

A close-up photograph of a woman with long, wavy white hair, smiling broadly and showing her teeth. She is pointing her index fingers towards her upper front teeth. She is wearing a white t-shirt. The background is a plain, light blue color.

A LOOK AT DENTAL HEALTH

September 2019

AARP[®]
Real Possibilities

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Executive Summary

Respondents ages 45 and older **value their dental health** and **most have taken regular steps to maintain it.**

- **Nearly all** respondents recognize the importance of **both oral health and oral health relative to general health.**
- **Nearly all respondents** consider it ***equally or more important* to see a dentist as regularly as other health care professionals.**
- **Most have seen a dentist in the past year**, usually for routine check-ups, yet there are notable differences in access to dental care.
- **Cost is the top reason cited for delaying or foregoing dental care.** Lack of dental insurance and lack of time round out the top three reasons.

U.S. adults 45 and older express **significant uncertainty** when asked **where they will get dental insurance after age 65.** Nearly **one-fifth of respondents ages 45–64 who believe they will get dental insurance** when they turn 65 **believe they will get the coverage through basic Medicare even though Medicare doesn't cover most dental services.**

Executive Summary, Cont.

Less affluent respondents — those with incomes of less than \$50,000 per year — face a more dire situation when it comes to their dental health.

Specifically, they are:

- less likely to rate their dental health as *excellent* or *very good*
- disagree that getting dental care is just as easy as getting medical care
- less likely to have seen a dentist in the last year
- less likely to have dental insurance

Even those less affluent respondents with dental insurance are more likely to have forgone dental care in the last two years.

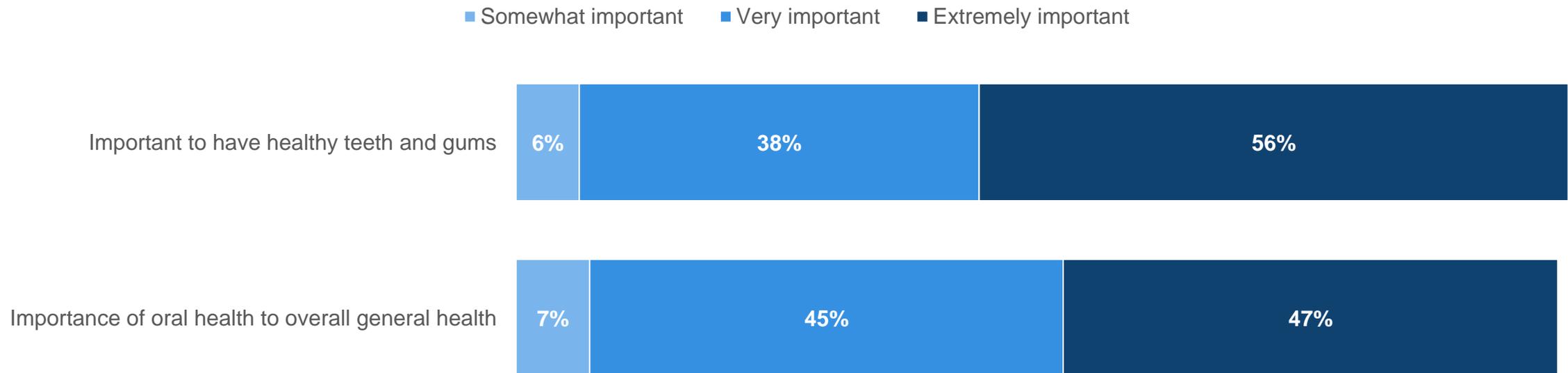
Midlife and older adults see the importance of maintaining their dental health, and most are taking steps to do so. But many still cannot afford dental care and are going without it. **Improving access to affordable dental care — both before and after individuals reach Medicare eligibility — is critical.**



ATTITUDES TOWARD DENTAL AND ORAL CARE

There is widespread awareness of the importance of dental health.

Nearly six in ten respondents age 45 and older say oral health (that is, having healthy teeth and gums) is **extremely important**, with another four in ten saying it is **very important**. As for the importance of oral health to overall general health, somewhat fewer consider it as important (47% extremely important and 45% very important). Notably, for both questions, women are more likely than men to rate them as extremely or very important.



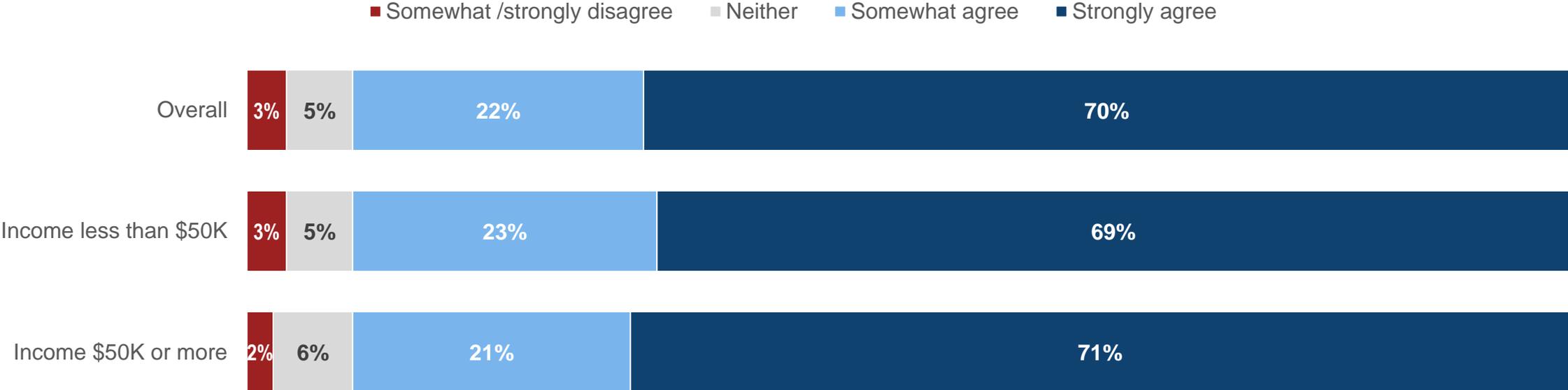
Q9A: How important do you think it is to have healthy teeth and gums? Base: Total Respondents [n=1,537]

Q10: How important is oral health — that is, the general health of your teeth and gums — to one's overall general health? Base: Total Respondents [n=1,537]

There is near universal agreement on the importance of regular dental care.

More than nine in ten respondents **somewhat** or **strongly agree** that regular dental care at their age is important to prevent dental problems over time. This attitude remains the same regardless of income level.

Agree or Disagree: Regular Dental Care at My Age is Important to Prevent Dental Problems Over Time



Q12. Do you agree, disagree, or neither agree nor disagree with the following statements? Base: Total Respondents [n=1,537]

Seeing a dentist regularly is considered to be as important as seeing other health care professionals.



When it comes to the importance of dentists compared with other doctors or health care professionals, **nine in ten respondents say it's equally or more important to see a dentist regularly.** Nine percent say seeing a dentist is less important than regular visits to the doctor.

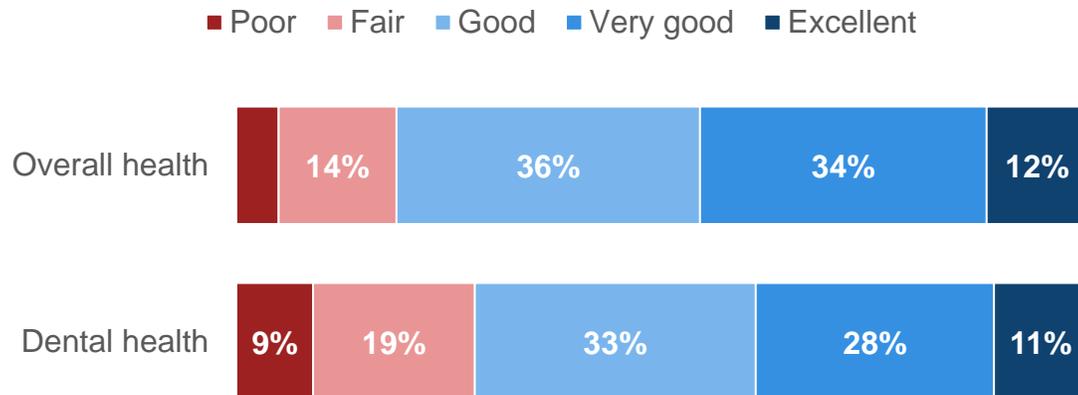


Q11. Would you say seeing a dentist is more important, just as important, or less important than seeing a doctor or other health care professional regularly? Base: Total Respondents [n=1,537]

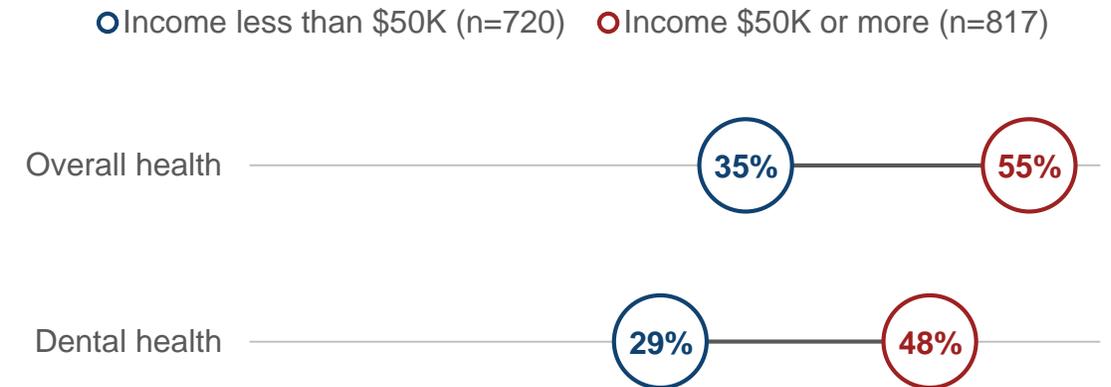
Consumers give themselves good ratings on their general and dental health.

