

Facts & Findings September 2012

Utilization and Insurance Coverage of Dental Services among New Jersey Adults

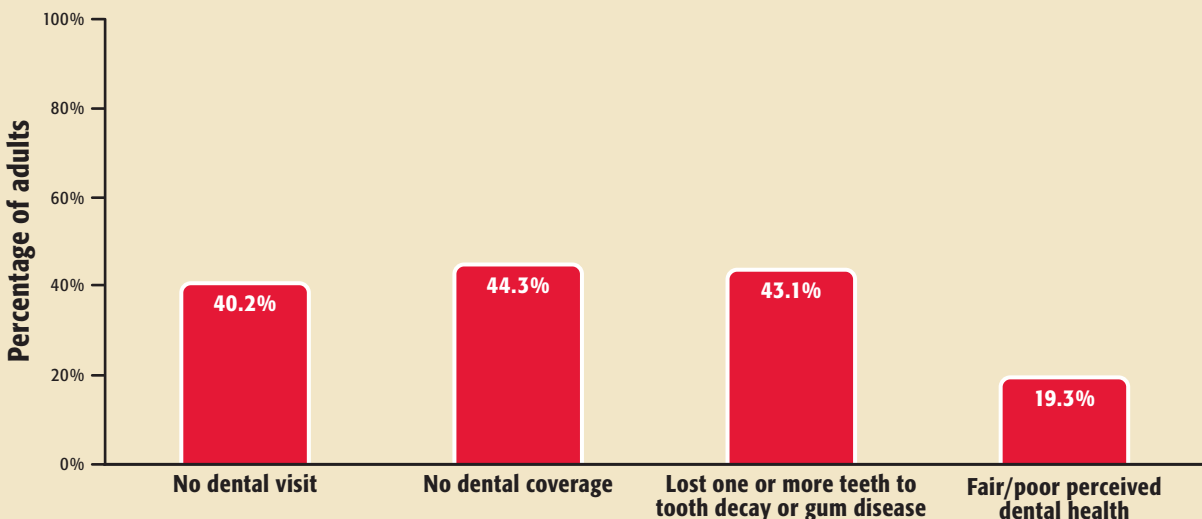
Key findings

- *Forty percent of adults in New Jersey did not visit a dentist in the past year.*
- *The major barriers to dental care for adults are socioeconomic. Those who lack dental coverage and those with low incomes are the least likely to have visited a dentist.*
- *Independent of dental insurance and income, several other population groups are at higher risk of receiving no dental care. They are young adults (ages 19–29), Hispanics, and males.*

Most adults today came of age during a time marked by much lower public and professional awareness of the importance of preventive dentistry across the life cycle. It was only in 2000 that the U.S. Surgeon General issued the first report bringing attention to the “silent epidemic” of dental diseases¹ and made clear that the implications of foregone dental care went far beyond the cosmetic. Having no visits to a dentist likely indicated inadequate attention to overall oral health as well. The consequences of poor oral health can interfere with a person’s eating, sleeping, working and learning habits. Additionally, this report presented growing evidence for oral-systemic disease connections, thereby reframing dental and oral health as integral to general health and well-being throughout life.

National studies show profound disparities in utilization of dental care, primarily for those who are low-income or from minority populations.^{1–3} Lack of insurance coverage for dental services is a major barrier to care.³ Traditional Medicare does not provide dental benefits, and coverage

