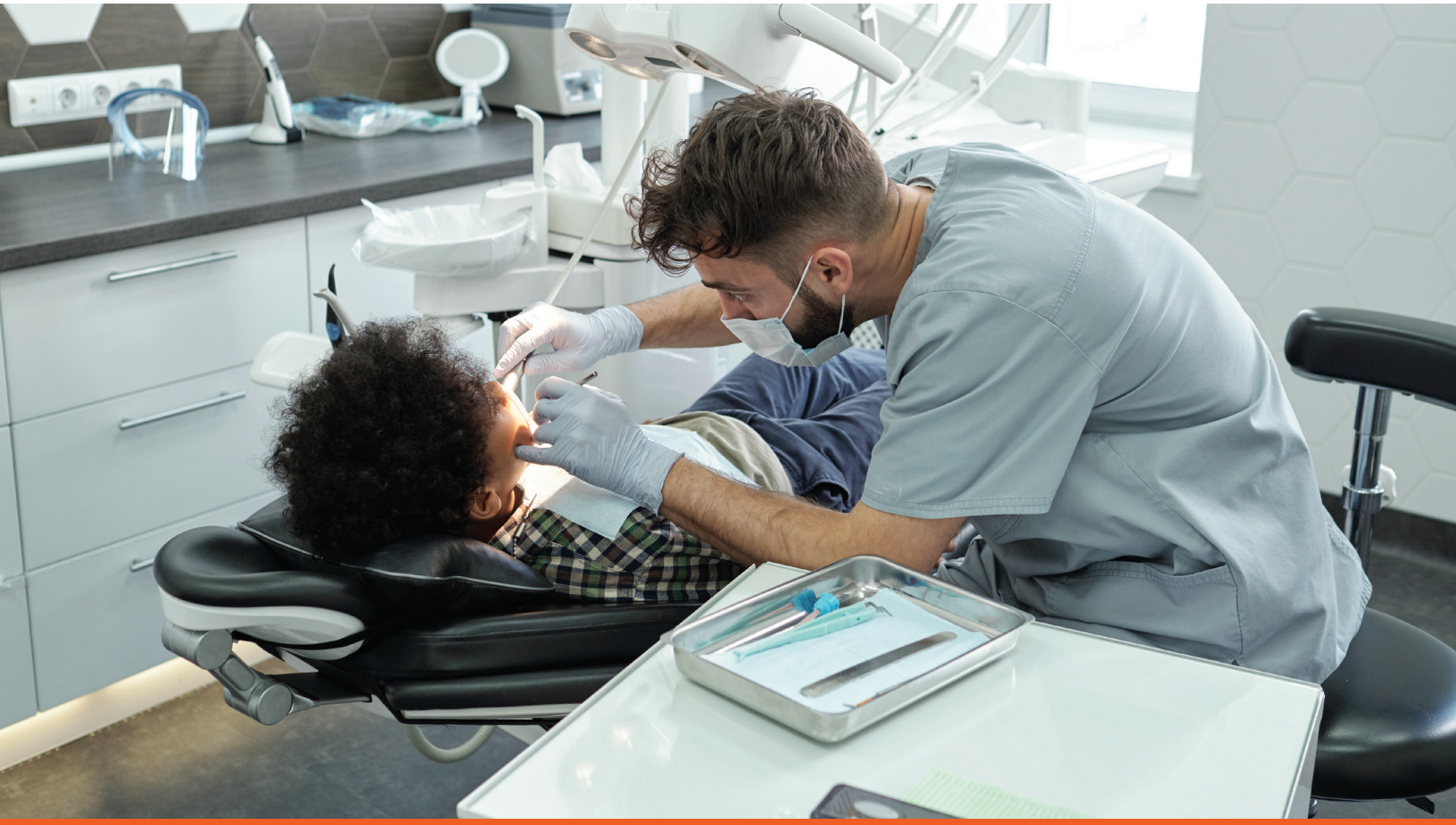
2024

Consumer Survey: Barriers to Accessing Oral Health Services in New York State



CHWS
Center for Health Workforce Studies

PREFACE

This study aimed to examine factors identified by New York State consumers that affected their access to oral health services and to explore differences in utilization of oral health services by sociodemographic population groups.

This research brief was prepared by the Center for Health Workforce Studies (CHWS) staff, Simona Surdu, Nozomi Sasaki, Jinman Pang, and Jean Moore. Funding for this report was provided by the Schuyler Center for Analysis and Advocacy.

Established in 1996, CHWS is a not-for-profit research organization, based at the College of Integrated Health Sciences, University at Albany, State University of New York. The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels. Today, CHWS operates 2 of 9 federally funded health workforce research centers in the US and is a national leader in the field of health workforce studies.

The views expressed in this report are those of CHWS and do not necessarily represent positions or policies of the College of Integrated Health Sciences, University at Albany, or the Schuyler Center for Analysis and Advocacy.

