

Research Brief

Cost Barriers to Dental Care Continue to Decline, Particularly Among Young Adults and the Poor

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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.

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Key Messages

- *Cost barriers to dental care fell significantly in 2014, continuing a trend that began in 2010. This decline is now in its fourth year, reversing the increase that occurred from 2000 to 2010. Young adults and low-income adults had the largest decline in cost barriers to dental care from 2013 to 2014.*
- *Cost barriers for dental care remain significantly higher than for other types of health care services.*
- *More research is needed to assess whether the Affordable Care Act, namely Medicaid expansion, is affecting dental benefits coverage and cost barriers to dental care.*

Introduction

The ADA Health Policy Institute has conducted numerous studies determining the reasons a person may not visit a dentist in a given year.^{1,2,3,4} Most adults cite cost as the primary reason why they do not see a dentist.³ From 2000 to 2010, cost barriers to dental care rose steadily among adults ages 19-64. However, from 2010 to 2013, cost barriers to dental care declined, particularly among young adults ages 21-34. The Affordable Care Act's (ACA) expanded dependent coverage provision likely played a role in making dental care more affordable for young adults.^{5,6} Cost barriers for dental care are higher than for other health care services.²

In this research brief, we use newly released data to update our previous analysis of cost barriers to dental care through 2014. We analyze cost barriers to dental care by age and household income.

Data & Methods

We used data from the National Health Interview Survey (NHIS).⁷ This survey, conducted annually, is nationally representative of the civilian non-institutionalized U.S. population. The family core component collects information on every member of a sample household, including information on demographics, health characteristics and insurance coverage. The interviewed sample in 2014 consisted of 112,053 individuals. One adult and one child (ages 0-17) per household were randomly selected to be included in the sample adult and child components.

We compared cost barriers for five categories of health care services: (1) dental care, including check-ups (2) medical services, (3) mental health services, (4) prescription drugs and (5) eyeglasses. The dependent variable in the analysis was a binary variable based on the response to the following question: "During the past 12 months, was there ever a time when you needed [health care service] and didn't get it because you could not afford it?"

We examined trends in cost as a barrier to dental care for children ages 2-20, three non-elderly adult age groups (21-34, 35-49 and 50-64) and elderly adults ages 65 and older. For working-age adults ages 21-64, we reported cost barriers to dental care by household income (less than 100% of the Federal Poverty Level (FPL), 100-199% of the FPL, 200-399% of the FPL and 400% of the FPL and higher).

We tested for statistical significance across time using a chi-square test. Our point estimates and statistical inferences take into account the complex survey design of the NHIS.

Results

Figure 1 shows the percentage of the population reporting cost as a barrier to obtaining needed dental care, medical care, prescription drugs, mental health services and eyeglasses. The trends over time were similar for all five services: a fairly steady increase from 2000 to 2010, followed by a decrease from 2010 to 2014. Changes from 2000 to 2010 and from 2010 to 2014 were statistically significant. Except for mental health services, changes between 2013 and 2014 for all other health care services were statistically significant (p -value <0.01).

