



Oregon Health Insurance Survey

Dental Insurance & Utilization Fact Sheet

2015

Oregon’s health transformation efforts are focused on improving access to care, creating better health and lowering costs. Today, more than 3.7 million Oregonians, which accounts for 95 percent of the state, have insurance coverage. The Oregon Health Insurance Survey (OHIS) is an important source of information about health care coverage in the state. The survey provides detailed information about the impacts of health system reform efforts related to coverage, access to care and utilization. This fact sheet is part of a series exploring health insurance coverage using data from this survey, and presents results specific to dental coverage and care.

DENTAL INSURANCE

Dental care is usually covered separately from physical health care and dental insurance is often a separate benefit from employers. The Oregon Health Plan (OHP or Medicaid) covers many dental services at no cost to the member. These services include preventative services like cleanings, fluoride treatments, sealants for children, and other services like fillings, x-rays, check-ups, tooth removal, dentures, 24-hour emergency care, and specialist dental care.² Dental services are not a standard benefit for people with Medicare. Older adults with Medicare have options to purchase separate dental plans, but the survey shows that only about two in every five (42 percent) adults aged 65 and older with Medicare have dental coverage.

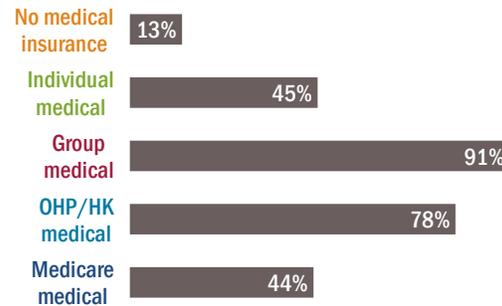
When asked whether they had insurance that pays for some or all of their routine dental care, 74 percent of Oregonians reported that they did.

People with group health insurance were by far the most likely to have dental insurance. This finding makes sense because dental insurance is most frequently obtained as a benefit of employment.

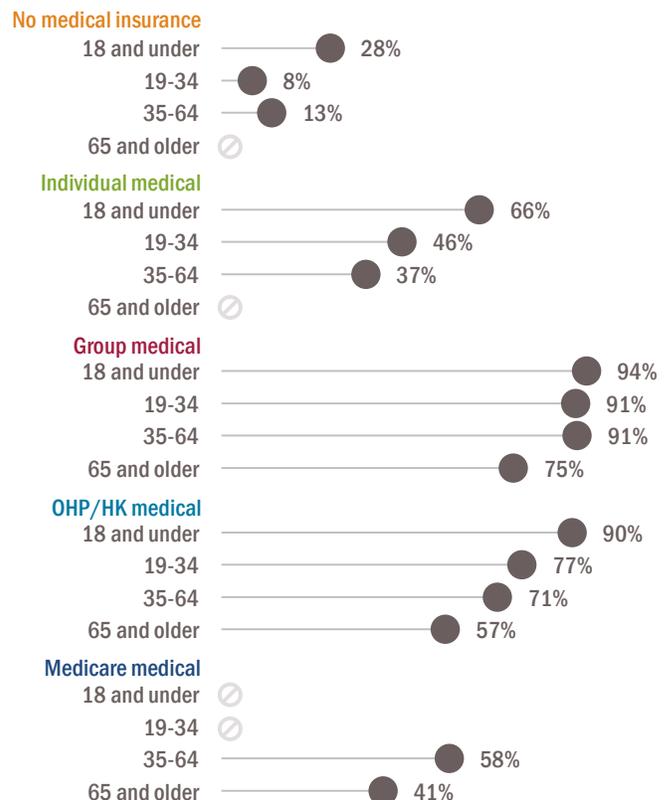
⊘ There were not enough responses in this group to report findings.

Percentage of people with dental insurance coverage by medical insurance coverage status¹.