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Introduction

Oral health disparities remain a major public health challenge in New York State. Despite efforts to expand access to services over the past decade, many high-need population groups—including racial and ethnic minorities, low-income individuals, and residents in rural or underserved urban areas—continue to face substantial barriers to accessing oral health services. These barriers contribute to poor oral health outcomes and exacerbate existing disparities. To effectively reduce these disparities and improve population oral health, it is essential to identify and address social determinants of health such as socioeconomic status, education, employment, social support, and neighborhood characteristics.

Study Objectives

The study aimed to highlight major barriers to oral health services access for adults in New York. By examining the unique challenges New Yorkers face in obtaining necessary oral health services, the study sought to provide evidence-based insights for policymakers and stakeholders to develop strategies that reduce oral health disparities and improve access to care, particularly for historically underserved populations.

Methods

Data were extracted from the January and June 2022 waves of the Consumer Survey of Health Care Access by the American Association of Medical Colleges. This cross-sectional online survey draws from a national sample of about 1.8 million adults aged 18 and older. The June 2022 survey oversampled underserved populations, including racial/ethnic minorities, low-income individuals, uninsured people, Medicaid beneficiaries, and rural residents.

Descriptive statistical analyses were performed to assess respondents' need for oral health care, their access to and utilization of these services, and the variations across different demographic and socioeconomic groups. Additionally, the analyses identified major barriers to and facilitators of access to care. The survey data were weighted to reflect the characteristics of the US adult population, as measured by the US Census Bureau. All analyses were performed using SAS v9.4 and STATA 17.0.

Findings

Characteristics of Survey Respondents

The study sample consisted of 6,501 survey respondents nationwide, including 431 from New York. Among New York respondents, 55.9% identified as male, 48.0% were aged 35 to 64, 64.3% were non-Hispanic white, 56.8% had some college education or a degree, 46.1% had household incomes over $100,000, and 52.9% lived in urban areas (**Table 1**). Compared to respondents nationwide, New Yorkers had similar characteristics, but a larger proportion reported higher incomes and urban living.

Table 1. Characteristics of consumer survey respondents in New York and nationwide, 2022

Demographics	New York (n=431)		Nationwide (6,501)	
	n	%	n	%
Sex				
Female	190	44.1%	3,330	51.2%
Male	241	55.9%	3,168	48.7%
Intersex	0	0%	4	0.1%
Age (years)				
18–34	121	28.1%	1,652	25.3%
35–64	207	48.0%	3,171	48.9%
65+	103	23.9%	1,678	25.8%
Race/Ethnicity				
White	277	64.3%	3,964	61.0%
Hispanic, Latino/Spanish	77	17.9%	1,270	19.5%
Black or African American	40	9.3%	704	10.8%
Asian	31	7.2%	355	5.5%
Multiracial, Other	6	1.4%	208	3.2%
Education				
Less than or high school graduate	115	26.8%	2196	34.0%
Some college	122	28.4%	1,835	28.4%
College graduate	122	28.4%	1,586	24.5%
Postgraduate	70	16.3%	850	13.1%
Household Income				
<$50,000	102	23.9%	2,097	32.6%
$50,000–99,999	128	30.0%	2,135	33.2%
>$100,000	197	46.1%	2191	34.1%
Area of residence				
Rural	55	12.8%	1,201	33.8%
Suburban	148	34.3%	3,100	47.7%
Urban	228	52.9%	2,200	18.5%

Source: Consumer Survey of Health Care Access, American Association of Medical Colleges, 2022.
Note: Total numbers may vary due to missing data.

Perceived Need for Dental Care and Utilization of Oral Health Services

Over two-thirds of survey respondents in New York (67.3%) and approximately 6 in 10 respondents nationwide (61.1%) reported a need for dental care in the last 12 months (**Table 2**).

Table 2. Perceived need for oral health care in the last 12 months by consumers in New York and nationwide, 2022

Perceived Need for Oral Health Care in the Last 12 months	New York		Nationwide	
	n	%	n	%
No	139	32.7%	2,516	38.9%
Yes	286	67.3%	3,944	61.1%
All	425	100.0%	6,460	100.0%

Source: Consumer Survey of Health Care Access, American Association of Medical Colleges, 2022.

Among New Yorkers who needed dental care, 69.1% *always* received the care they needed, while 30.9% either *sometimes* received care (15.3%) or *did not receive* any care (15.6%) over the past year (**Table 3**). Nationwide, 64.8% of respondents *always* received the dental care they needed, while 35.2% either *sometimes* received the care (16.7%) or *did not receive* any care (18.5%) in the last 12 months.

Table 3. Utilization of needed oral health services in the last 12 months by consumers in New York and nationwide, 2022

