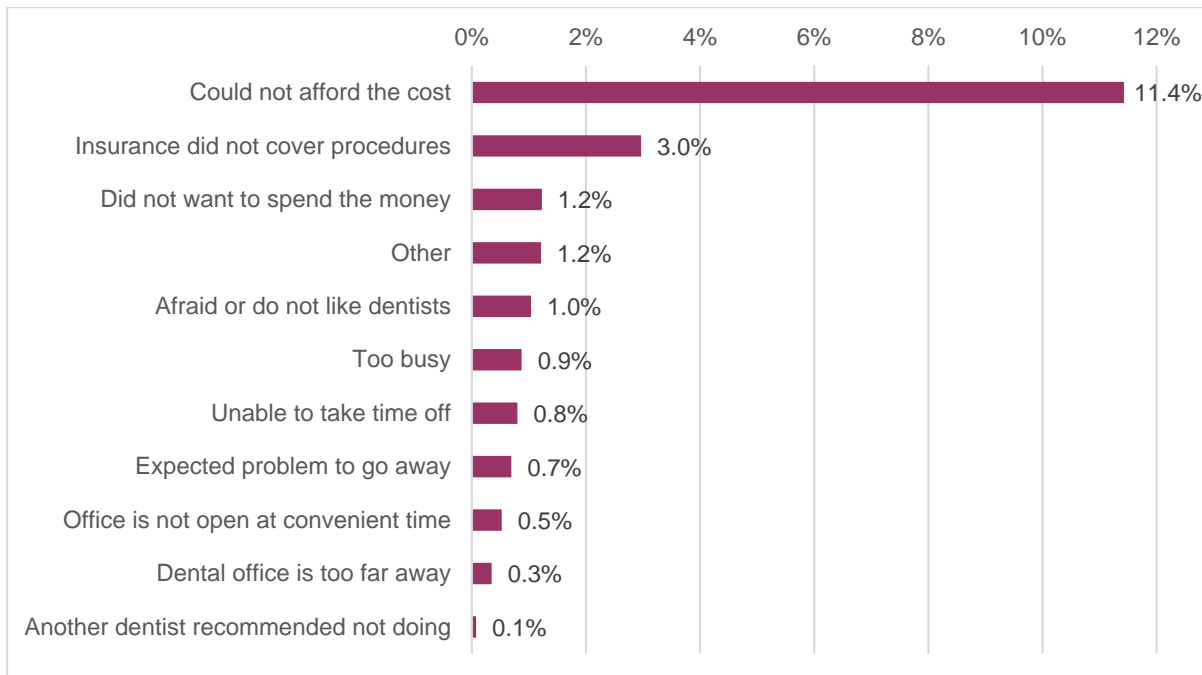
From 2013-2016, about one in five working-age adults did not receive needed dental care. A greater proportion of working-age adults faced financial barriers to receiving dental care. More than one-fourth of working-age adults do not have dental benefits.³ Only 17 states offer extensive dental benefits to their adult Medicaid population while only 14 offer extensive dental benefits to their Medicaid expansion population.⁷ The average out-of-pocket spending on dental care is \$310 per adult.⁸ For individuals under 100% FPL, the out-of-pocket spending is \$523 per adult and \$709 per adult for those over 200% FPL.⁶ This cost can be prohibitive for adults, especially in low-income groups, to receiving needed dental care. Similarly, financial barriers affected the senior population since more than half do not have dental coverage.³

Figure 1: Percentage Indicating They Needed Dental Care but Did Not Obtain It in the Past 12 Months by Age, 2013-2016



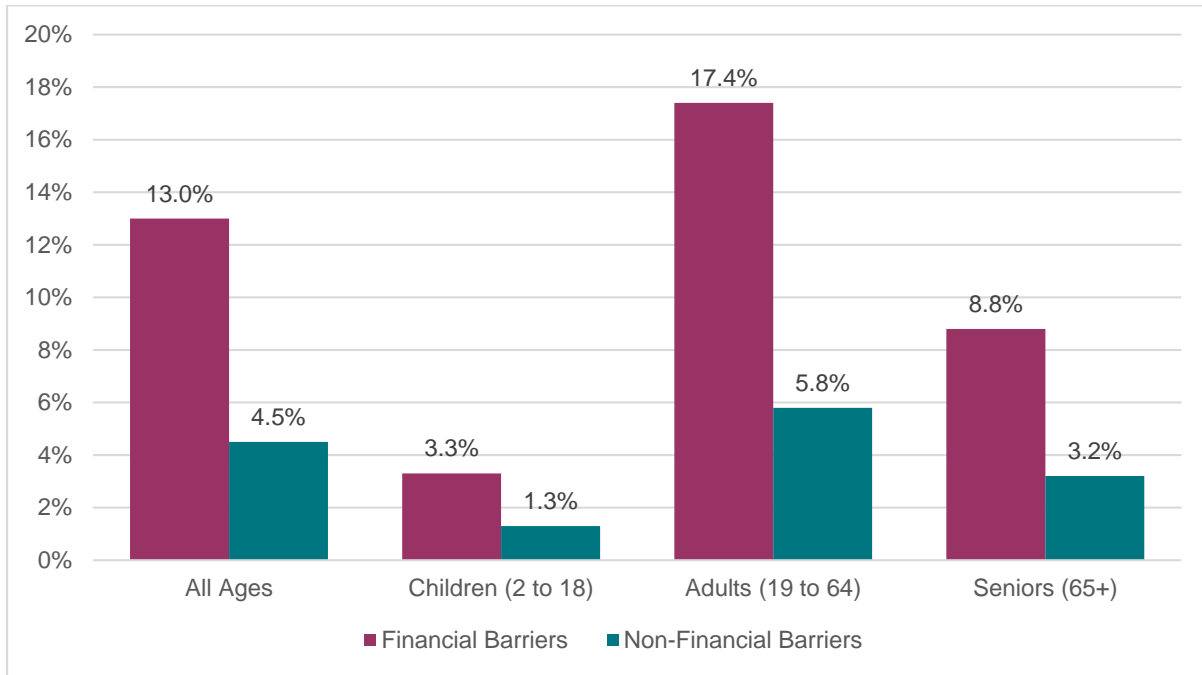
Source: National Health and Nutritional Examination Survey (NHANES), 2013-2014 and 2015-2016.