Dental insurance among:



Dental insurance by age among:



REGIONS AND DENTAL INSURANCE

The three counties in the Portland Metro area had the highest dental insurance coverage rates. Marion county was also above the 74.2 percent statewide average. People living in the more rural counties and regions in Oregon were less likely to have dental insurance.

Note: We grouped counties with lower populations into regions. This helps to ensure the accuracy of our analyses. See the list below of counties contained in each region.

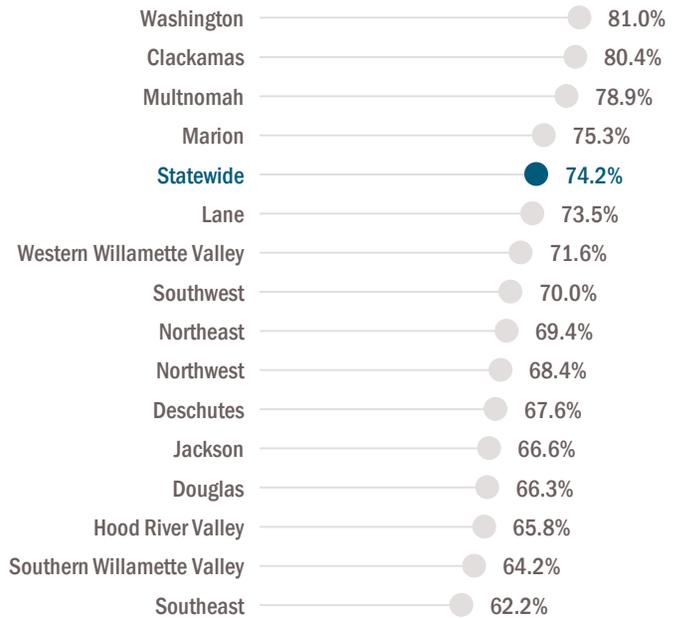
<u>Region</u>	<u>Counties</u>
Northeast.....	Baker, Umatilla, Union, Wallowa
Hood River Valley.....	Crook, Gilliam, Grant, Hood River, Jefferson, Morrow, Sherman, Wasco, Wheeler
Southeast.....	Harney, Klamath, Lake, Malheur
Northwest.....	Clatsop, Columbia, Lincoln, Tillamook
Southern Willamette Valley....	Benton, Linn
Southwest.....	Coos, Curry, Josephine
Western Willamette Valley.....	Polk, Yamhill

Black or African American Oregonians were most likely to have dental insurance at 86.6 percent. The only race or ethnic group to have a dental insurance rate below the statewide average were white Oregonians. Dental insurance rates by race and ethnicity do not match up with health insurance rates by race. The difference between health and dental insurance for whites was 23 percentage points, where as the difference for Hispanic/Latino people was almost 12 percentage points. Additionally, there was less disparity with dental insurance than with health insurance. See the Demographics OHIS Fact Sheet for health insurance rates by race and ethnicity.

Higher income level was fairly closely related to dental insurance coverage. The exception is that people at less than 138% of the federal poverty level (FPL) reported being somewhat more likely to have dental insurance than people between 139-200% FPL. The OHP income eligibility limit for adults is 138% FPL so people under this threshold are likely to have OHP benefits which include dental insurance.

Dental insurance by region.

In general, more populous regions tended to have higher rates of dental insurance.



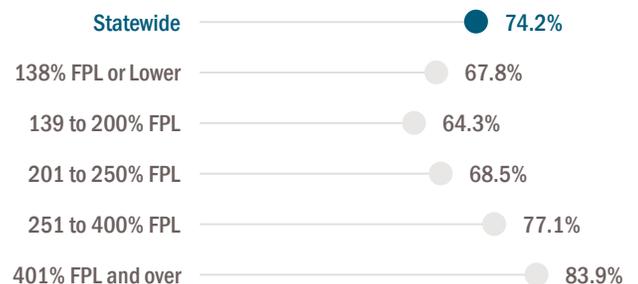
Dental insurance by race and ethnicity.

