Key Differences in Dental Care Seeking Behavior between Medicaid and Non-Medicaid Adults and Children

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Key Messages

- There is often confusion among Medicaid enrollees when it comes to the availability of dental benefits in Medicaid, particularly for adults.
- The majority of adults rate oral health as important. Adults with private health insurance are slightly more likely to rate oral health as important compared to adults with Medicaid. There is no difference in reported oral health importance between Medicaid-enrolled children and children with other forms of health insurance.
- Medicaid-enrolled adults report higher rates of average, poor and bad self-perceived oral health status compared to adults with other forms of health insurance. However, there is no difference in reported oral health status between Medicaid-enrolled children and children with other forms of health insurance.
- Among Medicaid-enrolled adults and children, the main reasons for not visiting a dentist include many dental services not being covered by Medicaid and difficulty finding a dentist that accepts Medicaid.

Introduction

The oral health landscape has changed significantly over the past decade. The percentage of Americans with private dental benefits declined from 2000 through 2011, with more adults forgoing dental insurance and more children moving into Medicaid. For working-age adults, this trend has been accompanied by a significant decrease in dental care utilization. Utilization among children, on the other hand, has increased over the past decade, in part due to sustained dental benefits support through Medicaid and the Children’s Health Insurance Program. Regardless, dental care utilization among both adults and children is low relative to the recommendations of the American Dental Association and American
Association of Pediatric Dentists,\(^5\) with 36.1 percent of working-age adults and 45.4 percent of children visiting the dentist in 2011.\(^6\)

The Affordable Care Act (ACA) provides ample opportunity for the expansion of dental benefits among both Medicaid-enrolled adults and children in states that are expanding Medicaid eligibility. Medicaid is a state-run program that is financed through both state and federal funds. States have the flexibility to create their own benefit packages within broad federal guidelines, and the services offered vary within and across states.\(^7\) States are required to provide pediatric dental benefits,\(^8\) and children that were previously uninsured or enrolled in the Children’s Health Insurance Program may now qualify for Medicaid.

Medicaid expansion is also expected to have an important impact on dental benefits coverage for low-income adults. A recent study estimates that over 8 million adults could gain at least limited dental benefits through Medicaid within the states that are expanding Medicaid eligibility.\(^9\) However, there are no minimum adult dental benefits requirements under Medicaid.\(^8\) In the decade prior to the rollout of the ACA, adult dental benefits within Medicaid were generally eroding with more states cutting back benefits rather than expanding them.\(^2\) Additionally, states have a history of cutting optional Medicaid benefits, such as adult dental benefits, during budget crises.\(^10\) Despite this vulnerability, many states do choose to offer various levels of adult Medicaid dental benefits.

While increased Medicaid enrollment may lead to increased dental benefits coverage, questions remain as to whether Medicaid enrollees understand their dental benefits coverage, seek to utilize dental care, and the extent to which they view comprehensive and continuous oral health as important.\(^11\) Additionally, coverage does not always translate to access to dental services, particularly among Medicaid beneficiaries.\(^12\)

In this research brief, we analyze Medicaid enrollees’ understanding of the dental benefits available to them in their state and, where applicable, to their Medicaid-enrolled children. We also assess Medicaid enrollees’ oral health knowledge and analyze dental care seeking behavior, comparing outcomes among the Medicaid population to the population with non-Medicaid health insurance.

**Data & Methods**

Our findings are based on an online survey that Harris Poll carried out on behalf of the American Dental Association (ADA) Health Policy Institute (HPI) in April 2014. The survey asked respondents about their insurance status, children’s insurance status (if applicable), health plan and provider network preferences, marketplace experience (if applicable), Medicaid experience (if applicable), and oral health status and behavior. Harris Poll collected data from a nationally representative sample of 3,007 adults aged 18 or older. A copy of the survey is available in Appendix A. In this research brief we provide a summary of findings related to the Medicaid experience as it relates to dental benefits.

Survey respondents were asked whether they have health insurance for 2014, and if so, how they obtained their health insurance. Respondents could choose one of the following options: employer (mine or my spouse/partner’s); through the new health insurance marketplace; directly from the insurance company, not through the marketplace; Medicaid; Medicare; through a government program other than Medicaid/Medicare (e.g., VA, TRICARE, SSI); or Other. We identified those respondents that indicated Medicaid enrollment (230 respondents) and additional information was collected from this group on dental benefits and utilization. We refer to these respondents as ‘Medicaid-enrolled’ adults, and compare their responses to respondents that have health insurance through a
source other than Medicaid (referred to ‘non-Medicaid enrolled’ adults).

