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RESEARCH

2013 US Survey of Dental Care Affordability and Accessibility

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This research was conducted in conjunction with Brighter.com

Background and methodology

I Background

Major economic and practical barriers to accessing quality dental care persist in America today. As the Affordable Care Act is implemented, medical coverage is expanding, yet dental coverage continues to lag far behind. As of 2012, the CDC/NCHS estimates that 14.5% of Americans lack access to some form of public or private health insurance.¹ In contrast, more than 3 times as many (47%) lack public or private dental insurance (NADP).² In population terms, this means that 46M Americans now lack health insurance, but 148M lack dental insurance.

Individuals without dental coverage are dramatically less likely to get the needed care, and a pattern of forgoing care in the short term leads patients to incur much higher long-term costs, when expensive corrective measures become necessary. Also, they are then more likely to develop the major health conditions (e.g., diabetes, heart disease, stroke) linked with poor oral health. The US Surgeon General summarized the barriers to quality, affordable dental care as a “silent epidemic,” undermining the general health of Americans and leading to 164 million hours of lost productivity annually.³

Whether insured or uninsured, patients in the US are also forced to seek care in a market plagued by highly variable pricing and low price transparency. Our review of 26.9M insurance claims lodged by dental care providers in LA showed that prices for common dental procedures vary by an average of 384%.⁴ Studies show, moreover, that price variations are often unrelated to the quality of care patients receive.⁵ Furthermore, social norms often stop patients from inquiring about the cost of care prior to treatment, and more than a quarter of dentists will not disclose prices even if a patient asks for prices over the phone prior to booking treatment.⁶

Together, these factors make it very difficult for patients to make informed decisions about care and create an “opaque” and “unshoppable” market where Americans do not necessarily receive better care by paying more. These challenges are especially pressing for the 47% of Americans who lack dental insurance.

The **2013 Annual Survey of Dental Care Affordability and Accessibility** is a nationally representative study that gauges the current state of Americans’ access to dental care, with a focus on tracking factors that prevent patients from getting access to needed care. In 2013, the study includes a nationally representative sample of 1000 adults.

This report summarizes findings from the 2013 Annual Survey of Dental Care Affordability and Accessibility.

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I Survey Methodology

The survey was conducted in May 2013 with 1000 American adults recruited via a research-only online panel. Quota sampling was used to ensure the sample matched the national population in terms of dental insurance status (using NADA data from 2012), ethnicity, and income (using Census data).

The research was conducted by Empirica Research, with grant funding provided by Brighter.com.

I About Empirica Research

Empirica Research is an international research firm specializing in social, consumer, and health research (www.empiricaresearch.com.au). The lead authors for the study were David Neal, Ph.D. and Natalie Herd, Ph.D.

I About Brighter

Brighter is an industry leader in advocating for Americans' access to quality, affordable dental care. Offering a free alternative to dental insurance, Brighter's mission is to make dental care affordable and more transparent. Each Brighter dentist commits to give all patients access to lower, negotiated prices usually accessible only to those with insurance. In addition, these certified providers make all pricing information fully transparent through a simple online system (www.brighter.com) featuring patient ratings and detailed dentist profiles.

I Survey Content

The annual survey gathers data on three key areas of Americans' dental health care behaviors and attitudes:

1. **Demographics:** Whether respondents currently have any dental coverage (i.e., insurance, finance, discount plan); income; ethnicity; age; gender; marital status; children.
2. **Dental Healthcare Behavior:** Frequency of visits to the dentist; visits for preventive vs. reactive care; rates of delayed care due to cost; rates of delayed care due to access problems (e.g., finding reliable information about dentists); rates of compliance with Surgeon General's recommended bi-annual visits.
3. **Attitudes and Opinions about Dental Healthcare:** Major factors keeping Americans from more regular dental visits (e.g., fear of pain, price, difficulty getting reliable information about dentists etc.); intentions to visit the dentist in the future; self-rated dental health; (mis)perceptions about the cost of care.