Nearly half of respondents rate their health as *excellent* or *very good*, with slightly fewer rating their dental health the same. **Differences in perceptions** of their general health and dental health compared to most persons their age **emerge by income**, with those earning \$50,000 a year or more rating both aspects of their health higher than those earning less.

Respondent ratings of overall and dental health



Respondents indicating excellent or very good overall and dental health, by income level



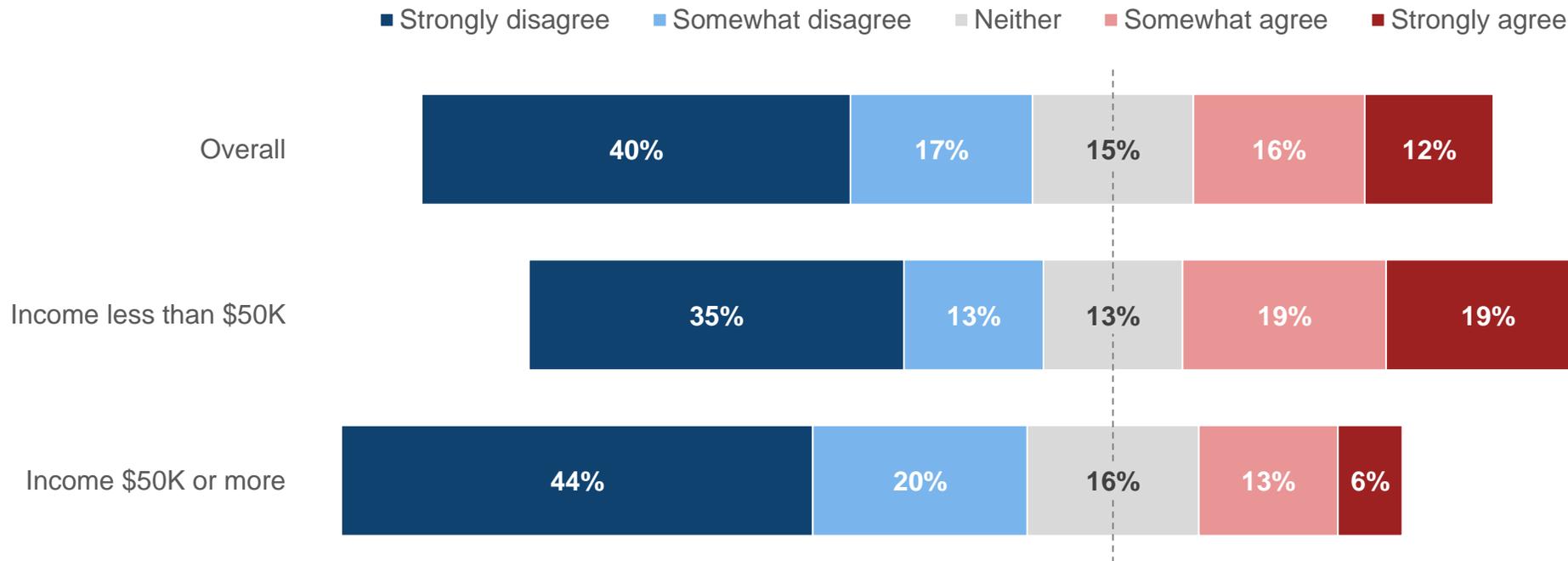
D5: In general, when compared to most people your age, how would you rate your health? Base: Total Respondents (n=1,537)

Q9: In general, when compared to most people your age, how would you rate the health of your teeth and gums? Base: Total respondents (n=1,537)

Yet, some are embarrassed by the condition of their teeth.

Those earning less than \$50K are more likely to agree that they are embarrassed by the condition of their teeth.

Agree or Disagree: *I am embarrassed about the condition of my teeth.*



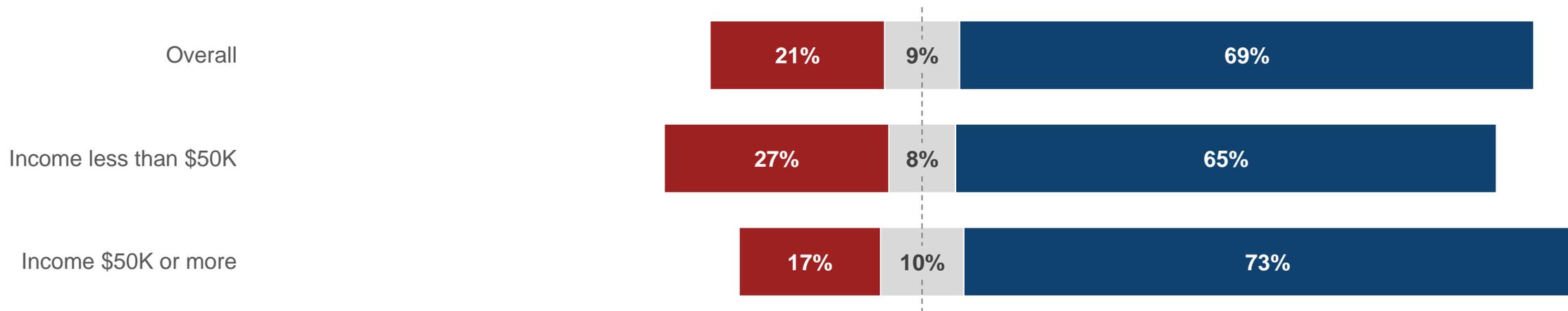
Q12. Do you agree, disagree, or neither agree nor disagree with the following statements? Base: Total Respondents [n=1,537]

Getting dental care is more difficult for less affluent respondents.

Overall, a majority **somewhat strongly agree** that getting dental care is as easy as getting medical care. Yet, even when controlling for dental insurance status, those earning less than \$50,000 are more likely to **somewhat or strongly disagree** that getting dental care is just as easy as getting medical care than those earning more than \$50,000.

Agree or Disagree: *It is just as easy for me to get dental care as medical care.*

■ Strongly/somewhat disagree ■ Neither agree nor disagree ■ Strongly/somewhat agree



Q12. Do you agree, disagree, or neither agree nor disagree with the following statements? *It is just as easy for me to get dental care as medical care.* Base: Total Respondents [n=1,537]

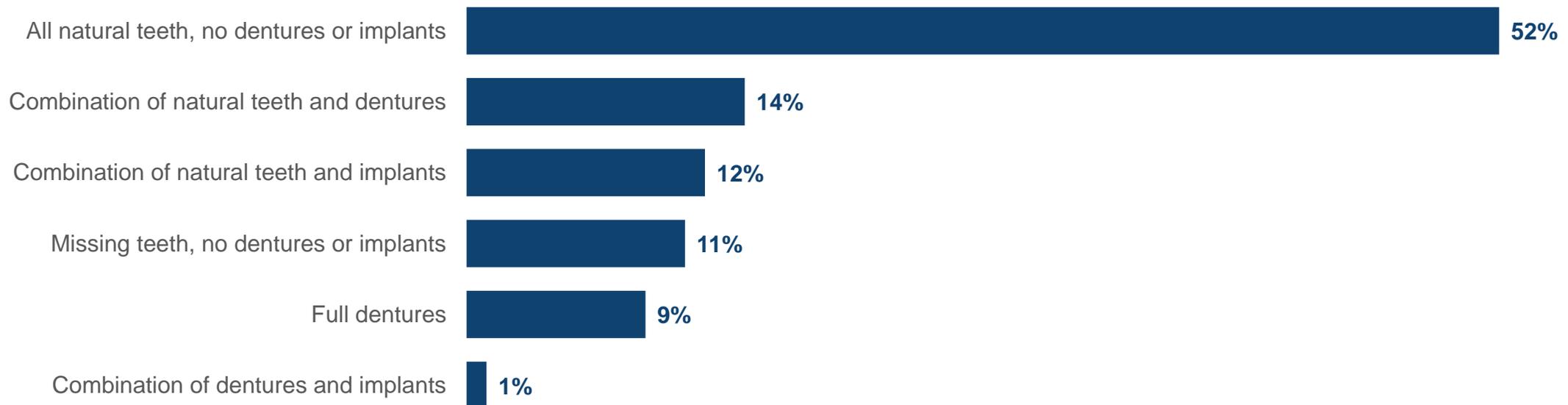


CURRENT DENTAL AND ORAL HEALTH

Half of adults age 45 and older have all their natural teeth.