Survey respondents were also asked whether their child has health insurance for 2014 (if applicable) and how they obtained that health insurance. Again, respondents could choose one of the following options: employer (mine or my spouse/partner's); through the new health insurance marketplace; directly from the insurance company, not through the marketplace; Medicaid; Medicare (for example, dually eligible children that receive both Medicare and Medicaid); through a government program other than Medicaid/Medicare (e.g., VA, TRICARE, SSI); or Other. We identified those respondents that indicated that they have children enrolled in Medicaid (110 respondents) and additional information was collected from this group on dental benefits and utilization. We refer to these children as ‘Medicaid-enrolled’ children, and compare their responses to children that have health insurance through a source other than Medicaid (referred to ‘non-Medicaid enrolled’ children).

The ADA HPI classifies each state’s adult Medicaid dental benefit into one of four categories: extensive, limited, emergency, and none. For the purposes of this brief, we consider states with extensive and limited adult Medicaid dental benefits as offering adult dental benefits, and states with emergency or no adult Medicaid dental benefits as not offering adult dental benefits. See Table 1 for a breakdown of states by adult dental benefits and Medicaid expansion status as of April 2014.9

HPI developed the survey questions, and Harris Poll advised on the contents of the survey and programmed the survey for data collection via the Internet. Harris Poll fielded the online survey from April 8, 2014 through April 21, 2014. Harris Poll created general population weights, accounting for demographic differences such as age, gender, and race, as well as controls for biases inherent to fielding an online survey.

For more information on the creation of these survey weights, see Appendix B. Harris Poll provided the dataset to our research team at HPI. HPI analyzed the raw data using STATA 13, weighting the responses using the general population weights provided by Harris Poll. For more information on Harris Poll, see Appendix C.

The main limitation of this study is the low number of respondents in some states. Because this is a nationally representative sample, we had much higher response rates for individuals residing in, for example, California than we had for Alaska. Because Medicaid is a state-based program, some of the analyses we were interested in conducting would naturally be state-specific. To help mitigate any low-response bias, we grouped states by larger characteristics such as type of adult dental benefit or expansion status. In all cases, we indicate the number of observations that the analysis is based on.

Results

Medicaid Enrollment

Overall, 5.9 percent of responding adults report being enrolled in Medicaid. An additional 80.6 percent report having a different type of health insurance for 2014, and 13.4 percent report being uninsured for 2014.

Looking at adults by Medicaid expansion status of their state, we see that a slightly higher percentage of adults in expanding states are enrolled in Medicaid compared to non-expanding states (see Figure 1). Additionally, a higher percentage of adults in non-expanding states are uninsured compared to expanding states.

Among those with children, 14.1 percent have children that are enrolled in Medicaid, 81.2 percent have children enrolled in a different form of health insurance (e.g. employer-sponsored insurance, other government insurance, etc.), and approximately 4.7 percent report that their children are uninsured.
Understanding Medicaid Benefits

In general, Medicaid enrollees report that it is easy to enroll in Medicaid and find out what the services are covered in their state (see Figure 2). Only 25.2 percent of Medicaid-enrolled adults indicate that it is somewhat or very difficult to enroll in Medicaid, and 31.3 percent indicate that it is somewhat or very difficult to find out what services their Medicaid program covers. Adults with Medicaid-enrolled children report slightly higher levels of difficulty, with 35.2 percent indicating it is somewhat or very difficult to enroll in Medicaid and 32.7 percent indicating it is somewhat or very difficult to find out what services are covered by their state’s Medicaid program.

Focusing on dental benefits, many Medicaid-enrolled adults lack awareness about whether dental benefits are available in their state (see Figure 3). Specifically, 58.2 percent of Medicaid-enrolled adults reside in a state that does not offer adult dental benefits, but they either believe their state does offer adult dental benefits or are unsure. Among Medicaid-enrolled adults that reside in states that do offer adult dental benefits, 37.3 percent either believe their state does not offer adult dental benefits or are unsure.

In terms of pediatric dental benefits, the majority of adults with Medicaid-enrolled children correctly indicate that Medicaid covers pediatric dental services. Specifically, 84.2 percent indicate that their state’s Medicaid program does provide pediatric dental benefits (see Figure 4). An additional 12.0 percent believe Medicaid does not cover pediatric dental services, and 3.8 percent report not being sure.

Medicaid Enrollee Oral Health Behavior

In general, 81.7 percent of adults rate oral health as extremely or very important. When we look at adults by Medicaid-enrollment status, 83.7 percent of non-Medicaid enrolled adults rate oral health as extremely or very important compared to 75.8 percent of Medicaid-enrolled adults.

In terms of self-perceived oral health status, a higher percentage of non-Medicaid enrolled adults report good oral health status compared to Medicaid-enrolled adults (see Figure 5). Approximately 63.9 percent of non-Medicaid enrolled adults report having good or excellent oral health, 28.1 percent report having average oral health, and 8.0 percent report having bad or poor oral health. Among Medicaid-enrolled adults, only 32.7 percent report having good or excellent oral health, 42.5 percent report having average oral health, and 24.7 percent report having bad or poor oral health.

