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DENTAL INSURANCE COVERAGE AND UNMET DENTAL NEEDS IN KANSAS

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NOVEMBER 2020

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Table of Contents

List of Figures.....	ii
Executive Summary	iv
Children Age 0 to 18	iv
Nonelderly Adults Age 19 to 64.....	iv
Senior Adults Age 65 or Older	v
Introduction	1
Methodology.....	2
Kansas and Missouri Consumer Health Access Survey (KMHS).....	2
Variables	3
Analysis	4
Results	5
1. Kansas Children Age 0-18.....	5
2. Kansas Nonelderly Adults Age 19-64.....	15
3. Kansas Senior Adults Age 65 and Older.....	24
Discussion.....	29
Limitations	31
Conclusions.....	31
Appendix A: Research Questions and Variables	A-1

List of Figures

<i>Figure 1.1.</i> Dental Insurance Coverage for Children in Kansas, 2017	6
<i>Figure 1.2.</i> Race and Ethnicity for Children With and Without Dental Insurance in Kansas, 2017	7
<i>Figure 1.3.</i> Dental Uninsured Rate for Children in Kansas by Race and Ethnicity, 2017.....	8
<i>Figure 1.4.</i> Source of Health Insurance Coverage for Children With and Without Dental Insurance in Kansas, 2017	9
<i>Figure 1.5.</i> Insurance Coverage and Dental Visits for Children in Kansas, 2017	10
<i>Figure 1.6.</i> Unmet Dental Needs for Children in Kansas, 2017	11
<i>Figure 1.7.</i> Race and Ethnicity for Children With and Without Unmet Dental Needs in Kansas, 2017	12
<i>Figure 1.8.</i> Percentage of Children with Unmet Dental Needs in Kansas by Race and Ethnicity, 2017.....	13
<i>Figure 1.9.</i> Source of Health Insurance Coverage for Children With and Without Unmet Dental Needs in Kansas, 2017	14
<i>Figure 2.1.</i> Dental Insurance Coverage for Nonelderly Adults in Kansas, 2017.....	15
<i>Figure 2.2.</i> Race and Ethnicity for Nonelderly Adults With and Without Dental Insurance in Kansas, 2017	16
<i>Figure 2.3.</i> Dental Uninsured Rate for Nonelderly Adults in Kansas by Race and Ethnicity, 2017.....	17
<i>Figure 2.4.</i> Source of Dental Insurance Coverage for Nonelderly Adults in Kansas, 2017	18
<i>Figure 2.5.</i> Insurance Coverage and Dental Visits for Nonelderly Adults in Kansas, 2017	19
<i>Figure 2.6.</i> Unmet Dental Needs for Nonelderly Adults in Kansas, 2017.....	20
<i>Figure 2.7.</i> Race and Ethnicity for Nonelderly Adults With and Without Unmet Dental Needs in Kansas, 2017	21
<i>Figure 2.8.</i> Rate of Unmet Dental Needs in Kansas Nonelderly Adults n by Race and Ethnicity, 2017.....	22
<i>Figure 2.9.</i> Source of Dental Insurance Coverage for Nonelderly Adults With and Without Unmet Dental Needs in Kansas, 2017.....	23

Figure 3.1. Dental Insurance Coverage for Senior Adults in Kansas, 2017.....24

Figure 3.2. Source of Dental Insurance Coverage for Senior Adults in Kansas, 201725

Figure 3.3. Insurance Coverage and Dental Visits for Senior Adults in Kansas, 201726

Figure 3.4. Unmet Dental Needs for Senior Adults in Kansas, 2017.....27

*Figure 3.5. Source of Dental Insurance Coverage for Senior Adults With and Without
Unmet Dental Needs in Kansas, 2017.....28*

Executive Summary

Recognizing that oral health is integral to general health and that the lack of dental insurance is a potential barrier to accessing the oral health care system, the Kansas Health Institute (KHI), with support from Oral Health Kansas, conducted an analysis of Kansas data from the 2017 Kansas and Missouri Consumer Health Access Survey (KMHS). This report provides the most recent data available on dental insurance coverage in the state, including detailed information on the source of dental insurance coverage, unmet dental needs and dental visits by age group and race or ethnicity.

This analysis of the Kansas data from the 2017 KMHS shows that almost two-thirds (64.0 percent) of Kansans reported having dental insurance. However, across three age groups (0 to 18, 19 to 64 and 65 or older) and by race and ethnicity, there were distinct differences in whether individuals had dental insurance coverage, how their coverage was provided, and whether or not they had unmet dental needs. Key findings on dental insurance coverage, unmet dental needs, dental visits and racial/ethnic disparities for dental insurance coverage are highlighted below by age group.

Children Age 0 to 18

- Eight in 10 (79.4 percent) Kansas children had dental insurance coverage in 2017.
- Compared to children identified as non-Hispanic White, children identified as Hispanic, Any Race, were at least two times more likely to not have dental insurance (13.6 percent and 29.9 percent, respectively).
- Nine in 10 (93.8 percent) children were reported as not having unmet dental needs, and two-thirds (68.6 percent) of children were reported as having had a dental visit in the last year.

Nonelderly Adults Age 19 to 64

- Six in 10 (62.2 percent) Kansas adults age 19 to 64 had dental insurance coverage in 2017. Among adults with dental insurance coverage, seven in 10 (68.8 percent) reported they had dental insurance coverage through an employer-sponsored plan.
- Nonelderly adults who are Hispanic, Any Race, were nearly two times more likely to not have dental insurance than non-Hispanic Blacks or non-Hispanic Whites (63.8 percent, 33.2 percent and 32.2 percent, respectively).

- Eight in 10 nonelderly adults (81.1 percent) reported not having unmet dental needs while about half (54.8 percent) reported having had a dental visit in the last year.

Senior Adults Age 65 or Older

- Half (48.4 percent) of senior adults age 65 or older – a group that is growing as a proportion of the total population in Kansas – had dental insurance coverage compared to 62.2 percent of nonelderly adults and 79.4 of children.
- Nine in 10 (92.4 percent) senior adults reported not having unmet dental needs, but only six in 10 (63.6 percent) had at least one dental visit in the last year.

Analysis of the Kansas data from the 2017 KMHS highlights several gaps in dental insurance coverage and access to dental visits in Kansas, including the existence of racial and ethnic disparities. Some populations might not be aware of available sources of coverage or may find it unaffordable. Some individuals with dental coverage may not be aware of the covered benefits from their insurance program or may experience difficulties accessing care. Also, additional education about the value of preventive dental services and the risk of not utilizing preventive services may be needed.

While analysis of the KMHS survey answered many important questions about dental insurance coverage and utilization of dental services in Kansas, there are several limitations to the data and many questions remain. The KMHS was fielded in 2017. While there have been no significant changes in policy, events such as the COVID-19 pandemic may impact the estimates for 2020 and future years. A regular and ongoing source of current data regarding dental insurance coverage — including the cost and available sources of coverage, access to dental services, utilization of preventive services, and barriers to care for Kansans — is not readily available. Developing additional data sets from insurance claims, new surveys, or by directly accessing large federal surveys such as the *National Health Interview Survey* conducted annually by the Centers for Disease Control and Prevention (CDC) would provide rich information on dental and health insurance coverage, access to care, service utilization and expenditures. With this additional data, detailed analyses could be performed to better identify population subgroups in Kansas that need support accessing dental services, evaluate trends in access over time and answer additional questions to improve the oral health of Kansans.

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Introduction

Oral health is an essential component in the health of Kansans. A major theme of the 2000 *Surgeon General’s Report on Oral Health in America* was that oral health is much more than just healthy teeth. It also means “being free of chronic oral-facial pain, oral and pharyngeal (throat) cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and scores of other diseases and disorders . . .”¹ Recognizing the consequences of poor oral health, particularly periodontal (gum) disease which has been linked to several chronic conditions including diabetes, heart disease, stroke, premature births and low birth weight, Healthy People 2020, an initiative developed in 2010 by the Centers for Disease Control and Prevention (CDC), included a leading health indicator that measures the proportion of children, adolescents and adults who have used the oral health care system in the past year.²

Oral Health Kansas commissioned this report to study dental insurance coverage and unmet dental needs in Kansas. The report presents analysis of data collected from the Kansas and Missouri Consumer Health Access Survey (KMHS) fielded by RTI International from September 2017 to January 2018. The KMHS was funded by five regional health foundations: the Health Care Foundation of Greater Kansas City (now known as the Health Forward Foundation), the Kansas Health Foundation, Missouri Foundation for Health, REACH Healthcare Foundation (REACH), and the United Methodist Health Ministry Fund. The KMHS is the most recent and readily available data on dental insurance coverage and unmet dental needs in Kansas. The following research questions posed by Oral Health Kansas are answered in this report:

- 1) How many Kansans have dental insurance?
 - a. Among Kansans with dental insurance what is the source of coverage?
 - b. Which race/ethnicity do Kansans with and without dental insurance identify with?
- 2) How many Kansans have unmet dental needs?
 - a. Among Kansans with and without unmet dental needs, what is their source of dental insurance, if any?

¹ <https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf>

² <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Oral-Health>

- b. Among Kansans with and without unmet dental needs, which race/ethnicity do they identify with?
- 3) How many Kansans with and without dental insurance have had a dental visit in the last year?

Findings for each question are broken out by age group: 0 to 18, 19 to 64 and 65 or older, by source of coverage and by race/ethnicity. Sources of coverage include Medicaid, Employer-Sponsored and Other. Racial/ethnic groups used in the analysis are: White Non-Hispanic, Black Non-Hispanic, Hispanic Any Race or Other Non-Hispanic. Additional details about the methodology can be found in the next section and in Appendix A (page A-1).

Methodology

Kansas and Missouri Consumer Health Access Survey (KMHS)

The KMHS was administered to a random sample of landline and cell phone numbers from September 2017 to January 2018 to provide statewide estimates of health and dental insurance coverage and unmet needs for the noninstitutionalized adult and child populations residing in residential households in Kansas and Missouri. Residents of Kansas or Missouri, age 19 and older, were eligible to participate in the survey. In households with children, one child was randomly picked to represent all children in the house. An adult with the best knowledge of the child's situation responded to an abbreviated survey questionnaire on the child's behalf. Excluded from this population were adults and children who met at least one of the following criteria:

- Living in penal, mental health, or other institutions;
- Living on military bases;
- Living in other group quarters such as dormitories, barracks, convents or boarding houses, defined as having 10 or more unrelated residents;
- Living in Kansas or Missouri less than a month;
- Having no access to a residential phone (landline or cell phone);
- Not speaking English or Spanish well enough to be interviewed;

- Having physical or mental impairments that prevent the respondent from completing an interview (as defined by the interviewer or by another member of the household), if a knowledgeable proxy was not available; and
- Were contacted at their second residence during a stay of fewer than 30 days.

Variables

Survey questions from the KMHS associated with dental insurance coverage and unmet needs, as well as demographic characteristics of respondents, were identified. Details for the research questions and the corresponding KMHS questionnaire items and variables are shown in Appendix A (page A-1).

Responses to questions about the source of dental insurance at the time of the survey for adults or for children were organized into a hierarchy since a person can have more than one type of insurance coverage. A respondent with Medicaid was defined as having insurance that paid for dental care. The source of dental insurance for adults was assigned as follows:

- 1) Medicaid
- 2) Employer-Sponsored
- 3) Other (e.g., Direct Purchase or Medicare Advantage)
- 4) Uninsured

The KMHS did not ask for the source of children's *dental* insurance coverage; therefore, this analysis reports children's source of *health insurance* coverage, which was assigned as follows:

- 1) Medicaid
- 2) Employer-Sponsored
- 3) Direct Purchase
- 4) Unknown Source of Coverage
- 5) Uninsured

Responses to questions about unmet dental need were presented as they were coded by the surveyor. Responses that indicated a dental visit occurred more than a year (12 months) prior to the time of the survey were grouped.

Analysis

Only Kansas respondents to the KMHS were retained for the analysis. The survey weighted respondents by age, race, gender, phone type, education, and county type (rural/urban) to best represent the population of Kansas. Frequencies and percentages were calculated in SAS Enterprise Guide using the SURVEYFREQ procedure with the survey weights provided by RTI International for each question. The denominator for each estimate is the total number of weighted responses to the question or set of questions in the analysis. Missing responses occurred for some variables that were not recoded if the person refused to answer the survey question, or if an adult did not complete the whole survey. Missing responses were excluded throughout this report. While there were not many missing values in the questions analyzed, some totals may differ between figures because of this exclusion.

Throughout the report we present point estimates of dental insurance, unmet dental needs and dental visit for the various subgroups considered. Estimates representing relatively fewer people are inherently less precise and should be interpreted with caution. Only comparisons between estimates that are noted in the key points or text were tested for statistical significance at the 95 percent confidence level.

Results

Results are presented for each age group: children age 0 to 18, nonelderly adults age 19 to 64 and senior adults age 65 or older. Within each section, the findings for each research question are first presented for the age group overall and then are presented by subgroup (e.g., race/ethnicity and those with and without dental insurance coverage). For example, dental insurance coverage for nonelderly adults is provided for the age group overall (*Figure 2.1*, page 15), then is separately broken out by race/ethnicity of those *with* and *without* dental insurance coverage (*Figure 2.2*, page 16) and also as the proportion of uninsured for each racial/ethnic group (*Figure 2.3*, page 17). This presentation format is generally followed throughout the report. Each figure presents the weighted responses from Kansans to the survey question denoted after the figure. Key findings are highlighted for some figures.

Overall, 64.0 percent of Kansans reported having dental insurance at the time of the survey leaving nearly one million (999,845) Kansans without dental insurance coverage. About nine in 10 (85.9 percent) Kansans reported that they or their children did not have unmet dental needs in the prior year, but more than a third (34.8 percent) reported not having had a dental visit in the prior year. The results find that dental coverage, unmet needs and use of dental services vary widely across age groups (0-18, 19-64 and 65 or older) and that racial and ethnic disparities exist.

