

ORAL HEALTH AMERICA 2015 PUBLIC OPINION POLL: EXECUTIVE SUMMARY

An online survey conducted by Harris Poll on behalf of Oral Health America.

Methodology & Demographics

- Harris Poll (on behalf of Oral Health America) conducted the survey online via its Quick Query omnibus product; survey data was collected during the week of July 13, 2015, and directed at older adults, age 50 and over, living in the United States.
- Age: The survey separates responses into two groups: ages 50-64 (58%) and age 65 and older (42%).
- Region: The survey is geographically balanced with respondents from all regions of the United States.
- Employment: 49% of respondents are retired; 15% are not employed and 36% are employed (full/part time).
- Education: 34% of respondents received a high school diploma or less; 48% had completed some college without a degree, and 11% had finished a college degree.
- Income: 35% of respondents earn less than \$50K annually; 21% earn \$50K to under \$75K; 29% earn \$75K to under \$100K and 21% earn \$100K or more.
- Figures for age, sex, race/ethnicity, education, region and household income were weighted when necessary to align them with representative proportions in the population. Propensity score weighting was used to adjust for respondents' propensity to be online.

Key Findings: Older adults' oral health is a tale of two (very different) oral health care standards

Older Americans recognize oral health is an important component of overall health.

- Older Americans are maintaining their oral health through daily brushing, flossing and rinsing; however, brushing ranks above 85% for people in all cohorts, while only 53% report flossing and rinsing.
- They largely believe good oral health (e.g. not experiencing tooth loss, being able to chew a wide variety of foods and getting routine professional care) should be a part of their life.

Income and education are major factors in determining the differences in care older adults receive.

- Older adults with lower income or who have less education tend to have more struggle in their oral health experience:
 - They are less likely to complete a total preventive regime including brushing, flossing and rinsing. 86% of lower income compared to 98% of higher income older adults brush, but only half floss and rinse. This is particularly important because seniors earning a household income of \$50,000 or less, are also less able to pay for routine dental care compared to their higher income counterparts.
 - They are significantly less likely to have visited the dentist in the last year. More than 50% of respondents earning \$50,000 or less have not had an appointment in the last year compared to only 21% among those with more than \$75,000 of household income – and lack of money or insurance are the prime reasons to skip a visit for those ages 50-64 and 65 and older. Additionally, 70% of older adults with a high school education or less have not visited the dentist in 5 or more years.

- Lower income seniors and those with less education are more likely than their higher-earning and more educated counterparts to seek care at a free clinic or a dental school clinic.
- Less educated seniors are more likely to misunderstand oral health's connection to systemic health. They are also less likely to know that medication can affect mouth health and the need to continue to visit the dentist, even when they have dentures or missing teeth. Additionally, they are more likely to believe tooth loss is a natural part of aging.
- 40% of older adults earning \$50,000 or less report struggling to chew a variety of crunchy foods such as meat or raw vegetables and to chew gum, while 89% of higher income seniors reported no difficulty chewing.
- Lower income older adults are less likely to live near grocery stores that have affordable fresh fruits and vegetables. 75% report that fresh fruits and vegetables are available at their neighborhood grocery store, but only close to one half report that they are affordable.

Health practitioners that older adults visit most often are largely not part of the “oral healthcare team.”

- Older adults report that 71% of physicians rarely or never discuss their oral health.
- They also report that 66% of pharmacists never or rarely discuss how medications impact oral health.

Dental coverage is impacted by both the age and income of older adults.

- 59% of those with household income of \$50,000 or less have no dental insurance of any kind. The opposite is true for those with household incomes of \$75,000 per year, with 75% having some type of dental insurance.
- Additionally, 52% of older adults age 65 and older reported having no dental insurance compared to only 36% of seniors ages 50-64, of which most report their coverage is employer-sponsored.

Regardless of income or education, a majority of older adults do not know what Medicare covers in terms of routine dental healthcare.

- The majority of seniors (52%) are unsure or believe that Medicare covers routine dental services, like cleanings, fillings, and extractions.
- Age makes a difference: 67% of older adults 65 and older know Medicare does not cover services, compared to only 34% of seniors ages 50-64.
- Lower income older adults are at a disadvantage to their high-income counterparts when it comes to having a plan in place to pay for care after they retire.
- Almost 60% (58%) of those with income less than \$50,000 say they have no plan to pay for oral health care after the age of 65. Yet, 79% of seniors with income of \$100K or more have a plan in place to cover oral health expenses once retired.
- Medicare coverage of dental services would affect the number of older adults that would visit the dentist: 42% of older adults earning a household income of \$50,000 or less reported they would visit the dentist more often if Medicare paid for routine dental services.



Conclusion

There are many contributing factors surrounding older Americans being able to access affordable oral healthcare. This survey reveals the top barriers preventing older adults from accessing care are cost, lack of insurance and low health literacy. Oral Health America supports research and development of a financially viable oral health benefit in publicly funded insurance so that older Americans in all economic cohorts can access oral healthcare as they do medical care – through Medicare. OHA supports an integrated healthcare delivery model focused on a patient-centered approach, where all health professionals can successfully offer resources and information about maintaining good oral health as a part of overall health and wellness. Empowering older adults with knowledge and a sense of self-efficacy to care for their mouths cannot be underestimated in improving oral health and general health outcomes.

Oral Health America would like to thank the sponsors of the 2015 Public Opinion Poll: DentaQuest Foundation, 3M ESPE, and Oral Healthcare Can't Wait, an initiative of the Dental Trade Alliance.

For more information, please contact Bianca Rogers, Advocacy Coordinator at bianca.rogers@oralhealthamerica.org or Beth Truett, President & CEO at beth@oralhealthamerica.org

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ABOUT ORAL HEALTH AMERICA

OHA's mission is to change lives by connecting communities with resources to drive access to care, increase health literacy, and advocate for policies that improve overall health through better oral health for all Americans, especially those most vulnerable. Through Smiles Across America®, which serves 460,000 children annually, the Wisdom Tooth Project®, which reaches tens of thousands of older adults, and the Campaigns for Oral Health Equity, which prioritize oral health alongside other chronic diseases, OHA helps Americans of all ages to have a healthy mouth and to understand the importance of oral health for overall health. For more information about Oral Health America, please visit oralhealthamerica.org.

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ABOUT WWW.TOOTHWISDOM.ORG

A first-of-its-kind website, www.toothwisdom.org, was created to connect older adults, their caregivers, and health professionals to affordable dental care, health education and resources. This web portal uses plain language to educate family caregivers of older adults and older adults themselves of the importance of oral health and its relationship to overall health and wellness. It provides information demonstrating that prevention is important at every age and is dependent on good oral self-care. By linking older adults with resources that can provide access to care of varying economic and demographic profiles, the portal aims to eliminate disparities in oral health. Lastly, www.toothwisdom.org builds an online community to advocate for policy changes that prioritizes mouth health alongside other health considerations in improving the nation's health.

Oral Health America
180 North Michigan Avenue, Suite 1150, Chicago, IL 60601
T: (312)836-9900 | F: (312) 836-9986
oralhealthamerica.org