Additionally, a higher percentage of non-Medicaid enrolled adults report visiting the dentist in the past six months compared with Medicaid-enrolled adults. Overall, 52.3 percent of adults indicate that they visit the dentist every six months (see Figure 6). However, only 23.1 percent of Medicaid-enrolled adults report visiting the dentist every six months compared to 60.2 percent of non-Medicaid enrolled adults.

Additionally, 30.2 percent of Medicaid-enrolled adults report not visiting the dentist at all in the past few years, compared to 16.1 percent of non-Medicaid enrolled adults.

More non-Medicaid enrolled adults than Medicaid-enrolled adults plan to visit the dentist in the next 12 months (see Figure 7). Approximately 83.6 percent of non-Medicaid enrolled adults indicate plans to visit the dentist in the next year compared with 67.8 percent of Medicaid-enrolled adults residing in states that offer adult dental benefits and 79.5 percent of Medicaid-enrolled adults residing in states that do not offer adult dental benefits. Similarly, 12.4 percent of Medicaid-enrolled adults indicate that they do not plan to visit the dentist compared to just 6.2 percent of non-Medicaid enrolled adults.
Adults that are not planning to visit the dentist were asked to provide reasons why, and important differences emerged by type of health insurance status (see Figure 8). The top reasons for not visiting the dentist among non-Medicaid enrolled adults include having a healthy mouth (32.4 percent) and other unspecified reasons (38.5 percent). Among Medicaid-enrolled adults, the top reasons for not visiting a dentist include many services not being covered by Medicaid (42.4 percent) and difficulty finding a dentist that accepts Medicaid (32.0 percent).

Compared to adults, there are no differences between Medicaid-enrolled and non-Medicaid enrolled children in terms of oral health status and the importance of oral health. For both groups, 84.2 percent of parents report that their child’s oral health is good or excellent. Similarly, 96.8 percent of adults with Medicaid-enrolled children indicate that they consider their child’s oral health at least somewhat important, compared to 97.4 percent of adults with non-Medicaid enrolled children.

The main difference between these two groups is the frequency with which children visit the dentist (see Figure 9). About 50.6 percent of Medicaid-enrolled children visited the dentist in the past six months, compared to 69.0 percent of non-Medicaid enrolled children. Additionally, approximately 16.6 percent of Medicaid-enrolled children have not visited the dentist in the past few years, compared to 8.7 percent of non-Medicaid enrolled children.

However, when parents were asked if they plan to take their child to the dentist in the next year, there was no difference between Medicaid-enrolled and non-Medicaid enrolled children. Approximately 94.2 percent of adults with Medicaid-enrolled children indicate that they plan to take their child to the dentist in the next year, compared to 94.8 percent of adults with non-Medicaid enrolled children. Among the small percentage of adults that indicate they are not planning to take their children to the dentist in the next year, top reasons among Medicaid-enrolled children include difficulty finding a dentist that accepts Medicaid, many services not being covered by Medicaid, and difficulty getting to the dentist. Having a healthy mouth and other, non-specified reasons were the top reasons for not planning to visit the dentist among non-Medicaid enrolled children.
### Table 1: States’ Medicaid Eligibility Expansion Decisions and Adult Dental Benefits as of April 2014

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Definition</th>
<th>States Expanding Medicaid</th>
<th>States Not Expanding Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>No dental benefits.</td>
<td>DE</td>
<td>AL, TN</td>
</tr>
<tr>
<td>Emergency</td>
<td>Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations.</td>
<td>AZ, HI, IL, NH, NV, WV</td>
<td>FL, GA, ID, ME, MO, MS, OK, SC, TX, UT</td>
</tr>
<tr>
<td>Limited</td>
<td>A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of $1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the ADA’s Code on Dental Procedures and Nomenclature.</td>
<td>AR, CA, CO, DC, KY, MA, MD, MI, MN, NJ, VT</td>
<td>IN, KS, LA, MT, NE, PA, SD, VA, WY</td>
</tr>
<tr>
<td>Extensive</td>
<td>A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least $1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per the ADA’s Code on Dental Procedures and Nomenclature.</td>
<td>CT, IA, ND, NM, NY, OH, OR, RI, WA</td>
<td>AK, NC, WI</td>
</tr>
</tbody>
</table>

**Source:** The Centers for Medicare and Medicaid Services’ (CMS) compilation of states’ Medicaid expansion decisions; American Dental Association’s Health Policy Institute analysis of state Medicaid policies. **Notes:** States’ Medicaid expansion decisions and adult dental benefit level are as of April 2014 to reflect respondents’ knowledge at the time they participated in the survey. The District of Columbia is included.

