CareQuest Institute for Oral Health®

Lower-Income Families Still Spend More on Dental Care

Families living in poverty and those with lower incomes have greater unmet dental needs compared to families with higher incomes in the US.[1–2]

Further, families with lower incomes spend a significant portion of their available annual income on dental care. Families living below the Federal Poverty Level (FPL) who received dental care between 2011 and 2016 spent substantially more on dental care as a proportion of their family income compared to high-income families (i.e., families living at 400% or more of the FPL), according to a previous report from CareQuest Institute for Oral Health.[3]

As a result of the COVID-19 pandemic that began in 2020, many adults delayed receiving dental care.[4] When these adults did receive care in 2020, they received fewer preventive services and more surgical care than in 2019.[5] Preventive dental care is linked with significant cost savings in overall dental care costs, so a lack of preventive dental care can often lead to a need for more expensive, invasive dental care.[6]

This report examines differences in the use of oral health care services and out-of-pocket spending on oral health care between families living in poverty and those with higher incomes in the US. Findings from this study show that, between 2007 and 2011, out-of-pocket dental care expenditures accounted for a higher proportion of total family income among lower-income families compared to those with high income; further, this gap in out-of-pocket spending between lower- and higher-income families widened across this period. Data for this study represent nearly half a million individuals in households surveyed between 2007 and 2021 through the national Medical Expenditure Panel Survey.[7] For each household, one adult reported whether members of their household saw a dentist in the prior year and how much their household spent out of pocket on oral health care in the prior year.

Table 1. Age and Income Levels of Study Households

	Number	(percentage)
Age in years		
0–17	125,980	(26.1%)
18–29	76,008	(15.8%)
30–64	210,232	(43.7%)
65+	69,249	(14.4%)
Income category[8]		
Poor (<100% Federal Poverty Level [FPL])	89,574	(18.6%)
Near poor (100–124% FPL)	30,436	(6.3%)
Low income (125–199% FPL)	81,337	(17.0%)
Middle income (200–399% FPL)	140,818	(29.2%)
High income (≥400% FPL)	139,304	(28.9%)
Total	**481,469**	**(100%)**

Levels of Unmet Dental Need Were Highest for Adults with the Lowest Incomes

For each income level, the percentage of individuals with at least one dental visit in the prior year remained virtually constant over the study period (Figure 1). For example, among individuals in high-income households, the proportion equaled 57% in 2007 and 55.3% in 2021. The percentage of individuals living in poor households who had a dental visit in the prior year also remained relatively stable across this period — although substantially lower — from 25.4% in 2007 to 27.0% in 2021. There was an appreciable drop in dental visits in 2020 for households across all income levels, corresponding to the COVID-19 pandemic.

Notably, across the entire period, the proportion of individuals with at least one dental visit within the prior year was substantially lower among poorer households than wealthier ones. While consistently over half of those in high-income households saw a dentist in the prior year across the study period, only about one in four individuals living in poor or near-poor households saw a dentist during the same time period.