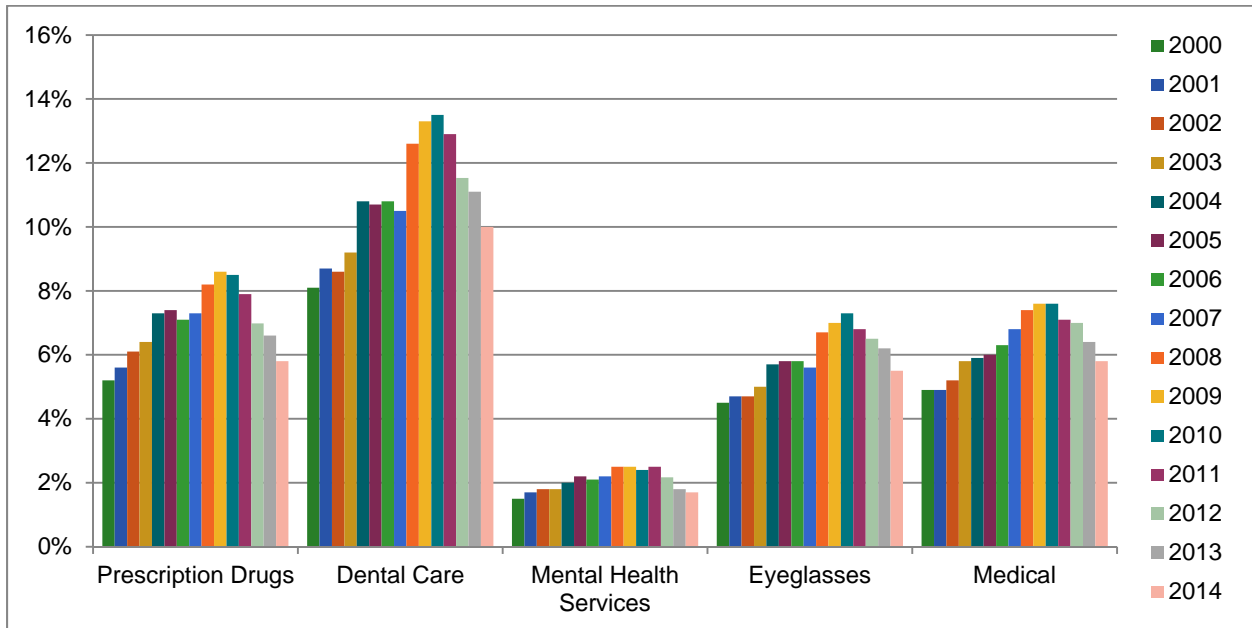
Figure 2 shows that from 2000 to 2010, the percentage of population who experienced cost barriers to dental care increased among all age groups, except for children. From 2010 to 2013, cost barriers to dental care declined among both children and working-age adults. From 2013 to 2014, cost barriers to dental care continued to decline among all age groups, except for the elderly. Adults ages 35-49 experienced the largest drop in cost barriers to dental care from 2013 (14.8 percent) to 2014 (12.6 percent) (p -value <0.10). Cost barriers to dental care continued to fall for young adults ages 21-34 from 2013 to 2014. The percentage of adults ages 21-34 reporting cost as a barrier to dental care fell from 14.8 percent in 2013 to 13.3 percent in 2014 (p -value <0.01).

Figure 3 shows the trends in cost barriers to dental care from 2000 to 2014 for adults ages 21-64 by household income. From 2000 to 2010, the percentage who could not obtain needed dental care due to cost increased among all income groups. From 2010 to 2014, it declined among all income groups. Both of these changes over time were statistically significant. For adults below 100% of the FPL, cost barriers to dental care fell from 30.1 percent in 2013 to 25.3 percent in 2014, a statistically significant change (p -

value<0.01). For adults with incomes between 100% and 199% of the FPL, cost barriers to dental care also