### Figure 1: Adult Insurance Status by Medicaid Expansion Status

![Figure 1: Adult Insurance Status by Medicaid Expansion Status](image)

**Source:** ADA HPI analysis of Harris Poll Survey Data. **Notes:** Results based on 3007 observations. All survey responses are weighted by general population weights provided by Harris Poll.
**Figure 2:** Percentage That Reported Enrollment Difficulty and Difficulty Knowing What Health Care Services Are Covered by Medicaid

Source: ADA HPI analysis of Harris Poll survey data. Notes: Results for Medicaid-enrolled adults are based on 230 observations. Results for adults with Medicaid-enrolled children are based on 110 observations. All survey responses are weighted by the general population weights provided by Harris Poll.

**Figure 3:** Medicaid-Enrolled Adults' Knowledge of Adult Medicaid Dental Benefits

Source: ADA HPI analysis of Harris Poll survey data. Notes: Results are based on 230 observations. The type of state Medicaid dental benefit is based on HPI classifications. For the purposes of this report, a state Medicaid program with limited or extensive adult dental benefits is considered providing dental benefits. A state Medicaid program with emergency or no adult dental benefits is considered not providing dental benefits. All survey responses are weighted by general population weights provided by Harris Poll.
**Figure 4:** Adults with Medicaid-Enrolled Children’s Knowledge of Medicaid Pediatric Dental Benefits

Source: ADA HPI analysis of Harris Poll survey data. Notes: Results based on 110 observations. All survey responses are weighted by general population weights provided by Harris Poll.

**Figure 5:** Self-Perceived Oral Health Status among Adults

Source: ADA HPI analysis of Harris Poll survey data. Notes: Results for all adults based on 3,007 observations. Results for Medicaid-enrolled adults based on 230 observations. Results for non-Medicaid enrolled adults based on 2,413 observations. All survey results are weighted by general population weights provided by Harris Poll.
Figure 6: Frequency with Which Adults Visited the Dentist during the Last Few Years

Source: ADA HPI analysis of Harris Poll survey data. Notes: Results for all respondents based on 3,007 observations. Results for Medicaid-enrolled adults based on 230 observations. Results for non-Medicaid enrolled adults based on 2,413 observations. All survey results are weighted by general population weights provided by Harris Poll.

Figure 7: Adults' Plans to Visit the Dentist in the next 12 Months

Source: ADA HPI analysis of Harris Poll survey data. Notes: Results for non-Medicaid enrolled adults based on 2,413 observations. Results for Medicaid-enrolled adults in states with adult dental benefits based on 155 observations. Results for Medicaid-enrolled adults in states without adult dental benefits based on 75 observations. All survey results are weighted by general population weights provided by Harris Poll.
**Figure 8:** Reasons Why Adults Do Not Plan to Visit a Dentist in the next 12 Months

<table>
<thead>
<tr>
<th>Reason</th>
<th>Medicaid-enrolled</th>
<th>Non-Medicaid enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many services not covered by dental plan or Medicaid</td>
<td>42.4%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Hard to find a dentist that accepts dental plan or Medicaid</td>
<td>20.9%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Cannot get to a dentist easily</td>
<td>14.3%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Mouth is healthy</td>
<td>6.3%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Cannot find the time to get to a dentist</td>
<td>4.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Cannot find the time to get to a dentist</td>
<td>4.9%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Other</td>
<td>12.6%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Other</td>
<td>7.5%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7.5%</td>
<td></td>
</tr>
<tr>
<td>Cannot find the time to get to a dentist</td>
<td>6.3%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>8.3%</td>
<td></td>
</tr>
<tr>
<td>No dental insurance</td>
<td>5.0%</td>
<td></td>
</tr>
<tr>
<td>No dental insurance</td>
<td>7.5%</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** ADA HPI analysis of Harris Poll survey data. Notes: Results for non-Medicaid enrolled adults based on 462 observations. Results for Medicaid-enrolled adults based on 73 observations. Respondents were asked this question if they indicated that they would not visit the dentist in the next 12 months, or if they were unsure whether they would visit the dentist in the next 12 months. All survey results are weighted by general population weights provided by Harris Poll.