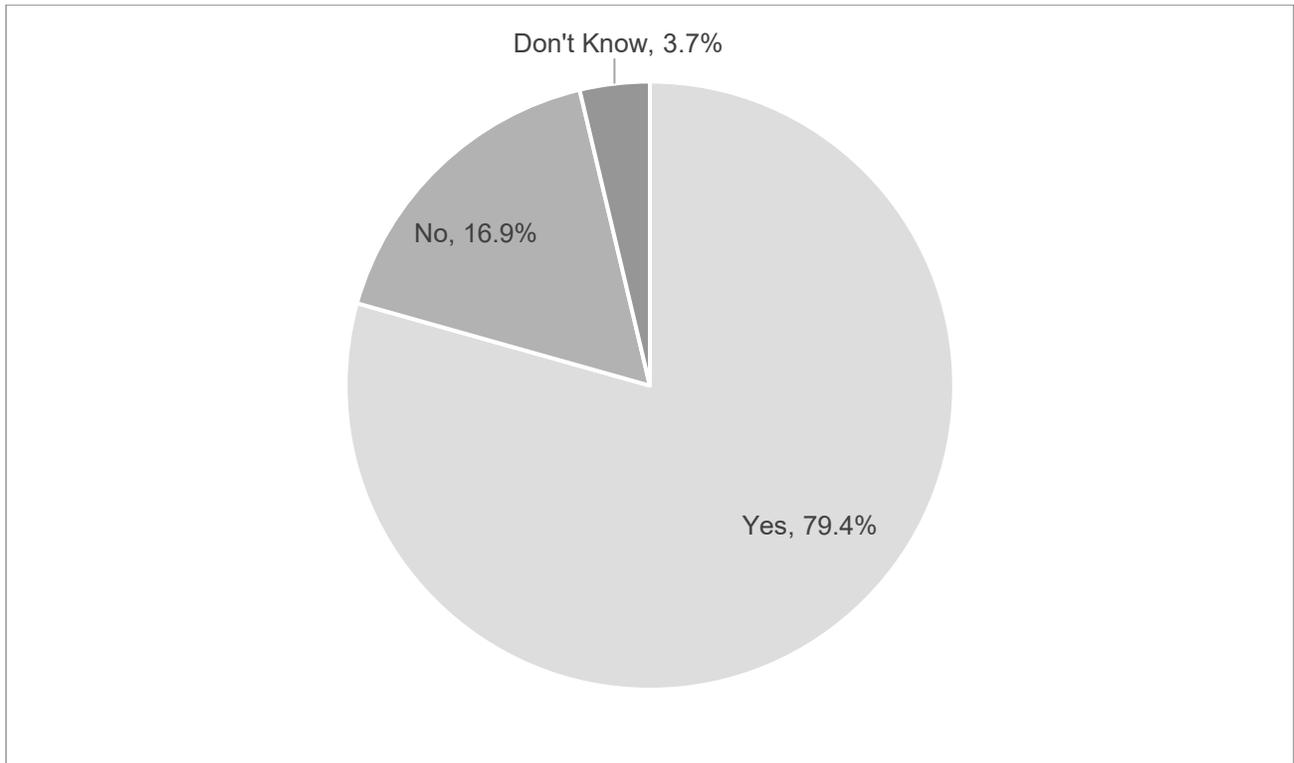
1. Kansas Children Age 0-18

Estimates of dental insurance coverage and unmet dental needs are provided for Kansas children age 0-18 overall and by race/ethnicity. Estimates of a dental visit in the last year are provided by dental insurance coverage. Since only Kansas residents age 19 and older were eligible to participate in the survey, in households with children, one child age 0 to 18 with the most recent birthday was selected. An adult who was knowledgeable of the child's circumstances answered on their behalf.

The questions asked in the survey did not allow for analysis of the source of *dental* insurance coverage for children; therefore, the source of the *health* insurance coverage for children with and without dental insurance is presented as a proxy for Employer-Sponsored and Direct Purchase coverage. Responses for children with Medicaid or Children's Health Insurance Program (CHIP) coverage (KanCare) are reported in charts for those with and without dental insurance coverage. KanCare provides a dental benefit for children; however, respondents

either may not have known about this benefit when responding to the survey or may not have been able to use the benefit for unknown reasons. As a result, there are responses that indicate the child was covered by KanCare but did not have dental insurance coverage.

Figure 1.1. Dental Insurance Coverage for Children in Kansas, 2017

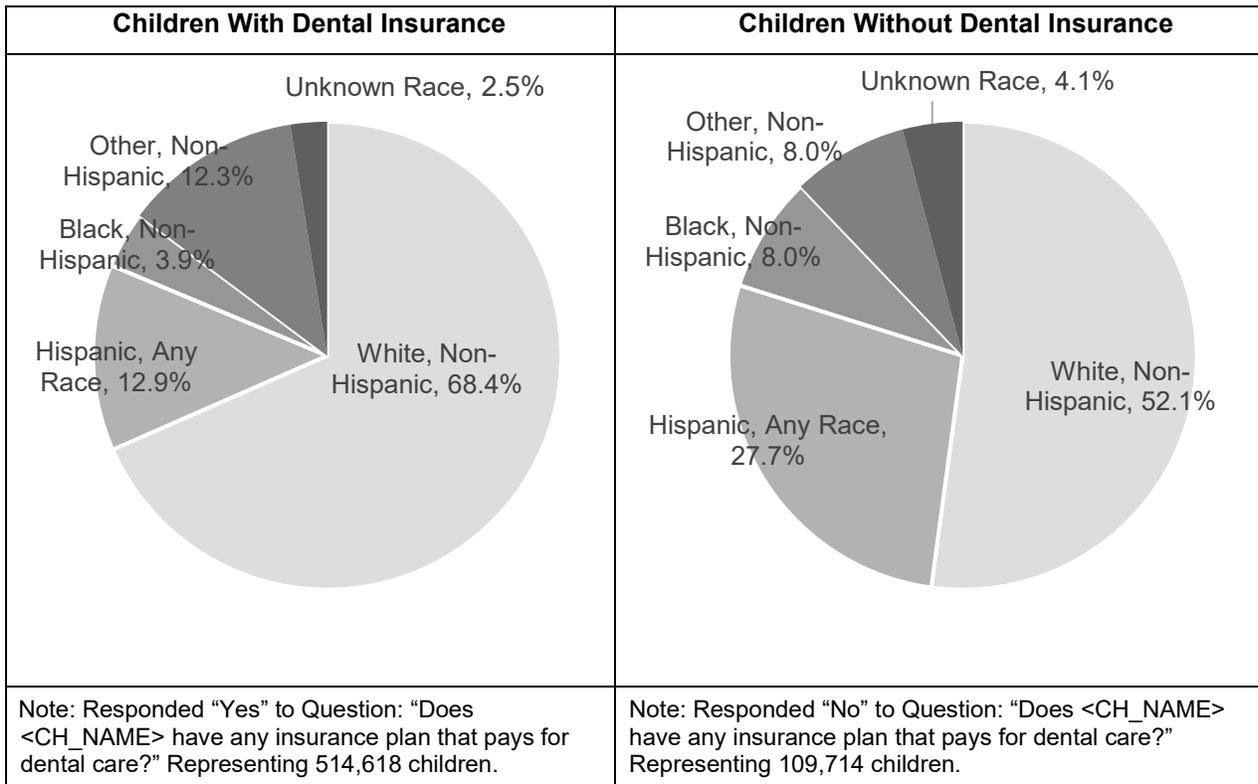


Note: Responded to “Does <CH_NAME> have any insurance plan that pays for dental care?” Representing 648,397 children.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

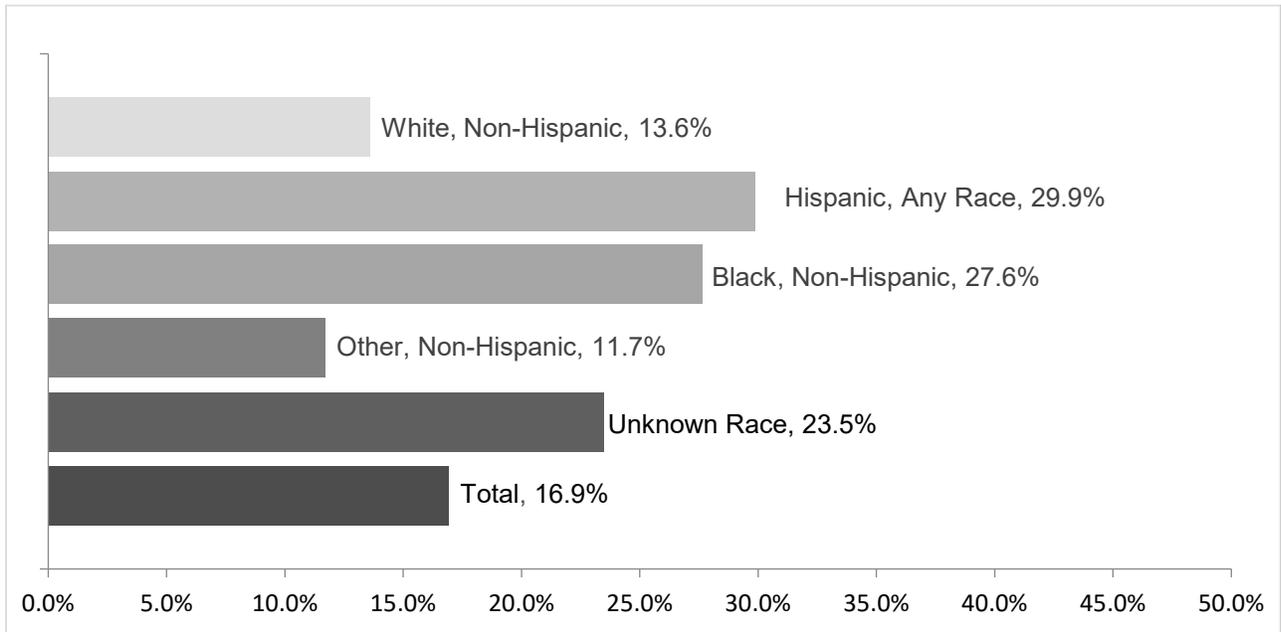
- Nearly eight in 10 (79.4 percent or 514,618) Kansas children had dental insurance coverage, but more than 100,000 (16.9 percent or 109,714) Kansas children did not have dental insurance coverage.

Figure 1.2. Race and Ethnicity for Children With and Without Dental Insurance in Kansas, 2017



Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

Figure 1.3. Dental Uninsured Rate for Children in Kansas by Race and Ethnicity, 2017

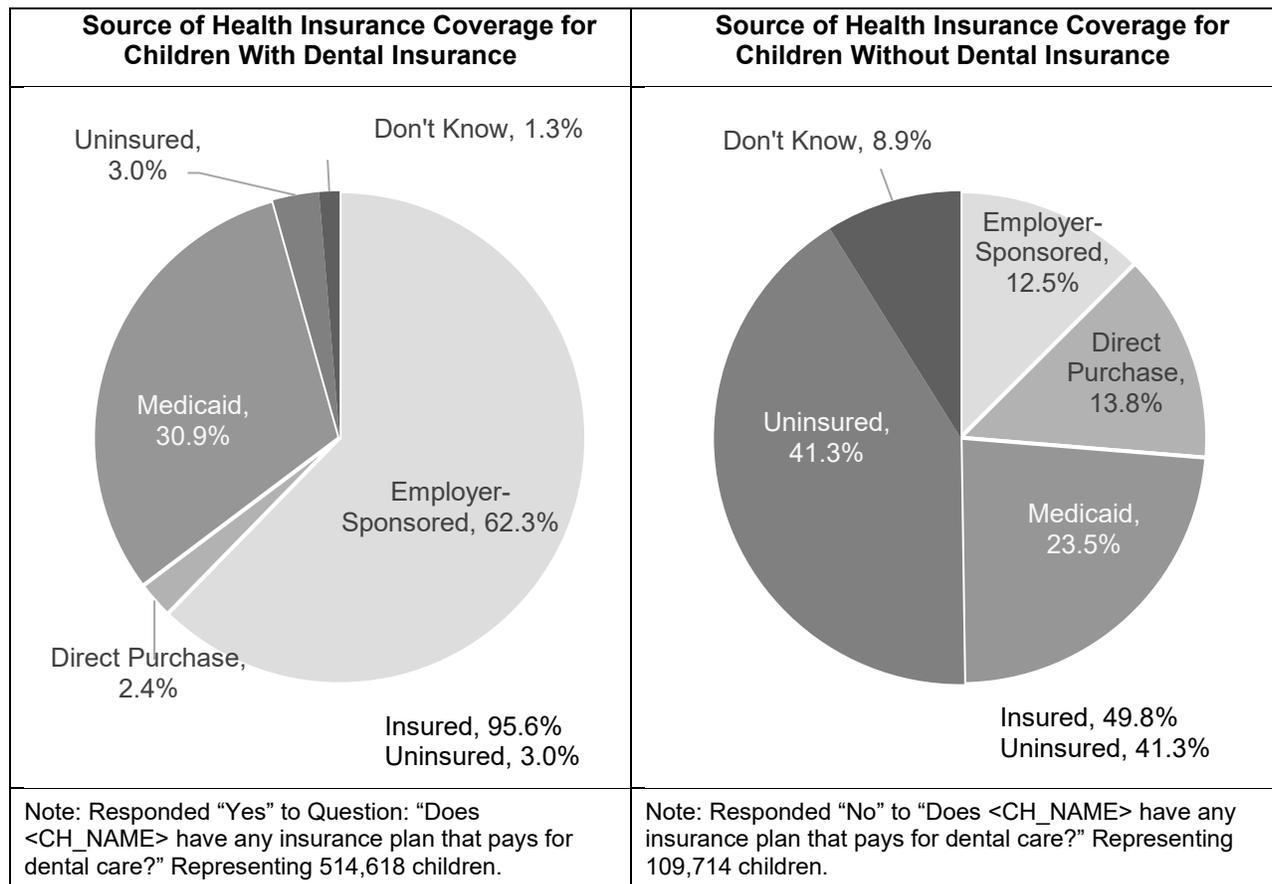


Note: Responded “No” to Question: “Does <CH_NAME> have any insurance plan that pays for dental care?”
Representing 648,397 children.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Children who are Hispanic, Any Race, were over two times more at risk of not having dental insurance coverage than were non-Hispanic White children (29.9 percent and 13.6 percent, respectively). Non-Hispanic Black children (27.6 percent) also were estimated to be more at risk than non-Hispanic White children, but the finding is not statistically significant due to a small sample size.