Figure 2: Reasons for Not Obtaining Needed Dental Care



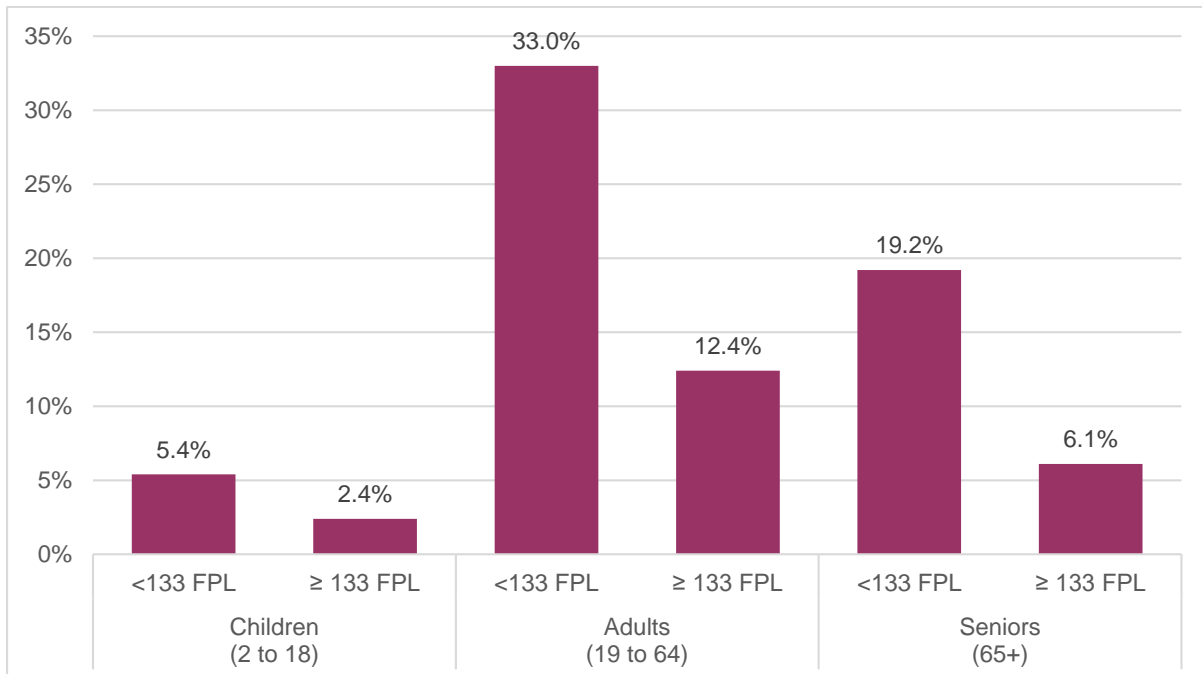
Source: National Health and Nutritional Examination Survey (NHANES), 2013-2014 and 2015-2016.