Adults 45 and older with household incomes of \$50,000 or more per year are more likely to have all their natural teeth than those making less. White and Hispanic respondents are also more likely than African American ones to say they have all their natural teeth.

Percentage of respondents with natural teeth, dentures, implants, or missing or damaged teeth



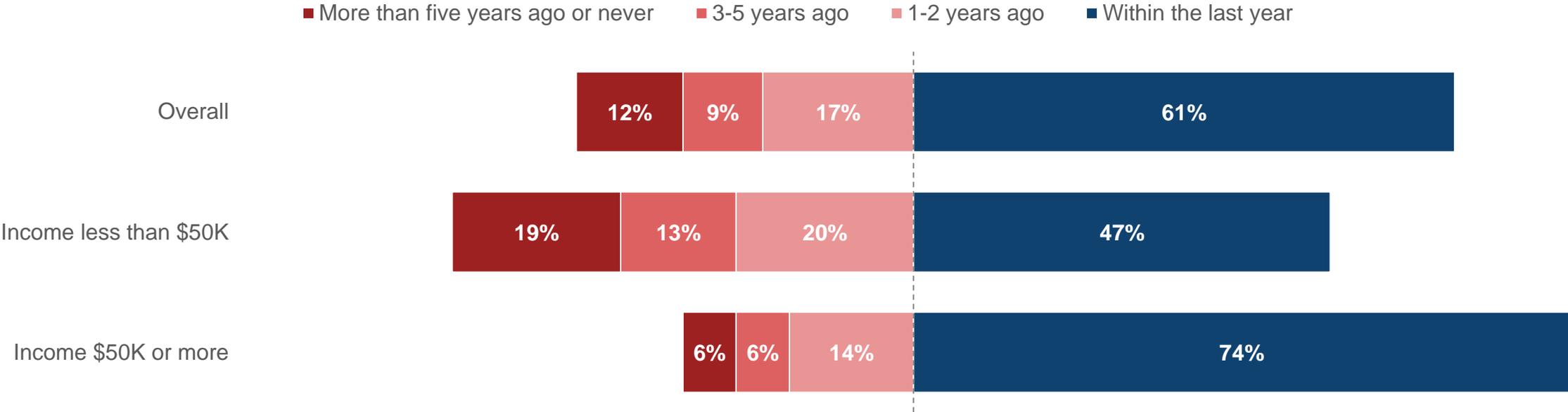
Q13. Do you have all of your natural teeth, without any dentures or implants, or not? Base: Total Respondents [n=1,537]

Q13A. What type of replacements do you have for your missing or damaged teeth? Base: Respondents who have missing teeth [n=738]

Lower income adults are less likely to have visited a dentist within the last year.

While more than six in ten have received dental care within the last year, **those earning less than \$50,000 are much less likely to have seen a dentist in the last year than those earning \$50,000 or more.**

Length of time since last dental visit

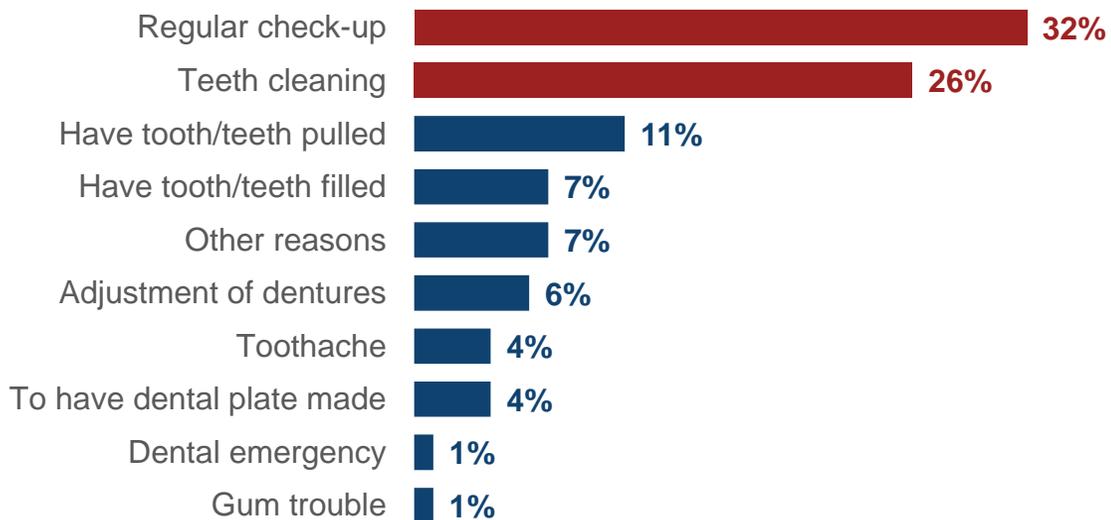


Q1. About how long has it been since you last saw a dentist or dental hygienist for dental care? Base: Total Respondents [n=1,537]

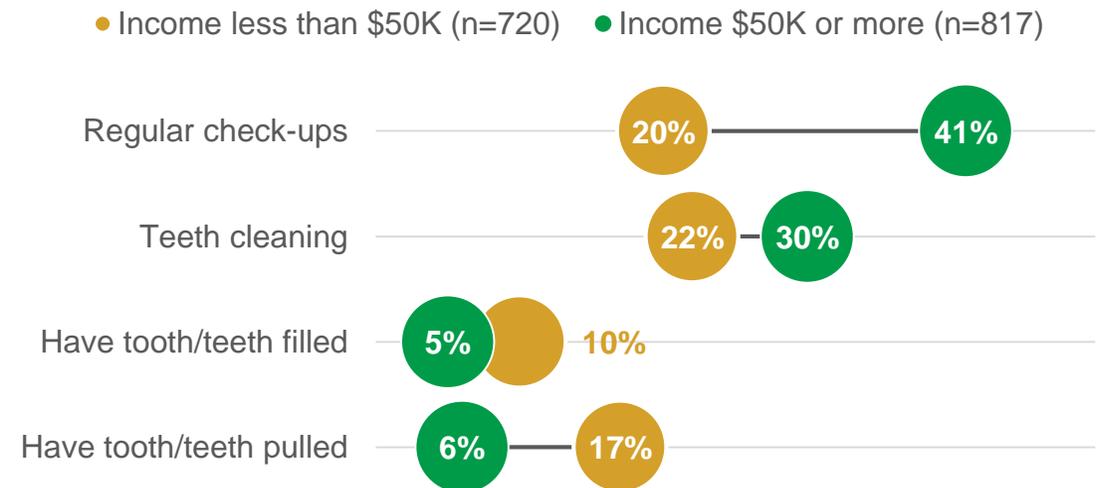
Dental visits are primarily for check-ups.

Among respondents who have seen a dentist, **the main reason was for routine care**: One-third report that their visit was for a regular check-up, and one-quarter say it was to have their teeth cleaned. Those earning more than \$50,000 annually were more likely to visit for regular check-ups and cleaning, while those earning less than \$50,000 were more likely to visit for fillings or to have teeth pulled.

Main reason for last dental visit



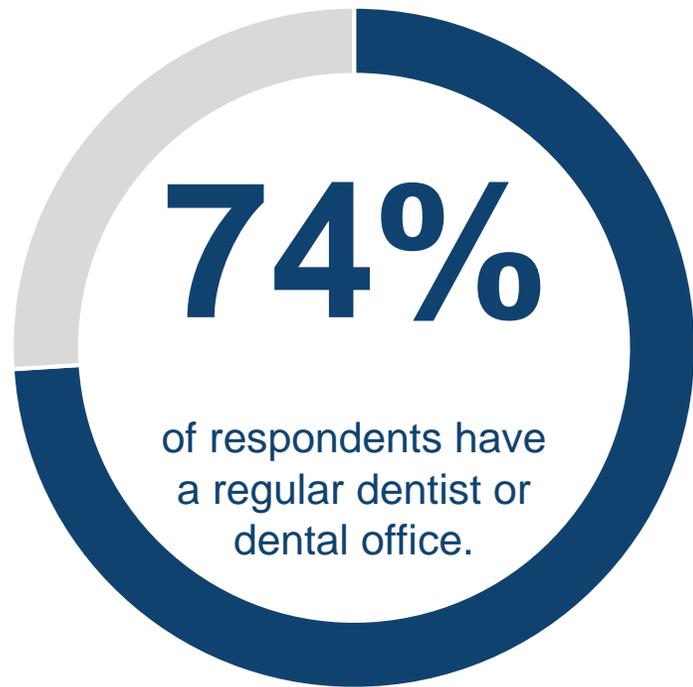
Differences in reason for last dental visit, by income level



