State Data Series

USING STATE DATA TO INFORM POLICY

SHADAC
State Health Access Data Assistance Center

Issue 1/May 2004

Use of Dental Care Among Alabama's Uninsured:

Results from Alabama's 2002 Household Survey

The policy context

In the wake of deteriorating state budgets and rising health care expenditures, state legislators are pursuing strategies to contain health care spending, particularly in Medicaid. States have enacted incremental reforms in the absence of a national approach to cost control, including restrictions on eligibility and benefits, provider payment rate reductions, and beneficiary cost-sharing requirements.

Dental benefits are often the first benefit to be cut, in part because states are not required to offer dental care to adults under Medicaid or to children under the State Children's Health Insurance Program (SCHIP) in order to be eligible for federal matching funds. Between 2002 and early 2004, 16 states either eliminated or restricted adult dental coverage in their Medicaid programs (Smith et al., 2002, 2003, 2004).

Whether such reductions have a meaningful impact on the overall health of low-income populations and/or state budgets is a matter of some debate. Some, citing well-documented barriers to dental access among Medicaid recipients, would argue that dental coverage is often underutilized and less cost-effective than other medical services that make up the state Medicaid benefit set. Others counter that restricting dental benefits is short-sighted as individuals who do not receive preventive dental care will require more costly treatment or will utilize the emergency room for more serious oral health problems that might have been avoided.

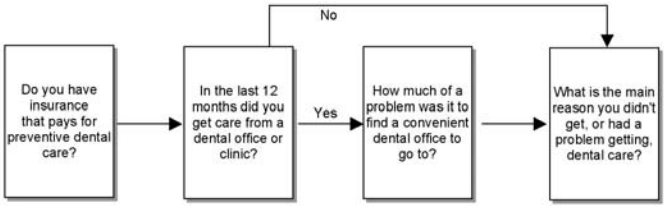
While state-specific data necessary to evaluate investments in dental access is scarce (Gehshan et al., 2002), a recent survey of households in Alabama provides important insights about dental access issues, as well as about the relationship between the receipt of dental care and health insurance coverage status. The State Health Access Data Assistance Center (SHADAC) developed its State Data Series to highlight unique information collected by state household surveys to inform health policy.

Survey methods

In the summer of 2002, the Alabama Department of Public Health was awarded a State Planning Grant (SPG) from the Health Resources and Services Administration (HRSA) to study health insurance coverage issues in Alabama.[1] Under Alabama's SPG, the State Health Access Data Assistance Center (SHADAC) and the University of Minnesota's Center for Survey Research in Public Health conducted a survey of Alabaman households to determine how health insurance coverage varies among different population groups, what barriers to accessing coverage exist among the uninsured, and how these barriers affect residents as they attempt to access the health care system in Alabama.

One unique feature of this survey is a section that focused on respondents' access to, and receipt of, preventive dental care. Survey respondents were asked a series of questions on dental coverage, treatment, and barriers to receiving care, shown in Figure 1 below.

Figure 1: Dental Access Questions, Alabama's 2002 Household Survey



Dental coverage and insurance status

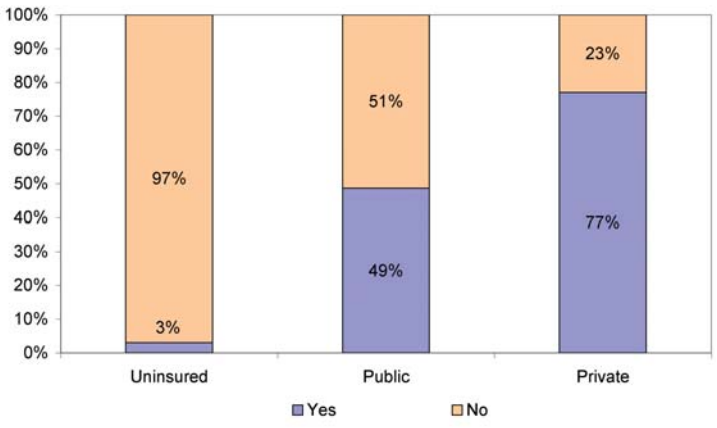
According to the Alabama survey, 11.2% of the state's population lacks health insurance coverage. This uninsurance rate is lower than the U.S. average of 15.2% (U.S. Census Bureau Current Population Survey, 2003) and reflects Alabama's relatively high public program coverage rates, especially for children.