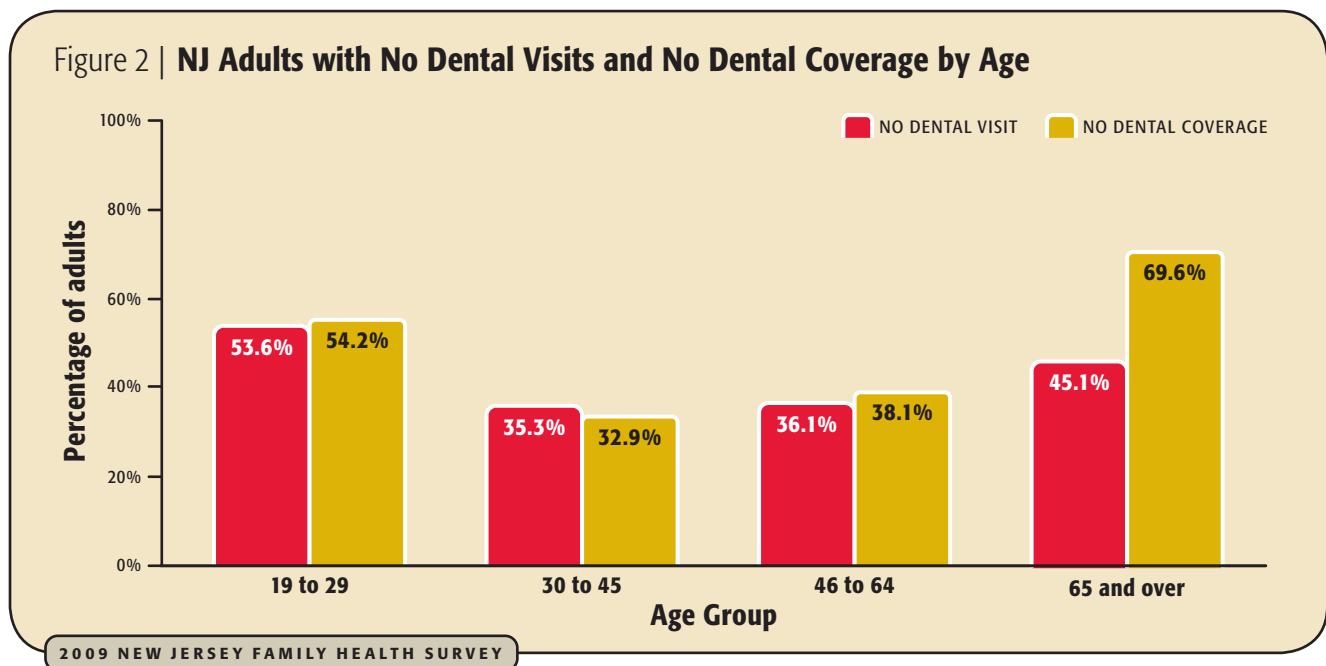
Figure 1 | **Dental Utilization, Coverage, and Health Indicators of NJ Adults**



of dental services under Medicaid is at the discretion of the states. New Jersey is among the more generous group of sixteen states currently providing complete dental coverage to adult Medicaid enrollees⁴, but only very low-income adults who also meet other eligibility criteria qualify for Medicaid in the state. The near poor and those adults with modest incomes who do not qualify for Medicaid face financial barriers in the form of unaffordable premiums for private dental plans or high out-of-pocket expenses for services even when they have dental coverage.

This Facts & Findings uses data from the 2009 New Jersey Family Health Survey (NJFHS) to investigate differences in dental care utilization and coverage among community-dwelling resident adults ages 19 and older.