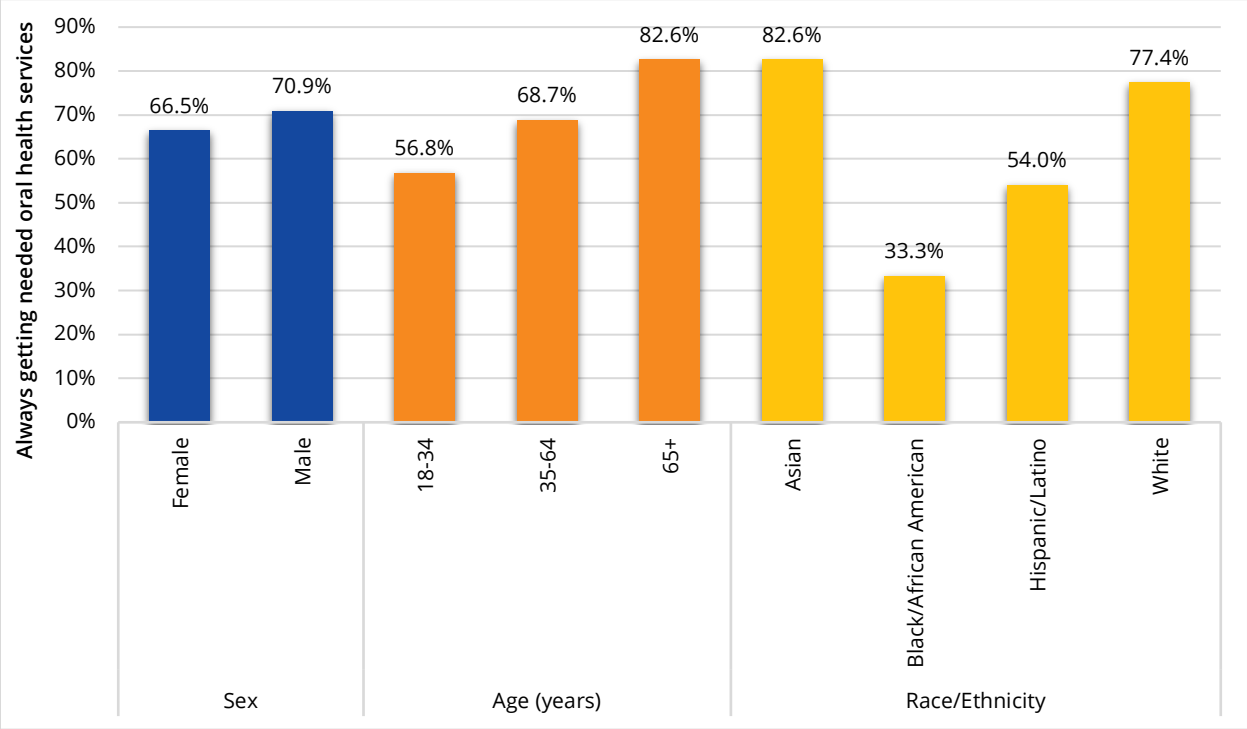
Received *Needed* Oral Health Services in the Last 12 months	New York		Nationwide	
	n	%	n	%
No	41	15.6%	648	18.5%
Sometimes	40	15.3%	587	16.7%
Always	181	69.1%	2,274	64.8%
All	262	100.0%	3,509	100.0%

Source: Consumer Survey of Health Care Access, American Association of Medical Colleges, 2022.

Differences in Utilization by Demographic Characteristics

Statistically significant differences were found in the utilization of needed oral health services among New Yorkers by age (*P*=.030) and race/ethnicity (*P*=.002) (**Figure 1**). Both in New York and nationwide, the likelihood of always receiving needed oral health services increased with age (**Figures 1-2**). In New York, the lowest rates of consistent oral health care were found among Black/African American respondents (33.3%), Hispanic/Latino respondents (54.0%), and those aged 18-34 (56.8%). Nationwide, the lowest rates were among respondents aged 18-34 (48.1%), Hispanic/Latino individuals (51.7%), and Black/African American individuals (58.4%). Notably, the rate for Black/African American respondents in New York is much lower compared to the nationwide rate – highlighting a difference of over 25 percentage points.

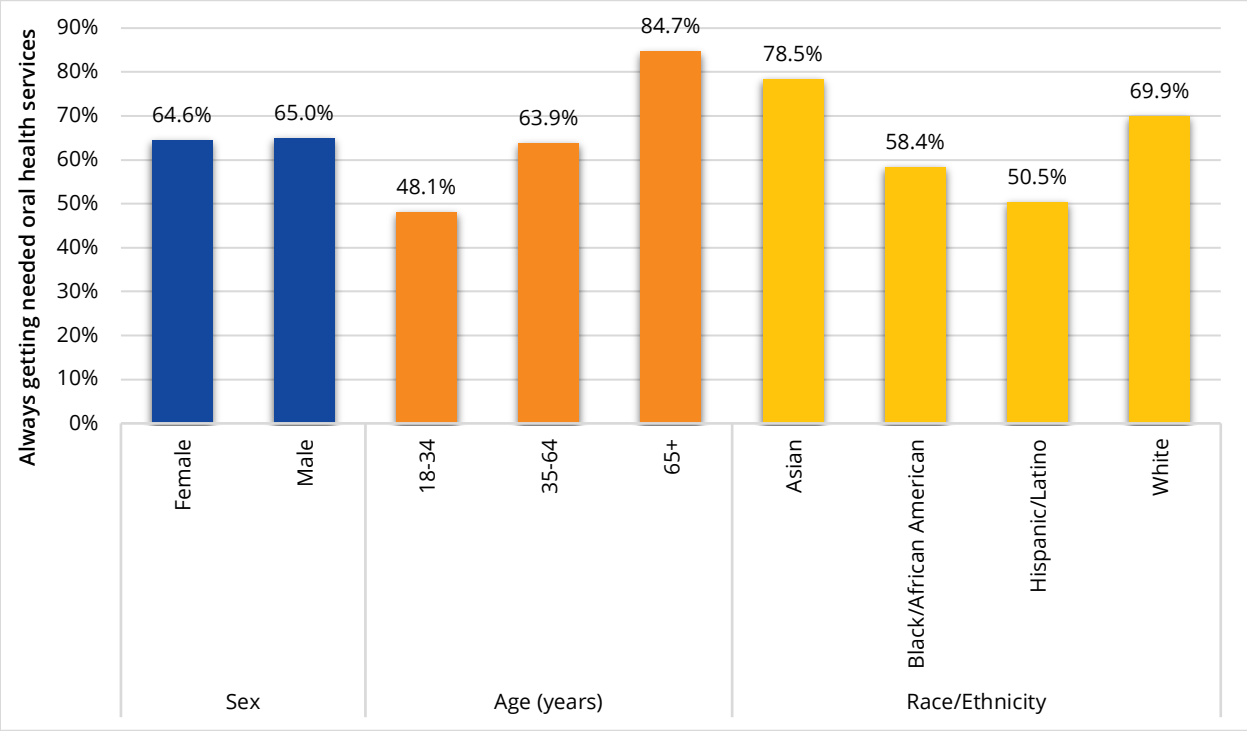
Figure 1. Always getting needed oral health services by demographic characteristics of consumers in New York, 2022