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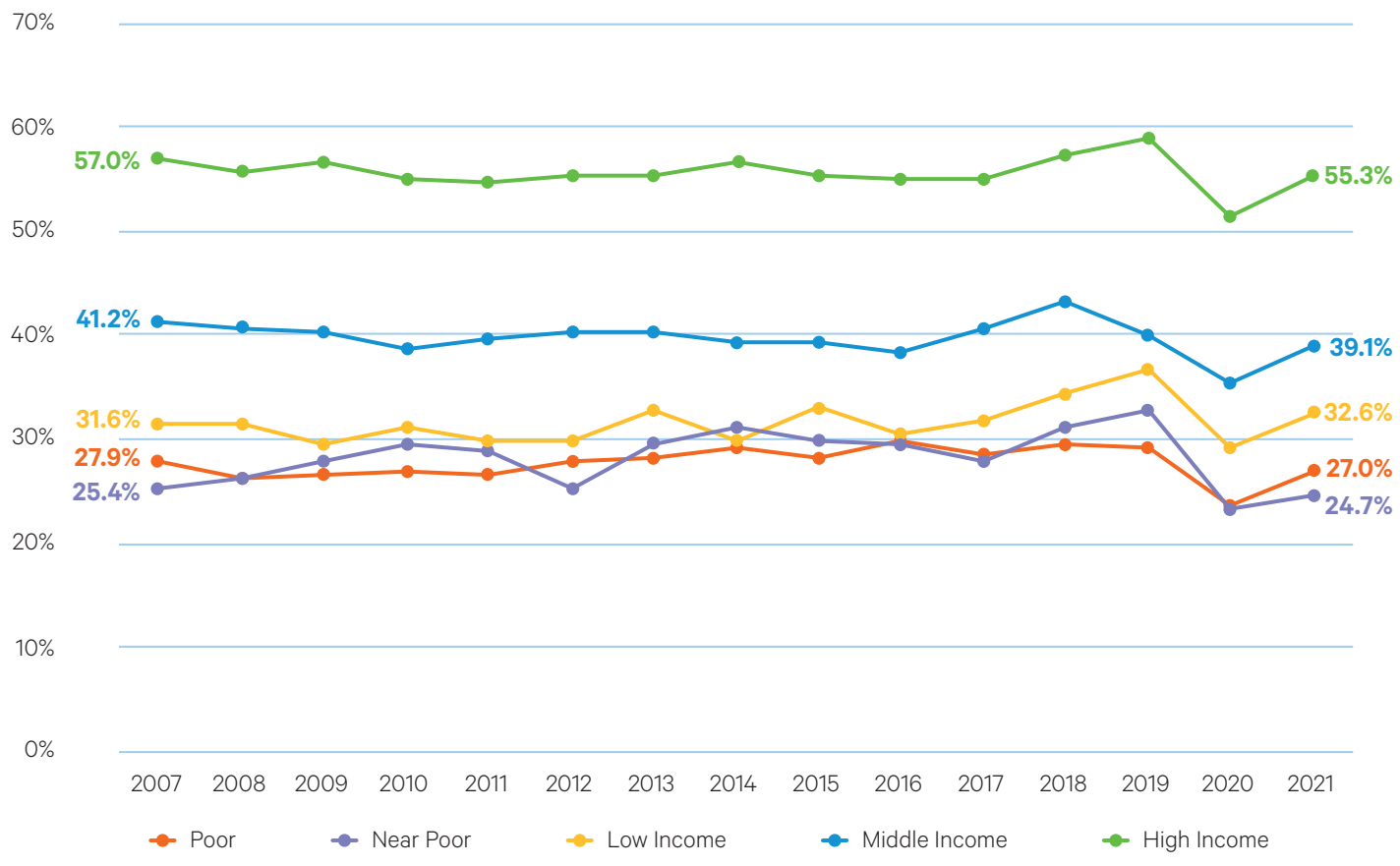
Figure 1. Presence of at Least One Dental Visit in the Past Year by Income Level

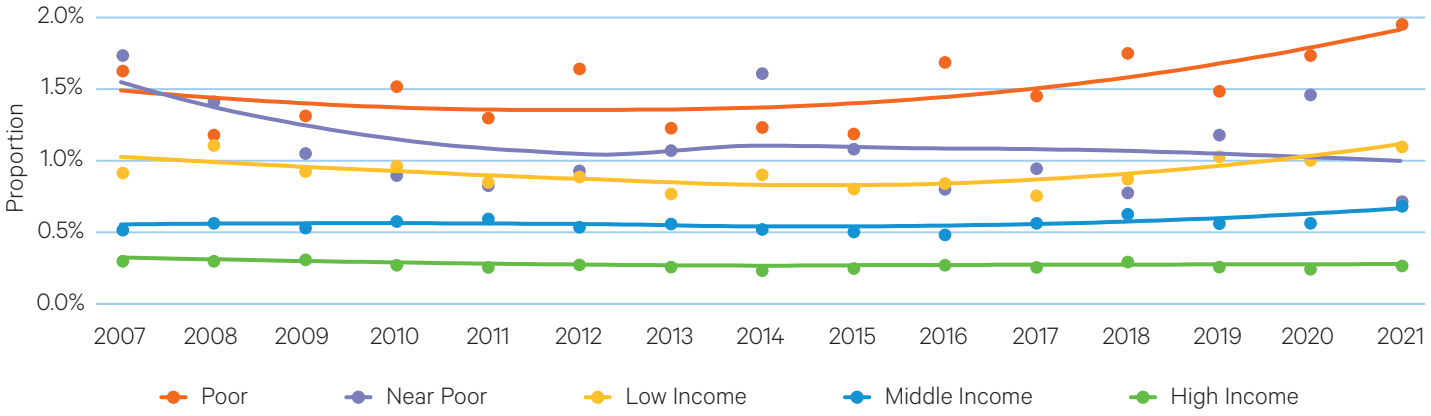


Out-of-Pocket Dental Expenditures Remain a Higher Proportion of Total Household Income for Families with Lower Incomes

Out-of-pocket expenditures for dental care accounted for a higher proportion of family income among families in the poor and near-poor categories than those with high income among families with at least one dental visit in the prior year (Figure 2). For example, among high-income households, dental expenditures represented less than one percent of their total family income in 2007 (0.3%) and 2021 (0.3%). Meanwhile, among individuals in poor households, the proportion of out-of-pocket spending was substantially higher, representing 1.6% of total family income in 2007 and 2.0% of total family income in 2021.