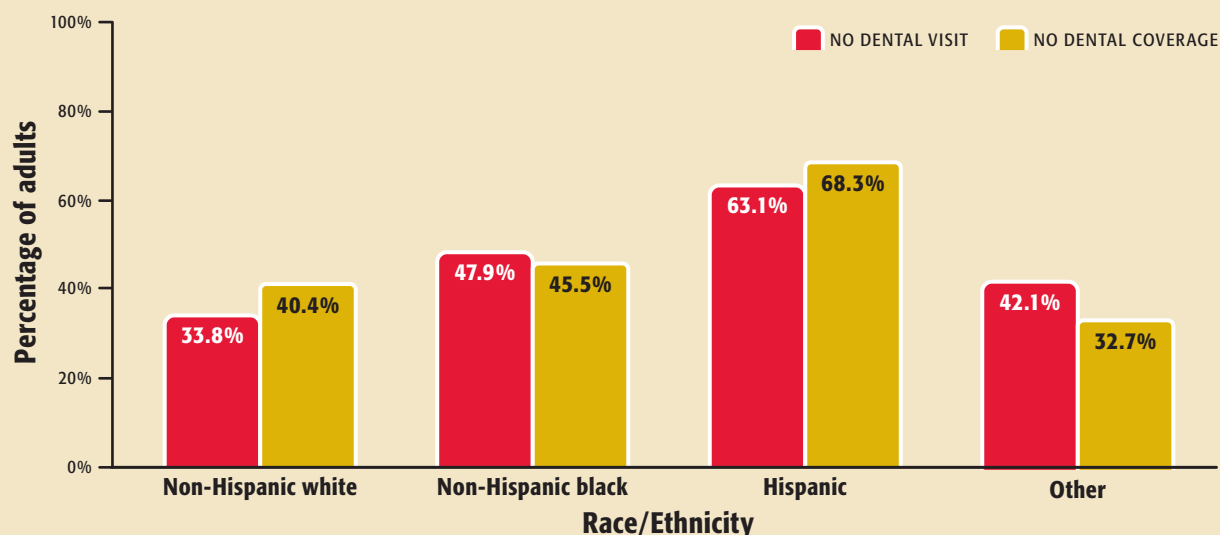
Even though utilization of dental services among New Jersey adults is slightly above average compared to the rest of the nation⁵, a substantial proportion of the population (40%) reported no dental visit in the prior twelve months (Figure 1). This means over 2.5 million adults in the state failed to have the regular professional exams and cleanings recommended by the American Dental Association⁶ to prevent or treat dental diseases or caries. In fact, 43% of adults have lost at least one tooth to decay or gum disease, with 10% having lost six or more teeth to these preventable dental diseases. Nearly one in five adults considers their dental health fair or poor. Contributing to under-utilization of basic dental services is the low prevalence of insurance coverage for dental care in the state. Forty-four percent of adults do not have an insurance plan that helps them pay for dental expenses.



There is significant variation in rates of dental visits and dental coverage by a host of demographic characteristics. The elderly (age 65+) and young adults (age 19–29) are more likely to have not received dental care in the past year than middle-aged adults (age 30–64). The elderly are the

most likely to lack dental coverage (70%) (Figure 2). Males are also more likely to have gone without dental services than females, but are not more likely to lack dental coverage (data not shown).

Figure 3 | **NJ Adults with No Dental Visits and No Dental Coverage by Race/Ethnicity**

