Conducting a Consumer Survey focused on Barriers and Facilitators of Access to Oral Health Services

**Description and Policy Relevance:** Despite efforts over the past decade to improve access to oral health services in the US, oral health disparities persist for many high need populations. To better understand the factors that contribute to these disparities from the patient perspective, the proposed OHWRC will partner with the Workforce Studies unit at the Association of American Medical Colleges (AAMC) to include a series of questions on oral health care access in AAMC’s biannual Consumer Survey of Health Care Access.

While the Centers for Disease Control has included oral health questions in its Behavioral Health Risk Factor Surveillance System over the past 22 years, the number and depth of questions have diminished over time, making it more difficult to fully understand access to care issues from a patient perspective. Consequently, the proposed collaboration with AAMC creates a unique opportunity to use their biannual Consumer Survey of Health Care Access to learn more about the factors that serve as barriers to, and facilitators of, access to oral health services.

In addition to dental insurance coverage as a major driver of oral health care access, other factors may influence access to dental care including demographics, socioeconomic characteristics, geographic location, health status, availability of dental providers, satisfaction with the previous dental care, and oral health literacy and understanding of appropriate care-seeking behaviors.

The results of this research study will be valuable to planners and policymakers; there is very little information currently available on the consumer perspective on oral health care. For example, there may be unique perspectives among specific high need populations (rural underserved, minorities, older adults) or regions. The results of this study will support the development of policy strategies to address access barriers, especially for underserved adult populations.

---


Study Questions: The proposed study questions are as follows:

1) What are the characteristics of adults who were unable to obtain necessary oral health care in the past year?
2) What are the most critical access barriers to oral health services reported by adults?
3) Which traditionally underserved population groups (e.g., minorities, elderly, uninsured, rural residents) experience disproportionate access barriers to oral health care services?
4) Are there unique access barriers and facilitators for different underserved populations?

Design: Researchers will develop a series of questions pertaining to need for, use of and barriers and facilitators to receiving needed oral health care services. These questions will be included in AAMC's Consumer Survey of Health Care Access, which will be fielded in December of 2017 and June of 2018. The cross-sectional online survey will be conducted using a national panel of about 1.2 million adults. The analytic study sample will include the first 2,000 respondents who are 18 years and older who indicate a need for dental care in the prior 12 months. The June 2018 survey sample will also oversample an additional 1,500 respondents from underserved population groups such as racial/ethnic minority, low-income, uninsured, Medicaid beneficiaries, and rural individuals. The survey for both study periods will also collect demographic information from others who respond but did not need oral health care in the prior year and will be used for comparative analysis.

The survey will be available only in English and will include up to 30 questions asking about respondents' ability to obtain needed oral health care, demographic characteristics, zip code of their primary home, socioeconomic factors, oral health literacy, oral health status, perceived barriers and facilitators to oral health care services, and other topics.

Analysis: Data from the two sampling periods will be combined for a total of approximately 5,500 survey respondents who needed health care in the past year. The researchers from the OHWRC will conduct analyses of responses to these survey questions using SAS v.9.4. To better represent the adult population as measured by the US Census Bureau, data will be weighted by age, gender, race/ethnicity, employment status, household income, educational attainment and geographic region. The characteristics of study respondents who needed oral health care and their access to oral health care will be evaluated using descriptive and multivariable statistical analyses as follows:

- Study respondents who needed oral health care will be compared to those who did not need oral health care in the past year by demographic, socioeconomic, and geographic factors using Chi-square tests:
  1. Association between access barriers and respondents’ demographics, rural-urban location, insurance coverage, education, employment status, annual household income, oral health status, oral health literacy, and care-seeking behaviors will be evaluated using Poisson regression models with robust variance estimation to assess prevalence proportion ratios (PPRs) and 95% confidence intervals (CI);
  2. Prevalence of perceived barriers or facilitators that may influence respondents access to dental care will be evaluated as percentage of respondents who reported an inability to receive the necessary oral health care services;
  3. Distribution of barriers or facilitators across different population subgroups will be analyzed using Chi-square tests.
Limitations: The study has several limitations. First, the study results cannot be generalized to children, non-English speakers, or people without Internet access who needed oral health care in the past year. Second, although the total weighted sample will be representative of the US adult population, it is difficult to estimate if the analytical sample will be representative of US adults needing oral health care since demographic data on this population are lacking. Finally, due to the self-reported nature of these data, a potential measurement bias cannot be excluded.

Data Sources: OHWRC and the AAMC Workforce Studies unit will enter into a data use agreement, which will allow the OHWRC team access to the data obtained from the survey.

Human Subjects Research: This study involves human subjects. The survey instrument is reviewed and approved by an independent Institutional Review Board for each study wave conducted by AAMC. The OHWRC will also seek the approval from the Institutional Review Board that oversees its research activity if this project is selected.