Source: Consumer Survey of Health Care Access, American Association of Medical Colleges, 2022.

Note: The intersex group (n=0) and multiracial or other race/ethnicity group (n=6) were excluded from the analysis due to either no respondents or a small sample size. There were statistically significant differences, estimated using Pearson chi-square tests, among respondents who always, sometimes, or never received the needed dental care by age (*P*=.030) and race/ethnicity (*P*=.002) in New York.

Figure 2. Always getting needed oral health services by demographic characteristics of consumers nationwide, 2022

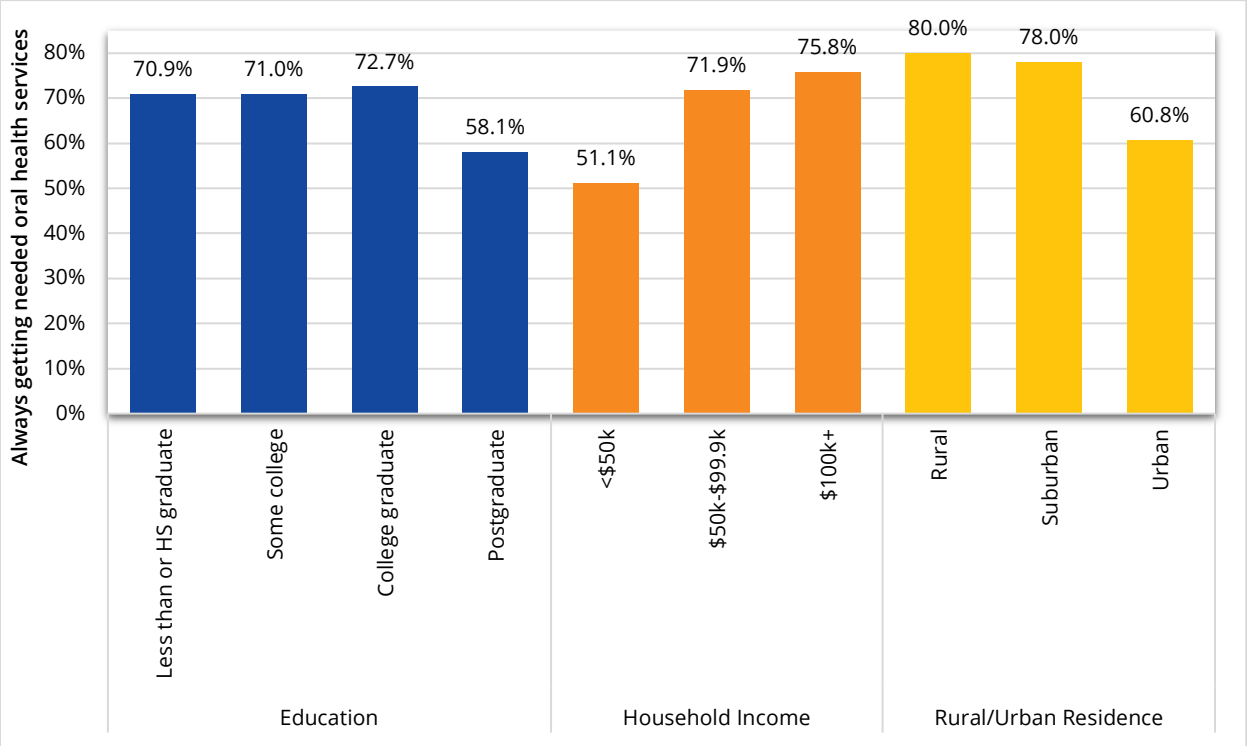


Source: Consumer Survey of Health Care Access, American Association of Medical Colleges, 2022.
Note: There were statistically significant differences, estimated using Pearson chi-square tests, among respondents who always, sometimes, or never received the needed dental care by age (P<.001) and race/ethnicity (P<.001) nationwide.