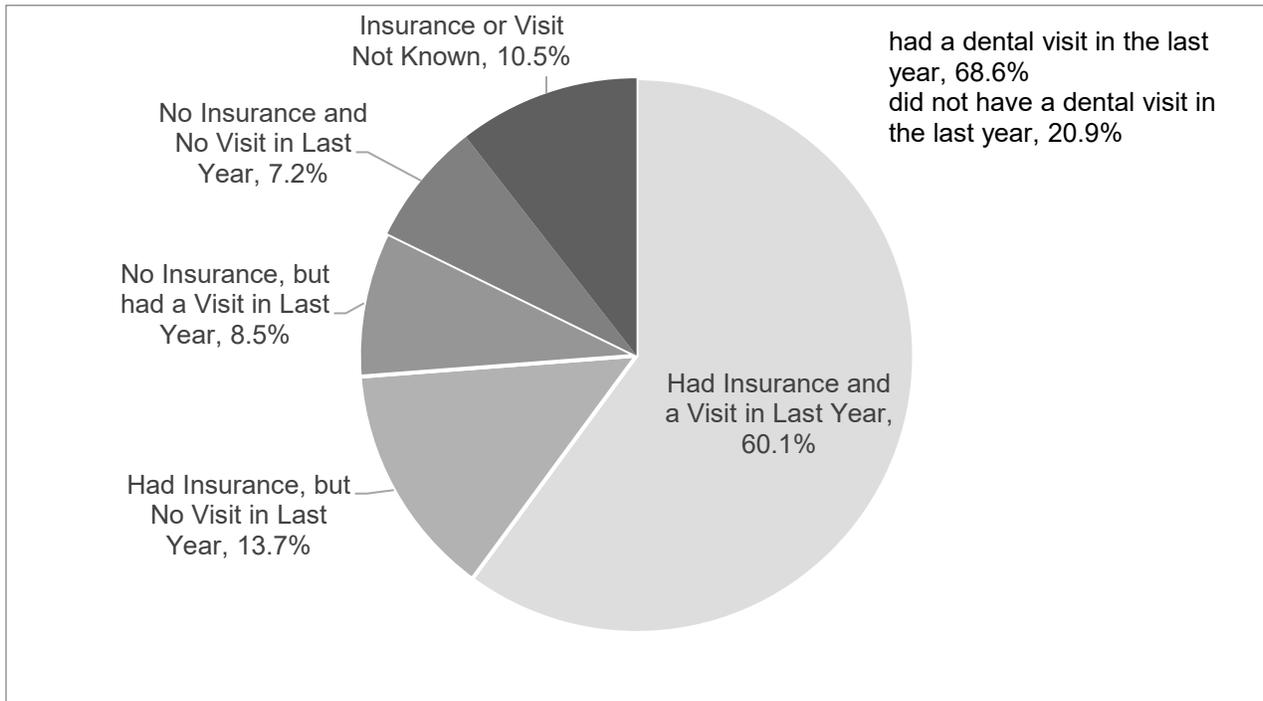
Figure 1.4. Source of Health Insurance Coverage for Children With and Without Dental Insurance in Kansas, 2017



Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Six in 10 (62.3 percent) children with dental coverage had health insurance through employer-sponsored plans and three in 10 (30.9 percent) through Medicaid.
- Among children without dental coverage, two in 10 (23.5 percent) had Medicaid reported as their health insurance coverage which also provides dental benefits to children.

Figure 1.5. Insurance Coverage and Dental Visits for Children in Kansas, 2017

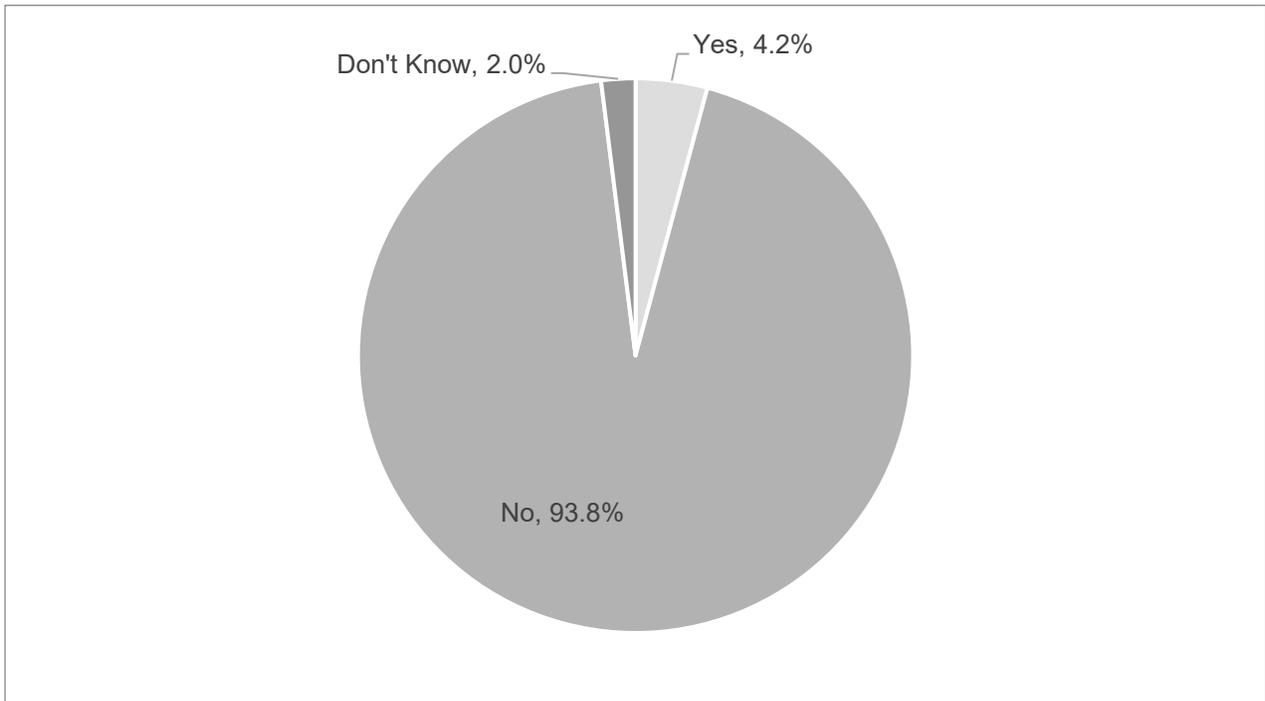


Note: Responded to “Does <CH_NAME> have any insurance plan that pays for dental care?” and “About how long has it been since <CH_NAME> last saw a dentist or dental hygienists?” Representing 648,397 children.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Nearly one in seven (13.7 percent) children reported having dental insurance, but not a visit in the past 12 months.

Figure 1.6. Unmet Dental Needs for Children in Kansas, 2017

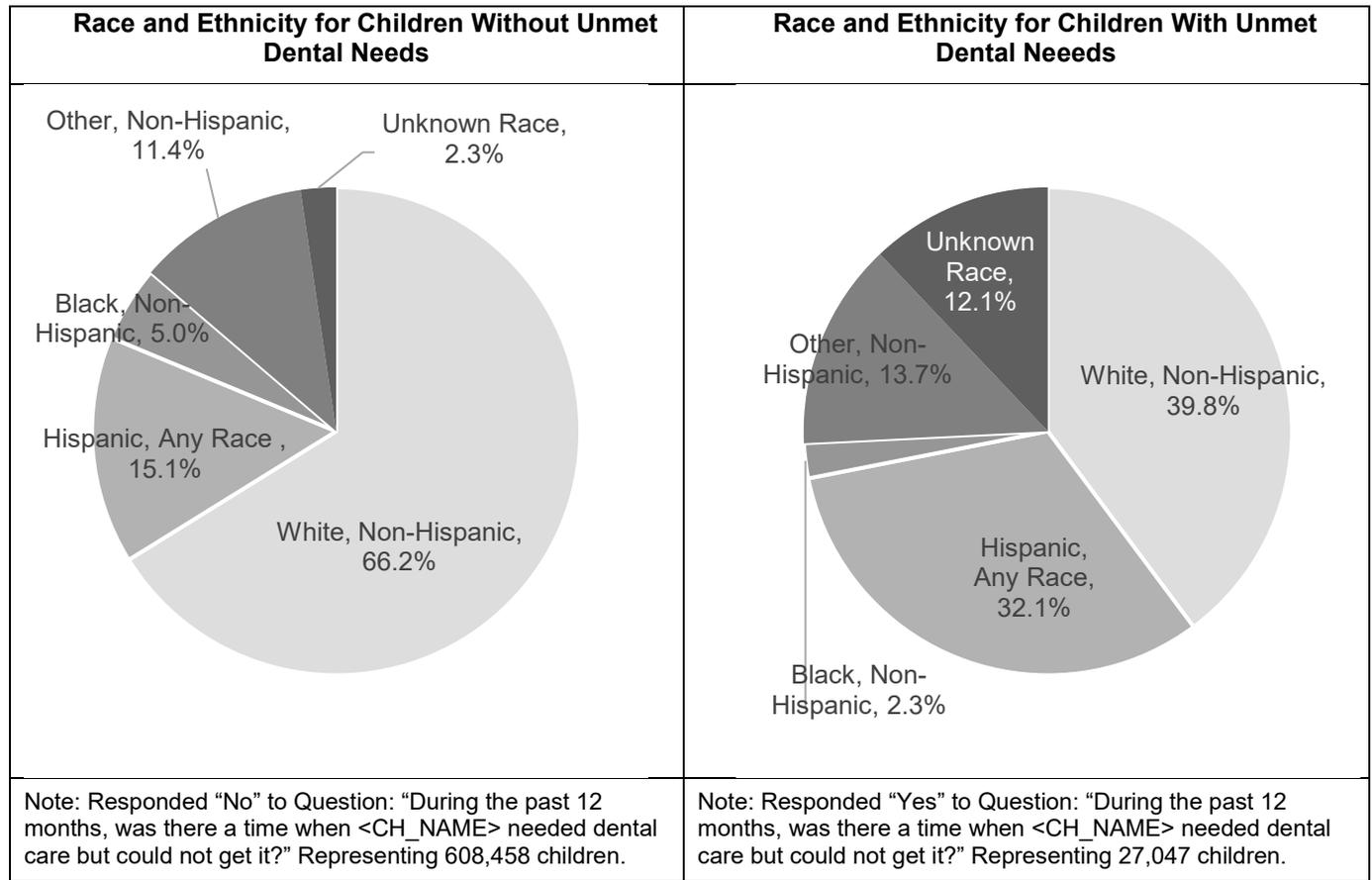


Note: Responded to “During the past 12 months, was there a time when <CH_NAME> needed dental care but could not get it?” Representing 645,792 children.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

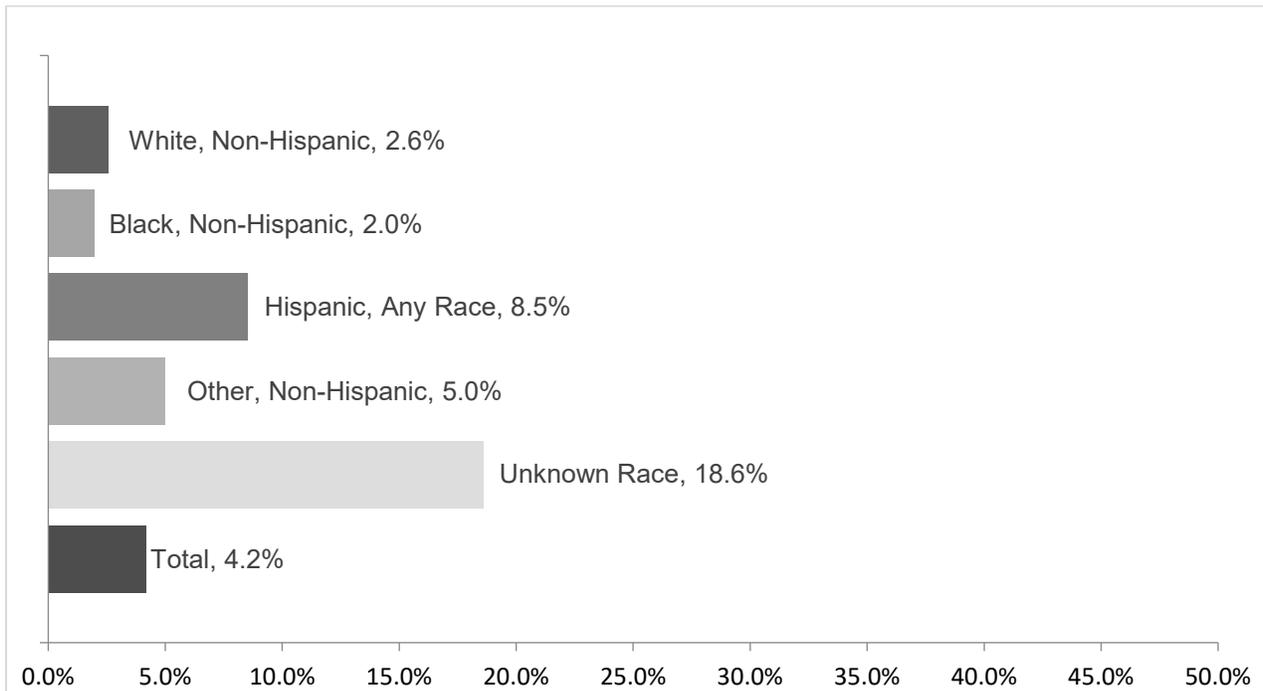
- Almost all (93.8 percent or 608,458) children with a response to the survey question did not have unmet dental needs, as reported by a parent or caretaker on their behalf.