**Figure 9:** Frequency with Which Children Visited the Dentist during the Last Few Years

<table>
<thead>
<tr>
<th>Frequency</th>
<th>All</th>
<th>Medicaid-enrolled</th>
<th>Non-Medicaid enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once every 6 months</td>
<td>10.7%</td>
<td>20.3%</td>
<td>64.6%</td>
</tr>
<tr>
<td>Once a year</td>
<td>4.4%</td>
<td>5.5%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Once every 2 to 3 years</td>
<td>16.6%</td>
<td>27.3%</td>
<td>69.0%</td>
</tr>
<tr>
<td>No dentist visit in the last few years</td>
<td>69.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** ADA HPI analysis of Harris Poll survey data. Notes: Results for all adults’ children based on 658 responses. Results for adults with Medicaid-enrolled children based on 110 observations. Results for adults with non-Medicaid enrolled children based on 520 observations. All survey results are weighted by general population weights provided by Harris Poll.
Discussion

This analysis builds upon previous work we carried out to examine the Medicaid population’s oral health seeking behavior.9,12 Here, we shed light on adult Medicaid enrollees’ understanding of their state’s adult Medicaid benefits, and how this understanding may impact their oral health seeking behavior. We also analyze Medicaid-enrolled children’s oral health seeking behavior.

We find that adults enrolled in Medicaid are often not aware of whether or not dental benefits are available under their state’s Medicaid program. Previous research indicates that the decline in adult dental care utilization over the last decade is significantly associated with a smaller percentage of adults having private dental benefits.3 In other words, as adult Medicaid enrollment increased over the past decade, adult dental care utilization fell. Our results suggest that this may be, in part, because enrollees are unaware that their state covers some adult dental services, an issue that to the best of our knowledge has not been explored in previous research. In contrast, parents are very aware that Medicaid programs provide dental benefits for children.

The most prevalent reasons why Medicaid-enrolled adults and children are not planning to visit the dentist in the next year include the lack of coverage for many dental services under the Medicaid program and difficulty finding a dentist that accepts Medicaid patients. Among adults with Medicaid-enrolled children, other factors include their children’s mouths are healthy, and that they do not need to visit the dentist, as well as difficulty getting their child to a dentist’s office.

Fewer adults enrolled in Medicaid rank oral health as very or somewhat important compared to adults with other forms of health insurance. This difference may reflect a different hierarchy of priorities among the Medicaid population, rather than lower valuation of oral health. Additionally, this difference is not the case among children. Adults place the same level of importance on oral health regardless of whether their child is enrolled in Medicaid or has a different form of health insurance. These differences also play out in self-perceived oral health status. Adults enrolled in Medicaid report higher rates of average, poor or bad oral health compared to non-Medicaid enrolled adults. For children, self-perceived oral health status does not differ between the Medicaid-enrolled and the non-Medicaid enrolled. Our findings confirm the paradigm of ‘a tale of two safety nets’ when it comes to dental benefits within Medicaid, with much more extensive access to dental care for children than for adults.

Taken together, our findings demonstrate the need for enabling conditions that help bring Medicaid-enrolled patients and dental providers together. There is evidence that expanding dental benefits in Medicaid is associated with an increase in dental care utilization.13 For example, Massachusetts expanded dental benefits to all adults aged 19 through 64 with incomes at or below 100 percent of the federal poverty level in 2006. Following this reform, there was a 7.2 percentage point increase in dental care utilization in 2007-2008 and an 11.0 percentage point increase in dental care utilization in 2009-2010 for low income individuals.14 Additionally, a national analysis of the potential impact of Medicaid expansion found the probability that an adult visits the dentist increased by 16.4 to 22.0 percent within 12 months of gaining dental benefits through Medicaid.13

But expanding coverage is less effective when other enabling conditions are absent. For example, evidence indicates that increasing dental provider reimbursement rates has led to improved dental care utilization among Medicaid patients, suggesting that more providers participate in the program when rates are higher.15 Other interventions such as reducing administrative burdens and increasing patient outreach
have also shown increased dental care utilization.\textsuperscript{15,16} We feel that our results confirm the vital role of enabling conditions, as we found that a significant share of Medicaid-enrolled adults were unaware of the dental benefits level within their state Medicaid program.

Medicaid is continuously changing, and Medicaid dental benefits are no exception. For example, in 2014 Illinois passed legislation to restore a limited adult dental benefit to their Medicaid program.\textsuperscript{17} Additionally, numerous states are still considering the possibility of expanding Medicaid eligibility to more adults.\textsuperscript{18} While this survey did not distinguish between new and existing Medicaid enrollees, there is potential for significant growth in the number of Medicaid enrollees, particularly among adults. We estimate that as many as 8.3 million adults may gain limited or extensive dental benefits in 2014.\textsuperscript{9} Additionally, the U.S. Congressional Budget Office continues to project growing Medicaid enrollment over the next decade, which means an influx of Medicaid beneficiaries who, in many states, will be gaining dental benefits.\textsuperscript{19} Thus, the coming decade provides the oral health community a chance not only to increase dental benefits coverage for low-income adults and children, but also to increase access to and utilization of dental services among both groups. The Health Policy Institute will continue to monitor the Medicaid landscape over the coming years to help inform policy decisions.