Differences in Utilization by Socioeconomic Characteristics

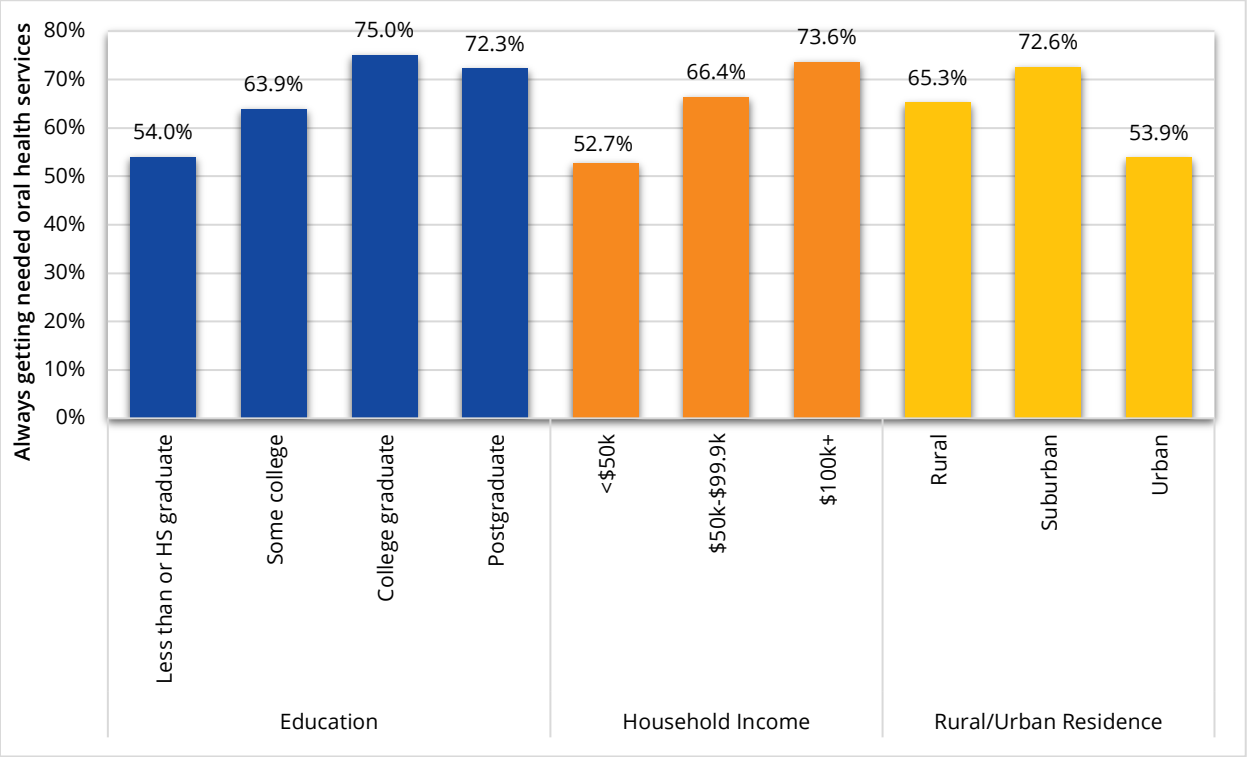
Significant disparities were also found in dental care access based on socioeconomic factors (**Figures 3-4**). Access to needed oral health services increased significantly with higher household income in both New York (*P*=.030) and nationwide (*P*<.001). The lowest rates of always receiving needed oral health services were observed among respondents with annual household incomes below $50,000 (51.1% in New York; 52.7% nationwide). New York respondents with postgraduate education had smaller, though not statistically significant, rates of consistently obtaining oral health services when needed compared to those with lower levels of education, likely due to the small sample size (n=49 valid responses from New Yorkers with postgraduate education).

Figure 3. Always getting needed oral health services by socioeconomic characteristics of consumers in New York, 2022



Source: Consumer Survey of Health Care Access, American Association of Medical Colleges, 2022.
Note: There were statistically significant differences, estimated using Pearson chi-square tests, among respondents who always, sometimes, or never received the needed dental care by household income (*P*=.030) in New York.