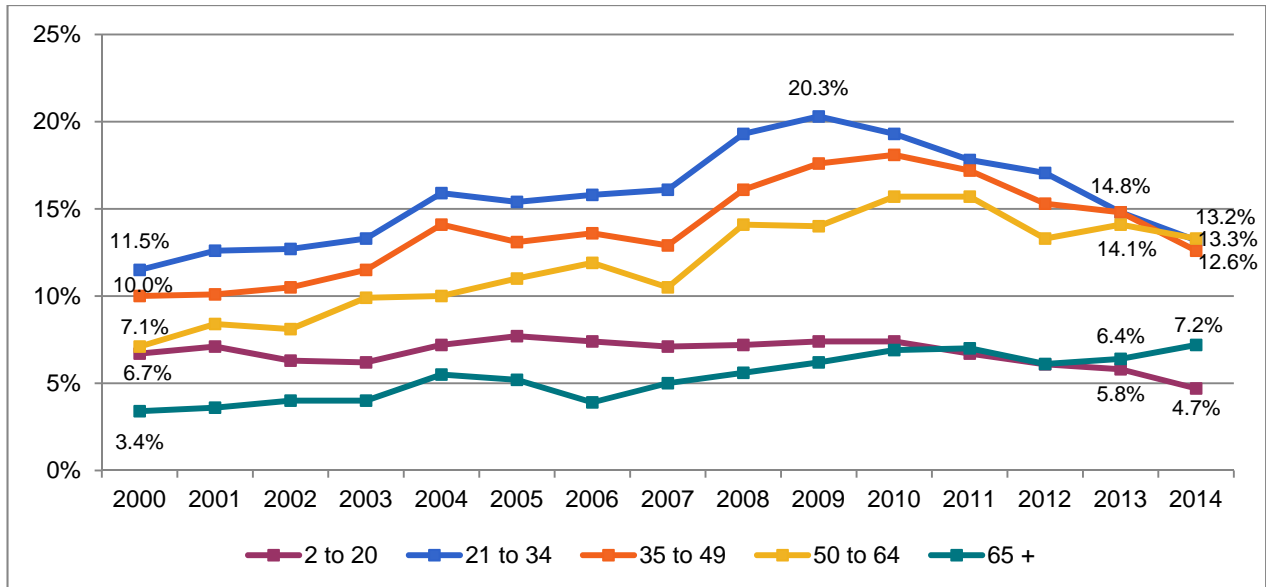
fell, from 24.5 percent in 2013 to 21.8 percent in 2014 (p-value<0.05).

Figure 1: Percentage of the Population Who Needed But Did Not Obtain Select Health Care Services during the Previous 12 Months Due to Cost, 2000-2014



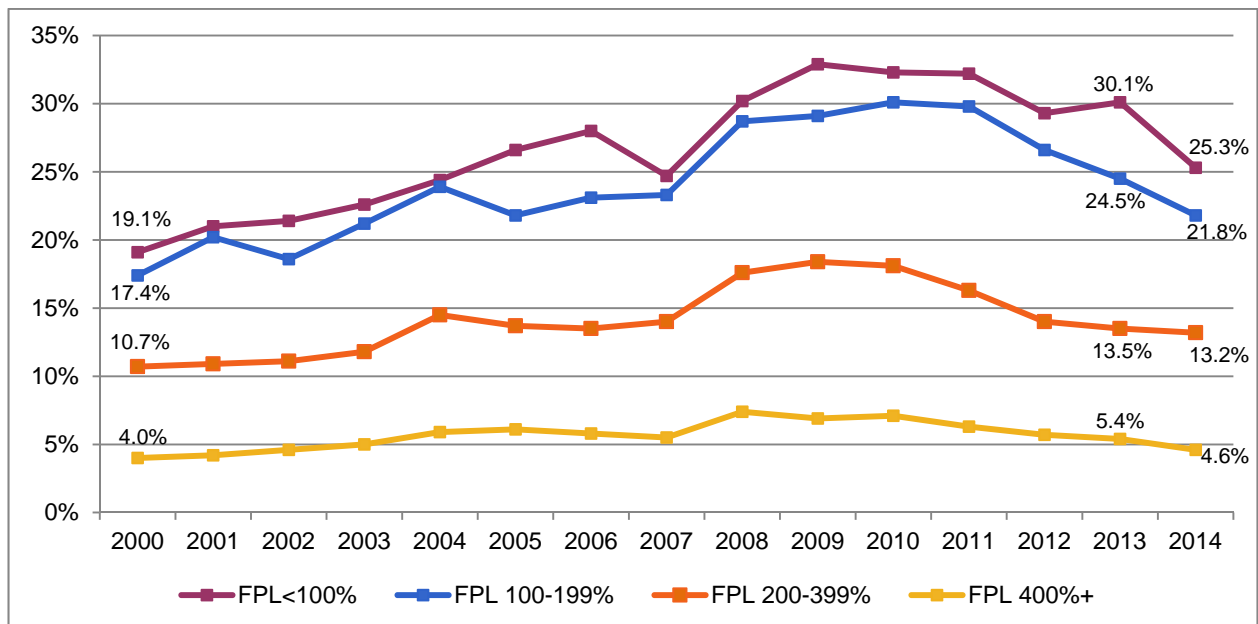
Source: National Health Interview Survey, National Center of Health Statistics. **Notes:** Changes from 2000 to 2010 for all services were statistically significant at the 1% level. Changes from 2010 to 2014 for all services were statistically significant at the 1% level. Changes from 2013 to 2014 were statistically significant at the 1% level for prescription drugs, dental care services, eyeglasses and medical care.