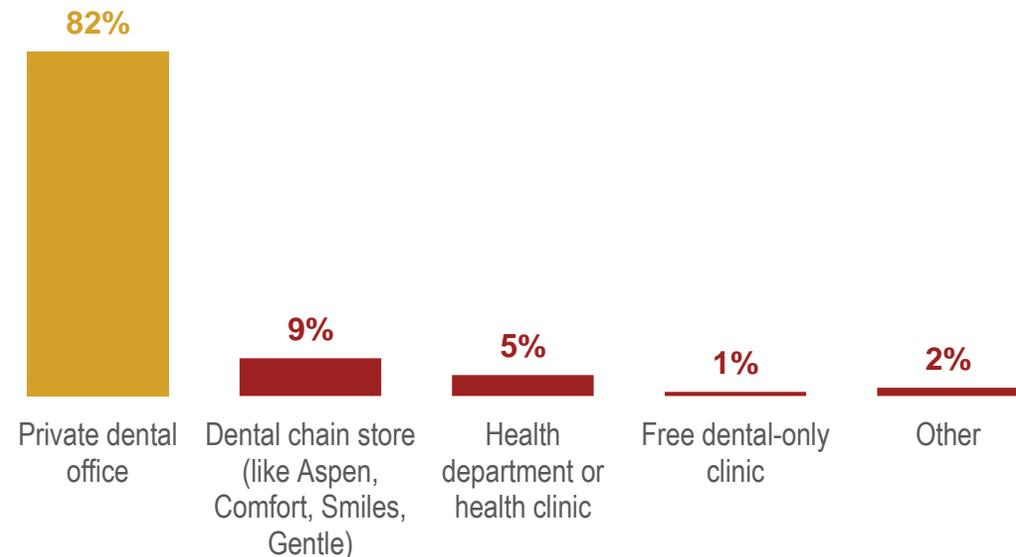
Q2. What was the main reason for your last visit for dental care? Base: Respondents who have seen a dentist [n=1,531]

Most have a regular dentist and use a private office.

Of those **respondents who have a regular dentist or dental office**, more than eight in ten report that they use a **private dental office** rather than a dental chain store or clinic. More affluent respondents are more likely to report having a regular dentist or dental office and more likely to say that it is a private dental office.



What type of dental office is your regular dentist or dental office?



Q3. Do you have a regular dentist or dental office, or not? Base: Respondents who have seen a dentist [n=1,531]

Q4. Thinking about your regular dentist or dental office, what type of office is this? Base: Respondents with a regular dentist [n=1,134]

Cost is a key reason for delaying or not getting dental care.

One-third of respondents say they delayed needed dental care in the last two years, while one-quarter say they did not get the care they needed. Nearly half of those who delayed or went without care cite the high cost; more than one-third say they lack dental insurance. A lack of dental insurance or waiting to have dental insurance were more likely to be noted by less affluent respondents; not having the time was more likely to be noted by more affluent ones.

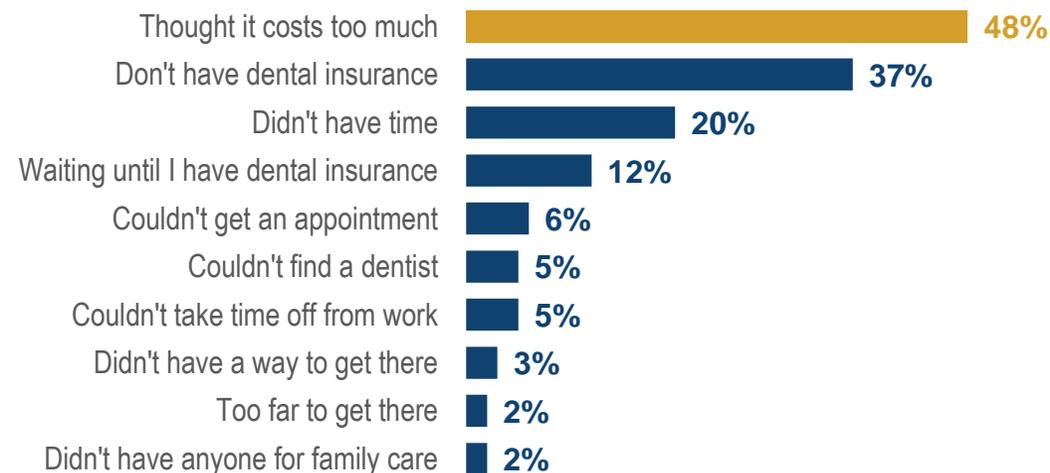
34%

of respondents have **delayed dental care** and

26%

did not get dental care when they needed dental care in the past two years.

Percentage of respondents citing reasons for delaying or not getting dental care



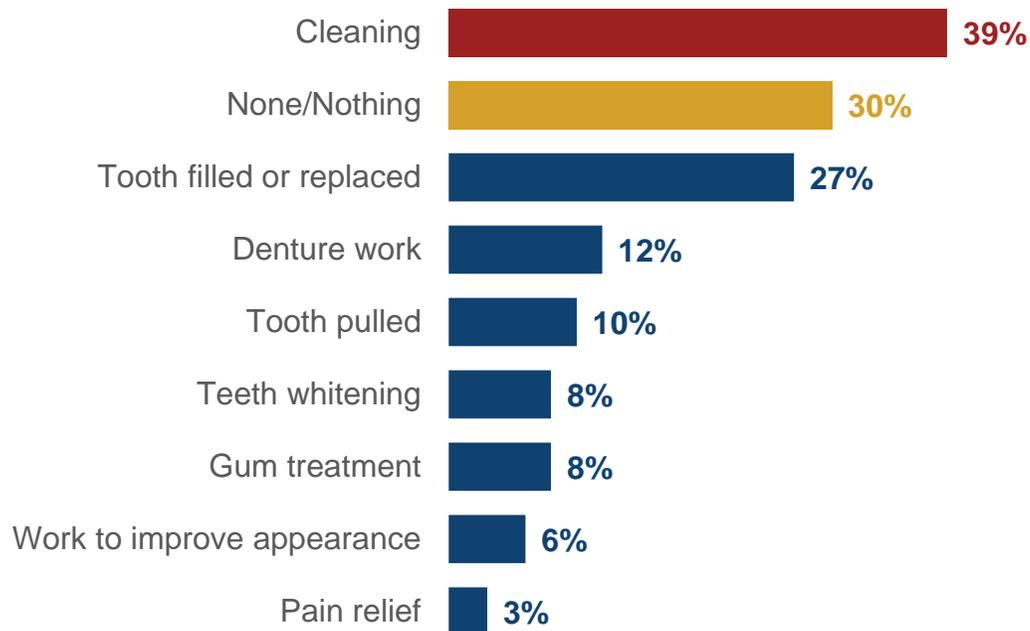
Q5. In the last 2 years, has there been a time when you needed dental care but you either delayed care or did not get the care? Base: Total Respondents [n=1,537]

Q6. Why was that? Base: Respondents who delayed or did not get dental care [n=588]

Four in ten think they need a dental cleaning now.

However, **three in ten do not believe they need any type of dental care** at the moment.

Types of dental care needed At this time

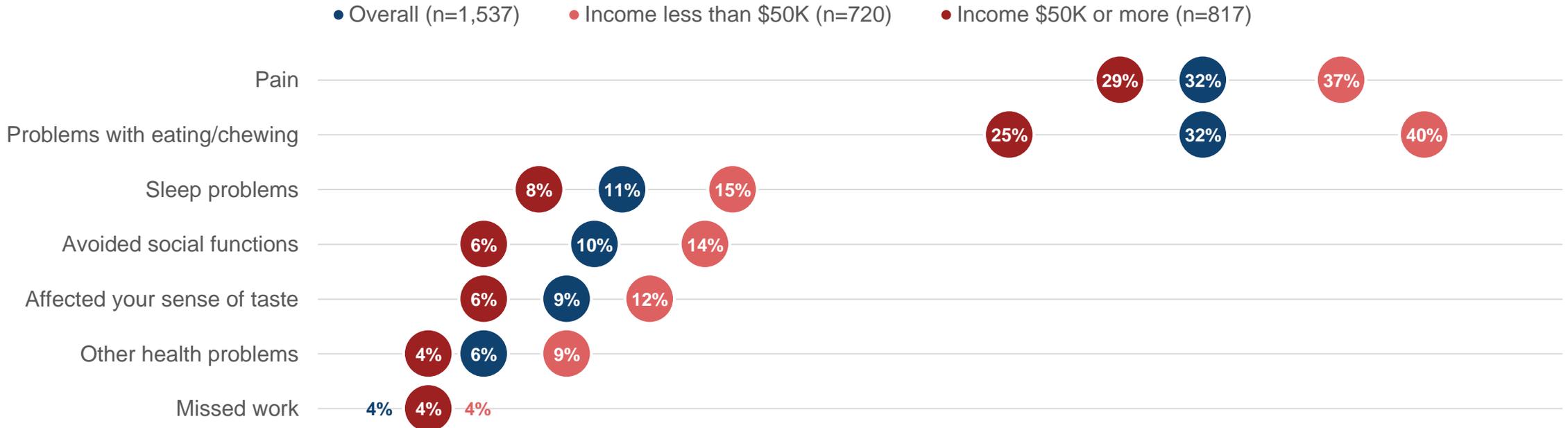


Q7. What type of dental care, if any, do you think you need now? Base: Total Respondents [n=1,537]