Sample profile

1000 respondents were surveyed, with sampling matched to Census data on ethnicity and income. The sample was also matched to national dental insurance statistics based on 2012 data produced by the National Association of Dental Plans.⁷

Gender	Sample composition
	%
Female	50%
Male	50%
Total	100%

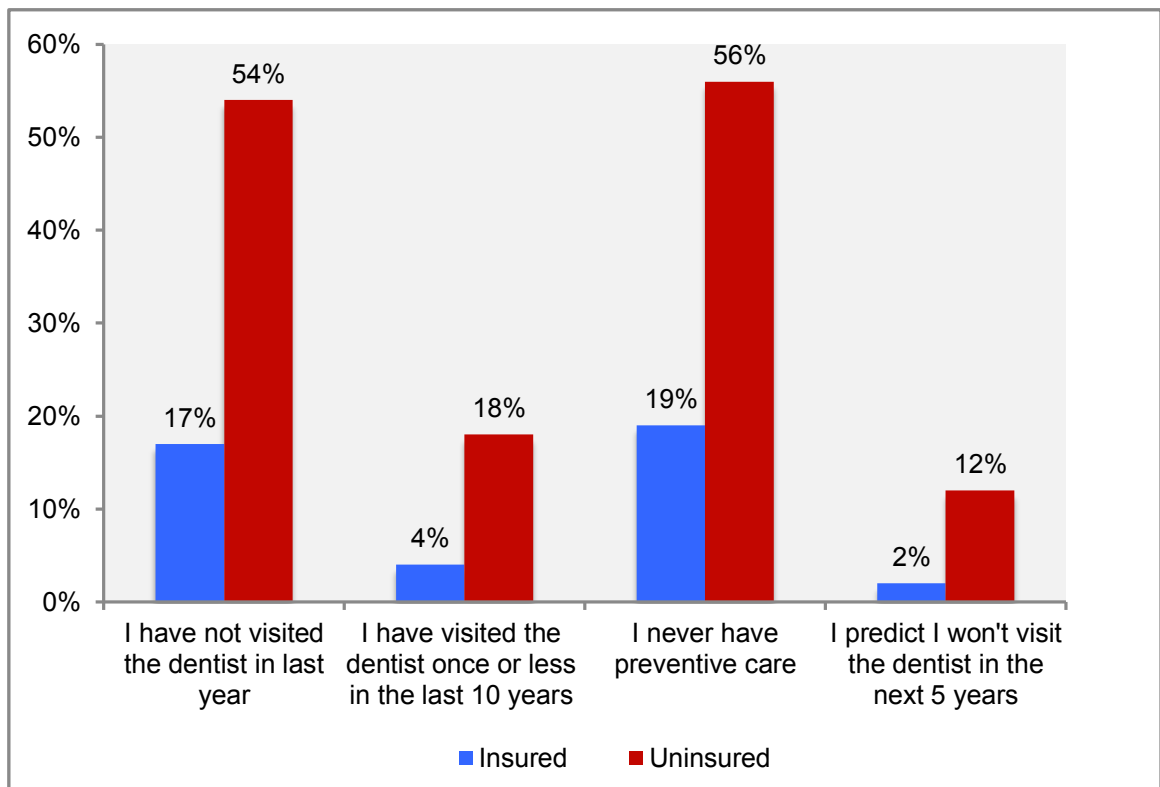
Dental plan	Sample composition	
	%	
Yes, insurance (e.g., PPO, indemnity, HMO)	54%	
No insurance	Discount plan	6%
	No	38%
	Not sure	3%
Total	100%	

Race	Sample composition
	%
White/Caucasian	63%
African American	13%
Hispanic	16%
Asian	5%
Native American	1%
Pacific Islander	<1%
Other	2%
Total	100%

Key findings

- The survey results show that 56% of Americans without dental insurance currently get no preventive care at all. Additionally, 18% have been to the dentist only once or not at all in the past 10 years.**

Figure 1. Frequency of dental visits for Americans with and without dental insurance.



Data from the National Association of Dental Plans shows that 47% of Americans currently lack dental insurance.⁸ In population terms, this corresponds to 148M people nationally. How do insured and uninsured Americans differ in terms of access to needed care?