\textbf{Acknowledgments}

We thank Krishna Aravamudhan, B.D.S., M.S., Janice Kupiec, Thomas J. Spangler, J.D., and Rebecca Starkel from the American Dental Association for input and suggestions in designing the survey.
Appendix A: ADA Affordable Care Act Dental Insurance Survey

**SCREENER AND CORE QUESTIONS – All Respondents**

<table>
<thead>
<tr>
<th>Q1</th>
<th>In which country or region do you currently reside?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Are you...? Male or Female</td>
</tr>
<tr>
<td>Q3</td>
<td>In what year were you born? Please enter your response as a four-digit number (for example, 1977).</td>
</tr>
<tr>
<td>Q4</td>
<td>In what state or territory do you currently reside?</td>
</tr>
<tr>
<td>Q5</td>
<td>What is your zip code?</td>
</tr>
<tr>
<td>Q6</td>
<td>Including yourself, how many people age 18 or older live in your household?</td>
</tr>
<tr>
<td>Q7</td>
<td>How many people under the age of 18 live in your household?</td>
</tr>
<tr>
<td>Q8</td>
<td><strong>Ask if RESPONDENT HAS AT LEAST ONE CHILD IN HOUSEHOLD</strong> For how many of these children under the age of 18 are you the parent or guardian?</td>
</tr>
</tbody>
</table>

**Section I: Knowledge of the ACA – All Respondents**

<table>
<thead>
<tr>
<th>Q9</th>
<th>In October 2013, under the health reform law also known as the Affordable Care Act or “Obamacare,” new health insurance marketplaces opened in each state. People who do not have affordable health insurance through a job can shop and sign up for health insurance. How aware are you of this new marketplace in your state?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q10</td>
<td>Under the new health insurance law, there are 10 categories of health care services that health insurance must cover. To the best of your knowledge, is dental care for children one of these 10 essential services?</td>
</tr>
<tr>
<td>Q11</td>
<td><strong>Ask if PARENT OF CHILD UNDER AGE 18</strong> Please tell us if the following statement is true or false, to the best of your knowledge. If a person is eligible for financial assistance, they may be able to apply some of it to the cost of dental insurance for children.</td>
</tr>
</tbody>
</table>

**Section II: Plan Preferences – All respondents**

<table>
<thead>
<tr>
<th>Q12</th>
<th>What type of health insurance plan would you rather have?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• A plan that costs less money, but has a more limited range of doctors and hospitals you are allowed to visit</td>
</tr>
<tr>
<td></td>
<td>• A plan that costs more money, but has a broader range of doctors and hospitals you are allowed to visit</td>
</tr>
<tr>
<td>Q13</td>
<td><strong>Ask if PREFERS LOWER COST/LIMITED RANGE PLAN</strong> Now suppose that with this health insurance plan you would not be able to visit the doctors and hospitals you usually go to. Knowing this, which health insurance plan would you prefer?</td>
</tr>
<tr>
<td></td>
<td>• Still prefer lower cost plan with a limited range of doctors and hospitals</td>
</tr>
<tr>
<td></td>
<td>• Now prefer higher cost plan with a broader range of doctors and hospitals</td>
</tr>
<tr>
<td>Q14</td>
<td><strong>Ask if PREFERS HIGHER COST/BROADER RANGE PLAN</strong> Now suppose there was a health insurance plan that limited the range of providers you can visit, but could save roughly 25% on your health care costs. Knowing this, which health insurance plan would you prefer?</td>
</tr>
<tr>
<td></td>
<td>• Still prefer higher cost plan with a broader range of doctors and hospitals</td>
</tr>
<tr>
<td></td>
<td>• Now prefer lower cost plan with a limited range of doctors and hospitals</td>
</tr>
<tr>
<td>Q15</td>
<td>What type of dental insurance plan would you rather have?</td>
</tr>
<tr>
<td></td>
<td>• A plan that costs less money but has a more limited range of dentists you are allowed to visit</td>
</tr>
<tr>
<td></td>
<td>• A plan that costs more money but has a broader range of dentists you are allowed to visit</td>
</tr>
<tr>
<td>Q16</td>
<td><strong>Ask if PREFERS LOWER COST/LIMITED RANGE PLAN</strong> Now suppose that with this dental insurance plan you would not be able to visit the dentist you usually go to. Knowing this, which dental insurance plan would you prefer?</td>
</tr>
</tbody>
</table>
• Still prefer lower cost plan with a more limited range of dentists
• Now prefer higher cost plan with a broader range of dentists

Q17  **Ask if PREFERENCES HIGHER COST/BROADER RANGE PLAN**  Now suppose there was a dental insurance plan that limited the range of dentists you can visit, but could save roughly 25% on your dental care costs. Knowing this, which dental insurance plan would you prefer?

