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Research Brief

Dentist Perceptions of Adult Medicaid Beneficiaries' Attitudes Toward Oral Health

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Key Messages

- *A survey of adult Medicaid beneficiaries and dentists in eight states found that two out five dentists, regardless of whether they treat Medicaid beneficiaries, agreed that Medicaid beneficiaries do not value oral health. Dentists' perceptions do not align with beneficiary attitudes; eight out of 10 beneficiaries agreed that the condition of their mouth is important to their overall health and appearance.*
- *Dentists perceive Medicaid beneficiaries as having more severe oral health problems or being more difficult to treat compared to their other patients. Gaps in oral health literacy or hesitancy to seek dental care among beneficiaries does not mean beneficiaries do not value oral health, but their oral health issues may be more severe.*
- *Understanding the challenges that adult Medicaid beneficiaries face when it comes to accessing dental care should be a guiding force in designing solutions to promote equitable access to oral health.*

Introduction

The consequences of poor oral health are well known. Dental disease impacts one's overall health,[1] productivity,[2] employability,[3] and general quality of life and costs the health care system billions every year.[2] Limited access to dental care disproportionately affects low-income populations, certain racial and ethnic minorities, rural communities, and seniors. These same groups are more susceptible to social determinants of disease[4,5,6] and face affordability and accessibility issues when it comes to dental care. In 2022, around one-fifth of working-age adults at or under 100 percent of the federal poverty level had been to the dentist in the past 12 months; around one-quarter of Hispanic adults and less than one-third of Black adults of all income levels had been to the dentist.[7] The percentage of adults reporting cost barriers to dental care was nearly identical among uninsured adults and publicly insured adults.[7] Oral health access and outcome disparities have remained consistent for adults over the past two decades, indicating that the Medicaid expansions that

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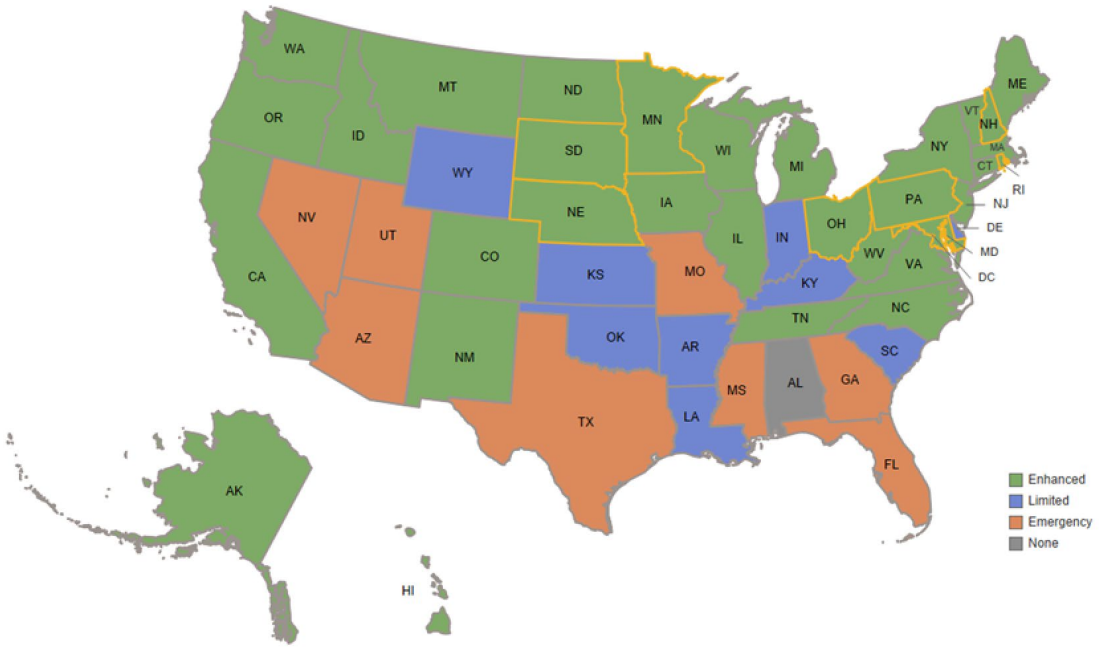
have occurred since the Affordable Care Act (ACA) was implemented are not enough to address barriers to care.