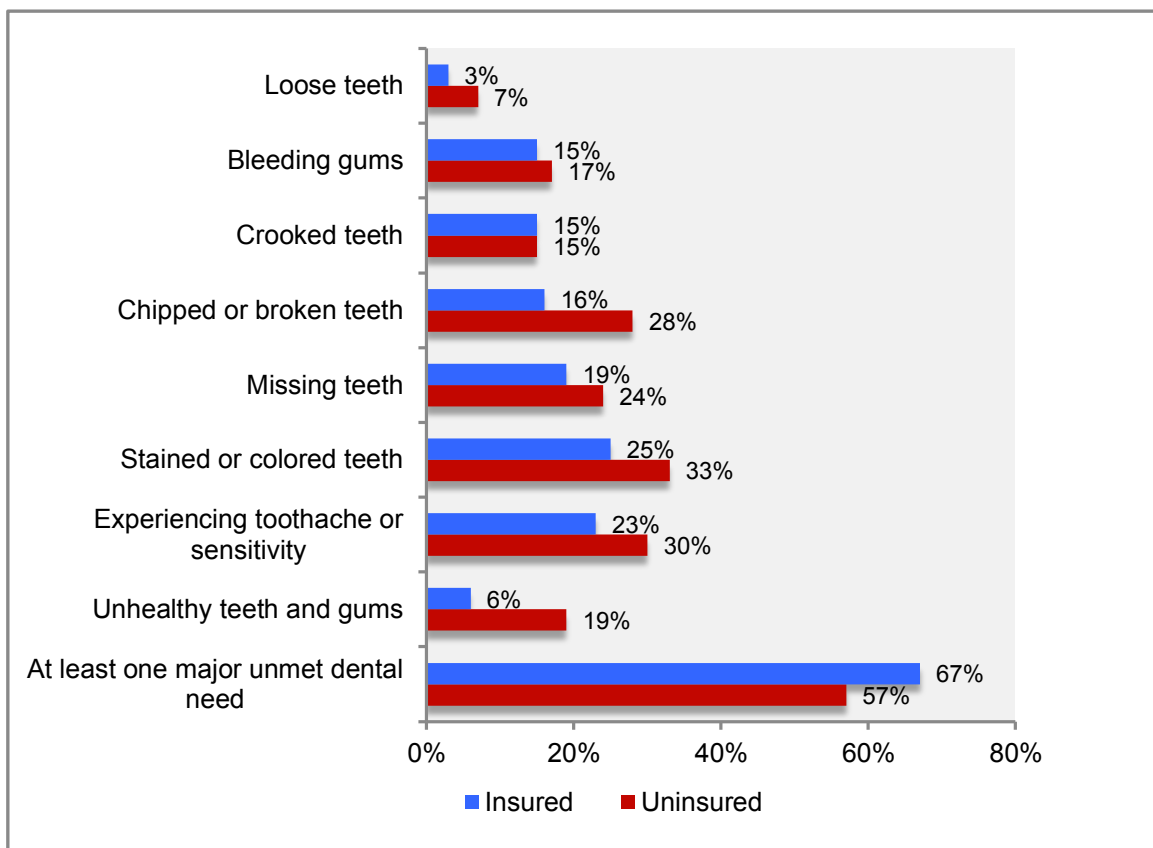
- Among uninsured Americans, 56% never have any preventive care (i.e., they only visit the dentist when a problem has already arisen.)

Nationally, 54% of the uninsured have not seen a dentist in the last year and 12% expect not to go in the next 5 years.

- Nationally, almost one in five (18%) of those without dental insurance say they have been to the dentist only once or not at all in the last 10 years. This is more than four times the rate of Americans with dental insurance (4% nationally).

2. Because of the lack of preventive care and dental visits, oral health is starkly poorer among uninsured Americans - 66% have at least one major unmet dental care need.

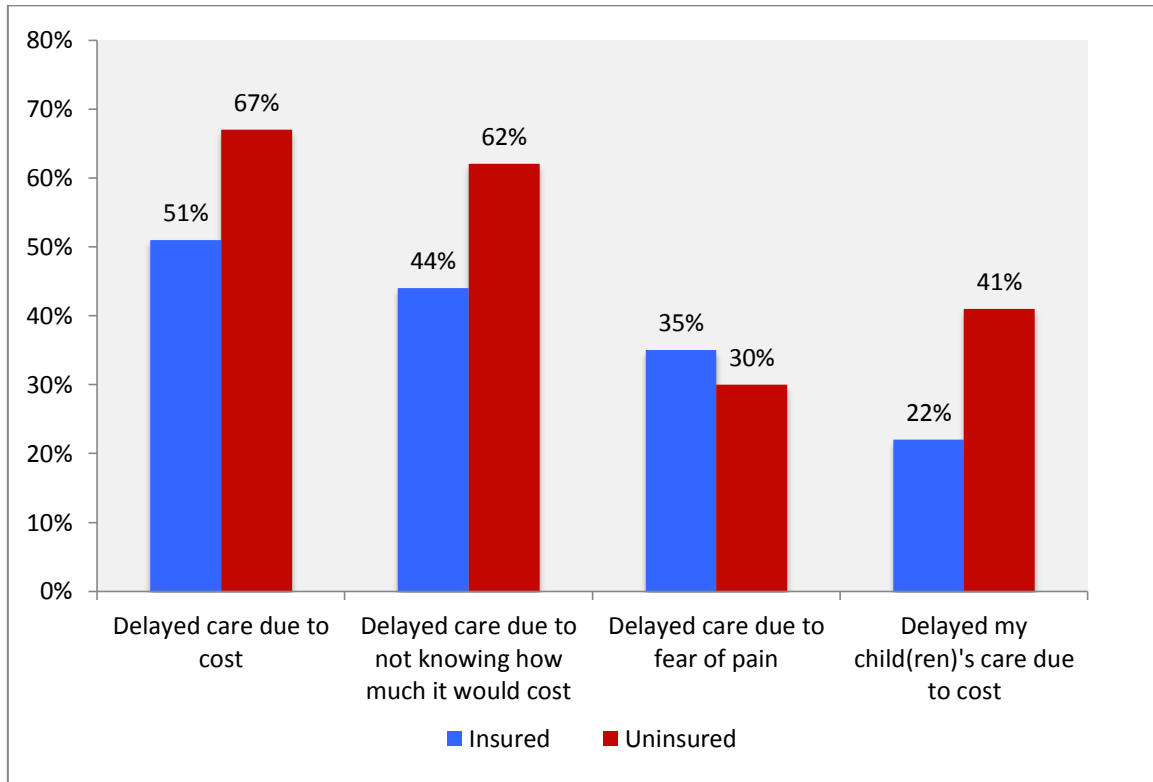
Figure 2. Percent experiencing various oral health problems nationally by insurance status