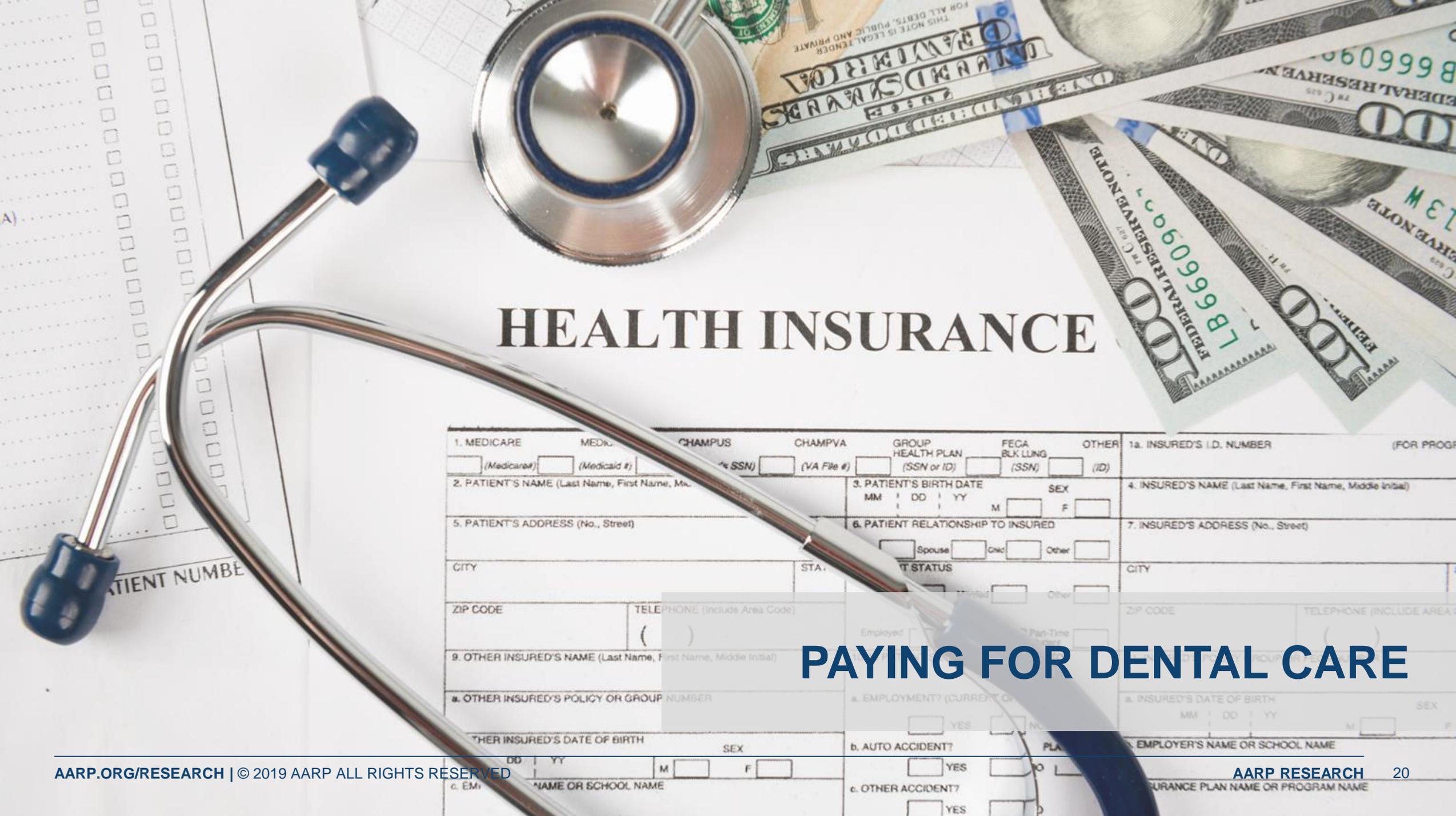
Dental problems cause more problems for the less affluent.

One-third say dental problems have caused them pain while an identical figure report problems with eating or chewing. **Lower-income adults are more likely to report each of the problems below** compared to adults with household incomes of \$50,000 or more, with the exception of missing work.

In the last 2 years, dental problems have caused . . .



Q8: In the last 2 years, have dental problems caused you any of the following, or not? Base: Total respondents [n=1,537]



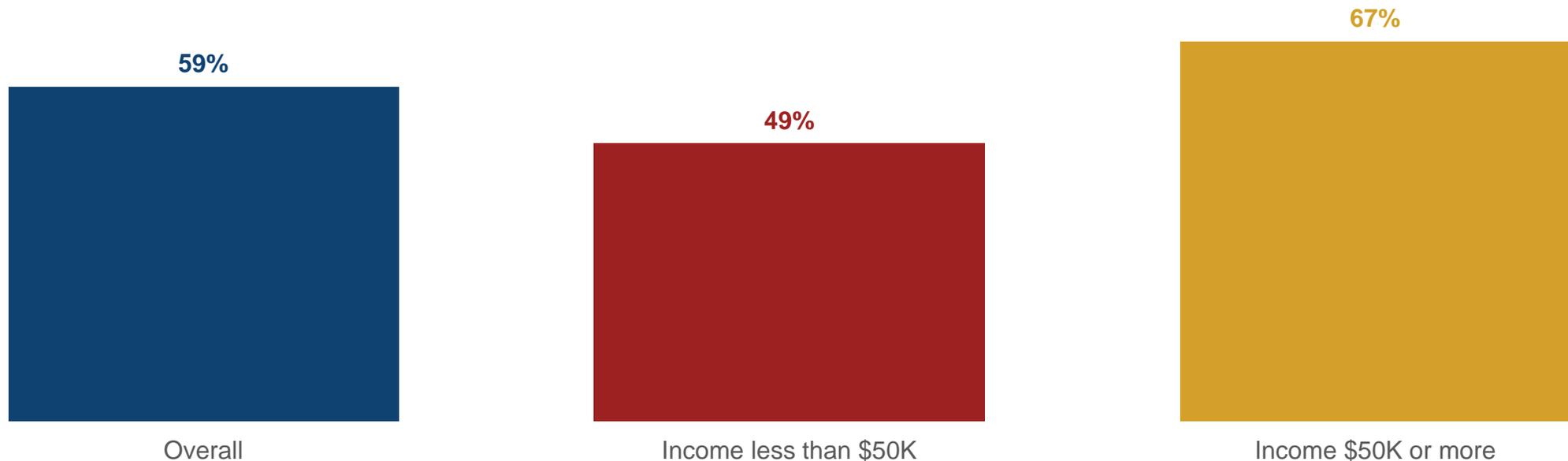
HEALTH INSURANCE

PAYING FOR DENTAL CARE

Lower income respondents are less likely to have dental coverage.

While **six in ten respondents overall have dental insurance**, **only about half of those earning less than \$50,000 do**. **Two-thirds of those earning more than \$50,000 have dental insurance**. Among those with dental coverage, more than four in ten say they get dental coverage separately from their health insurance.

Percentage of respondents with dental insurance



Q13B: Do you have dental insurance coverage, or not? Base: Total Respondents [n=1,537]

Q13C: How do you get your dental insurance coverage? Base: Those with dental insurance [n=905]

Having dental insurance is no guarantee of getting dental care.

Those with incomes of less than \$50,000 — even among those with dental insurance — are more likely to have forgone care in the last two years.

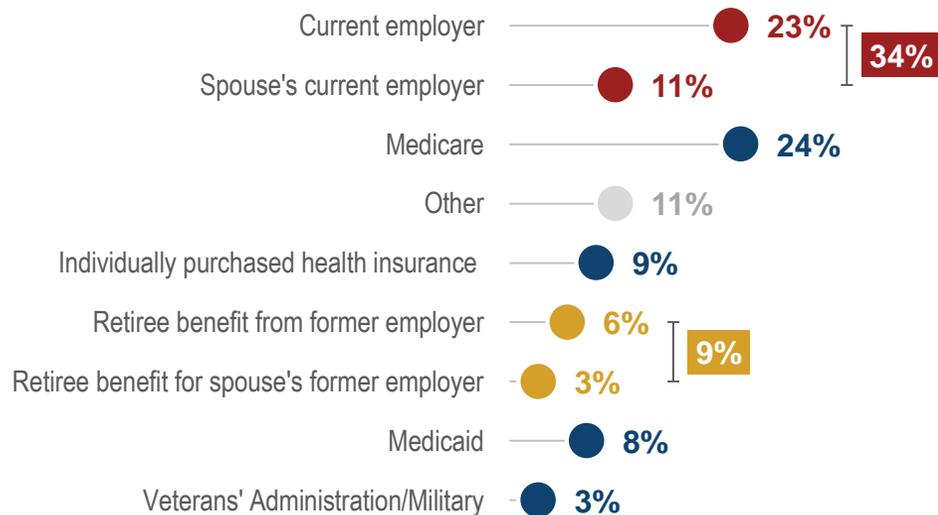
Percentage of respondents who needed but delayed or did not get dental care in the past two years