Oral health has gained more attention in the realm of federal and state policy in the past several years, particularly to address inequities in dental care access for adults. As of mid-2024, most state Medicaid programs have enhanced dental benefits for adults, meaning preventive and restorative procedures are covered and per patient annual spending is either unlimited or set at $1,000 or more (Figure 1). States now have the option of adding adult dental benefits as part of their essential health benefits (EHB) package.[8]

While a comprehensive adult dental benefit is critical for connecting individuals with a dental home, it is not enough to truly improve dental care access for vulnerable populations. Even in states that have had an enhanced dental benefit for Medicaid adults for years, the utilization rate among working-age adults is, at most, 34 percent.[9] Most state Medicaid programs limit the number and types of procedures covered,[10] and beneficiaries may still face out-of-pocket expenditures[11] and spending caps that render dental care unaffordable.

Figure 1: Adult Medicaid Dental Benefit Level by State



Source: Health Policy Institute analysis of data from state Medicaid websites and the CareQuest Medicaid Adult Dental Coverage Tracker.[12] Analysis based on data as of mid-2024. **Note:** None = No coverage. Emergency-only = Coverage for pain relief under defined emergency situations. Limited = Coverage for a subset of diagnostic, preventive, and minor restorative procedures with a per-enrollee annual maximum expenditure of $1,000 or less. Enhanced = Coverage for a more comprehensive mix of services, including at least diagnostic, preventive, and restorative procedures, and a per-enrollee annual maximum expenditure of at least $1,000 or no annual spending limit. States outlined in yellow were the eight states selected for the beneficiary and dentist surveys.

Expanding dental benefits for adults under Medicaid, while critical, is only the first step to addressing inequities to dental care access. More dentists must be able and willing to participate in Medicaid and regularly accept new beneficiaries into their patient pool. Current dentist participation in Medicaid varies by state; in some cases, meaningful Medicaid participation (i.e., dentists who see 100 or more Medicaid beneficiaries a year) falls to a small portion of the state's dental workforce.[13] As a result, Medicaid beneficiaries may struggle to find dentists who accept their insurance plan and have convenient appointment times, locations, and staff that is of their own racial/ethnic background and speaks their language. A survey of adult Medicaid beneficiaries and dentists in eight states affirmed that these are formidable obstacles to dental care access for adult Medicaid beneficiaries.[14]

Dentists' frustrations related to participating in the Medicaid program are well-established. Low, delayed or denied reimbursement for Medicaid services; lack of comprehensive services covered; and administrative burdens are top pain points reported by dentists as reasons why they do not see more Medicaid beneficiaries.[14] These sentiments are more pronounced among dentists not currently treating any Medicaid beneficiaries compared to those that do treat Medicaid beneficiaries.[14] In addition to program-specific pain points, some dentists are deterred from participating by the perception that Medicaid beneficiaries do not value their oral health or comply with treatment plans.

A previous paper on barriers to Medicaid utilization among adult beneficiaries and participation in Medicaid among dentists examined possible policy reforms to address common provider pain points.[14] This current paper explores another aspect of the survey results: the degree to which adult Medicaid beneficiaries value oral health and dentists' perceptions of how much Medicaid beneficiaries value oral health. Aside from program-level frustrations, dentists also indicate negative perceptions of Medicaid beneficiaries, viewing them as more difficult to treat for a variety of reasons. These results add an additional level of insight on the friction that exists between publicly insured populations and some oral health care providers.