Black/African American Oregonians had the highest rate of dental insurance.



Dental insurance by household income level.

Starting at 139% FPL, dental insurance rates increased with household income.



LAST USE OF DENTAL CARE

We asked respondents about how long it had been since they visited a dentist or dental hygienist. The care could have been for routine cleanings and maintenance or for treating dental problems. This was asked of people both with and without dental insurance. Overall, 70 percent of Oregonians had received dental care within a year of taking the survey.

People without health insurance had the lowest rate of dental use in the past year at about 31 percent. People with group coverage had the highest rate at about 80 percent.

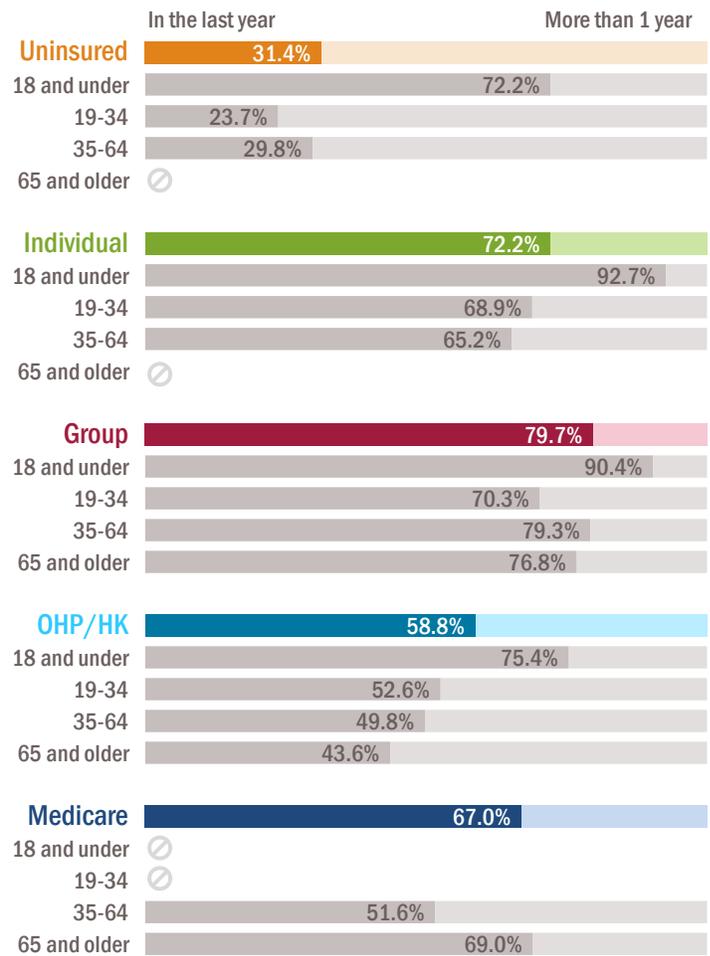
In each coverage type, as well as among uninsured respondents, children 18 years old and under were the most likely to have had dental care in the last year.

One interesting finding is that over 70 percent of people with individual health insurance received dental care in the last year, but only 45 percent of those people had dental insurance. This finding could mean that people with health care that they purchase on their own may have specific dental needs and would use the services more.

We also analyzed the data for regional differences in receiving dental care. The highest rates of dental care in the last year were in the three Portland Metro counties and Deschutes County, each 73 percent or above. People living in more rural counties were less likely to receive dental care in the last year. The Hood River Valley region had the lowest rate of dental care in the last year at only 57 percent. In rural counties, it can take longer to travel to dental providers and there are fewer dental providers in the area providing care.