Figure 4. Always getting needed oral health services by socioeconomic characteristics of consumers nationwide, 2022

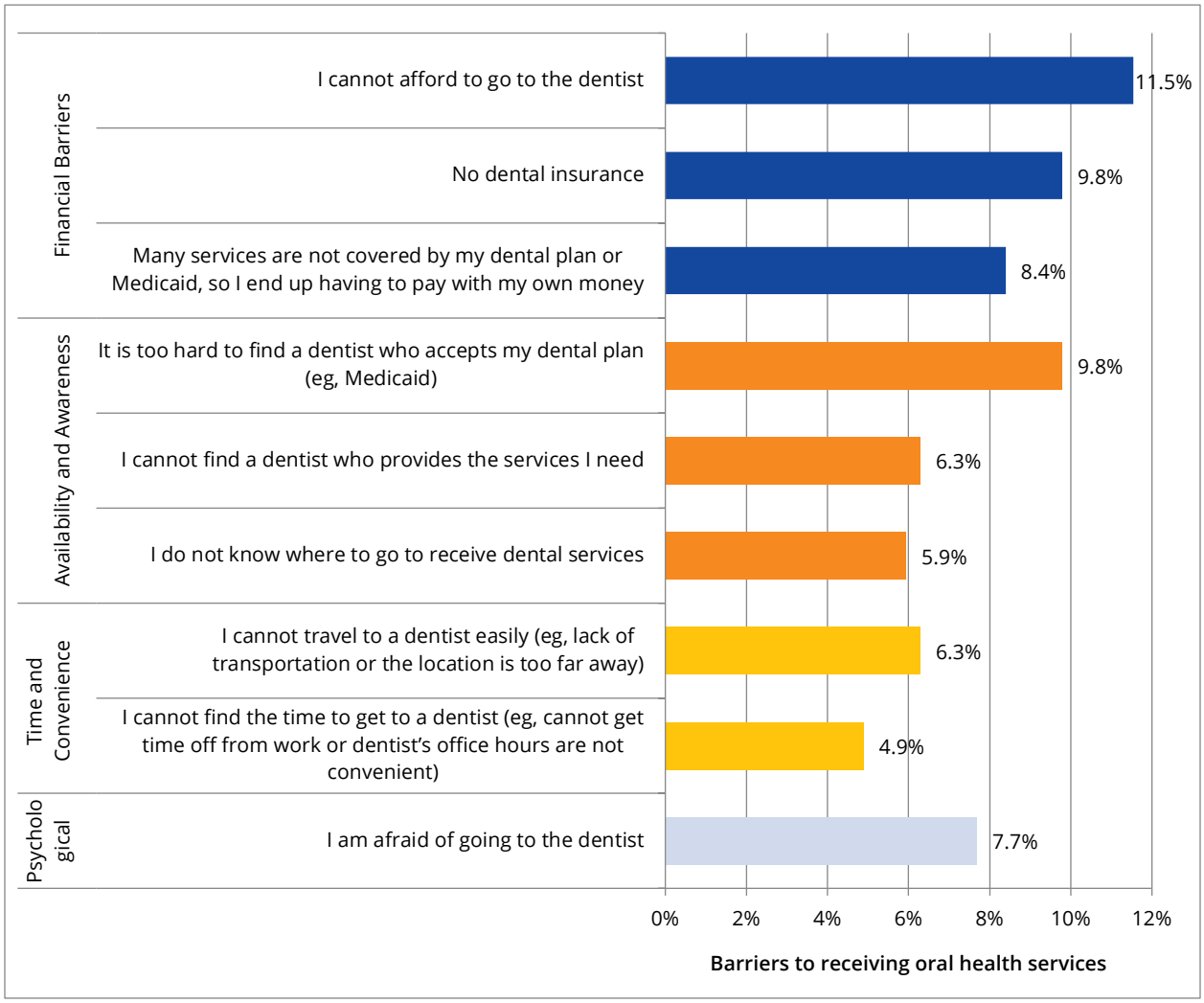


Note: There were statistically significant differences, estimated using Pearson chi-square tests, among respondents who always, sometimes, or never received the needed dental care by education (*P*<.001), household income (*P*<.001), and rural/urban residence (*P*<.001) nationwide.

Barriers to Receiving Oral Health Services

Among those needing oral health care in the past year, about 6 in 10 New Yorkers (56.6%) and respondents nationwide (60.3%) reported no difficulties in obtaining these services. However, 43.4% of New York respondents (n=124) faced major access barriers such as not being able to afford dental visits (11.5%), lacking dental insurance (9.8%), and experiencing difficulties finding a dentist who accepted their dental plan (9.8%) (**Figure 5**). Additionally, 7.7% were afraid of going to the dentist, 8.4% reported that certain dental services weren't covered by their plan, 6.3% encountered transportation or distance challenges, 6.3% struggled to find a dentist who offered the needed services, 5.9% didn't know where to get dental care, and 4.9% couldn't take time off work or found the dentist's hours inconvenient. Compared to respondents nationwide, a higher proportion of New Yorkers experienced access barriers related to finding a dentist who accepted their plan, transportation issues, and locating dental care (results not shown).