Results

Results for the surveys of Medicaid beneficiaries and dentists are available in full in separate reports – one report with results for all eight states in aggregate as well as individual reports for each state (see the end of this paper for links to all of the reports). This paper focuses on oral health beliefs and attitudes among adult Medicaid beneficiaries and perceptions of Medicaid beneficiaries among dentists.

Adult Medicaid beneficiaries were asked how much they agree or disagree with statements about the importance of oral health while dentists were asked how much they agree or disagree with statements about Medicaid beneficiaries. Around eight out of 10 beneficiaries agreed or strongly agreed that the condition of their mouth and teeth is an important part of their overall health and that their smile is an important part of their appearance. Three-quarters of beneficiaries agreed or strongly agreed that it was important to them to keep their natural teeth (Figure 2a). By contrast, only one-quarter of dentists who treat Medicaid beneficiaries and one-fifth of dentists who do not treat Medicaid beneficiaries agreed or strongly agreed that Medicaid beneficiaries value oral health, indicating a strong disconnect between beneficiaries' values and providers' perceptions (Figure 2b).

Overall, adult Medicaid beneficiaries indicate that they value oral health. Only around one-fifth of beneficiaries agreed or strongly agreed that going to the dentist is not worth the cost, meaning most beneficiaries do

believe dental care is worth the cost. However, nearly half of beneficiaries agreed or strongly agreed that going to the dentist is only important if they are experiencing pain in their teeth and gums (Figure 3a). These results together indicate adult Medicaid beneficiaries often see dental care for pain management as worth the cost, not necessarily for regular preventive care. Dentists, for their part, largely disagreed or strongly disagreed that Medicaid beneficiaries comply with treatment plans, and eight out of 10 dentists agreed or strongly agreed that it is challenging to provide comprehensive treatment to Medicaid beneficiaries (Figure 3b). Dentists' perceptions that Medicaid beneficiaries are more challenging to treat or are uncooperative with treatment plans may reflect, in part, beneficiaries' negative perceptions of the dental office and their less than optimal at-home oral health habits, which could lead to more severe oral health problems.[14]

Figure 2a: Oral Health-Related Attitudes Among Adult Medicaid Beneficiaries

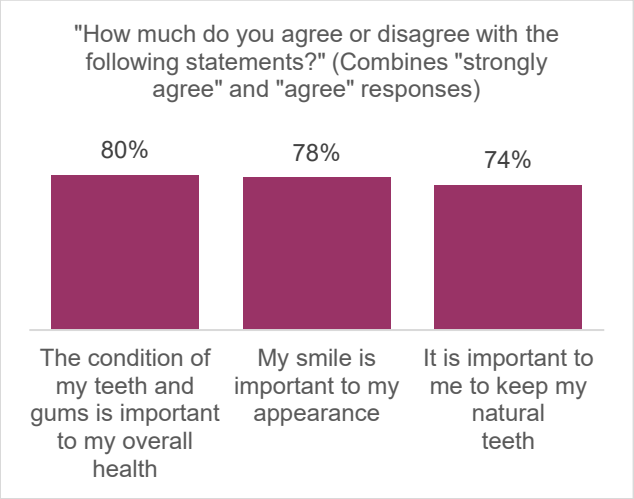
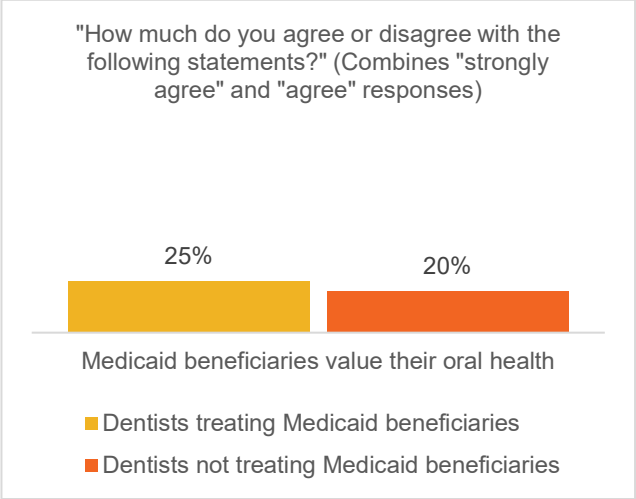