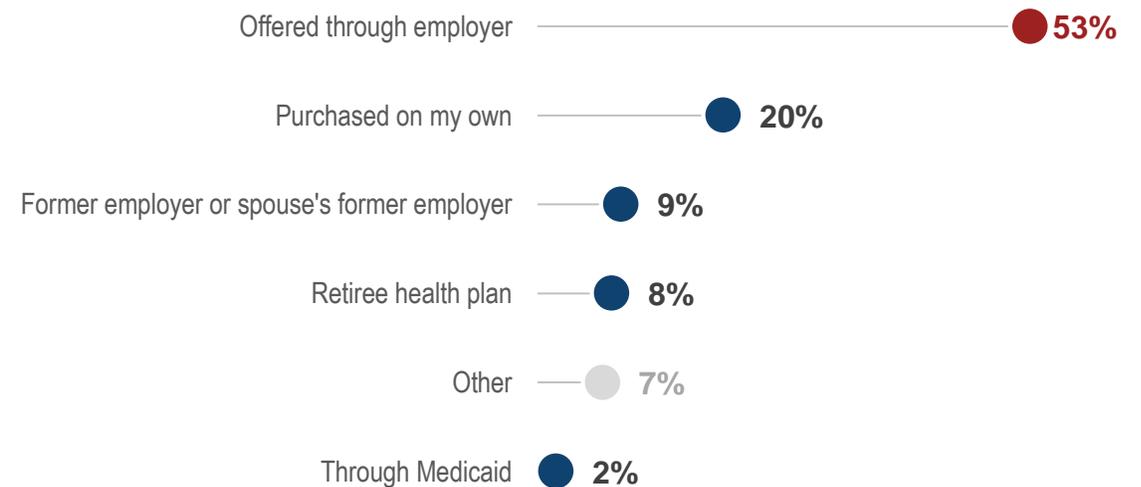
Q5. In the last 2 years, has there been a time when you needed dental care but you either delayed care or did not get the care? Base: Total Respondents [n=1,537]

Employer-based health insurance and a separate dental benefit through employer are the most common sources of coverage.

What is your source of health insurance coverage?



How are you getting your dental insurance?

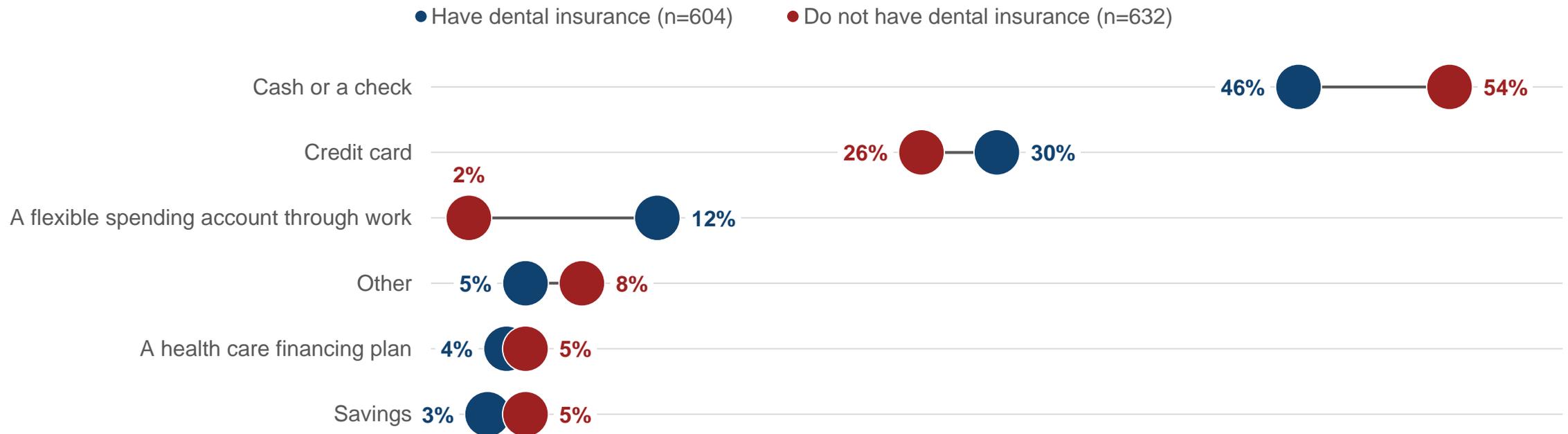


Q14: What is the source of your health insurance coverage? Base: Total Respondents [n=1,537]

Q16A: How are you getting your dental insurance? Base: Respondents who have separate dental coverage [n=401]

Cash, checks, and credit cards are used more often than FSAs.

Payment methods differ by insurance status. **Those who do not have dental insurance** are more likely to pay by cash or a check and much less likely to pay using a flexible spending account (FSA) through work than **those who have dental insurance**.



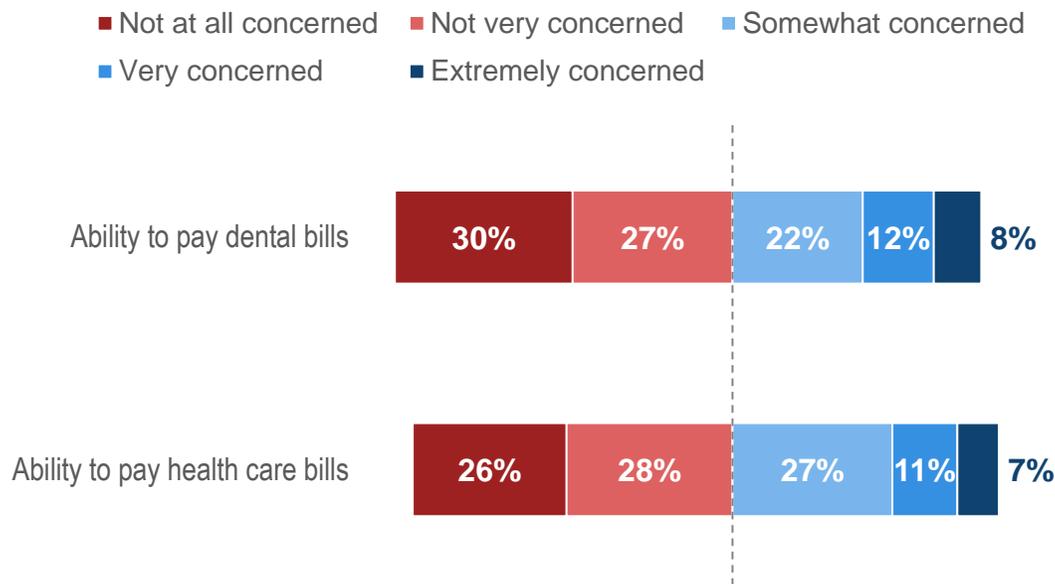
Q16C. How do you typically pay for the expenses not covered by your [health/dental] insurance when visiting the dentist? Base: Has insurance, pays for out-of-pocket dental expenses [n=604]

Q17. If you need dental care, how do you usually pay for it? Base: Does not have dental insurance, pays out-of-pocket dental expenses [n=632]

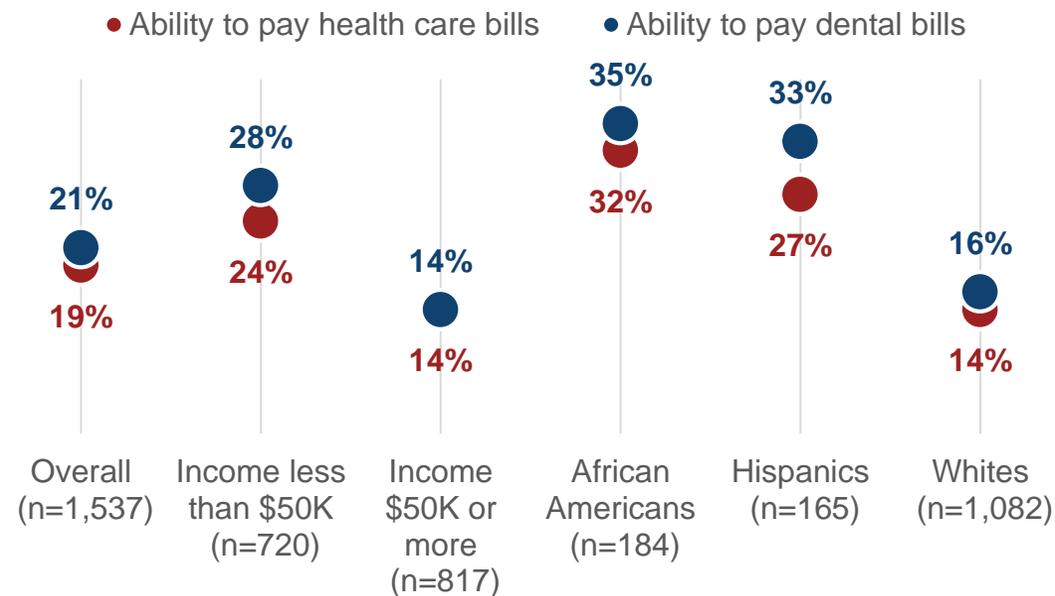
One-fifth are very concerned about paying for care.