Figure 5. Barriers to receiving oral health services among consumers in New York, 2022

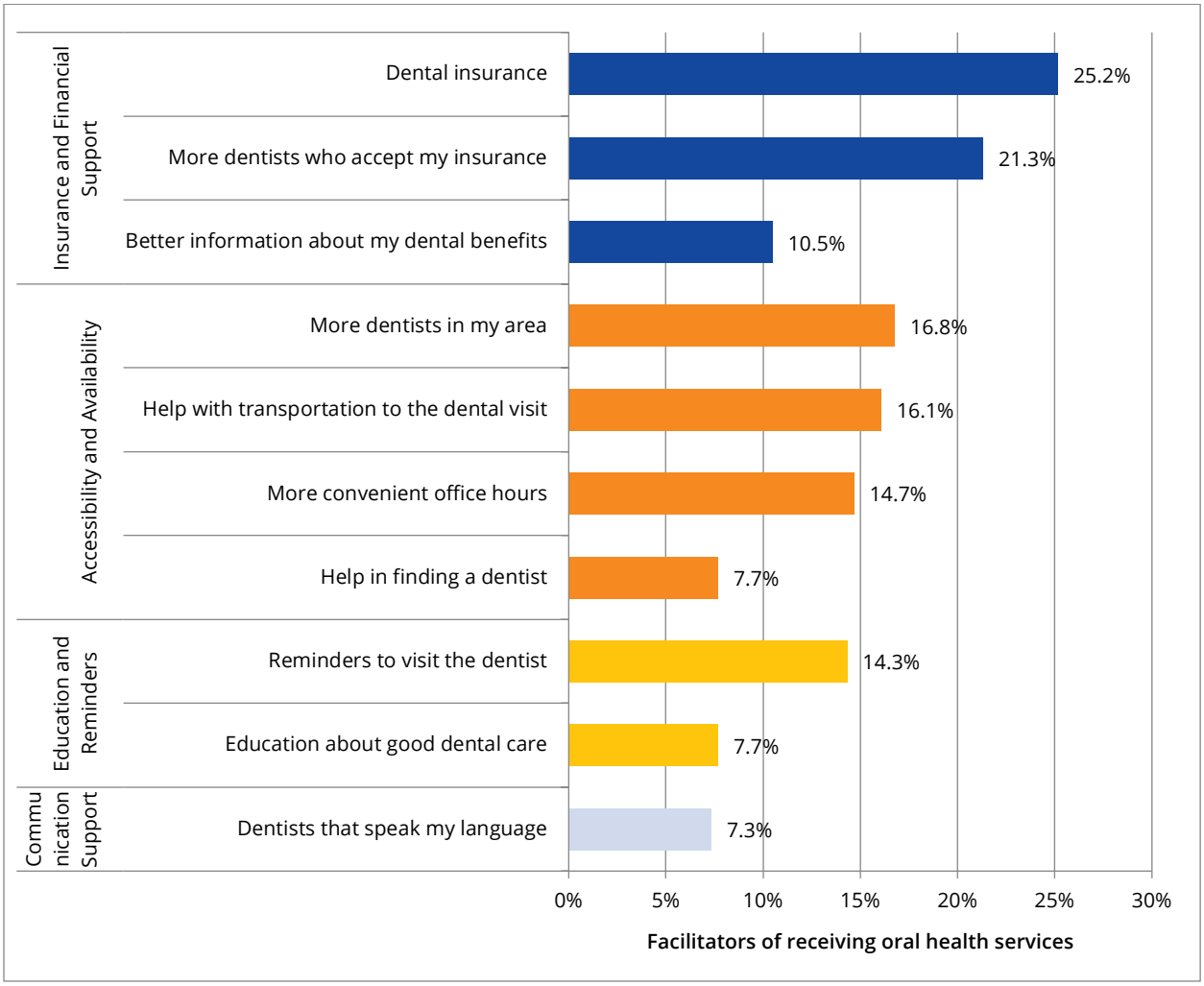


Source: Consumer Survey of Health Care Access, American Association of Medical Colleges, 2022.

Facilitators of Receiving Oral Health Services

Respondents who reported a need for oral health services in the past year were also asked to identify factors that would help them see a dental provider as often as necessary (**Figure 6**). About 71% of New Yorkers identified one or more facilitators, compared to 63% consumers nationwide. Among New Yorkers who identified these factors (n=202), the most frequently reported facilitator was dental insurance (25.2%), followed by having more dentists who accepted their insurance (21.3%), more dentists in their area (16.8%), and assistance with transportation (16.1%). Other important facilitators identified by New Yorkers were more convenient office hours (14.7%), reminders for dental visits (14.3%), better information about dental benefits (10.5%), education on good dental care (7.7%), help finding a dentist (7.7%), and dentists who spoke their language (7.3%). Compared to national respondents, a higher proportion of New Yorkers identified the availability of more dentists who accepted their insurance, more local dentists, and transportation help as key facilitators (results not shown).

Figure 6. Facilitators of receiving oral health services among consumers in New York, 2022



Source: Consumer Survey of Health Care Access, American Association of Medical Colleges, 2022.

Limitations

The findings in this report are subject to several limitations. First, because the survey was conducted online, respondents were limited to those with access to devices connected to the internet, which may not fully represent the general population. However, to mitigate this, the survey sample was weighted to match the national demographic profile as measured by the US Census Bureau.

Another limitation is the potential for differential recall and reporting by adults regarding their need for and use of oral health services. To minimize this bias, the survey incorporated standardized questions and relatively short recall periods, typically within 12 months. Additionally, the small sample size in the analysis of oral service utilization among certain demographic groups in New York (eg, adults 65+, Asians) may have constrained the study's ability to detect statistical differences and limited the generalizability of the findings. Lastly, the cross-sectional design of the study prevents the determination of causal relationships between individual characteristics and access to and utilization of oral health care.