Figure 2b: Perceptions of Medicaid Beneficiaries Among Dentists



Notes: Results are for dentists and adult Medicaid beneficiaries in all eight states (MD, MN, NE, NH, OH, PA, RI, SD) combined.

Figure 3a: Oral Health-Related Attitudes Among Adult Medicaid Beneficiaries

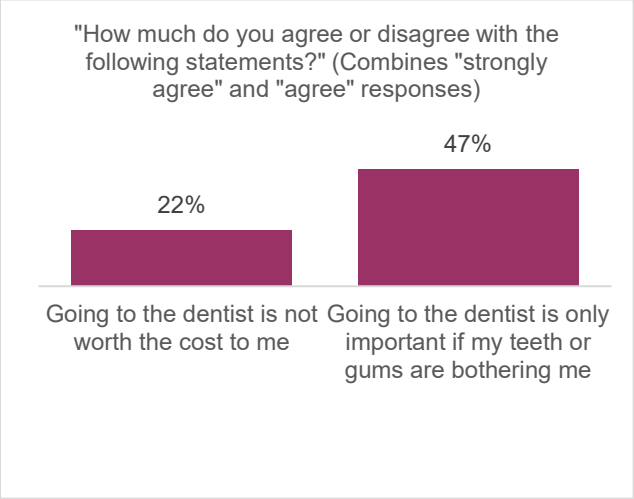
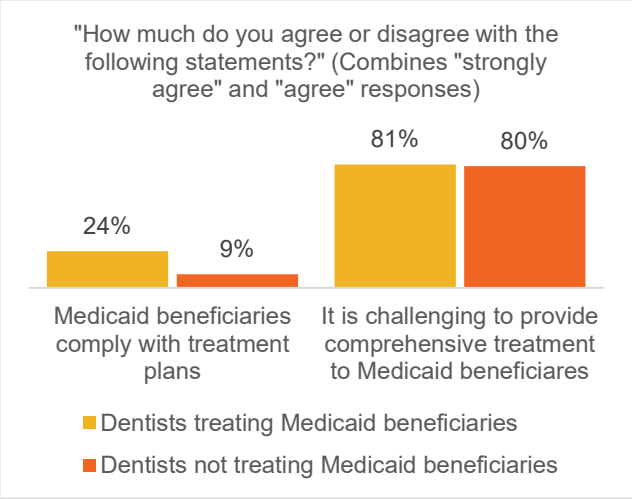


Figure 3b: Perceptions of Medicaid Beneficiaries Among Dentists



Notes: Results are for dentists and adult Medicaid beneficiaries in all eight states (MD, MN, NE, NH, OH, PA, RI, SD) combined.

Adult Medicaid beneficiaries were asked about their at-home oral health habits and their lifestyle choices that can impact development of oral disease. Half of beneficiaries reported that they "always" or "most of the time" brush twice a day with fluoride toothpaste; two out of five reported the same for flossing and cleaning between their teeth daily (Figure 4a). Around one-third of beneficiaries reported that they most of the time or always drink tap water instead of bottled. Meanwhile, 42 percent beneficiaries report that they never or only occasionally use tobacco products such as cigarettes, vape pens, and chewing tobacco (meaning 58 percent of beneficiaries use tobacco products sometimes, most of the time, or always) and 20 percent of beneficiaries report never consuming sugary foods or beverages or only doing so once a day. Adult Medicaid beneficiary oral health habits fall short of preventing oral disease, creating the need for costlier restorative treatments in the dental office. From the dentists' point of view, Medicaid beneficiaries are more difficult to treat (Figure 4b). Among dentists who treat Medicaid beneficiaries, eight out of 10 agreed or strongly agreed that oral health problems among Medicaid beneficiaries are more severe compared to other patient groups. Around two-thirds of dentists who do not treat Medicaid beneficiaries reported the same sentiment. Two out of five dentists in both groups agreed or strongly agreed that Medicaid patients are culturally more difficult to treat compared to other patient groups. Dentists' perceptions about Medicaid beneficiaries' treatability may partly reflect beneficiaries' less optimal oral health habits, which may stem from gaps in oral health literacy, cultural differences, or other socioeconomic factors (e.g., beneficiaries may not live in communities with fluoridated water systems).