Figure 2. Out-of-Pocket Dental Expenditures as a Proportion of Total Family Income

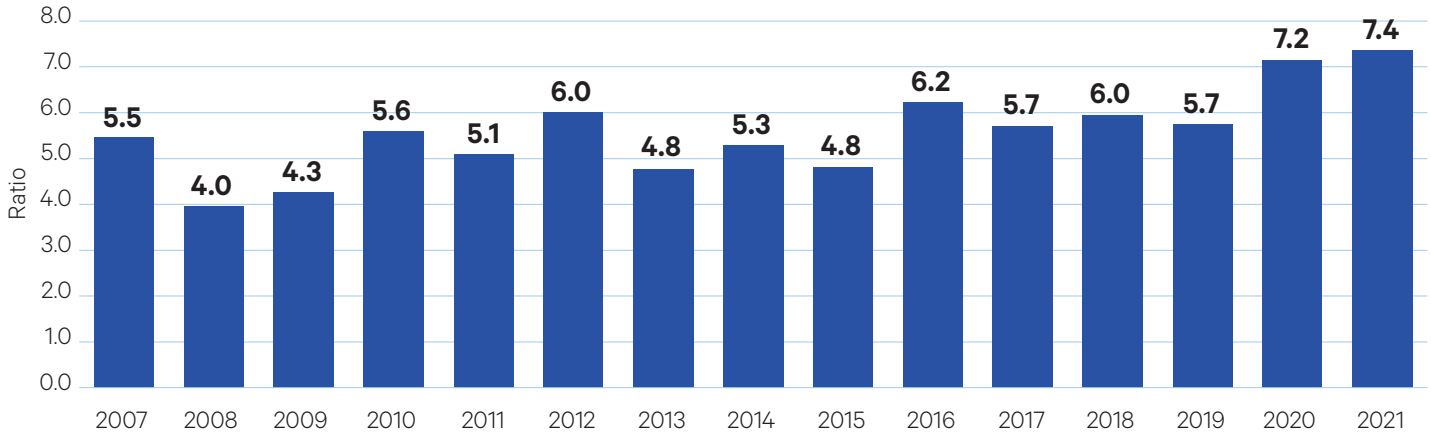
Among individuals with at least one dental visit during the prior year



Inequities in Out-of-Pocket Expenditures for Dental Care Between the Poorest and Wealthiest Families Have Widened

Inequities in out-of-pocket expenditures for dental care between the poorest and wealthiest families widened across the study period (Figure 3). In 2007, the poorest families paid 5.5 times more in out-of-pocket expenditures for dental care than the wealthiest families. By 2021, that inequity widened to the poorest families paying 7.4 times more in out-of-pocket expenditures for dental care than high-income families.

Figure 3. Ratio of Out-of-Pocket Spending for Dental Care Between Lowest- and Highest-Income Families



Conclusions

Clear inequities in unmet dental needs and the burden of out-of-pocket dental costs have persisted across income groups from 2007 to 2021, with differences in financial burden between lower- and higher-income families growing even more substantial. While more than one-third of those in the wealthiest families did not have a dental visit in the prior year, more than two-thirds of individuals in the poorest families did not visit a dentist in the prior year. When people from lower-income families can receive dental care, their households bear a disproportionate burden of out-of-pocket dental costs. This inequity has widened in recent years, with the poorest families paying over seven times more in out-of-pocket expenditure for dental care than higher-income families.

These findings indicate that solutions are still needed to make dental coverage and care more accessible and affordable for low-income families. This includes addressing gaps in dental insurance coverage, particularly through Medicaid. As one example, if all states provided comprehensive Medicaid adult dental benefits — as they already do for children — this income-based inequity in dental care spending would be mitigated.[9] Efforts must also be made to increase dental provider participation in Medicaid and support the safety-net providers primarily serving low-income patients.[10] Incentivizing oral health providers to practice in Dental Health Professional Shortage Areas can also help improve access to affordable oral health care in these geographies.[11] While some policy progress has been made in recent years, it is clear that more still needs to be done to fully address these inequities.

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Solutions are still needed to make dental coverage and care more accessible and affordable for low-income families.

Methodology

We utilized data from the Medical Expenditures Panel Survey (MEPS), 2007–2021. MEPS is a set of large-scale surveys of families and individuals, their medical providers, and employers across the US and administered by the Agency for Healthcare Research and Quality, US Department of Health & Human Services.[7] MEPS is the most complete data source on the cost and use of health care and health insurance coverage. For each household, one adult member answers questions for all household members. Responses for children aged 0–17 included in the sample are reported by an adult in their household on the child's behalf. We categorized household income as: poor (<100% of Federal Poverty Level [FPL]), near poor (100%–124% FPL), low income (125%–199% FPL), middle income (200%–399% FPL), and high income (≥400% FPL). These categories are derived from the POVCAT categorical variable from Integrated Public Use Microdata Series (IPUMS) Health Surveys and are constructed using family income and Current Population Survey (CPS) family size for use with the MEPS dataset.[8] The primary outcomes were unmet dental need as defined as no dental care visit during past year and out-of-pocket expenditures as a proportion of total household income. All analyses were weighted to represent the US non-institutionalized population.

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