Compared to 25.7% of the U.S. population (U.S. Census Bureau, Current Population Survey, 2003), this survey found that 31.4% of Alabamans are covered through public health insurance programs.[2]

Figure 2 suggests that having health insurance is positively associated with having coverage that pays for dental care. The overwhelming majority (97%) of individuals who lack health insurance coverage also lack insurance that pays for dental care. While a small percentage (3%) of the uninsured reported having dental coverage, some individuals responding yes to this question may have done so in error, or because they receive free care from dental clinics in the state.

Most (77%) individuals with private health insurance coverage also have insurance that covers dental expenses, compared to about half (49%) of those who are publicly insured—either through Medicare, Medicaid, or Alabama's Children's Health Insurance Program (CHIP). This result makes intuitive sense because Alabama does not provide dental coverage to adults on Medicaid, but does provide dental coverage to children enrolled in Medicaid or CHIP.

Figure 2: Percent of Alabamans Who Have Insurance that Pays for Preventive Dental Care, by Health Insurance Coverage Status



Dental Treatment and Insurance Status

This survey found that uninsured Alabamans are less likely to have access to dental care than those with insurance. Figure 3 illustrates that 30% of uninsured Alabamans received dental care in the last year, compared to 50% and 70% of publicly- and privately-insured Alabamans, respectively.

Figure 3: Percent of Alabamans Who Received Dental Care Services in Last 12 Months, by Health Insurance Coverage Status

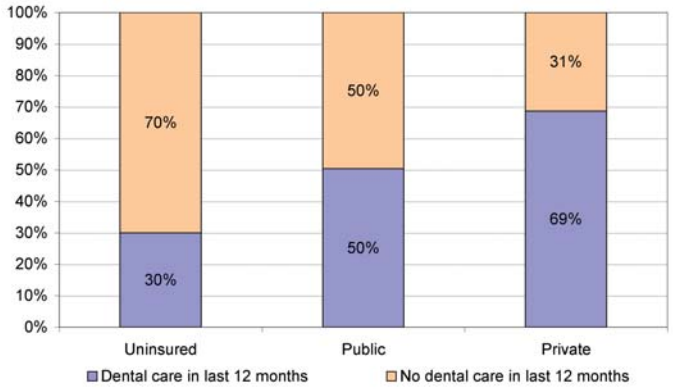


Figure 4 shows that whether uninsured, publicly-insured, or privately-insured, individuals with dental coverage are more likely to receive care from a dentist's office or dental clinic than those without dental coverage.

Figure 4: Likelihood that Alabamans With and Without Dental Coverage Will Receive Dental Care, by Health Insurance Coverage Status

	Percent of Respondents Receiving Dental Care		
	Total	With Dental Coverage	Without Dental Coverage
Uninsured	30%	n/a*	29%
Public	50%	64%	38%
Private	69%	74%	51%
Total	59%	72%	40%

** Estimate is not available due to small sample size of uninsured population with dental coverage.*

Barriers to Dental Access

The literature points to multiple barriers that may influence access to dental services, particularly among high-risk groups such as immigrants, Medicaid and SCHIP beneficiaries, and other low-income families. Potential barriers in a state may include:

- a shortage of dentists, or geographic disparity in the availability of dentists;
- a shortage of dentists willing to treat low-income or disabled clients;

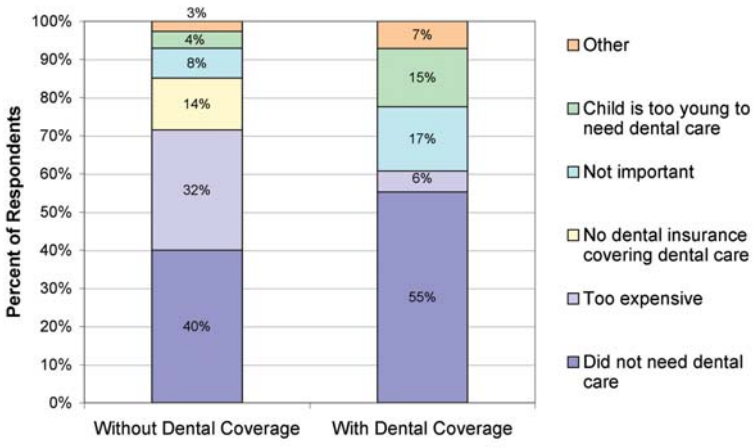
- an inadequate safety net infrastructure for dental services;
- inadequate reimbursement (e.g., through Medicaid) for dental services;
- public program administrative hurdles; and/or
- failure among public program beneficiaries to keep appointments (Gehshan et al., 2002).