Figure 4a: Oral Health-Related Habits Among Adult Medicaid Beneficiaries

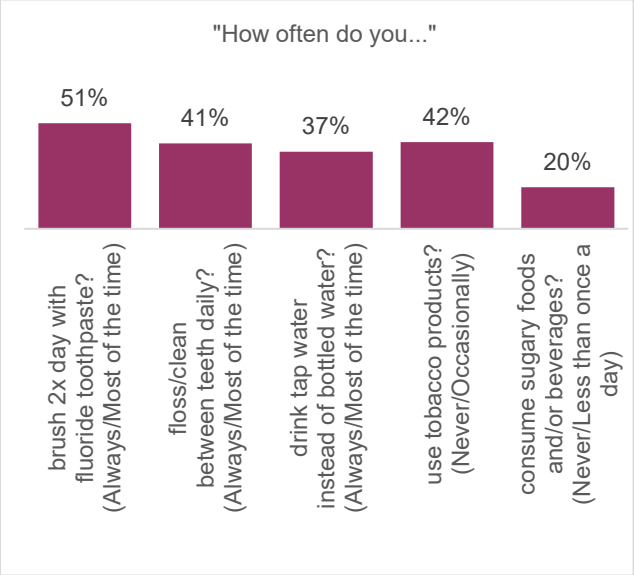
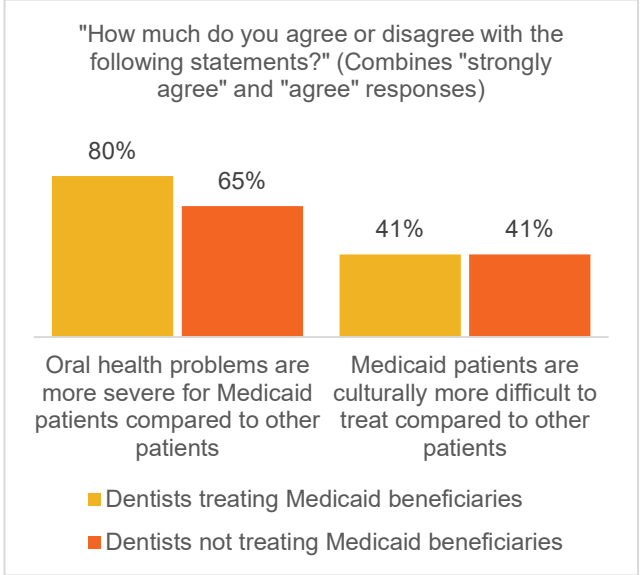


Figure 4b: Dentist Perceptions of Medicaid Beneficiaries



Notes: Results are for dentists and adult Medicaid beneficiaries in all eight states (MD, MN, NE, NH, OH, PA, RI, SD) combined.

Discussion

Survey findings indicate some important contradictions and misperceptions that exist among adult Medicaid beneficiaries and dentists. Among adult Medicaid beneficiaries, some behaviors and habits do not align with the high value they place on oral health. Among dentists, the perception of how much beneficiaries value oral health directly contradicts how beneficiaries report feeling.