Less affluent respondents are more likely to be *extremely or very concerned* about paying their dental and health care bills. Similarly, African Americans and Hispanics are more likely than White respondents to express concern about paying those bills.

Overall concern about . . .

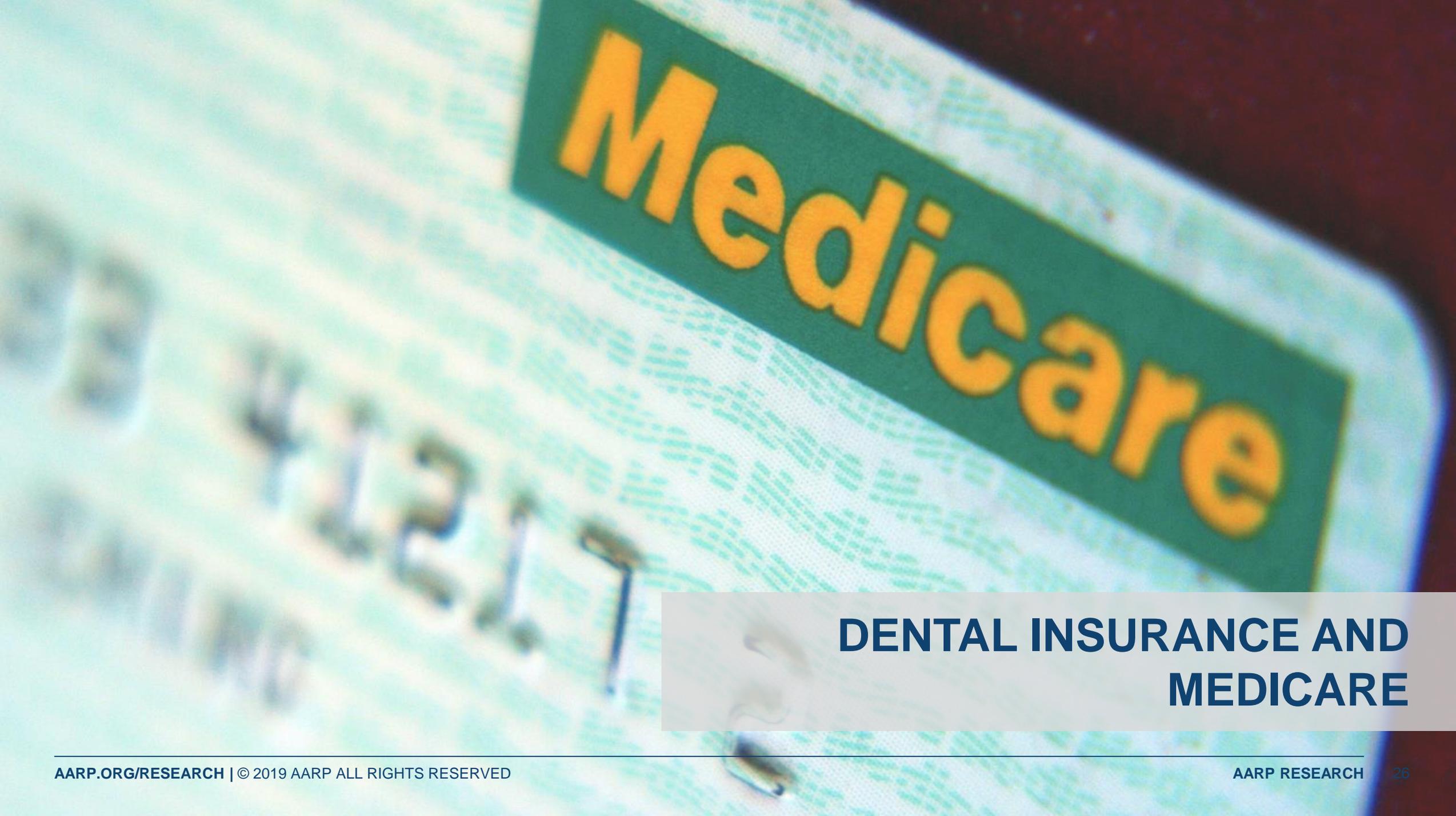


Percentage very or extremely concerned about . . .



Q18: How concerned are you, if at all, about being able to pay your health care bills during the next 12 months? Base: Total Respondents [n=1,537]

Q19: And what about your dental bills? How concerned are you, if at all, about being able to pay your dental bills during the next 12 months? Base: Total Respondents [n=1,537]



Medicare

DENTAL INSURANCE AND MEDICARE

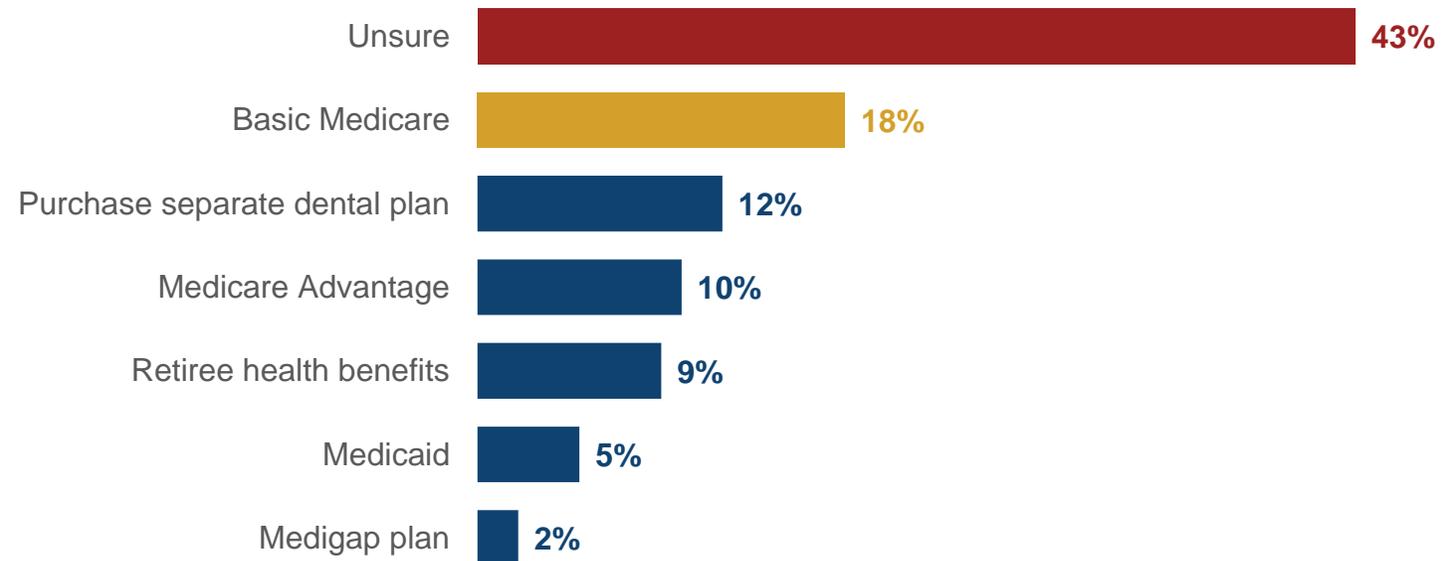
There is significant misinformation regarding dental coverage after age 65.

Among those ages 45–64, more than four in ten say they will get dental insurance after turning 65, one in six say they will not, and another four in ten are not sure. Even among those who say they will get dental insurance, **nearly half are unsure how they will do so. Nearly one-fifth say they will get it through basic Medicare**, even though Medicare doesn't cover most dental services.



More than **4 in 10** of those ages 45–64 say they will get dental insurance after turning 65.