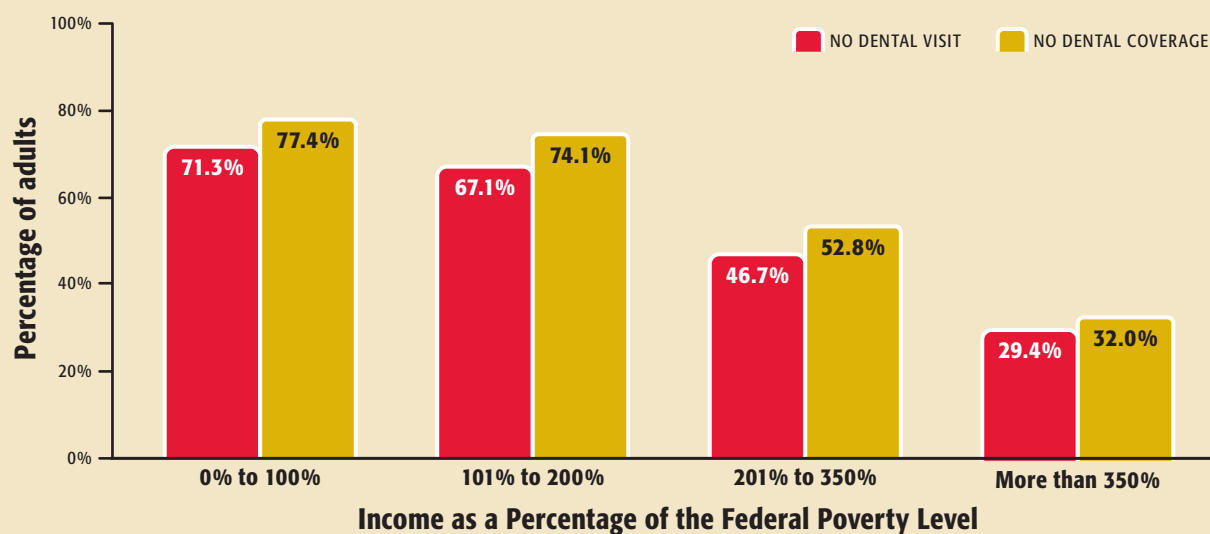


2009 NEW JERSEY FAMILY HEALTH SURVEY

Disparities in utilization of dental services by race/ethnicity are also evident in New Jersey. Minority populations are more likely than non-Hispanic white adults to have gone without seeing a dentist in the past year, with the most pronounced difference in rates (29%) between Hispanic adults and non-Hispanic whites (Figure 3). Hispanic

adults are also the most likely to lack dental coverage. The differences in receipt of dental care by immigration status are also stark with nearly two-thirds (65%) of non-citizen adults receiving no dental care compared to 38% of citizens in the state (data not shown in chart).

Figure 4 | **NJ Adults with No Dental Visits and No Dental Coverage by Income as a Percentage of the Federal Poverty Level (FPL)**

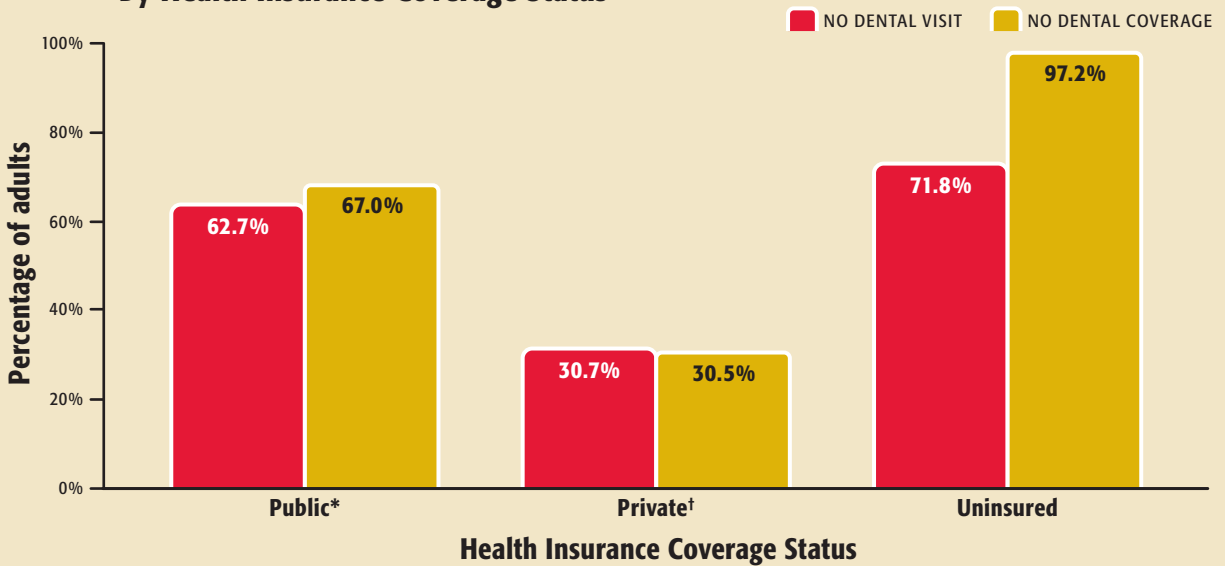


2009 NEW JERSEY FAMILY HEALTH SURVEY

A clear socioeconomic gradient exists in the rates of dental visits. As income increases, adults are more likely to have visited a dentist in the past year (Figure 4). Those below 200% of the Federal Poverty Level (FPL) are the most likely

to lack coverage for dental expenses. A similar gradient exists by education status with those having less than a high school education being the most likely to lack coverage and the least likely to have seen a dentist (data not shown).