Adult Medicaid beneficiaries overall indicate that they highly value oral health. The majority of survey respondents agreed that oral health is important to their overall health, that their smile is important to their appearance, and that they want to keep their natural teeth. Beneficiaries do not place as much value on preventive dental visits, however. Almost half of adult Medicaid beneficiaries agreed that it is only important to go to the dentist if they are experiencing discomfort and nearly one-quarter think that going to the dentist is not worth the cost.

Beneficiary reluctance to visit the dentist does not equate to disregard for oral health. Delayed dental care may come down to prioritizing everyday necessities (e.g., groceries, phone service, public transit) or other healthcare needs. A dental visit may not be worth the lost wages of taking time off to make the appointment. Cost of a rideshare service may not be feasible in addition to any out-of-pocket costs that arise from the dental visit. Affordability and accessibility issues beget a cycle – beneficiaries, anticipating prohibitive out-of-pocket costs for preventive visits, do not go to the dentist often and thus end up needing costlier restorative services later that may not be fully covered by their state's Medicaid plan.

The high value that adult Medicaid beneficiaries place on oral health is not directly reflected in their at-home oral health habits – only half of beneficiaries reported that they regularly brush twice daily with fluoride toothpaste and only around one-third reported that they

drink tap water (which is fluoridated for about 75 percent of the U.S. population)[15] instead of bottled water. Over half of beneficiaries report using tobacco products and four out of five consume sugary foods and beverages more than once a day. There may be a limited understanding amongst Medicaid beneficiaries of how much certain behaviors can impact oral health.

Dentists, for their part, revealed some negative perceptions of Medicaid beneficiaries that are not solely attributable to the usual top "pain points" expressed by providers such as low reimbursement, lack of covered procedures, and cumbersome administrative processes.[14] Dentists – both those who do and do not currently treat Medicaid beneficiaries – agreed in nearly equal levels that it is challenging to provide comprehensive care to Medicaid beneficiaries and that Medicaid beneficiaries are culturally more difficult to treat. These perceptions reflect concrete challenges to providing care for Medicaid beneficiaries. For example, Medicaid beneficiaries have reported more frequently experiencing oral health problems like pain and difficulty chewing.[14] With more severe oral health problems, limited procedures covered,[12] and low reimbursement rates,[16] it may be genuinely more difficult to treat Medicaid beneficiaries compared to other patient groups. However, severity of oral health problems does not mean beneficiaries do not value their oral health.

Two out of five dentists of both groups disagreed or strongly disagreed that Medicaid beneficiaries value oral health. The shared perceptions between the two dentist groups indicate that regardless of Medicaid participation, negative perceptions of Medicaid beneficiaries exist and may contribute to a dentist's decision to participate in the Medicaid program, or if they are already participating in the Medicaid program, the decision to treat more Medicaid beneficiaries.

Policy Implications

Based on survey responses from adult Medicaid beneficiaries and dentists, improving oral health access and outcomes for low-income populations is not limited to program-level reforms such as expanding dental benefits for adults, raising reimbursement rates for dental services, and streamlining administrative processes for dentists. Responsibility for improving the oral health of Medicaid beneficiaries extends to the beneficiaries themselves as well as dentists and other oral health leaders.

Improving oral health is a social issue as well as a political or administrative issue. While increasing access to dental care is important, oral health habits at home are just as critical. Education about at-home oral health habits is part of any dental visit, but education is needed through other channels outside of the dental office since beneficiaries may not be able to visit the dentist regularly. Oral health literacy (e.g., proper brushing and flossing techniques, importance of drinking fluoridated water, smoking cessation, and sugar consumption limitation) must be brought *to* beneficiaries. Given that Medicaid beneficiaries value their oral health, they may be receptive to oral health literacy outreach efforts..

A comprehensive dental benefit is ineffective without a robust healthcare workforce willing and able to accept new patients. In addition to expanding adult Medicaid dental benefits and oral health literacy outreach for Medicaid beneficiaries, there is a need to better educate dentists about the challenges that Medicaid beneficiaries face when it comes to accessing dental care and improving their oral health. There is a misperception among dentists that Medicaid beneficiaries do not value their oral health.