Figure 1.7. Race and Ethnicity for Children With and Without Unmet Dental Needs in Kansas, 2017



Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

Figure 1.8. Percentage of Children with Unmet Dental Needs in Kansas by Race and Ethnicity, 2017

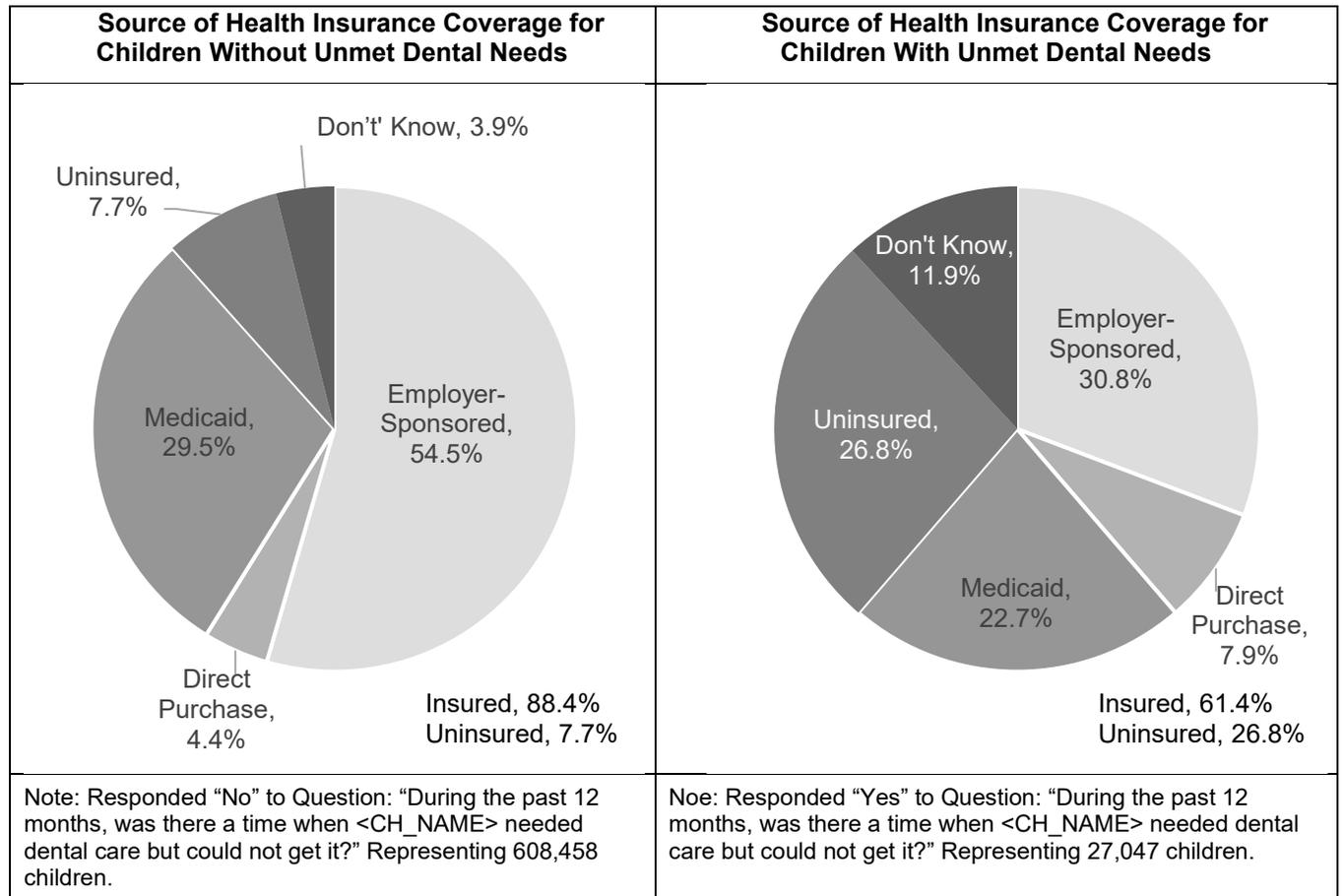


Note: Responded “Yes” to Question: “During the past 12 months, was there a time when <CH_NAME> needed dental care but could not get it?” Representing 645,792 children.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Children who are Hispanic, Any Race, were over three times more at risk of reporting unmet dental needs than were non-Hispanic White children (8.5 percent and 2.6 percent, respectively).

Figure 1.9. Source of Health Insurance Coverage for Children With and Without Unmet Dental Needs in Kansas, 2017



Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

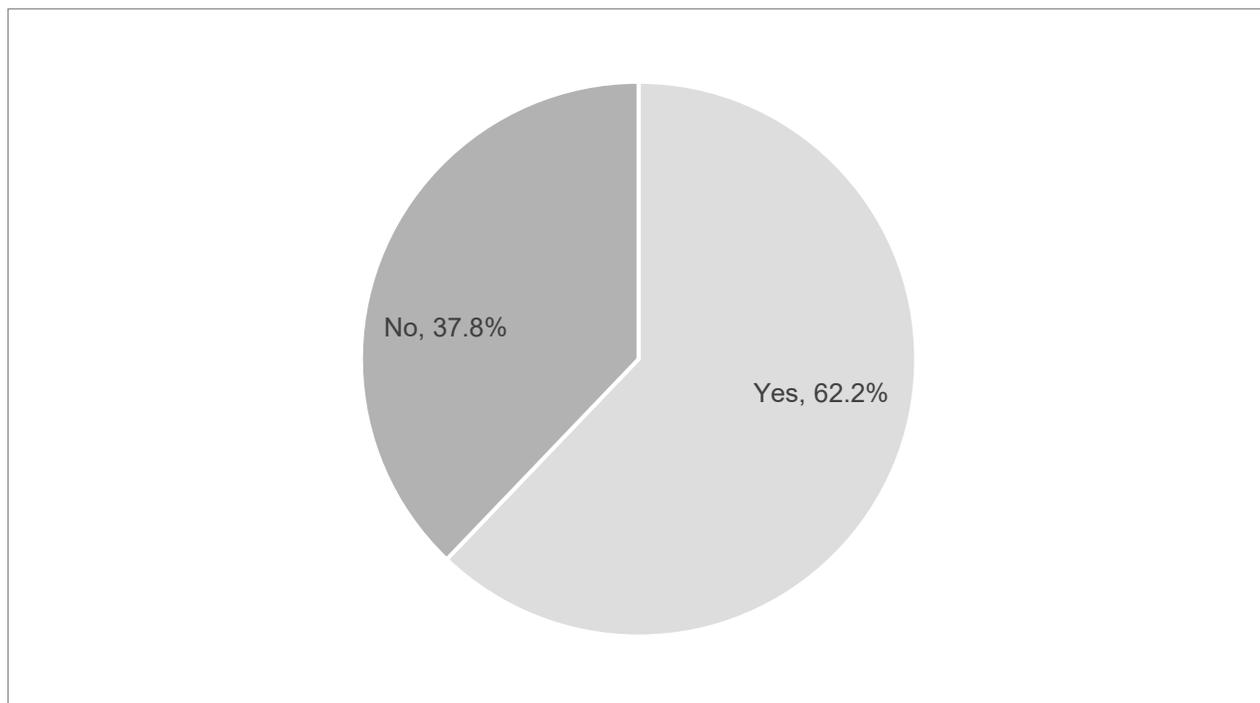
- Six in 10 (61.4 percent) children with unmet dental needs had health insurance.

2. Kansas Nonelderly Adults Age 19-64

Estimates of dental insurance coverage and unmet dental needs are provided in this section for Kansas nonelderly adults age 19 to 64 overall and by race/ethnicity. The estimates are weighted from 1,527 responses representing 1,754,699 nonelderly adults.

Estimates of dental insurance coverage are provided by the source of dental insurance: Employer-Sponsored, Medicaid and Other. KanCare provides a limited dental benefit for adults covering some preventive services; however, respondents either may not have known about this benefit when responding to the survey or may not have been able to use the benefit for unknown reasons and interpreted this as not having any coverage that pays for dental care. As a result, there are respondents who report having Medicaid but not dental coverage.

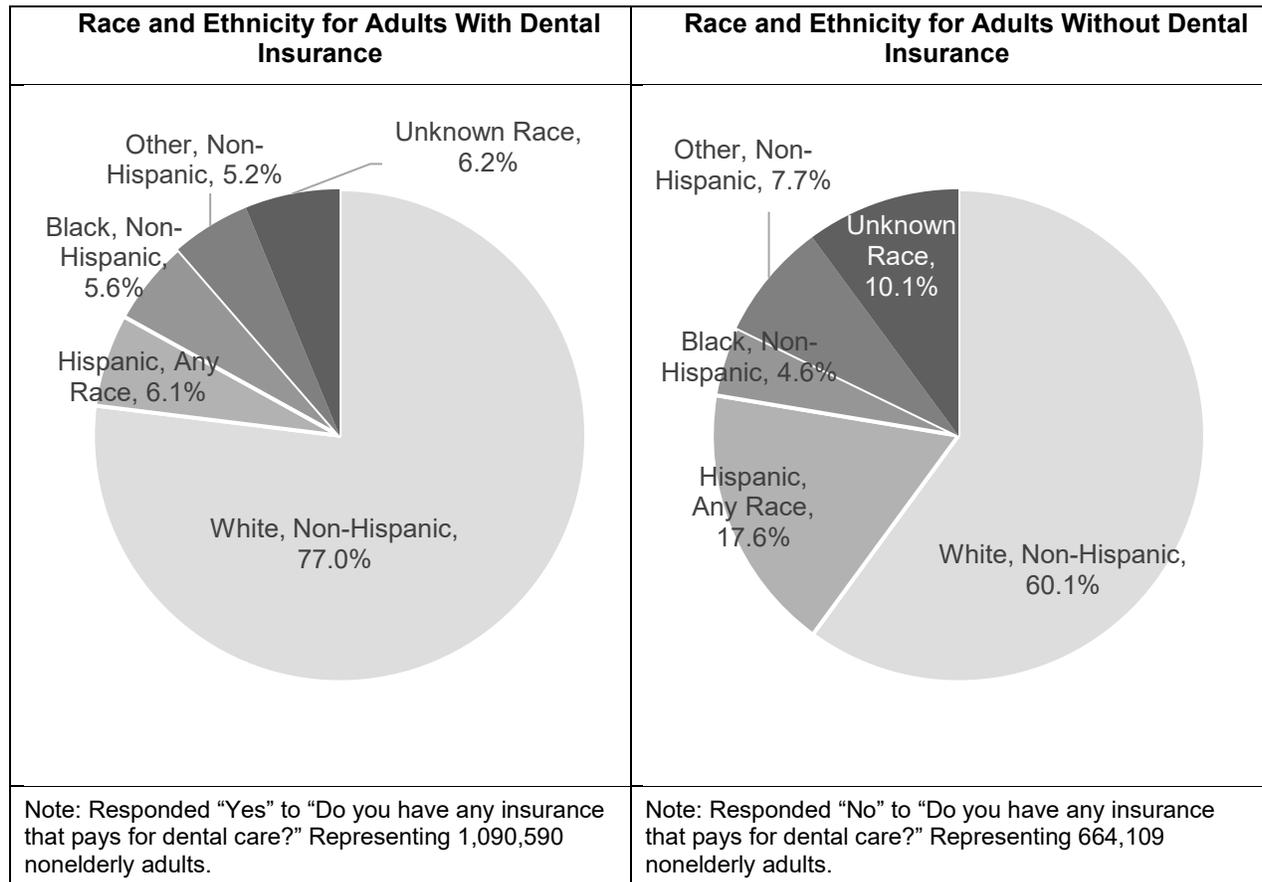
Figure 2.1. Dental Insurance Coverage for Nonelderly Adults in Kansas, 2017



Note: Question: "Do you have any insurance that pays for dental care?" Representing 1,754,699 nonelderly adults.
Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