Figure 5 | **NJ Adults with No Dental Visits and No Dental Coverage by Health Insurance Coverage Status**



*Coverage through Medicaid, NJ FamilyCare, Medicare, Military/TRICARE/CHAMPUS, Railroad Retirement Fund, Indian Health Service, or any combination of these coverage types.

†Employer or union-sponsored insurance and/or individual purchase, including student plans. Seniors with any of these private coverage types, and/or Medicare Advantage or Medigap plans supplementing basic Medicare are classified here.

2009 NEW JERSEY FAMILY HEALTH SURVEY

Nearly all those who lack health insurance also have no dental coverage, and 72% of those without health insurance did not have a dental visit in the past year (Figure 5). Rates of no dental visit are also very high among those with only public health coverage (63%). Adults with some form of private health insurance are the most likely to also have dental coverage and to have visited a dentist.

To determine which characteristics are most closely associated with whether adults failed to receive dental care, all sociodemographic indicators were analyzed as a group. Our results (Table), based on a multiple logistic regression analysis, show that the odds of not visiting a dentist in the past year for those lacking dental coverage are 2.4 times the odds of those with coverage. For adults with public insurance, the odds of not seeing a dentist are 90% higher than for those with private insurance. When it comes to financial resources, families with an income below 350% FPL have significantly higher odds of not having a dental visit in the past year. In particular, adults with incomes 101–200% of the FPL have 2.6 times the odds of those with higher incomes (>350% FPL) of having forgone dental care. Finally, independent of insurance coverage and income, Hispanic adults, young adults (19–29), and males have significantly increased odds of failing to see any dental provider compared to non-Hispanic whites, middle-aged adults (30–64) and females, respectively.

Table | **Relative Odds of Receiving No Dental Care in 2009 – NJ Adults Ages 19 and Older**

Characteristics	Predictor	Odds Ratio
Dental Coverage	No Dental Coverage	2.4*
	Public Insurance	1.9*
Health Insurance Coverage	Uninsured	1.4
	0% - 100% FPL	2.2*
Federal Poverty Level	101% - 200% FPL	2.6*
	201% - 350% FPL	1.5*
	Non-Hispanic black	1.3
Race/Ethnicity	Hispanic	1.5*
	Other Non-Hispanic	1.5
	19-29 Years	1.5*
Age	65 Years or Older	1.1
	Sex	Male

Reference categories in order are: having dental coverage, private health insurance, >350% FPL, non-Hispanic white, 30-64 years old, and female.
* p < .05

2009 NEW JERSEY FAMILY HEALTH SURVEY

Two in five New Jersey adults living in the community did not receive dental care in the year prior to participation in the 2009 New Jersey Family Health Survey. One of the most pronounced barriers to care is lack of dental insurance, with no major policy efforts currently underway to address this need among adults. The Affordable Care Act (ACA), while explicitly requiring oral health coverage as part of the essential benefit package for children, does not include a requirement for adult dental coverage. It is possible that as more adults gain medical coverage under the ACA, they may also elect to purchase dental coverage. Still, some concerns have been raised about the impact of the ACA on dental coverage of Medicare beneficiaries. Specifically, planned reductions in payments to Medicare Advantage plans could translate into a reduction in dental benefits for seniors.⁷

Moreover, while expanding dental coverage would undoubtedly help improve access to dental care, our data support the position of the Institute of Medicine that dental coverage be adequately comprehensive with a sufficient network of participating providers to have the best chance of improving rates of dental visits.³ Our finding that income barriers to dental care persist independently of dental coverage status, particularly for those 101–200% of the FPL, is consistent with national research showing that those in this particular socioeconomic tier face the highest relative out-of-pocket costs for dental care.³ Additionally, our finding that those with public insurance are less likely to receive dental care almost assuredly reflects the known shortages of dental providers participating in public programs³, and is a reminder that both adequate coverage and provider capacity are needed to get adults through a dentist's door.