The appointment cancellation and no-show rate among Medicaid beneficiaries is a top barrier to Medicaid

participation among dentists, who may interpret appointment cancellation and no-show as laziness or disrespect.[17] In reality, beneficiaries may struggle to find the time and means to travel to the dental office or obtain resources needed to practice optimal oral health habits at home.[18] Providers must be mindful of this and work with the patient to find the best timing for appointments and even assist with transportation options. These types of discussions can build rapport with beneficiaries, which is key to the patient-provider relationship and high-quality patient care.[16]

Fear of visiting the dentist is another top barrier to dental care that has been reported by adult Medicaid beneficiaries; appointment fear and anxiety may be another contributing factor to appointment cancellation or difficulty following treatment plans.[14] Visiting the dentist may not be a familiar experience for some beneficiaries, or previous experiences may have been for severe issues and were unpleasant and costly. Dentists can further their rapport with beneficiaries by offering resources to overcome fear of dental visits. For example, dentists can refer beneficiaries to mobile apps that use principles of cognitive behavioral therapy and mindfulness in overcoming fear related to dental appointments.[19]

The majority (65 percent)[20] of Medicaid beneficiaries come from working families. Beneficiaries can value oral health but struggle to adhere to healthy at-home habits. Imperfect behaviors at home do not define how much a person values their oral health. Reducing the impact of negative perceptions and administrative challenges of participating in Medicaid is necessary to increase the number of available dentists participating in Medicaid and connect more Medicaid beneficiaries with dental care providers.

The U.S. dental workforce is becoming younger and more diverse in terms of sex and race and ethnicity;[21] female dentists and dentists who are racial and ethnic minorities, all else equal, are more likely to treat Medicaid beneficiaries.[22] The importance of serving Medicaid beneficiaries can increasingly be emphasized to future generations of dentists while they are still in dental school. Predoctoral programs could require students to treat Medicaid beneficiaries as part of their clinical training, ensuring students have exposure to Medicaid beneficiaries and an understanding of the circumstances that may lead to their oral health problems. For other medical specialties, pre-existing familiarity with Medicaid beneficiaries positively impacts future intention to treat Medicaid patients.[23] In time, negative perceptions of Medicaid and its beneficiaries could dissipate or become less influential in the decision to participate in the Medicaid program.

The ADA remains committed to supporting provider participation in and beneficiary utilization of dental services under Medicaid. At the conclusion of the Pilot Project in 2025, more resources will be released for further policy advancements and improvements.

Project Background and Methods

As part of the American Dental Association's (ADA) public program advocacy efforts, HPI and the Medicaid Advisory Committee (MAC) led a joint effort to survey Medicaid beneficiaries and dentists in six "pilot" states with the goal of increasing dentist participation in Medicaid and beneficiary utilization of dental services. The survey results may be used to inform materials in advocacy toolkits for state dental associations, health departments, and other organizations to set specific goals and strategies surrounding provider participation in Medicaid.

At the conclusion of this project, the ADA will release a comprehensive report on the successes, strategies, and outcomes from these six states. The overarching goal of the pilot project is to increase the number of dentists with claims for Medicaid beneficiaries by 5 to

10 percent and the number of dentists with claims for more than 100 Medicaid beneficiaries by 5 to 10 percent. ADA will then measure increased access to care and utilization among Medicaid beneficiaries by category of dental service type. Each state will determine their own specific goals.

The six pilot states include Maryland, Nebraska, Ohio, Pennsylvania, Rhode Island, and South Dakota. These states were selected on the basis of their differing Medicaid programs and other factors (i.e., number of managed care organizations (MCOs), robustness of oral health services and Medicaid coverage, potential or recently implemented fee increases, differing demographics of the oral health workforce, proximity to a dental school, etc.). HPI added two additional states – Minnesota and New Hampshire – for more robust results.