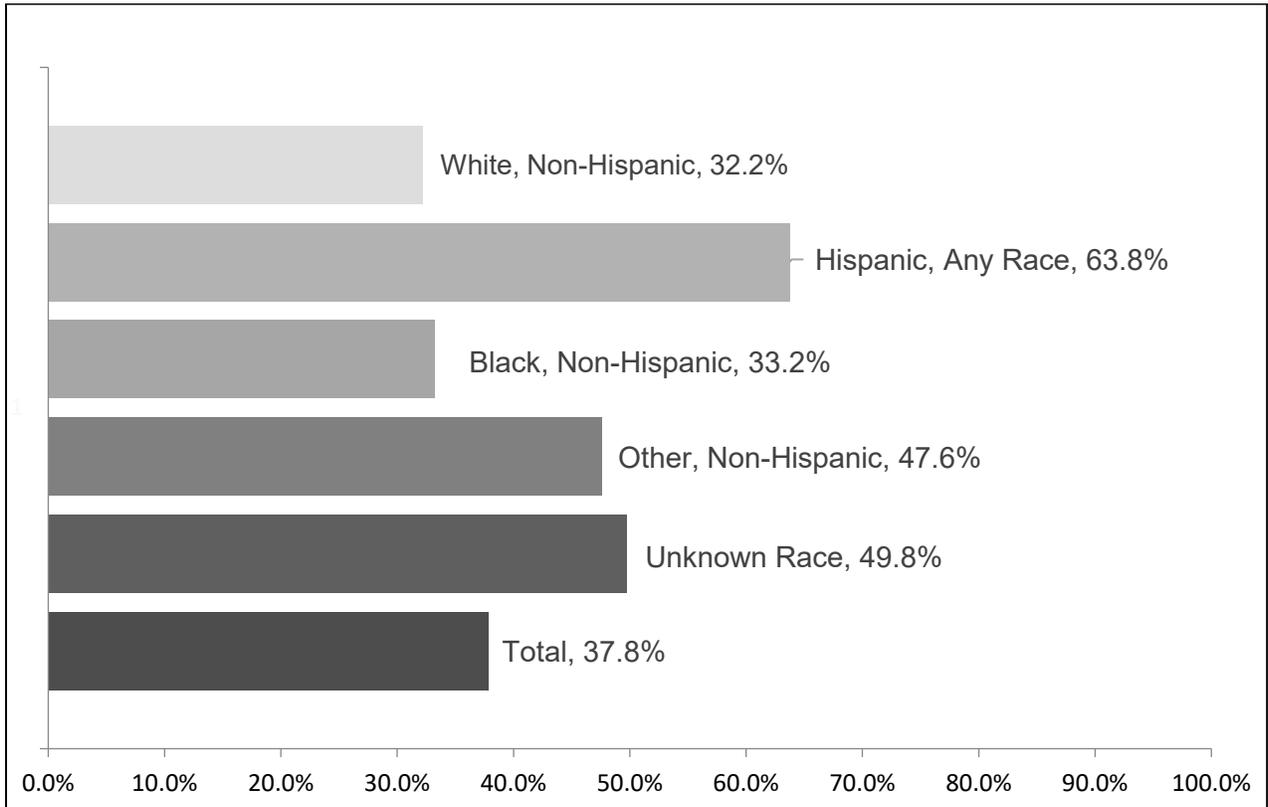
- Six in 10 (62.2 percent or 1,090,590) nonelderly adults in Kansas had dental insurance.

Figure 2.2. Race and Ethnicity for Nonelderly Adults With and Without Dental Insurance in Kansas, 2017



Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

Figure 2.3. Dental Uninsured Rate for Nonelderly Adults in Kansas by Race and Ethnicity, 2017

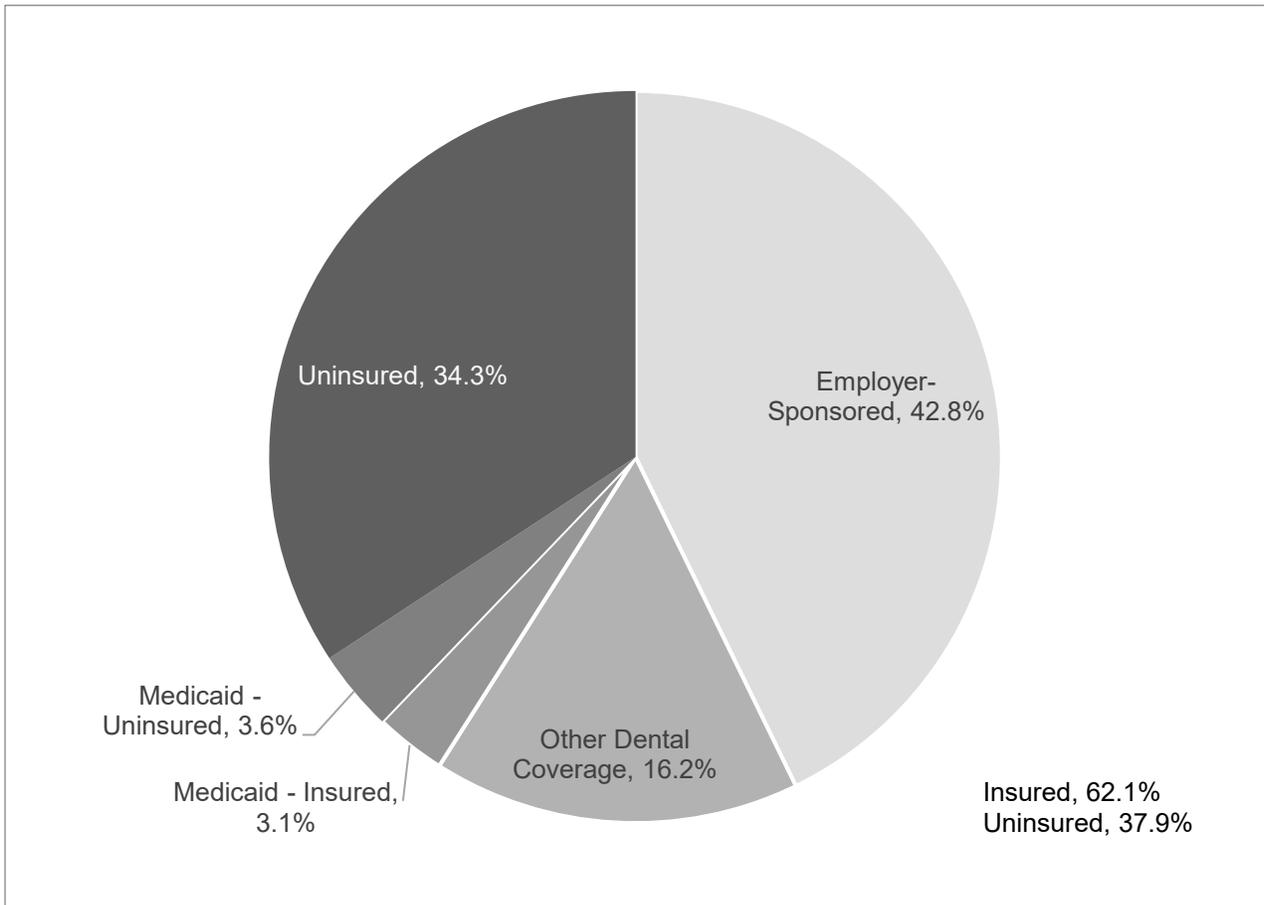


Note: Responded “No” to “Do you have any insurance that pays for dental care?” Representing 1,754,699 nonelderly adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Nonelderly adults who are Hispanic, Any Race, were nearly two times more at risk of not having dental insurance coverage than were nonelderly adults who are non-Hispanic White and non-Hispanic Black (63.8 percent, 32.2 percent and 33.2 percent, respectively).

Figure 2.4. Source of Dental Insurance Coverage for Nonelderly Adults in Kansas, 2017

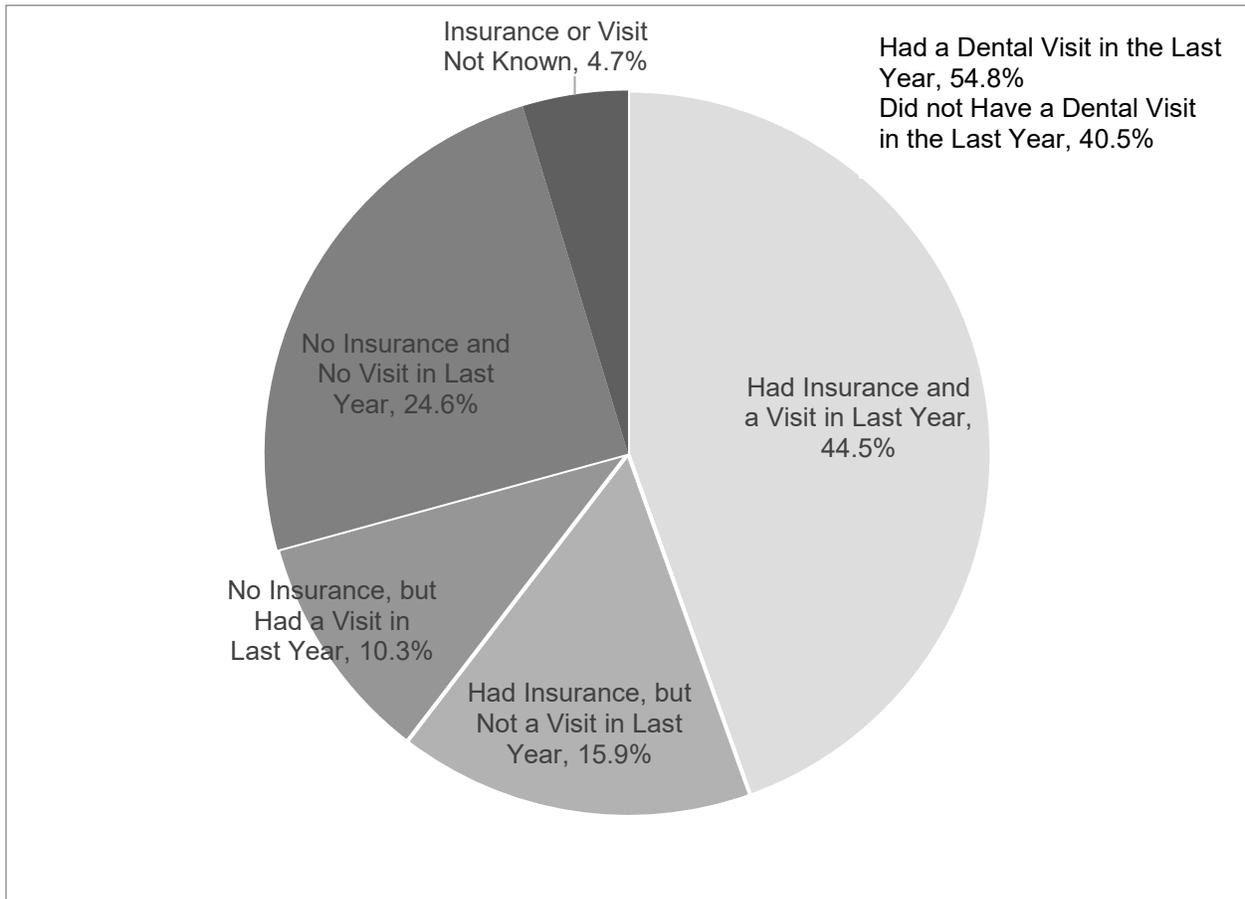


Note. Responded to one or more of the following: "Does this insurance plan help <YOU_NAME> pay for dental care, such as teeth cleaning and x-rays of your teeth?" OR "Do you have any insurance that pays for dental care?" OR "<AREYOU_ISNAM> covered by Medicaid or KanCare?" Representing 1,754,699 nonelderly adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Most nonelderly adults received dental coverage through an employer (42.8 percent or 750,770) or had other dental coverage like direct purchase (16.2 percent or 284,603).

Figure 2.5. Insurance Coverage and Dental Visits for Nonelderly Adults in Kansas, 2017

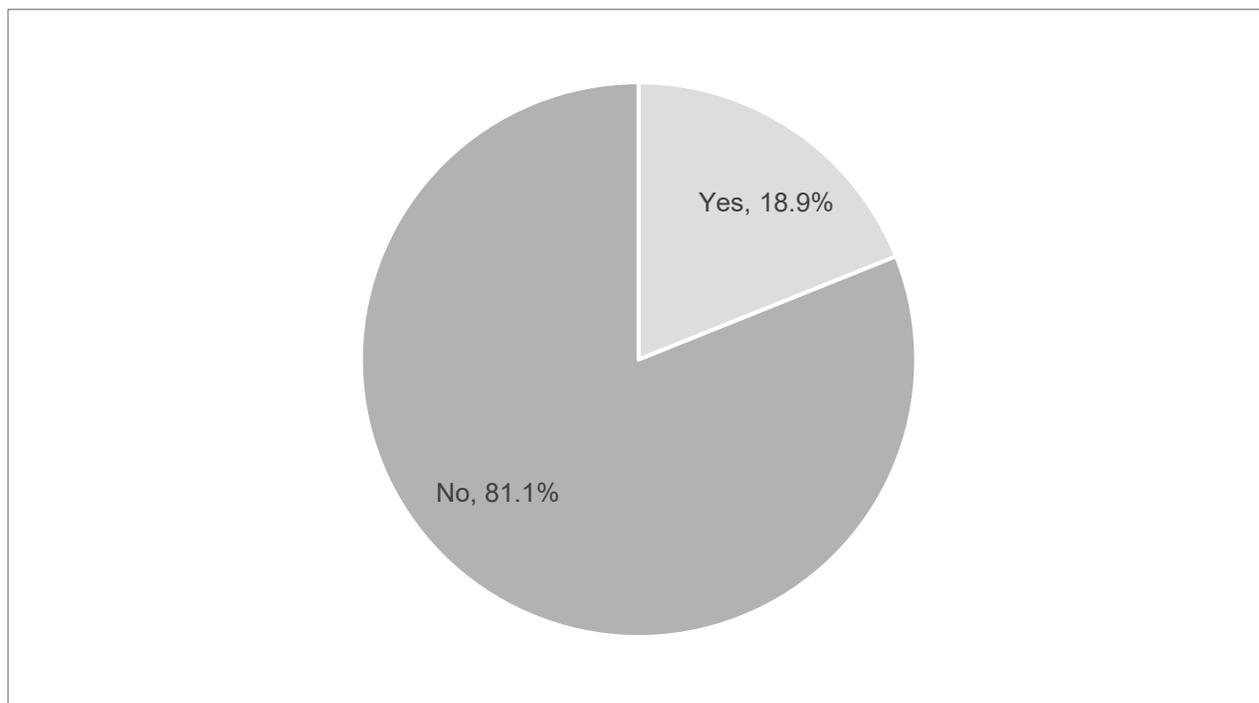


Note: Responded to “Do you have any insurance that pays for dental care?” or “About how long has it been since <YOU_NAME> last saw a dentist or dental hygienist?” Representing 1,754,699 nonelderly adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Four in 10 (44.5 percent or 781,428) nonelderly adults had dental insurance and a dental visit in the last year, and nearly one out of six (15.9 percent or 278,718) had dental insurance but did not have a dental visit in the last year.