How those who will get dental insurance after turning 65 plan on getting it

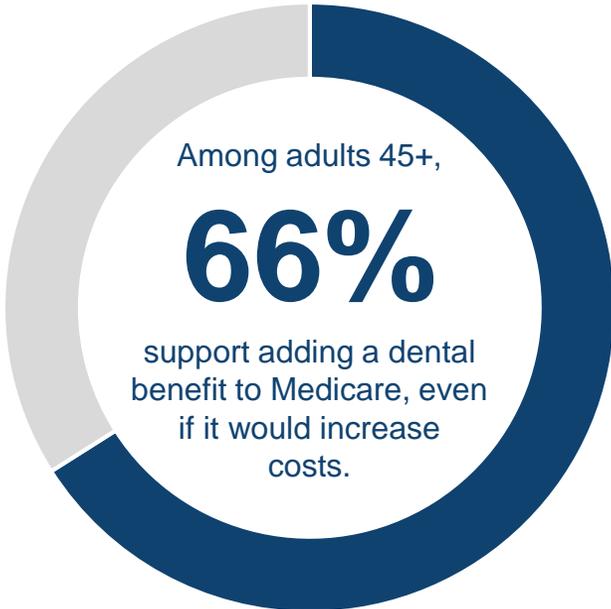


Q19A. Do you think you will get dental insurance when you turn 65, or not? Base: Those age 45-64 [n=957]

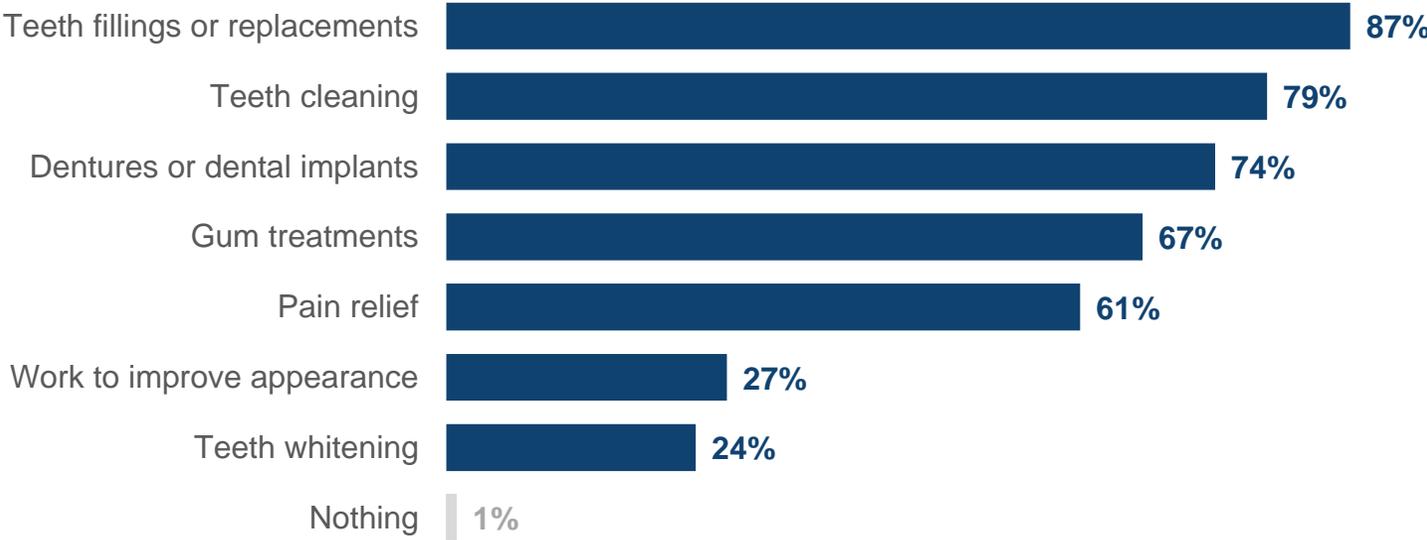
Q20. When you turn 65, how do you think you will get dental insurance to help you pay for dental expenses? Base: Those age 45-64 who say they will get dental insurance after turning 65 [n=798]

A majority supports adding a dental benefit to Medicare, even if out-of-pocket expenses would increase.

Among Americans age 45 and older, **two-thirds support adding a dental benefit to Medicare, even if it would increase costs.** One-fifth are unsure, and one in eight oppose such a policy. Those who support adding a dental benefit for seniors who already get Medicare would want it to cover a range of services.



What dental services would you like Medicare to cover?



Q20A. Would you support or oppose a law that would add a dental benefit to Medicare if your costs would increase? Base: Total Respondents [n=1,537]

Q21. What dental services would you like Medicare to cover? Base: Those who support adding a dental benefit or those who already have Medicare coverage [n=1,013]



Survey

METHODOLOGY

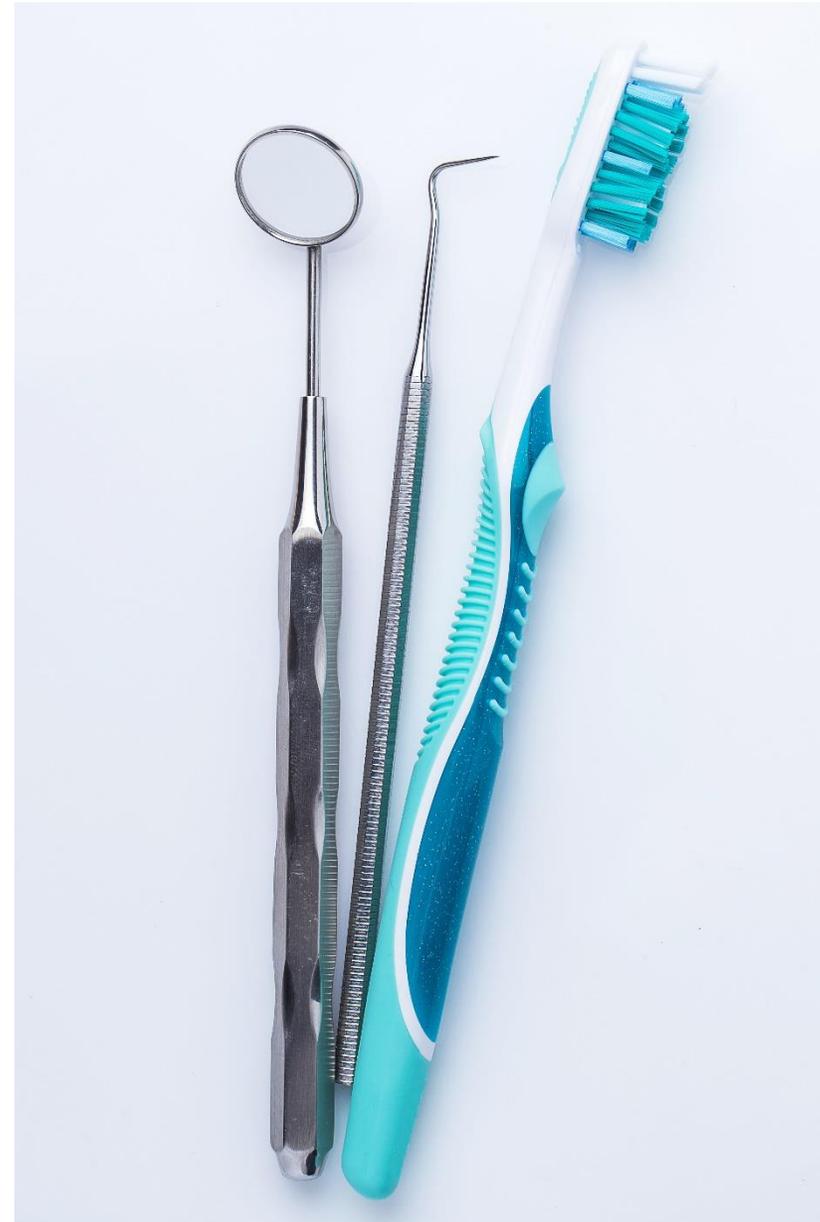
Methodology

- **Objective:** To learn more about midlife and older adults' oral/dental health.
- **Mode:** Survey conducted on NORC's AmeriSpeak Panel® among U.S. adults age 45 and older via phone and web.
- **Qualifications:** American adults age 45 and older
- **Sample:** NORC's probability-based AmeriSpeak Panel®, n=1,537 (web, n=1,056; phone, n=481). Includes oversamples of African Americans (n=334) and Hispanics (n=303).
- **Interviewing Dates:** October 17–29, 2018.
- **Language:** Interviews conducted in English and Spanish.
- **Weighting:** The data are weighted to demographics among total respondents.
- **Questionnaire length:** 7 minutes (median). The full questionnaire is available upon request.
- **Confidence Interval:** Total sample: $\pm 3.5\%$.
- **Response Rate:** Panel completion rate 25.7%, AAPOR RR3 6.3%.
- **Note:** Some percentages may not equal 100% due to rounding.



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About AARP

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With nearly 38 million members and offices in every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, AARP works to strengthen communities and advocate for what matters most to families with a focus on health security, financial stability and personal fulfillment. AARP also works for individuals in the marketplace by sparking new solutions and allowing carefully chosen, high-quality products and services to carry the AARP name. As a trusted source for news and information, AARP produces the nation's largest circulation publications, AARP The Magazine and AARP Bulletin. To learn more, visit www.aarp.org or follow @AARP and @AARPadvocates on social media.

Acknowledgements

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For additional information about the survey, contact Teresa Keenan at tkeenanaarp@aarp.org.

About AmeriSpeak®

Funded and operated by NORC at the University of Chicago, AmeriSpeak® is a probability-based panel designed to be representative of the US household population. Randomly selected US households are sampled using area probability and address-based sampling, with a known, non-zero probability of selection from the NORC National Sample Frame. These sampled households are then contacted by US mail, telephone, and field interviewers (face to face). The panel provides sample coverage of approximately 97% of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings. While most AmeriSpeak households participate in surveys by web, non-internet households can participate in AmeriSpeak surveys by telephone. Households without conventional internet access but having web access via smartphones are allowed to participate in AmeriSpeak surveys by web. AmeriSpeak panelists participate in NORC studies or studies conducted by NORC on behalf of governmental agencies, academic researchers, and media and commercial organizations.

For more information, email AmeriSpeak-BD@norc.org or visit AmeriSpeak.norc.org.



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This research was designed and executed by AARP Research