HPI conducted two online surveys to gather data from adult (aged 18 to 64) Medicaid beneficiaries and dentists. HPI commissioned Qualtrics to manage data collection for the survey of Medicaid beneficiaries, which ran from December 4, 2023 to January 11, 2024. HPI staff managed data collection for the survey of dentists, which ran from December 2 to December 30, 2023.

The Survey of Medicaid Beneficiaries was administered using nonprobability-based sampling. Respondents were recruited from Qualtrics' online panel partners. Respondents who indicated that they are enrolled in their state's Medicaid program were invited to complete the survey. Quotas were set at 300 responses per state (or best effort). A total of 2,467 Medicaid beneficiaries responded with a +/- 6% margin of error for each state.

The instrument for the beneficiary survey, developed by HPI staff, consisted of seven questions related to oral health: (1) respondents' oral health status at the time of the survey, (2) how often respondents experienced specific oral health problems (items taken from the Oral Health Impact Profile-5[24]), (3) how often respondents practiced specific oral health habits at home, (4) the timing of respondents' last dental visit, (5) reasons respondents do not go to the dentist more often, (6) respondents' agreement with attitudes and beliefs about oral health and visiting the dentist (some items taken from the Oral Health Values Scale[25]), and (7) respondents' thoughts on oral health options offered by Medicaid (an open-ended question).

The Survey of Dentist Opinions on Medicaid was administered to all 18,886 full and part-time dentists in the eight states with a valid email address in the ADA masterfile. Respondents who confirmed that they work in one of the eight states were invited to complete the survey. Due to the low number of responses from dentists practicing in Rhode Island, South Dakota and New Hampshire, results should be interpreted with caution.

The instrument for the dentist survey, developed by HPI staff with input from the MAC, consisted of five questions. Respondents were asked to (1) report whether they participate in their state's Medicaid program, (2) report the percentage (if any) of their patient volume that is composed of Medicaid beneficiaries, (3) rate the importance of particular barriers to their Medicaid participation, (4) rate their agreement with statements about treating Medicaid beneficiaries, and (5) describe their practice capacity and whether practice capacity is affected by staffing shortages. A total of 999 dentists responded. Results are broken out by Medicaid participation status: dentists who have and have not treated any Medicaid beneficiaries in the last 12 months.

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

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Suggested Citation

Flynn B, Weninger Starkel R, Zaborowski M, Vujicic M. Dentist Perceptions of Adult Medicaid Beneficiaries' Attitudes Toward Oral Health. American Dental Association. Health Policy Institute Research Brief. November 2024. Available from: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dentist_perceptions_adult_Medicaid_beneficiaries.pdf.

Access the **full report of all eight states in aggregate** and complete list of survey items for Survey of Medicaid Beneficiaries and Survey of Dentist Opinions on Medicaid: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/Survey_Dentists_Medicaid_Beneficiaries_Eight_States.pdf.

For **individual state reports**:

- **Maryland**: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/survey_dentists_Medicaid_beneficiaries_Maryland.pdf.
- **Minnesota**: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/survey_dentists_Medicaid_beneficiaries_Minnesota.pdf.
- **Nebraska**: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/survey_dentists_Medicaid_beneficiaries_Nebraska.pdf..
- **New Hampshire**: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/survey_dentists_Medicaid_beneficiaries_New_Hampshire.pdf.

- **Ohio**: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/survey_dentists_Medicaid_beneficiaries_Ohio.pdf.
- **Pennsylvania**: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/survey_dentists_Medicaid_beneficiaries_Pennsylvania.pdf.
- **Rhode Island**: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/survey_dentists_Medicaid_beneficiaries_Rhode_Island.pdf
- **South Dakota**: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/survey_dentists_Medicaid_beneficiaries_South_Dakota.pdf.