Figure 2.6. Unmet Dental Needs for Nonelderly Adults in Kansas, 2017

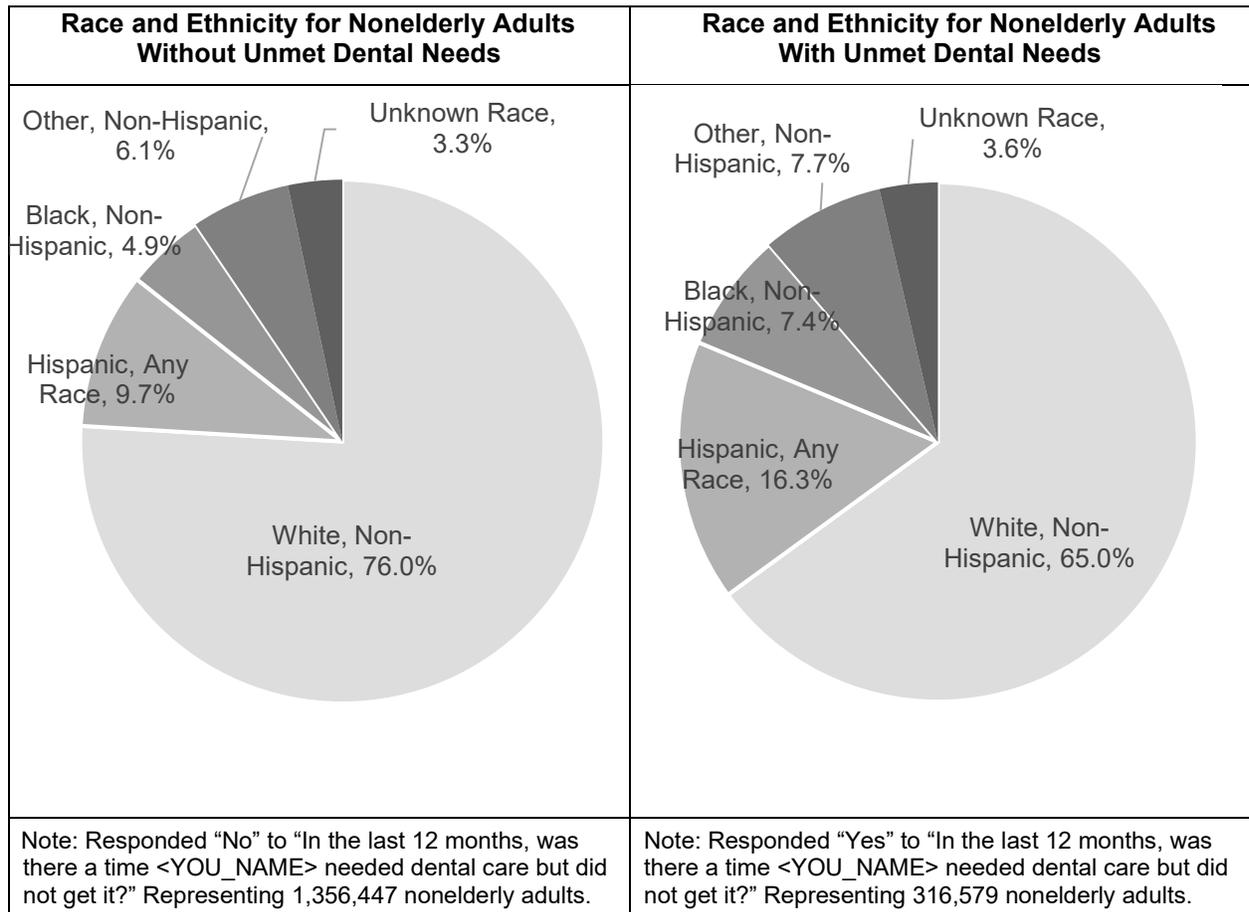


Note: Responded to "In the last 12 months, was there a time <YOU_NAME> needed dental care but did not get it?"
Representing 1,673,026 nonelderly adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

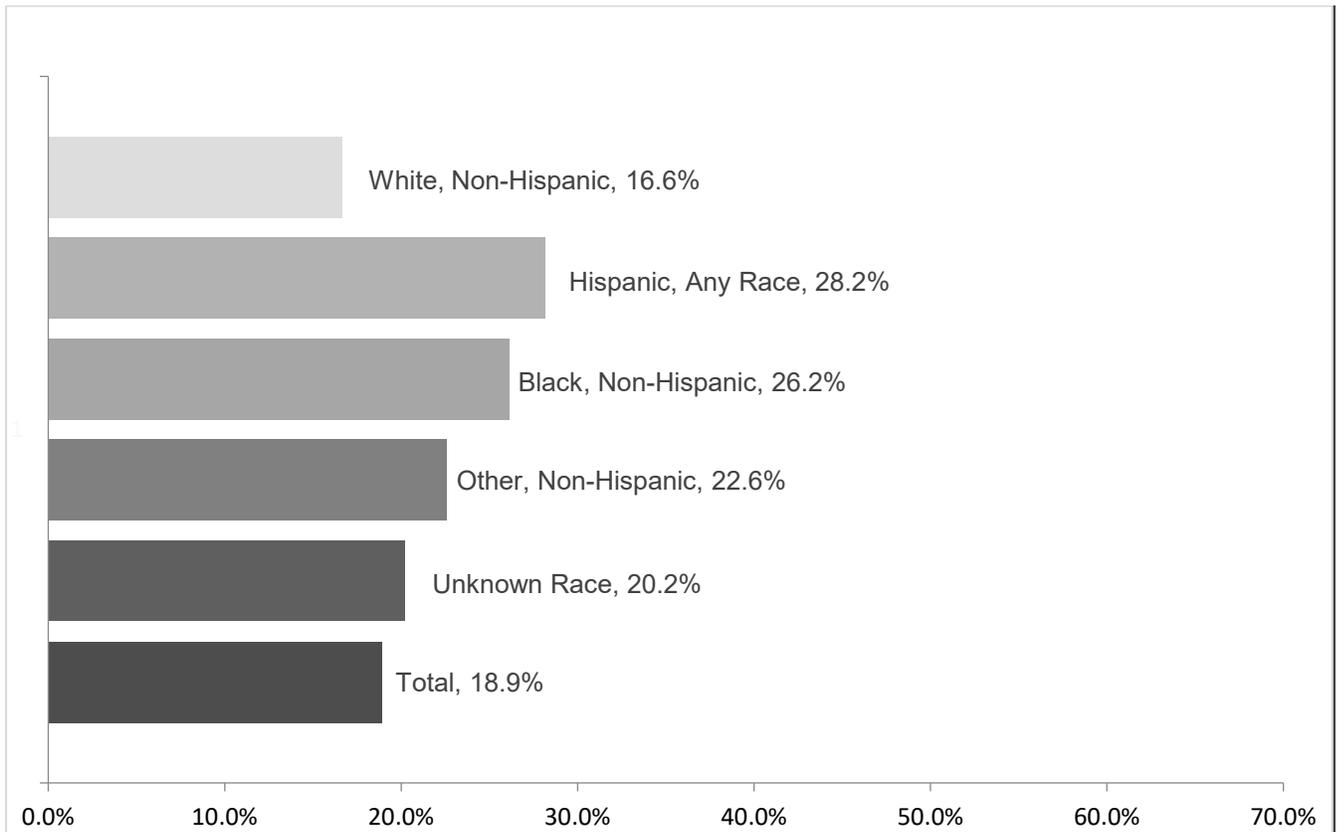
- Two in 10 (18.9 percent or 316,579) adults age 19 to 64 reported having unmet dental needs.

Figure 2.7. Race and Ethnicity for Nonelderly Adults With and Without Unmet Dental Needs in Kansas, 2017



Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

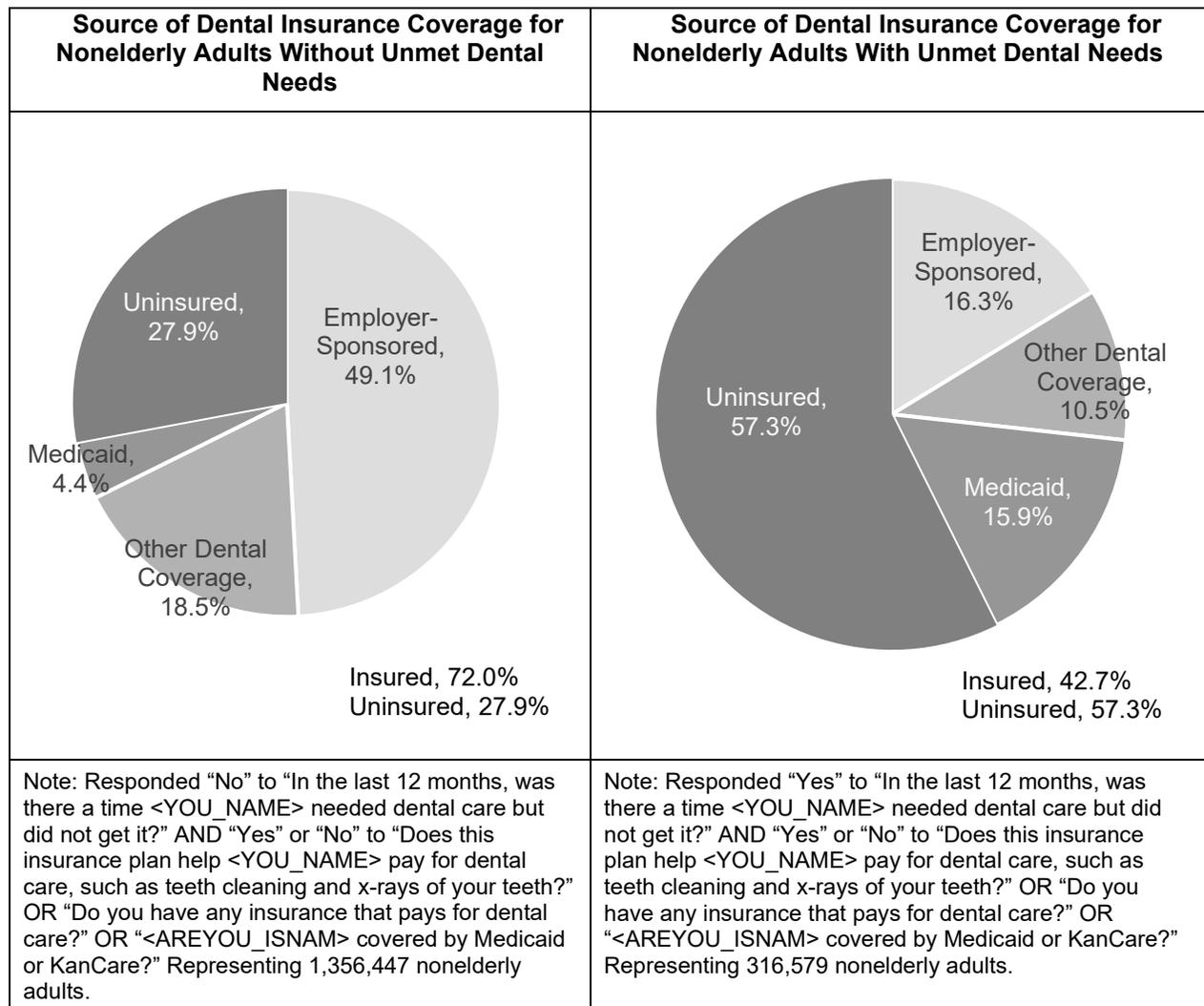
Figure 2.8. Rate of Unmet Dental Needs in Kansas Nonelderly Adults by Race and Ethnicity, 2017



Note: Responded “Yes” to “In the last 12 months, was there a time <YOU_NAME> needed dental care but did not get it?” Representing 1,673,026 nonelderly adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

Figure 2.9. Source of Dental Insurance Coverage for Nonelderly Adults With and Without Unmet Dental Needs in Kansas, 2017



Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

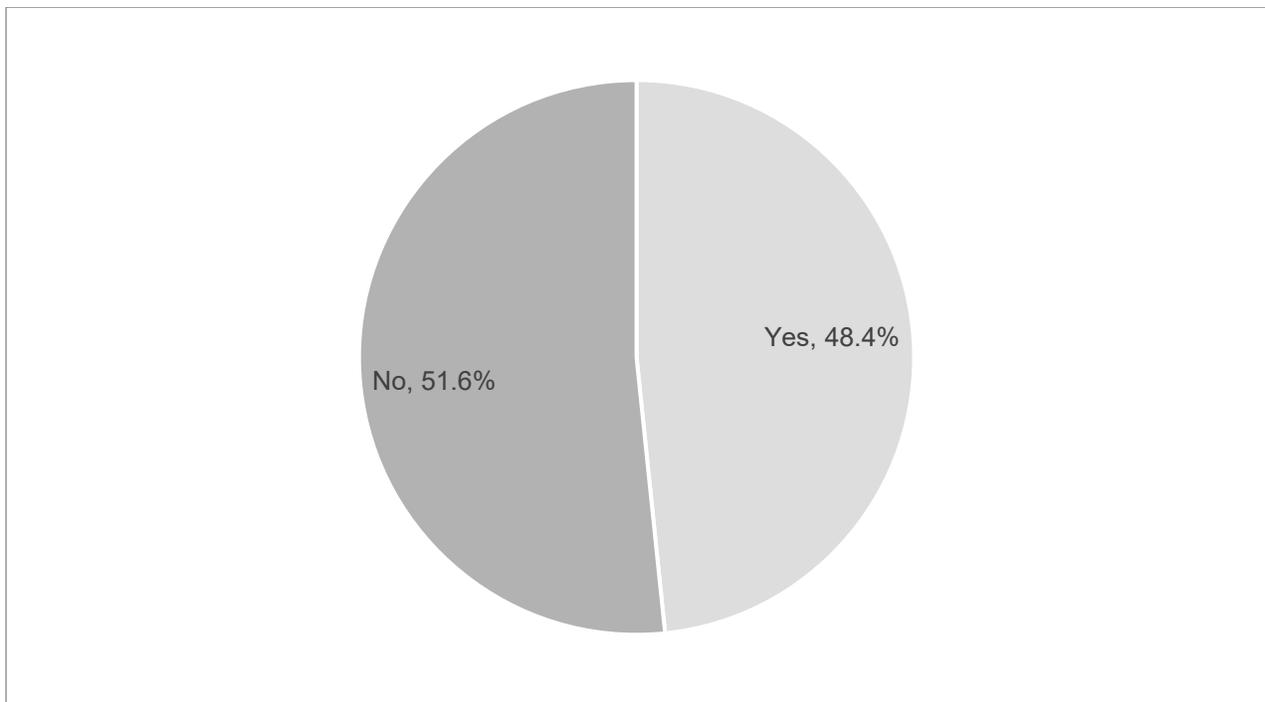
- Four in 10 (42.7 percent or 135,042) nonelderly adults with unmet dental needs had dental insurance.