• Still prefer higher cost plan with a broader range of dentists
• Now prefer lower cost plan with a limited range of dentists

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**Section III: Insurance Status – All Respondents**

Q18  Do you currently have health insurance for 2014? Yes or No

Q19  **Ask if PARENT OF CHILD UNDER AGE 18**  Does your child under age 18 currently have health insurance for 2014? Yes or No

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**Section IV: Marketplace Shopping and Purchases – Respondents Enrolled in Health Insurance Plan for 2014**

Q20  How did you obtain your health insurance for 2014? Select all that apply.

• Employer (mine or my spouse/partner’s)
• Through the new health insurance marketplace
• Directly from the insurance company, not through the marketplace
• Medicaid
• Medicare
• Through a government program other than Medicaid/Medicare (e.g., VA, TRICARE, SSI)
• Other

Q21  **Ask if: CHILD ENROLLED IN HEALTH INSURANCE PLAN FOR 2014**  How did you obtain health insurance for your child/children for 2014? Select all that apply.

• Employer (mine or my spouse/partner’s)
• Through the new health insurance marketplace
• Directly from the insurance company, not through the marketplace
• Medicaid
• Medicare
• Through a government program other than Medicaid/Medicare (e.g., VA, TRICARE, SSI)
• Other
Marketplace – Respondent or Child Obtained Insurance through Marketplace

Q22  There are individuals available to help you decide which health plan works best for you. Did someone help you find the health plan you purchased through the marketplace?

Q23  How easy or difficult was it to do each of the following things on the health insurance marketplace?
   - Find information about the different health plans available for purchase (e.g., monthly cost, services covered, providers you are allowed to go to, how much of your own money you must spend on services)
   - Find a health plan with the type of coverage you need
   - Find a health plan that you can afford

Q24  Did you shop for dental insurance for yourself through the marketplace?

Q25  How easy or difficult was it to do each of the following things regarding dental plans on the health insurance marketplace?
   - Find information that allows you to compare dental plans (e.g., monthly cost, services covered, provider you are allowed to go to, how much of your own money you must spend on services)
   - Find a dental plan with the type of coverage you need
   - Find a dental plan that you can afford

Q26  Did you purchase dental insurance for yourself through the marketplace?

Q27  Is the dental insurance you purchased for yourself included in your health plan, or is it a separate dental-only insurance plan?
   - Included in my health plan
   - A separate dental-only insurance plan
   - I don’t know

Q28  Why did you not purchase dental insurance for yourself through the marketplace? Please select all that apply.
   - I already have dental insurance.
   - My mouth is healthy – I don’t really feel I need a lot of dental care.
   - The plans are too expensive for the benefits you get.
   - The plans do not cover the services I am interested in.
   - I am not required to purchase dental insurance, so I did not.
   - My state’s marketplace does not offer dental insurance for adults.
   - Other

Q29  When you visited the marketplace, were you prompted or notified to consider purchasing dental insurance for child? Yes, No, I don’t remember

Q30  Did you shop for dental insurance for your child through the marketplace?

Q31  How easy or difficult was it to do each of the following things regarding dental insurance for your child?
   - Find information that allows you to compare dental plans (e.g., monthly cost, services covered, providers your child is allowed to go to, how much of your own money you must spend on services)
   - Find a dental plan with the type of coverage your child needs
   - Find a dental plan that you can afford
Q32 **Ask if SHopped for Dental Insurance for Child** Did you purchase dental insurance for your child?

Q33 **Ask if Purchased Dental Insurance for Child** Is the dental insurance you purchased for your child included in their health plan, or is it a separate dental-only insurance plan?

- Included in their health plan
- A separate dental-only insurance plan
- I do not know

Q34 **Ask if Did not Purchase Dental Insurance for Child** Why did you not purchase dental insurance for your child through the marketplace? Please select all that apply.

- My child has dental insurance through a different source.
- My child’s teeth and mouth are healthy – I don’t really feel they need a lot of dental care.
- The plans were too expensive for the benefits you get.
- The plans did not cover the services I am interested in.
- I am not required to purchase dental insurance for my child, so I did not.
- I could not easily find a dentist through the available insurance plans.
- Other

Q35 **Ask if Purchased Dental Insurance for Self or Child** Please rank the top three factors in choosing dental insurance through the marketplace. Enter a “1” next to the factor that is the most important, a “2” next to the second-most important factor, and a “3” next to the factor that is the third-most important to you.

- How much the plan costs per month
- The services the plan covers
- The dentists the plan allows me to see
- How much of my own money I have to spend on services before my plan starts paying
- Other

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**Section V: Medicaid – Respondent or Child Enrolled in Medicaid**

Q36 How easy or difficult was it to find out what health care services are covered by Medicaid?

Q37 How easy or difficult was it to enroll in Medicaid?