Figure 2: Percentage of the Population Indicating Cost as a Barrier to Receiving Needed Dental Care by Age Group, 2000-2014



Source: National Health Interview Survey, National Center for Health Statistics. **Notes:** Changes from 2000 to 2010 for age groups 21-34, 35-49, 50-64 and 65 + were statistically significant at the 1% level. Changes from 2010 to 2014 for age groups 2-20, 21-34, 35-49 and 50-64 were statistically significant at the 1% level. For adults ages 21-34, the change from 2013 to 2014 was statistically significant at the 1% level. Changes from 2013 to 2014 for adults ages 35-49 and 50-64 were statistically significant at the 10% level.

Figure 3: Percentage of the Adults Ages 21-64 Indicating Cost as a Barrier to Receiving Needed Dental Care by Household Income, 2000-2014



Source: National Health Interview Survey, National Center for Health Statistics. **Notes:** Changes from 2000 to 2010 were statistically significant at the 1% level for all income groups. Changes from 2010 to 2014 were statically significant at the 1% level for all income groups. Changes from 2013 to 2014 were statistically significant at the 1% level for adults with household incomes less than 100% of the FPL, at the 5% level for adults with household incomes 100-199% FPL and at the 10% level for adults with household incomes above 400% of the FPL.

Discussion

The U.S. population reporting cost barriers to dental care declined from 2013 to 2014. Young adults ages 21-34 continue to experience significant declines in cost barriers to dental care. Poor adults are seeing significant declines, as well. Nevertheless, cost barriers for dental care remain significantly higher than those for other health care services.

In 2014, the ACA provided subsidies to individuals with household incomes between 100% and 400% of the FPL to purchase health insurance in the health insurance marketplaces.⁸ In states that chose to expand Medicaid eligibility, health insurance coverage to individuals at or below 138% of the FPL increased, as well.⁹ Thus far, the ACA is having a significant impact on access to medical care. From the third quarter of 2013 to the second quarter of 2014, the uninsured rate in the U.S. dropped from 18 percent to 11.4 percent.¹⁰ Through the second quarter of 2014, there was a 2.2 percentage point increase in the likelihood of an individual having a personal doctor and a 2.7 percentage point decline in the proportion of adults unable to afford medical care.¹¹ By the first quarter of 2015, the percentage of individuals who lacked a personal physician declined by 3.5 percentage points. There were also significant improvements in self-reported health.¹² Between September 2013 and February 2015, 16.9 million people gained health insurance coverage.¹³

We hypothesize that certain provisions of the ACA may have led to a decline in cost barriers to dental care,

particularly for young and low-income adults. Recent research^{14,15} has shown that the ACA's expanded dependent coverage provision was associated with improved affordability of dental care for young adults. The expanded dependent coverage provision, which was enacted in 2010, allows young adults up to age 26 to stay on their parents' health insurance policies. In 2014, we continued to see a decline in cost barriers to dental care for young adults ages 21-34. Medicaid expansion has also brought increased dental benefits coverage to low-income adults,¹⁶ but it is still unclear how this increased coverage has impacted access to dental care. There is evidence that administrative burdens and low dental provider reimbursement limit the number of dentists that participate in Medicaid.^{17,18} Many Medicaid-enrolled adults claim that they are unable to find a dentist that will treat them.⁴

The extent to which reduced financial barriers to dental care is translating into increased utilization of dental care and improved oral health is also unclear. Dental care utilization has been falling steadily among adults, particularly young adults, through 2012. More recent data are not available.

The ADA Health Policy Institute is continuing to study the impact of the ACA on dental coverage, dental care utilization and cost barriers to care.

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