3. Kansas Senior Adults Age 65 or Older

Estimates of dental insurance coverage and unmet dental needs are provided in this section for Kansas senior adults age 65 or older. The estimates are weighted from 535 responses representing 437,671 senior adults. Due to the small sample size for minority racial/ethnic groups, analysis by race/ethnicity could not be provided in this section for senior adults.

Direct estimates for the source of dental insurance coverage also are provided. Responses for senior adults with Medicaid coverage are reported as with and without dental insurance coverage. KanCare provides a limited dental benefit for senior adults covering some preventive services; however, respondents either may not have known about this benefit when responding to the survey or may not have been able to use the benefit for unknown reasons and interpreted this as not having coverage that pays for dental care.

Figure 3.1. Dental Insurance Coverage for Senior Adults in Kansas, 2017

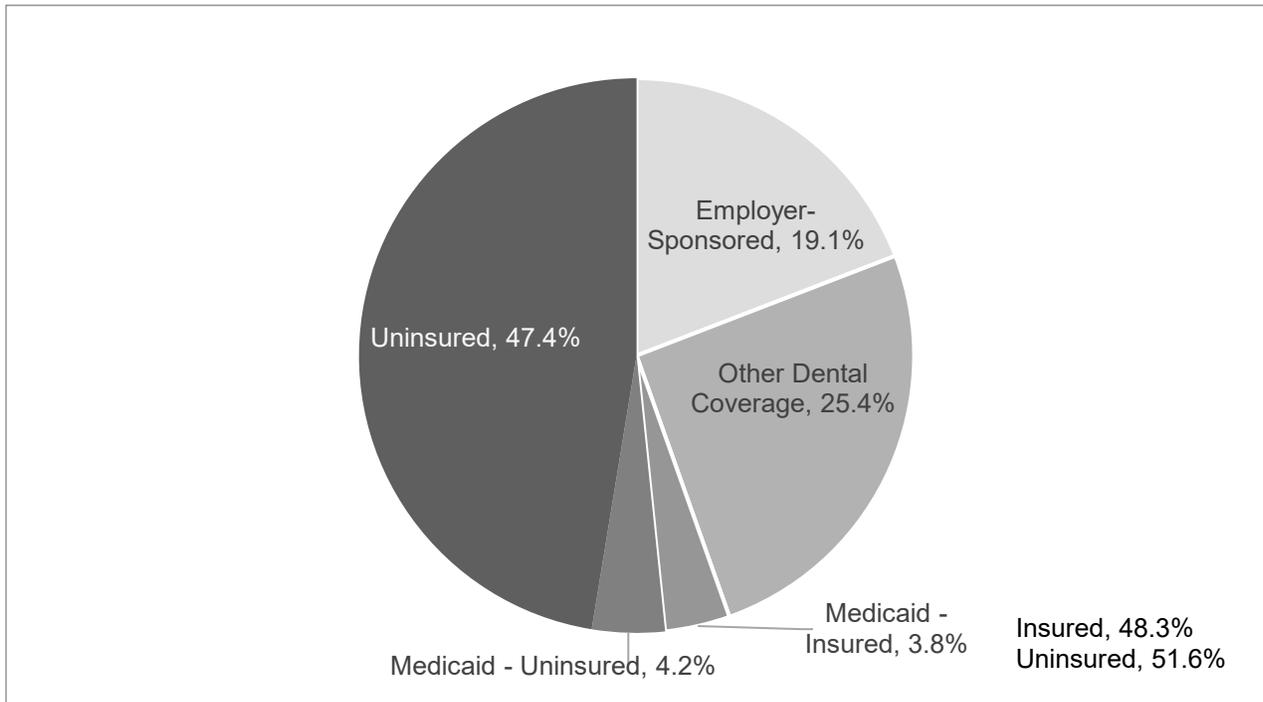


Note: Question: “Do you have any insurance that pays for dental care?” Representing 437,670 senior adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Half (51.6 percent or 226,022) of adults age 65 or older did not have dental insurance.

Figure 3.2. Source of Dental Insurance Coverage for Senior Adults in Kansas, 2017

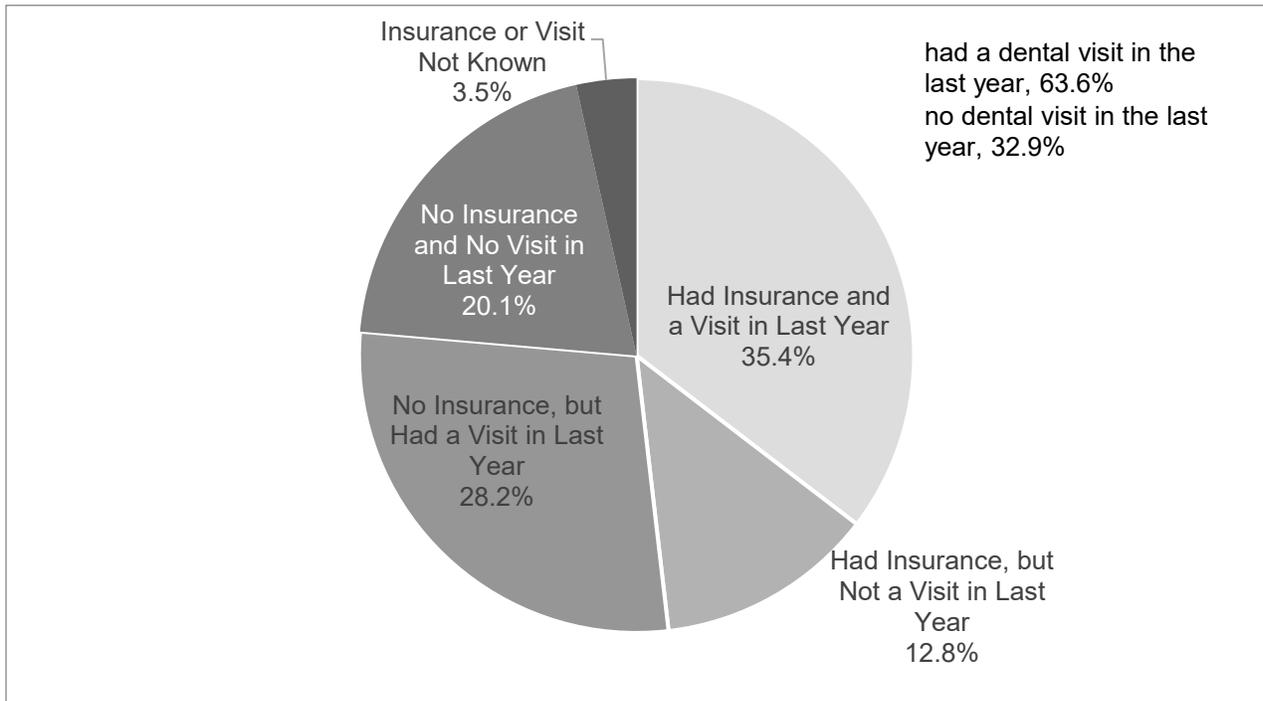


Note: Responded “Yes” or “No” to “Does this insurance plan help <YOU_NAME> pay for dental care, such as teeth cleaning and x-rays of your teeth?” OR “Do you have any insurance that pays for dental care?” OR “<AREYOU_ISNAM> covered by Medicaid or KanCare?” Representing 437,670 senior adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Two in 10 (19.1 percent) senior adults had dental coverage through an employer while a quarter (25.4 percent) had other dental coverage like direct purchase or Medicare Advantage.

Figure 3.3. Insurance Coverage and Dental Visits for Senior Adults in Kansas, 2017

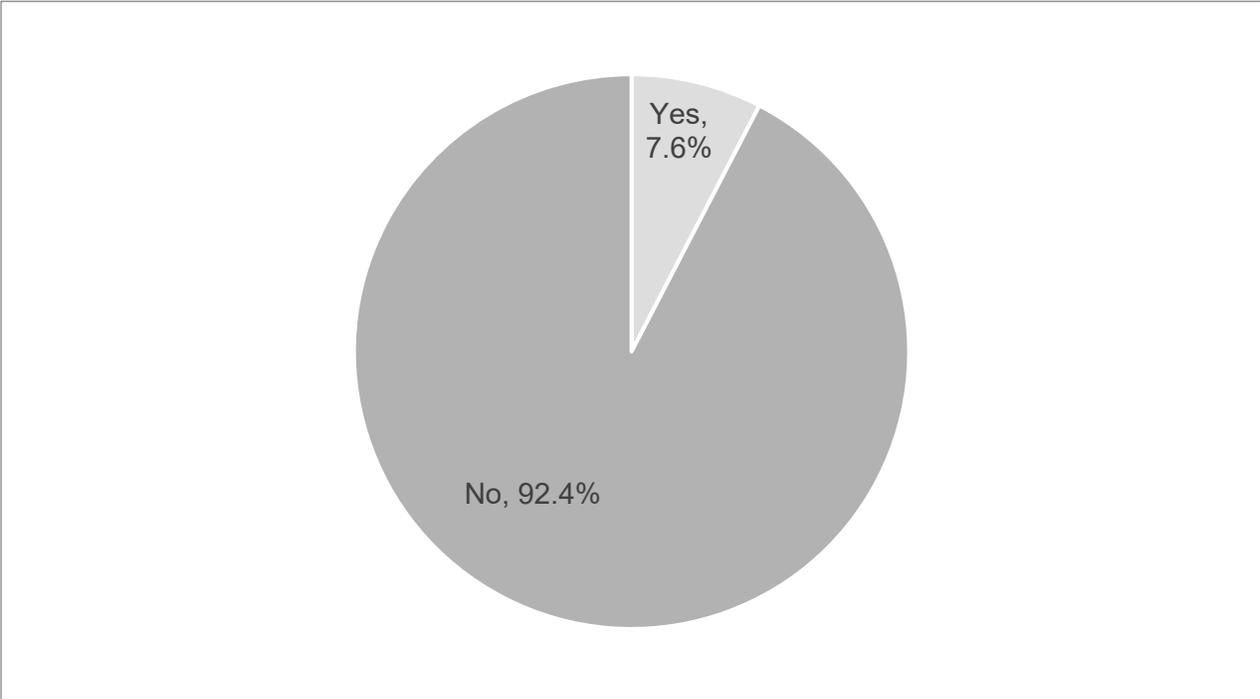


Note: Responded to “Do you have any insurance that pays for dental care?” or “About how long has it been since <YOU_NAME> last saw a dentist or dental hygienist?” Representing 437,671 senior adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Nearly one-third (32.9 percent) of Kansas senior adults reported not having a dental visit in the last year.