Q38 **Ask if Respondent is Enrolled in Medicaid** Does your Medicaid program cover dental services for you? Yes, No, Not Sure

Q39 **Ask if Child is Enrolled in Medicaid** Does your Medicaid program cover dental services for your child? Yes, No, Not Sure

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**Section VI: Oral Health Status – All Respondents**

Q40 In the last few years, about how often have you visited the dentist?

Q41 How would you rate your overall oral health?

Q42 How important is your oral health to you?

Q43 Do you plan to visit the dentist in the next 12 months?
Q44  **Ask if RESPONDENT DOES NOT PLAN TO VISIT DENTIST OR IS NOT SURE** Why do you not plan to visit a dentist in the next 12 months? Please select all that apply.
- 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).
- Other

Q45  **Ask if PARENT OF CHILD UNDER AGE 18** In the last few years, about how has your child visited the dentist?

Q46  **Ask if PARENT OF CHILD UNDER AGE 18** How would you rate your child’s overall oral health?

Q47  **Ask if PARENT OF CHILD UNDER AGE 18** How important is your child’s oral health to you?

Q48  **Ask if PARENT OF CHILD UNDER AGE 18** Do you plan to take your child to the dentist in the next 12 months?

Q49  **Ask if RESPONDENT DOES NOT PLAN TO TAKE CHILD TO DENTIST OR IS NOT SURE** Why do you not plan to take your child to visit a dentist in the next 12 months? Please select all that apply.
- My child’s mouth is healthy – they do not need to visit the dentist.
- It is too hard to find a dentist that accepts my child’s 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 child’s 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).
- Other

### Section VII: Respondent Demographics – All Respondents

Q50  What is your marital status?
Q51  Which one of the following best describes your employment status?
Q52  What is the highest level of education you have completed or the highest degree you have received?
Q53  Which of the following income categories best describes your total 2012 household income (before taxes?)
Q54  Are you of Spanish or Hispanic origin, such as Latin American, Mexican, Puerto Rican or Cuban?
Q55  Do you consider yourself…? [Race]
Appendix B: Harris Poll Survey Methodology and General Population Weights

This survey was conducted online within the United States by Harris Poll on behalf of the American Dental Association between April 8-21, 2014 among 3,007 US residents age 18 or older. The analyses in this document were conducted by the American Dental Association. Figures for age, sex, race/ethnicity, education, region and household income were weighted where necessary to bring them into line with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents’ propensity to be online.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, the words “margin of error” are avoided as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The data have been weighted to reflect the composition of the U.S. adult population. Because the sample is based on those who agreed to participate in the Harris Poll panel, no estimates of theoretical sampling error can be calculated. These statements conform to the principles of disclosure of the National Council on Public Polls.

General Population Weights. Harris Poll deployed an internet-based survey to collect responses to our survey questions. In order to address selection bias associated with individuals that have chosen to be part of the internet population, Harris Interactive employed a technique entitled propensity score weighting in an effort to reduce the impact of fundamental differences between our survey population and the demographics of the national population. To create propensity score weighting, Harris Interactive asks online survey respondents a battery of attitudinal, behavioral and demographic questions. The questions include, but are not limited to, attitudes toward sharing and using information, social engagement/participation, age, sex, education, race, region, and household income. The attitudinal and behavioral questions are used to develop measures of attitudes and behaviors that are correlated with the decisions to go online, join an online panel, and respond to an online survey. The demographic questions are used to weight data to remove the effects of different demographic response rates and skews in online panels.

Harris also collects the same data via a bi-monthly telephone study to reach those individuals that are offline. Both sets of data are merged and a statistical model is estimated to predict whether an online respondent “looks like” the type of respondent who would be more likely to answer by phone versus online. All respondents are segmented into groups based on the propensity scores calculated for each respondent. These groups are anchored on one end by respondents who demographically, attitudinally, and behaviorally look like the type of person who would be likely to answer an online survey and anchored on the other end by respondents who would be more likely to answer a survey by telephone. Once classification into segments is complete, the online respondents are demographically weighted (using standard weighting techniques) to match U.S. population targets for age, sex, region, race, education, and household income. In addition the propensity score is included in the weighting scheme as an additional factor in order to balance the attitudes and behaviors of the online respondents. Typical factors used in Harris Poll’s propensity score models are measures of activity, knowledge, and attitudes.
Appendix C: About Nielsen and The Harris Poll

On February 3, 2014, Nielsen acquired Harris Interactive and The Harris Poll. Nielsen Holdings N.V. (NYSE: NLSN) is a global information and measurement company with leading market positions in marketing and consumer information, television and other media measurement, online intelligence and mobile measurement. Nielsen has a presence in approximately 100 countries, with headquarters in New York, USA and Diemen, the Netherlands. For more information, visit www.nielsen.com.
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