Survey respondents who did not receive dental care

To help discern barriers to care, the survey asked individuals who had not received dental care to identify the reason why they had not. Response options included: (1) "dental care is too expensive," (2) "did not need dental care during 12 month period," (3) "I don't have insurance that covers dental care," (4) "not important," (5) "child is too young to need dental care," (6) "dentist does not accept insurance," (7) "no dentist in my area," (8) "dentist is not accepting new patients," and (9) "other".

Figure 5 illustrates that Alabamians without dental coverage who had not seen a were more than five times as likely to cite cost as the main reason—32% said they had not seen a dentist due to cost, compared to only 6% of those with dental coverage. People with coverage who had not seen a dentist were more likely to report that they did not need dental care. This group was also more likely to say that dental care is unimportant or that their children are too young to see a dentist.

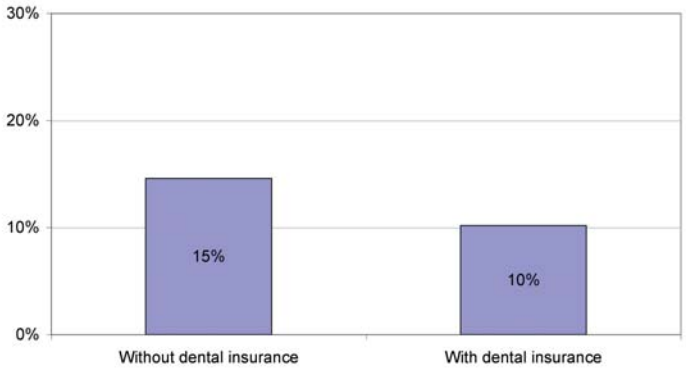
Figure 5: Main Reasons Alabamans Did Not Receive Dental Care, by Dental Coverage Status



Survey respondents who received dental care

Figure 6 shows that among those who did access dental care, Alabamans without dental coverage are more likely to have problems finding a convenient dental office than individuals with dental coverage. 15% of Alabamans who received dental care without dental coverage had trouble finding a convenient dental office, compared to 10% of individuals with dental coverage.

Figure 6: Percent of Alabamans Who Received Care Who Had a Problem Finding a Convenient Dental Office, by Dental Coverage Status



With respect to health insurance status, uninsured Alabamans are twice as likely as public program recipients, and almost four times as likely as those with private insurance, to have problems finding a convenient dental office when seeking dental care. Thirty percent of uninsured Alabamans who received dental care, compared to 15% of publicly-insured and 8% of privately-insured individuals, reported having trouble finding a convenient dental office.

Implications for state health policy

In comparison to those with public or private health insurance, Alabamans who lack health insurance coverage are: (1) less likely to have dental coverage that pays for preventive care, (2) less likely to receive dental treatment, (3) more likely to have a problem finding a convenient dental office if they have had care, and (4) more likely to cite cost as a barrier to getting care.

These findings underscore the likely consequences of dropping dental coverage benefits, either by private employers or by states as they attempt to contain health

care expenditures in their Medicaid and SCHIP programs. One can speculate that publicly- or privately-insured individuals who lose their dental benefits will come to resemble survey respondents who lacked dental coverage in terms of their dental health care seeking behaviors. That is, they will be less likely to receive dental care services, and more likely to find dental care too expensive or to have problems finding a dental office.

This is particularly problematic for those who believe that promoting access to routine, preventive dental care is an important objective. While much has been written about state strategies to reduce access barriers for Medicaid-insured children and adults who have dental benefits (Dasanayake et al., 2002; Mofidi et al., 2002; and Mouradian et al., 2000), the results of Alabama's 2002 survey suggest that perhaps more fundamental to the policy goal of increasing oral health among low-income populations is maintaining investments in public coverage for dental care services.

Researchers at the State Health Access Data Assistance Center at the University of Minnesota have developed and fielded the Coordinated State Coverage Survey (CSCS), a survey instrument used to determine state-level insurance coverage rates. The State Data Series is a collection of policy briefs informed by the analysis of unique survey data collected in states that have used the CSCS.

Sources

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U.S. Census Bureau, Current Population Reports. Health insurance coverage in the United States: 2002. Issued September 2003.

(Endnotes)

[1] Information on HRSA State Planning Grants can be found on at http://www.statecoverage.net/hrsa.htm.

[2] We make the comparison between state survey estimates and and the CPS to illustrate general differences between Alabama and the nation as a whole, not to make precise comparisons. CPS tends to provide higher estimates of the uninsured than estimates based on state survey data. The key reasons for this difference are outlined in the SHADAC Issue Brief, "State Health Insurance Coverage Estimates: Why State-Survey Estimates Differ from CPS", available at www.shadac.org.