Conclusions

The findings from this study underscore the persistent barriers to oral health care access for low-income and Black/African American individuals in New York, despite ongoing efforts to improve service availability. Key barriers—such as not being able to afford dental care, lack of dental insurance, and difficulties in finding providers who accept Medicaid or offer the needed services—continue to disproportionately affect certain demographic groups, including racial and ethnic minorities, low-income individuals, and rural residents. These disparities highlight the need for targeted interventions that address the unique challenges faced by these populations.

To reduce oral health disparities and improve access to care, policymakers should consider developing and implementing strategies that expand dental insurance coverage, particularly for low-income and rural populations. Additionally, increasing the availability of dental providers in underserved areas, enhancing Medicaid reimbursement rates to encourage provider participation, and improving public awareness of available dental services are crucial steps. Addressing transportation challenges and offering flexible office hours could also alleviate some access barriers. These policy actions, informed by the study's findings, have the potential to significantly improve oral health outcomes and reduce disparities among New York's most vulnerable populations.

Future Research

Future research should further investigate the various factors influencing oral health care access, including dental insurance status, waiting times, travel times, oral health status, and oral health literacy. Investigating the impact of these factors on different sociodemographic groups, particularly low-income and Black/African American populations, could provide more detailed insights into the specific barriers faced by underserved communities. Additionally, exploring the role of policy interventions in improving access to care will be essential. Incorporating quantitative and qualitative studies to understand patients' experiences and provider perspectives could further enrich the understanding of how to reduce oral health disparities and develop tailored solutions for improving oral health outcomes.

Appendix – Consumer Survey Questions

What sex were you assigned at birth?

- Male
- Female
- Intersex

How do you self-identify? Please check all that apply.

- Hispanic, Latino, or of Spanish origin
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

What is the last grade of school you, yourself, completed?

- Less than high school
- Some high school
- High school graduate
- Some college
- College graduate
- Postgraduate
- Prefer not to answer

Which of the following groups comes closest to your yearly household income?

- Under $25,000
- $25,000 - 49,999
- $50,000 - 74,999

- $75,000 – 99,999
- $100,000 – 124,999
- $125,000 – 149,999
- $150,000 and over
- Do not know

Which of the following best characterizes the area where you live?

- Urban
- Suburban
- Rural

In the last 12 months, did you or a health care professional believe you needed any dental care (including check-ups)?

- Yes
- No

[Dental care: Includes general work such as check-ups, cleanings, fillings, extractions, and also specialized work such as root canals, fittings for braces, etc.]

In the last 12 months, was there a time when you needed dental care but could not get it?

- Yes
- No
- Don't know

About how long has it been since you last saw a dentist or other dental professional?

- 6 months or less than 12 months
- More than 6 months, but not more than 1 year
- More than 1 year, but not more than 2 years
- More than 1 to 2 years, but not more than 3 years
- More than 3 to 5 years, but not more than 6 years
- More than 5 years
- Never have been to a dentist

What are the major difficulties you have in seeing a dentist or other dental professional **as often as you need**? Please mark all that apply.

- No difficulties
- I do not know where to go to receive dental services
- I cannot find a dentist who provides the services I need
- I cannot afford to go to the dentist
- No dental insurance

- It is too hard to find a dentist that accepts my dental plan (eg, Medicaid)
- I cannot find the time to get to a dentist (eg, cannot get the time off from work, dentist does not have convenient office hours)
- Many services are not covered by my dental plan or Medicaid, so I end up having to pay with my own money
- I cannot travel to a dentist easily (eg, do not have transportation, located too far away)
- I cannot find a dentist who speaks my language
- I do not have any of my original teeth (ie, I have no teeth, or I have dentures)
- I am afraid of going to the dentist
- Other [PLEASE SPECIFY:_____]

[Dentist or other dental professional: Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. Dental hygienists clean teeth, examine patients for signs of oral diseases and provide other preventive dental care.]

Which of the following would help you see a dentist or other dental professional **as often as you need**? Please mark all that apply.

- Help with transportation to the dental visit
- Reminders to visit the dentist
- More dentists who accept my insurance
- More dentists in my area
- More convenient office hours
- Dentists that speak my language
- Help in finding a dentist
- Dental insurance
- Better information about my dental benefits
- Education about good dental care
- None of the above. I see the dentists as often as I need.
- Other [PLEASE SPECIFY:_____]

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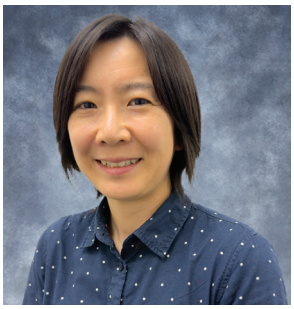
With a background as a medical doctor and over 2 decades of experience in health sciences, Dr. Surdu has contributed to the development and implementation of epidemiologic studies supported by the US National Institute of Health and the World Health Organization, among others. She has worked for the Center for over a decade and her current research involves comprehensive studies of oral health, including the evaluation of oral health needs, delivery of and access to oral health services, particularly for underserved populations.



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