

Consumer Survey Focused On Barriers to and Facilitators of Access to Oral Health Services

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Introduction/Background

Gaps in access to and utilization of oral health services are recognized public health problems that result in persistent deficiencies in oral health status for many high-needs populations. Analysis of recent trends shows a steady decrease in utilization of oral health services among US adults across all socioeconomic strata, with cost being the most reported reason for the decline.¹ The Health Policy Institute (HPI) of the American Dental Association reported that financial obstacles to oral health care are increasing among adults because of a trend toward decreasing dental benefits coverage.^{2,3} Other factors may also influence access to oral health services, including demographics, socioeconomic characteristics, geographic location, health status, availability of dental providers, oral health literacy, and level of understanding of appropriate care-seeking behaviors.^{4,5}

Incorporating the consumer perspective on access to oral health services is important in the design of public policy and programming to improve the oral health status of the population. The present study sought to obtain information from US consumers about their oral health status and perceived barriers to care. The Oral Health Workforce Research Center (OHWRRC) collaborated with the Workforce Studies team at the Association of American Medical Colleges (AAMC) to conduct a survey of a representative sample of the US adult population in order to obtain information on factors contributing to oral health disparities and to describe barriers to utilization of services.

Methods

The analytic data set was created by merging data from the January 2018 and June 2018 waves of the Consumer Survey of Health Care Access fielded by the AAMC. The cross-sectional online survey included 25 skip-logic questions asking about respondents' ability to obtain needed oral health care, self-reported oral health status, oral health literacy, attitudes toward oral health, oral health behaviors, perceived barriers to and facilitators of oral health care services, and other topics. The characteristics of study respondents who needed dental care and their ability to access oral health care were evaluated using descriptive statistical analyses, including frequency distribution, cross tabulation, and chi-square test. Survey data were weighted by age, gender, race/ethnicity, employment status, household income, educational attainment, and geographic region to better represent the characteristics of the US adult population as measured by the US Census Bureau.

Conclusions and Policy Implications

- 1) Offering an adult dental benefit in Medicaid may increase the utilization of dental services, reduce the inability to obtain needed dental care because of cost, and improve oral health outcomes.
- 2) While improving access to dental insurance is important, supply-side issues also must be considered in efforts to expand access. Researchers discuss the importance of supporting existing capacity and expanding capacity in the dental care safety net, including community health center infrastructure and training funds for dentists.
- 3) Oral health literacy and routine oral hygiene behaviors play an important role in access to needed oral health services.
- 4) Community leaders and policymakers may benefit from utilizing current research describing the needs of specific populations to help formulate programs that target those needs.

Findings

Among the 6,951 survey respondents, three-quarters (75.3%) reported a need for dental care in the past year. Proportionally more male respondents, younger adults, Asians, Hispanics/Latinos, adults with a college or postgraduate degree, those with a higher income, and respondents residing in urban or suburban areas reported a need for dental care than other groups.

While the majority of survey respondents who indicated a need for dental care received dental services in the year (70.9%), 29.1% of those in need did not receive services. The most commonly identified barrier to seeing a dental provider as often as needed was being unable to afford needed dental care (22.2%), followed by difficulty finding a dentist who accepted their dental plan (7.0%), anxiety about going to the dentist (6.7%), and an inability to find time to see a dentist (6.3%). The most commonly identified facilitator of dental care was dental insurance (22.0%), followed by the availability of more dentists who accept the respondent's insurance (16.1%), more reminders to visit the dentist (14.7%), and more convenient hours (11.5%).

Adults who were male, non-elderly, Hispanic/Latino, black/African American, had not graduated from college, had a lower income, and lived in urban or rural areas were more likely to report not getting needed dental care in the past year than the other survey respondents. Respondents with lower oral health literacy, negative or neutral attitudes toward oral health, and those who brushed their teeth less than once a day were also more likely to report not receiving needed dental care than other groups. Similarly, adults who reported multiple oral health symptoms/problems and poor/fair oral health were more likely to indicate not getting needed dental care than other survey respondents.

In addition, proportionally more survey respondents without any dental insurance coverage, those who reported travel time >60 minutes to a dental provider, resided in the South Region, or indicated that they had difficulties in obtaining dental care as often as needed (ie, difficulty finding a dentist who accepted their insurance plan, could not afford dental care, or could not easily travel to a dentist) were more likely to report not receiving needed dental care than other respondents.

Conclusions

Many of the survey findings supported results from prior research including that the most prominent structural barriers to access to oral health services are financial in nature. The cost of dental services or a lack of dental insurance to pay for services was cited by many survey respondents as the primary barrier to care. Other contributing factors to access include distance to a qualified provider, provider participation in and portability of dental insurance, convenience of services, and dental anxiety. This study also found a likelihood that oral hygiene behaviors and level of oral health literacy are associated with the ability to access services when needed. Additionally, the study found differences by patient characteristics in the ability to obtain services. The linkages between socioeconomic characteristics and access, while not surprising, suggest that present efforts to link underserved populations with oral health services remain important policy and program initiatives at the local, state, and national level for the near future. Efforts to educate the public about the importance of maintaining oral health should also continue to be a priority among stakeholders.

References

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