- Among uninsured Americans, 67% have at least one major unmet dental care need (e.g., missing teeth, bleeding gums, toothache).
- Even among insured Americans, a majority (57%) currently have an unmet dental need.
- Among uninsured Americans, less than half (42%) currently say that their teeth and gums are “fairly healthy” or “in perfect health”.
- Uninsured Americans are more likely than the insured to report toothache or sensitivity (30% vs. 23%), stained or colored teeth (33% vs. 25%), missing teeth (24% vs. 20%), and chipped or broken teeth (28% vs. 16%).

3. In 2013 high cost and low price transparency remain the top two barriers to visiting the dentist for Americans with and without dental insurance, but more so for those without insurance.

Figure 3. Percent delaying care for various reasons, nationally by insurance status



- For Americans without dental insurance, the number one reason for delaying dental care is high cost, followed by lack of transparency about costs, and then difficulty in finding a good dentist.
- For Americans with dental insurance, the number one reason for delaying dental care is also high cost, followed by lack of transparency about costs; however, the third reason is fear of pain. These results show that cost is the major barrier to care, even among those with insurance.
- Nationally, 67% of those without dental insurance have delayed regular dental care due to the high cost of care.

- Even among those with insurance, most have delayed dental care due to high cost (51% nationally).
- Cost transparency is the second most important barrier. 62% of uninsured Americans have delayed dental care due to not knowing what the cost of care would be.
- Cost transparency also is a major driver of forgoing care among the insured. Nationally, 44% of the insured have delayed care due to cost transparency.
- Among parents without dental insurance nationally, 41% have delayed care for their children due to cost. Among those with insurance, 22% have delayed care for their children due to cost.
- In contrast to the effects of high cost and low price transparency, few people have delayed care due to fear of a painful dental visit. Only 33% of people nationally (30% of the uninsured; 35% of the insured) say that they have delayed dental care due to fear of pain.

Conclusions

The 2013 Annual Survey of Dental Care Affordability and Accessibility reveals that, despite an improving economy, vast numbers of Americans are falling short of needed levels of dental care. Forty-seven percent of the population—or 148M Americans—currently lack any form of dental insurance, whether private or public. The study results show that these individuals are especially likely to forgo needed care, even though a majority have significant unmet oral healthcare needs. The insured and uninsured alike are forgoing care primarily due to the high cost of care and low price transparency.

The 2013 findings highlight the human impact that the high cost and low price transparency of dental care has on Americans. Our 2012 study of 26.9M dental records⁹ showed that prices for common procedures (such as dental cleanings and x-rays) vary by an average of 384%. The 2013 findings show that Americans, especially those without insurance, are responding to these cost barriers by forgoing needed care.

The major findings of the 2013 study are:

- 56% of Americans without dental insurance never visit the dentist for preventive care and 18% have been to the dentist only once or not at all in the past 10 years.
- Because of the lack of preventive care and dental visits, oral health is starkly poorer among those without dental insurance - 67% have at least one major unmet dental care need (e.g., missing teeth, bleeding gums, toothache). Even among the insured, a majority (57%) currently has at least one unmet dental need.
- Concerns about the high cost of care and cost transparency are the top two factors driving patients to forgo care – these are the top barriers for the insured and uninsured alike, but affect the uninsured to a greater extent. 67% of the uninsured, and 51% of the insured, have had to forgo care due to the high cost of treatment.

FURTHER INFORMATION/MEDIA INQUIRIES

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