Beyond the disparities we observe for traditionally vulnerable groups of adults, our data also show disparities in utilization of dental services for males and younger (age 19–29) adults in New Jersey. A number of factors could underlie these disparities, such as attitudes towards seeking health care, awareness of professional recommendations for maintaining dental health, and perception of risk for dental diseases, but there is inadequate U.S.-based research on these issues. Nevertheless, the diversity we find in the groups of adults not receiving even routine preventive dental care underscores the need for a variety of strategies to improve the dental and oral health of adults in the state. Provisions in the ACA to help expand the oral health care workforce and raise awareness of the need for dental care through a national education program are only a start. Addressing factors which enable equitable access to recommended dental care will continue to remain a policy imperative for New Jersey and the nation.

References

- 1 U.S. Department of Health and Human Services. [Oral Health in America: A Report of the Surgeon General—Executive Summary](#). Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
- 2 Haley J, G Kenney, and J Pelletier. [Access to Affordable Dental Care: Gaps for Low-Income Adults](#). Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2008.
- 3 Institute of Medicine, and National Research Council. [Improving Access to Oral Health Care for Vulnerable and Underserved Populations](#). Washington, DC: National Academies Press, 2011.
- 4 McGinn-Shapiro M. [Medicaid Coverage of Adult Dental Services](#). State Health Policy Monitor, vol. 2, issue 2. Portland, ME: National Academy for State Health Policy, 2008.
- 5 Kaiser Family Foundation/statehealthfacts.org. [“New Jersey: Oral Health.”](#) Accessed June 13, 2012.
- 6 American Dental Association. [“Manage Your Oral Health.”](#) Accessed June 13, 2012.
- 7 Discepolo K, and AS Kaplan. “The Patient Protection and Affordable Care Act: Effects on Dental Care.” *New York State Dental Journal* 77, no. 5 (2011): 34–38.

Other Resources

Jose Nova, Dorothy Gaboda. [New Jersey Children without Dental Services in 2001 and 2009: Facts & Findings](#), September 2011.

Carl Schneider, Jose Nova. [Dental Health of New Brunswick’s Children: A Chartbook](#), November 2006.

Selected Other NJFHS Reports

Derek DeLia, Jose Nova. [Emergency Department Use by New Jersey Residents in 2009: Facts & Findings](#), June 2011.

Kristen Lloyd, Joel C. Cantor, Dorothy Gaboda, Peter Guarnaccia. [Health, Coverage, and Access to Care of New Jersey Immigrants: Findings from the New Jersey Family Health Survey](#), June 2011.

Kristen Lloyd, Dorothy Gaboda. [Differences among New Jersey Adults using Private Doctors, Clinics, and with no Usual Source of Care: Facts & Findings](#), October 2011.

Acknowledgements

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Methods

The 2009 New Jersey Family Health Survey (NJFHS) was designed to provide population-based estimates of health care coverage, access, use, and other health topics important for New Jersey policy formulation and evaluation in the coming years. It was funded by the Robert Wood Johnson Foundation and designed and conducted by the Rutgers Center for State Health Policy (CSHP). The survey, conducted between November 2008 and November 2009, was a random-digit-dialed telephone survey of 2,100 families with landlines and 400 families relying on cell phones residing in New Jersey. It collected information about a total of 7,336 individuals and had an overall response rate of 45.4% (52.6% for landlines and 26.0% for cell phones). The adult who was most knowledgeable about the health and health care needs of the family was interviewed. All estimates presented are weighted to accurately reflect the New Jersey household population.

Further information on the 2009 NJFHS is available in two reports on the Center’s web site:

[The 2009 New Jersey Family Health Survey Methods Report](#)
[The 2009 New Jersey Family Health Survey Questionnaire](#)

The proportions of adults having had a dental visit and the proportions with dental coverage by each of the sociodemographic indicators presented in this Facts & Findings were assessed using Chi-square tests for complex survey data and found to be significantly different at or exceeding the 5% level.

CSHP’s Facts & Findings

Facts & Findings from Rutgers Center for State Health Policy highlight findings from major research initiatives at the Center, including the New Jersey Family Health Survey. Previous *Facts & Findings*, along with other publications, are available at www.cshp.rutgers.edu.

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