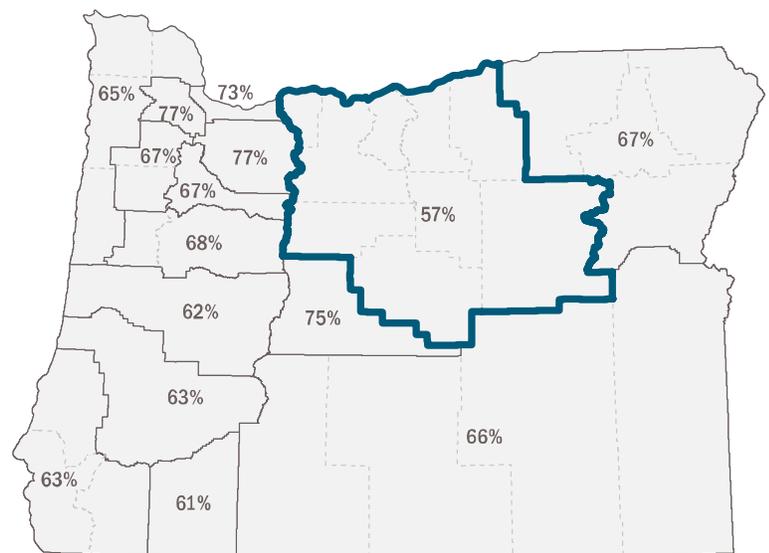
Last time respondent received dental care.

Oregonians with group health insurance went to the dentist the most in the past year.



Respondent received dental care in the past year by region.

Oregonians in the Hood River Valley were the least likely to go to the dentist in the last year.



REASONS FOR NOT GETTING DENTAL CARE IN PAST YEAR

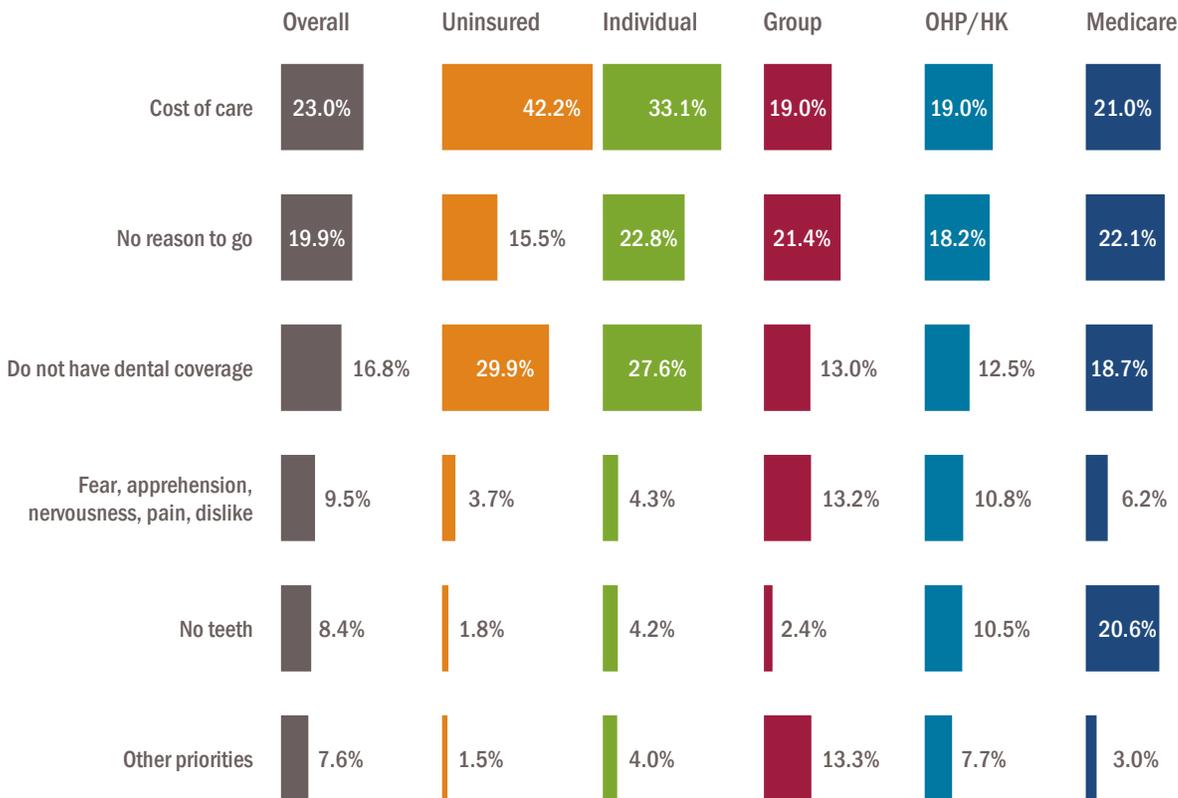
For the 30 percent of Oregonians that did not receive dental care in the past year, we asked why. The survey listed several reasons why someone would not get dental care, and people were asked to choose the one main reason they didn't seek dental care.

