Dental Insurance Coverage among the Michigan Adult Population

Background. Oral health is key to one’s overall health. Regular visits to a dental provider will not only ensure care to one’s teeth and mouth, but many dentists also screen their patients for other diseases and medical conditions such as diabetes, hypertension, and oral cancer. Many factors influence dental utilization, including transportation, health literacy, and, one of the largest factors, dental insurance.1

Dental insurance coverage has increased across the nation, but still trails medical insurance. For every adult without medical insurance there are three without dental insurance.1 Some of the most vulnerable populations are left without dental insurance. Many young adults lose their insurance coverage when they leave college or are no longer dependents on their parent’s insurance. In addition, many elderly individuals lose their dental insurance when they retire. Furthermore, Medicare does not reimburse for routine dental care.1

Learning the status of dental insurance coverage among the Michigan adult population plays an important role in determining the dental insurance need within the State of Michigan.

Methods. Questions related to frequency of dental visits, tooth loss, and demographics were included within the 2014 Michigan Behavioral Risk Factor Survey (MiBRFS). State-added questions focusing on oral cancer screening and dental insurance were also included within the 2014 MiBRFS. The oral cancer screening question asked respondents when they last had an exam for oral cancer in which a doctor or dentist pulls on your tongue sometimes with gauze wrapped around it and feels under the tongue and inside the cheeks. The dental insurance question asked respondents if they were covered for the entire past twelve months by any type of dental insurance. Respondents who indicated that they were covered for only part of the past 12 months were coded as not having dental insurance. The complete questionnaire that contains these 2014 MiBRFS questions can be found on the MiBRFSS website (www.michigan.gov/brfs).

These data were used to determine the prevalence of dental insurance among the Michigan adult population and to assess how demographic characteristics impact access to oral health care. Subpopulations based on demographics were compared to determine if significant differences existed among these oral health care indicators.

Results. In 2014, an estimated 65.7% of Michigan adults reported having dental insurance for the entire past 12 months (Table 1). The prevalence of dental insurance was highest among adults 35-64 years of age (69.2%) and decreased significantly among adults 65+ years of age (59.5%). Males and females reported similar dental insurance prevalence estimates, and the prevalence of dental insurance was similar among all four racial/ethnic groups. Furthermore, the prevalence of dental insurance among Michigan adults increased with increasing education and household income level.

Table 2 examines the prevalence of various oral health care services by race/ethnicity. In 2014, an estimated 68.6% of Michigan adults reported having had a dental visit within the past year, 15.5% reported that 6 or more of their permanent teeth were missing due to tooth decay or gum disease, and 46.4% reported having had an oral cancer exam within the past year (Table 2).

Although the prevalence of dental insurance is similar by race/ethnicity, there are several differences in the prevalences of oral health care services by race/ethnicity (Table 2). For example, 71.4%
The Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) comprises annual, statewide telephone surveys of Michigan adults aged 18 years and older and is part of the national BRFSS coordinated by the CDC. The annual Michigan Behavioral Risk Factor Surveys (MiBRFS) follow the CDC BRFSS protocol and use the standardized English core questionnaire that focuses on various health behaviors, medical conditions, and preventive health care practices related to the leading causes of mortality, morbidity, and disability. Landline and cell phone interviews are conducted across each calendar year. Data are weighted to adjust for the probabilities of selection and a raking weighting factor is used to adjust for the distribution of the Michigan adult population based on eight demographic variables. All analyses are performed using SAS-callable SUDAAN® to account for the complex sampling design.