Figure 3: Percentage Indicating Financial and Non-Financial Barriers to Needed Dental Care by Age, 2013-2016



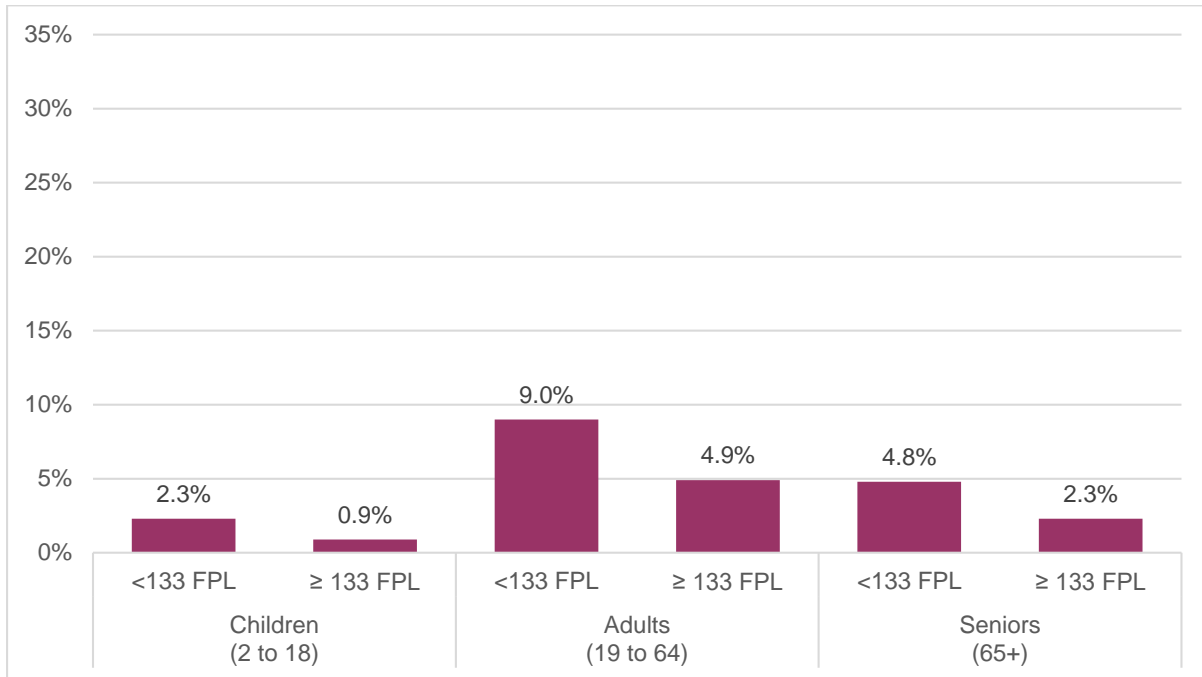
Source: National Health and Nutritional Examination Survey (NHANES), 2013-2014 and 2015-2016.

Figure 4: Percentage Indicating Financial Barriers to Obtaining Needed Dental Care by Age and Income Level, 2013-2016



Source: National Health and Nutritional Examination Survey (NHANES), 2013-2014 and 2015-2016.

Figure 5: Percentage Indicating Non-financial Barriers to Obtaining Needed Dental Care by Age and Income Level, 2013-2016



Source: National Health and Nutritional Examination Survey (NHANES), 2013-2014 and 2015-2016.

Data & Methods

We used data from the National Health and Nutrition Examination Survey (NHANES), managed by the National Center for Health Statistics.⁹ NHANES is a nationally representative survey of the non-institutionalized civilian U.S. population and is designed to assess the health and nutritional status of adults and children. It consists of questionnaires administered in the home, followed by a standardized physical examination in a specially equipped mobile examination center. Every year since 1999, approximately 5,000 individuals of all ages have participated in the survey. Data collected by the NHANES are released to the public in two-year intervals. Each two-year data set includes approximately 10,000 individuals.

The results presented in this brief are based on questions in the oral health questionnaire designed to collect information for participants ages 2 and older. We based our analysis on the NHANES data for the years 2013-2014 and 2015-2016.

There were 11 types of barriers respondents could choose from to indicate their reasons for not receiving needed dental care. We aggregated barriers into two broad categories: financial barriers and non-financial barriers. Financial barriers included “could not afford the cost,” “did not want to spend the money,” and “insurance did not cover procedures.” Non-financial barriers included “dental office is too far away,” “office not open at convenient time,” “another dentist recommended not doing it,” “afraid or do not like dentists,” “unable to take time off from work,” “too

busy,” “expected dental problems to go away,” and “other reason could not get dental care.”

The data set we used lacked some precision in terms of potential reasons for dental care avoidance. For example, the questionnaire did not include possible responses such as “could not find a dentist that accepts my insurance” or “I exceeded my insurance’s annual max.” We recognize these shortcomings.

We pooled the data together for years 2013-2014 and 2015-2016. Our sample only included respondents ages 2 years and older who reported a dental visit in the past. We examined trends in the barriers to needed dental care for children ages 2 to 18, adults ages 19 to 64, and seniors ages 65 and over. We also reported results for low and high-income individuals. Low

income was defined as less than 133% of the federal poverty level (FPL). High income was defined as equal to or greater than 133% of the FPL. The income and age categories were relatively broad in order to have a sufficient sample to present results by age and income. Our point estimates took into account the complex survey design of the NHANES.

We calculated weighted frequencies and percentages in order to account for the complex survey design of the NHANES survey. We also calculated population estimates for children, adults and seniors with barriers to needed dental care using population counts from the American Community Survey data.¹⁰

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