Figure 3.4. Unmet Dental Needs for Senior Adults in Kansas, 2017

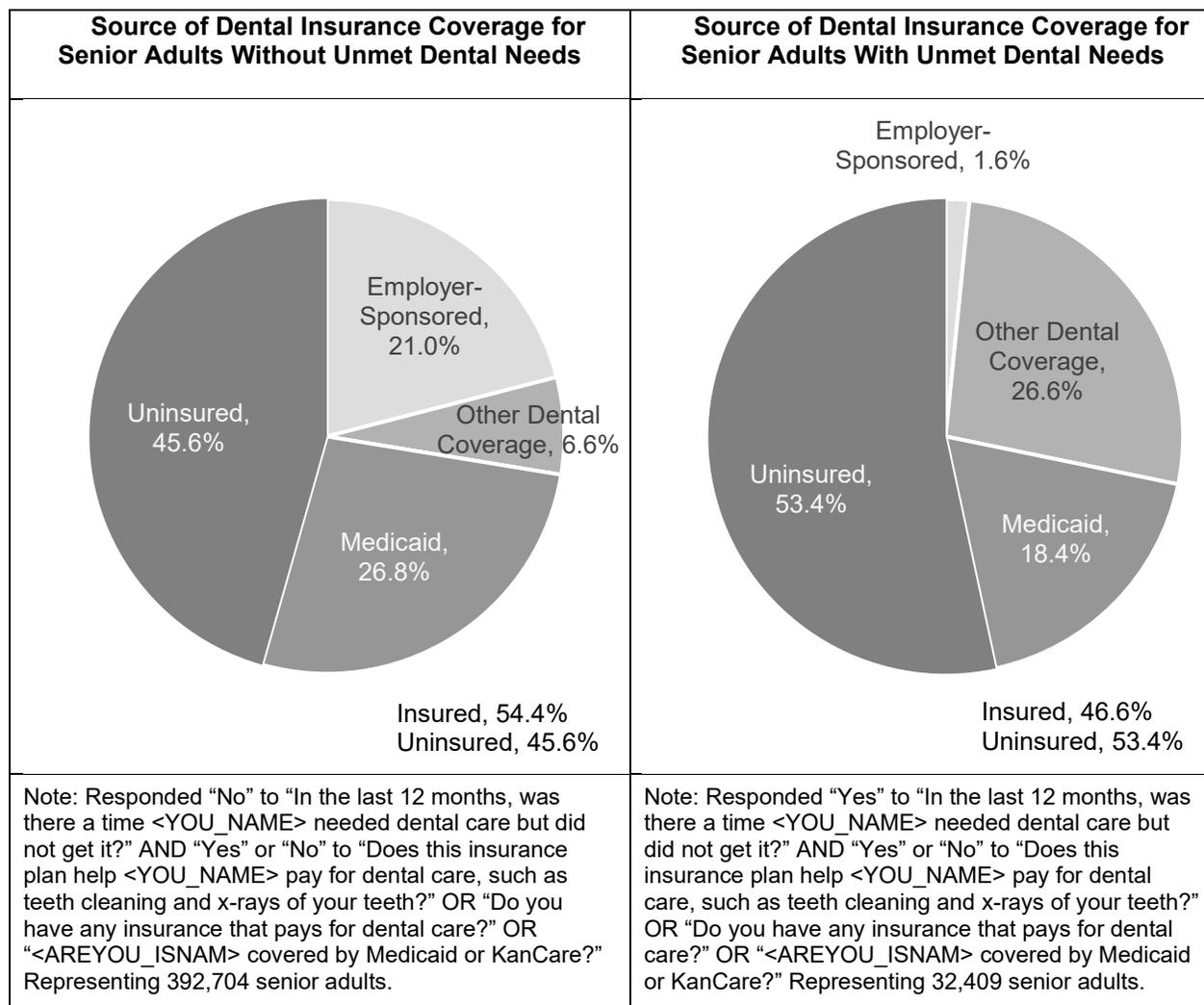


Note: Question: "In the last 12 months, was there a time <YOU_NAME> needed dental care but did not get it?"
Representing 425,113 senior adults.

Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Nine in 10 (92.4 percent or 392,704) senior adults reported not having unmet dental needs.

Figure 3.5. Source of Dental Insurance Coverage for Senior Adults With and Without Unmet Dental Needs in Kansas, 2017



Source: KHI Analysis of 2017 Kansas and Missouri Consumer Health Access Survey.

- Nearly as many senior adults without unmet dental needs were uninsured (45.6 percent) as were senior adults with unmet dental needs (53.4 percent).

Discussion

While one-third (35.5 percent) of Kansans reported not having dental insurance at the time of the KMHS survey in 2017, the dental uninsured rate ranged widely across age groups. Half (51.5 percent) of senior adults age 65 or older did not have dental insurance, followed by almost four in 10 (37.8 percent) nonelderly adults and nearly one in five (16.9 percent) children.

Employer-sponsored coverage was the most common source of coverage for children and nonelderly adults with dental insurance (62.3 percent and 68.8 percent, respectively). Medicaid also was a significant source of health insurance coverage (30.9 percent) for children with dental insurance. Although dental coverage is a mandatory benefit for children with Medicaid or CHIP, 13.9 percent of children with Medicaid/CHIP did not have dental insurance coverage as reported by their parents or an adult in the household. It is possible that these reporting adults were not aware of the dental benefits available for their children. It is also possible there could have been a perception or an actual shortage of dental providers who accept patients with Medicaid coverage that could explain the reporting of no dental insurance coverage.

According to the most recent quarterly summary on designated health professional shortage areas from the Health Resources and Services Administration (HRSA), as of September 30, 2020, 601,081 Kansans lived in one of 182 designated dental health professional shortage areas. About 40 percent of the need in these shortage areas has been met. An additional 78 providers would be needed to remove the shortage designation, particularly providers would be needed in the Low-Income Population Health Professional Shortage Areas designated by HRSA. Increasing the awareness of dental benefits for children with Medicaid/CHIP and improving access to dental services by increasing the number of providers who serve Medicaid enrollees are strategies that may improve oral health for children in Kansas. Additionally, addressing transportation issues for appointments is another area to consider as it has been a commonly cited reason for difficulties accessing health care and dental services among low-income populations.

Senior adults had a high dental uninsured rate. While most senior adults do not have employer-sponsored coverage after retirement, some may be enrolled in Medicare Advantage Plans that offer dental benefits that are not provided under regular Medicare. The high percentage of senior adults who report not having unmet dental needs and who either purchased coverage directly or who were uninsured suggests that many senior adults may purchase dental care out-of-pocket. As people age, maintaining good oral health is important to help senior adults engage

in daily activities without assistance. Educating senior adults about insurance options, such as Medicare Advantage plans with a dental benefit and affordable stand-alone dental plans, may be a strategy for improving access to dental services for older populations.

The findings also show racial and ethnic disparities in dental insurance coverage and unmet dental needs in Kansas. Children and nonelderly adults who are Hispanic, Any Race, were more at risk of not having dental insurance and having unmet dental needs. Hispanic, Any Race, children (29.9 percent) and nonelderly adults (63.8 percent) were two times more at risk of not having dental insurance coverage than were non-Hispanic White children (13.6 percent) and nonelderly adults (32.2 percent). Hispanic, Any Race, children (8.5 percent) were over three times more likely to have unmet dental needs than non-Hispanic White children (2.6 percent). The rate for non-Hispanic Black children without dental insurance (27.6 percent) was higher than the rate for non-Hispanic White children (13.6 percent), but the difference was not statistically significant due to a small sample size. Specific outreach to the Hispanic community to gain an understanding of the possible reasons for low enrollment in dental insurance may help identify strategies to improve dental insurance coverage in this population.

Overall, the rate of self-reported unmet dental needs was much lower than the uninsured rate across all three age groups — 4.2 percent for children, 18.9 percent for nonelderly adults and 7.6 percent for senior adults. However, a high proportion of Kansans reporting unmet needs also had insurance coverage. Among Kansans reporting unmet needs, six in 10 (61.4 percent) children, four in 10 (42.7 percent) nonelderly adults and nearly half (46.6 percent) of senior adults had dental insurance. Education for individuals with dental insurance coverage regarding the types of services available to them and how to access those services may reduce unmet need for those covered individuals. However, as suggested previously, the inability to access services due to a shortage of dental providers or the inability to use a specific type of insurance coverage may continue to be a barrier to care.

Together, 423,351 Kansans missed the opportunity to utilize their dental insurance coverage to receive preventive services, such as routine examinations and teeth cleaning. In addition to expanding the availability of providers to communities that may lack access to dental care, working with insurance plans and employers and engaging in community outreach to identify barriers and promote preventive dental services are possible strategies that may result in improved oral health in Kansas.

Limitations

The data and findings presented in this report are from a 2017 survey of Kansas adults age 19 or older. The survey is subject to the usual response bias. For example, responses to the question on unmet dental needs requires the respondent's perception or judgment of what an unmet dental need is, which may systematically vary between respondents. Additionally, all responses for children were acquired through a proxy who may have had incomplete information about the child's experience.

A second potential limitation is the recency of the data. The disruption caused by the COVID-19 pandemic will likely affect the rate of dental insurance coverage and unmet dental needs in Kansas, although the magnitude or direction of this effect cannot be determined at this time. However, absent changes caused by COVID-19, year-to-year changes in the rates of dental insurance coverage and unmet dental needs in Kansas are expected to be minimal, consistent with the data observed on health insurance coverage in Kansas and given that there has not been a significant change in policy in recent years that might change coverage.

Conclusions

Analysis of the Kansas data included in the 2017 Kansas and Missouri Consumer Health Access Survey highlights several gaps in dental insurance coverage in Kansas and the existence of racial and ethnic disparities in coverage and utilization of dental services. Some populations might not be aware of covered benefits from their insurance program or may be experiencing difficulties accessing care. Exploring options to increase the number of providers serving communities that may lack access to dental services and education about the value of preventive dental services or the risk of not utilizing preventive services may be needed.

While the KMHS survey allowed for analysis of many important questions about dental insurance coverage and utilization of dental services in Kansas, many questions remain. A regular and ongoing source of current data regarding dental insurance coverage and the cost and available sources of coverage, access to dental services, utilization of preventive services, and barriers to care for a large segment of the Kansas population is not readily available. The KMHS provides only one year of data and does not address other important questions about dental insurance and access to dental services.

While policy has not changed, events such as the COVID-19 pandemic may impact the estimates for 2020 and future years. Developing additional data sets from insurance claims, new surveys, or directly accessing large scale federal surveys would provide rich information on dental and health insurance coverage, access to care and service utilization and expenditures.

A potential source of Kansas specific data could come from a repository of dental insurance enrollment and claims data. This data set could be integrated into the Kansas Health Insurance Information System (KHIIS) which holds data on private health insurance enrollment and claims in Kansas. Another potential source of Kansas specific data could come from conducting a large survey of Kansans focused solely on oral health issues and information not readily available from insurance claims data. Federal surveys such as the *National Health Interview Survey*, conducted annually by the Centers for Disease Control and Prevention (CDC), also could provide data. While the CDC does not publish NHIS data specifically for Kansas due to small sample size, researchers may access the annual NHIS data set with approval from the CDC. For 2019 and 2020, the NHIS questionnaire included service utilization questions related to dental care and is scheduled to include dental services questions through 2026. As more years of these specific data become available, combining multiple years of data with appropriate weighting for each year could help address the issue of small sample size for Kansas and support a state-specific analysis. Altogether, comprehensive data could enable researchers to conduct detailed analyses to better identify the population subgroups that are in need of support to access dental services, evaluate trends in access over time and answer additional questions to improve the oral health of Kansans.

Appendix A: Research Questions and Variables

Figure A.1 presents the variables and definitions used for the analysis in this report. Variables denoted with “A” or “H” indicate a question or measure for Adults and variables denoted with a “P” indicate a question answered on a child’s behalf by a parent or caretaker. The notation “_c” or “_a” at the end of a variable indicates that the variable was recoded by RTI International. The “_c” represents a recoded child variable and the “_a” represents a recoded adult variable. A detailed methodology used by RTI International for the survey and variable construction is available by request from the REACH Foundation.

Figure A.1. Research Questions and Variables

Research Question	Survey Variable	Description	Responses
1. How many Kansans have dental insurance?	INS_DENT_A	Has insurance that pays for dental care?	<ul style="list-style-type: none"> • 0 Yes = “Insured” • 1 No = “Uninsured”
	P7_C	Child's insurance pays for dental care?	<ul style="list-style-type: none"> • 0 Unknown • 1 Yes = “Insured” • 2 No = “Uninsured” • . = “Missing”
1a/2a. What is the source of dental coverage or health coverage among Kansans with dental insurance and with or without unmet dental needs?	INS_Medicaid_C	Child covered by Medicaid or CHIP?	<ul style="list-style-type: none"> • 0 No • 1 Yes
	INS_ESI_C	Child has employer-sponsored insurance through parent/guardian?	<ul style="list-style-type: none"> • 0 No • 1 Yes
	INS_FHIE_C	Child covered by a plan through healthcare.gov?	<ul style="list-style-type: none"> • 0 No • 1 Yes
	INS_Other_C	Does your child have any other health care coverage not mentioned?	<ul style="list-style-type: none"> • 0 No • 1 Yes
	INS_Unknown_C	Child has unknown insurance coverage type?	<ul style="list-style-type: none"> • 0 No • 1 Yes

Figure A.1 (continued). Research Questions and Variables

Research Question	Survey Variable	Description	Responses
1a. Among Kansans with dental insurance what is the source of coverage?	Insured_C	Last week was child covered by health insurance or some other type of health care plan?	<ul style="list-style-type: none"> • 1 Yes, Insured • 2 No, Uninsured
	A2_DENT_A	Employer-sponsored plan helps pay for dental care?	<ul style="list-style-type: none"> • 1 Yes • 2 No
	A5_A	Are you covered by Medicaid or KanCare?	<ul style="list-style-type: none"> • 1 Yes • 2 No
2. How many Kansans have unmet dental needs?	H2A_A	Needed dental care and did not get it?	<ul style="list-style-type: none"> • 1 No • 2 Yes
	P6	During the past 12 months, was there a time when the child needed dental care but could not get it?	<ul style="list-style-type: none"> • 1 Yes • 2 No • 98 Do not Know (DK) • 99 Refused

Figure A.1 (continued). Research Questions and Variables

Research Question	Survey Variable	Description	Responses
1b. Which race/ethnicity do Kansans with and without dental insurance identify with?	Race_Group_A	Collapsed race, self-reported	<ul style="list-style-type: none"> • 0 White, Non-Hispanic • 1 Hispanic (any) • 2 Black/African American • 3 Other • . Missing
2b. Among Kansans with and without unmet dental needs, which race/ethnicity do they identify with?	Race_Group_C		<ul style="list-style-type: none"> • 0 White, Non-Hispanic • 1 Hispanic (any) • 2 Black/African American • 3 Other • . Missing
3. How many Kansans with and without dental insurance have had a dental visit in the last year?	H2x	Time since last seen a dentist or dental hygienist?	<ul style="list-style-type: none"> • 1 Less than one year • 2 At least one year ago but less than two years • 3 Two or more years ago • 4 Never seen a Dentist or Dental Hygienist • 98 Do not Know (DK) • 99 Refused • . Missing

Figure A.1 (continued). Research Questions and Variables

Research Question	Survey Variable	Description	Responses
3. How many Kansans have had a dental visit in the last year?	P5	About how long has it been since the child last saw a dentist or dental hygienists?	<ul style="list-style-type: none"> • 1 Within the last 12 months • 2 More than 12 months ago • 3 Never went to a dentist • 4 Child does not have teeth • 98 Do not Know (DK) • 99 Refused • . Missing

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