The most common reasons were the cost of care, not having a reason to go to the dentist, and not having dental coverage. The chart at right lists the six most

common reasons people did not get dental care in the past year. For people with group health insurance, emotional and psychological concerns accounted for a large part of reasons for not seeing the dentist, as well as simply having other priorities. A common reason that people with Medicare insurance hadn't gotten dental care in the past year was that they had no teeth.

Top six reasons for not getting dental care in the past year.

Overall, cost was the biggest reason that people did not receive dental care in the past year.



Other reasons that people did not go to the dentist in the past year were:

- Do not have/know a dentist
- Cannot get to the office/no transportation
- Have not thought of it
- Too young
- Cannot find a dentists that accepts coverage type
- Poor coverage, changed insurance, insurance issues
- Hard to get an appointment
- Have dentures
- Just have not gotten around to it (procrastination/laziness/forgetfulness)

ABOUT THIS REPORT

The Oregon Health Insurance Survey (OHIS) collects information about health insurance coverage, access to care, and utilization in Oregon. The survey is fielded every two years, and data in this fact sheet is from the 2015 survey. More than 9,000 Oregonians completed the survey between April and September of 2015. The survey sample drew from a list of all residential addresses in Oregon, and respondents were given the opportunity to complete the survey via phone, online, or paper versions. For more information about OHIS methods and results, go to: <http://www.oregon.gov/oha/analytics/Pages/Insurance-Data.aspx>

This fact sheet was prepared by Rebekah Gould for the Oregon Health Authority's Office of Health Analytics. The Office of Health Analytics collects and analyzes data to inform policy, monitor progress toward transformation goals, and evaluate programs. The Office supports OHA efforts to further the triple aim goals of better health, better care, and lower costs.

REFERENCES

¹ The coverage types are defined as follows: **Individual coverage** is purchased directly by the respondent or another person. **Group coverage** is obtained through the work, union, association or trust of the respondent or of another person; Cobra or state continuation; Veteran's Affairs, Military Health, TRICARE or CHAMPUS; or a student health insurance program. **OHP/Healthy Kids coverage** is Medicaid coverage in Oregon and includes Medicaid CCO and FFS. **Medicare coverage** is for adults aged 65 years and older and for individuals with disabilities. This category is for Medicare medical programs only. The survey does not differentiate between specific types of Medicaid or Medicare programs. **NOTE: Indian Health Services (IHS)** is not considered to be health insurance. There were only eight individuals in the survey with only IHS coverage, however, they are counted as uninsured. People with IHS in addition to another type of coverage are counted in the other coverage type.

² See the Oregon Health Plan Member Handbook for more details at: <https://www.oregon.gov/oha/healthplan/Pages/benefits.aspx>

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For questions or comments about this fact sheet, please contact ohis.admin@state.or.us.

DISCLOSURES

The 2015 OHIS was supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services and the content provided is solely the responsibility of the authors and does not necessarily represent the official views of HHS or any of its agencies.

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