RESEARCH BRIEF

Many Older Adults Delayed Dental Care During the Pandemic

Surveys of Medicare beneficiaries reveal signs that America will likely experience a pandemic-related spike in tooth decay and other forms of oral disease

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Surveys of Medicare beneficiaries offer signs pointing to a likely surge in oral disease among older Americans that can be traced to the COVID-19 pandemic.

Older adults in the United States (US) face barriers to accessing dental care, including cost of care, lack of transportation, and difficulty navigating the oral health care system. The lack of dental care coverage in Medicare exacerbates older adults’ risk for poor oral health outcomes. Disruptions in access to dental care due to the COVID-19 pandemic further worsened oral health disparities. To learn more about Americans’ challenges during the pandemic, CareQuest Institute for Oral Health analyzed responses from three surveys of Medicare beneficiaries conducted by federal health officials. These surveys, part of the Medicare Current Beneficiary Survey (MCBS), show that the fear and disruption caused by COVID-19 led many older adults to delay some form of health care. Dental care was one of the leading types of care postponed by Medicare beneficiaries.

Findings from the three MCBS surveys are consistent with the results from two recent surveys commissioned by CareQuest Institute during the COVID-19 pandemic.
Key Findings from Medicare Surveys

Several key findings emerged from the initial Medicare survey, which was conducted in summer 2020:

- One in five Medicare beneficiaries (21%), or 13 million people, delayed some form of health care due to the disruption caused by COVID-19.
- Of those who delayed getting care due to COVID-19 (“delayers”), dental care was by far the type of service they were most likely to postpone. Nearly 44% of delayers, or 5.7 million people, put off dental care — a higher rate than any of the other seven types of care, including medical treatment, medical surgery, and vision or hearing services.
- In three out of four instances (74%) in which dental care was delayed, providers were the ones who made the decision, usually by closing their offices or restricting care to patients with urgent health needs. In 18% of the instances of delayed care, the beneficiaries (would-be patients) made the decision, and 8% of the delays resulted from a mutual decision.

Additional insights were gained from the fall 2020 survey:

- The percentage of Medicare beneficiaries who delayed some form of health care dropped to 8%. However, compared to summer 2020, delayers in fall 2020 were slightly more likely to postpone medical treatment (32.6%) as they were to put off dental care (31.9%).
- In 56% of the instances in which dental care was delayed, providers made this decision. Medicare beneficiaries made the decision 38% of the time. The decision was mutual in the remaining 6% of instances.
- While “risk” was the leading reason beneficiaries gave (80%) in summer 2020 for delaying dental care, 87% cited this reason in the fall 2020 survey.

Highlights from the winter 2021 survey include the following:

- The overall portion of Medicare beneficiaries who delayed some form of care declined to 7%, only slightly below the 8% who reported postponing some type of health service in fall 2020.
- While the percentage of dental care delays was highest in the summer 2020 survey, the portion of beneficiaries who put off dental services in winter 2021 was essentially the same as in fall 2020.

Differences by race and ethnicity

- Between the summer and fall of 2020, the likelihood of delaying dental care moved in different directions by race and ethnicity. The portion of white delayers fell significantly, from 45% to 31%, and the percentage for Hispanic delayers declined from 30% to 24%. Yet the share of Black beneficiaries who delayed dental care increased from 36% to 45% in the same period.
- There are also significant contrasts in the portion of older adults by race or ethnicity who cited “risk” as a reason why they delayed dental care. The share of Black, Hispanic, and white beneficiaries who mentioned this reason dropped between summer 2020 and winter 2021. However, the portion of Black beneficiaries citing risk dropped the most — from 86% in the initial survey to 63% in the final survey.

Among all Medicare beneficiaries surveyed, those aged 65 or older were much more likely than those under 65 to have delayed dental care during the summer and fall of 2020. Among those who delayed some type of health care during summer 2020, 45% of beneficiaries aged 65 or older said they postponed dental services, while 35% of younger Medicare beneficiaries delayed dental care. By the fall of 2020, the gap in terms of dental delay between these age groups widened to 35% for the older subgroup and 21% for the younger subgroup. In the winter 2021 survey, the percentages of dental delays for each subgroup were identical: 32%. 
Echoing Earlier Surveys

The Medicare surveys reinforce previous data showing that the pandemic has led many adults to postpone dental care:

- Earlier this year, a research report by CareQuest Institute revealed that an estimated six million US adults had lost their dental insurance because of a job loss or benefits change caused by COVID-19. And 65% of these adults reported a symptom that often stems from a disease affecting teeth, gums, or other tissues in the oral cavity.

- A few months later, another survey revealed that nearly half (46%) of dental providers said they had observed an increase in the number of patients who reported having lost their commercial dental insurance because of a pandemic-related job loss. Most providers who observed this increase in coverage loss said patients lacking insurance had cancelled or postponed a dental appointment.

Altogether, the Medicare surveys and earlier surveys suggest that dental professionals and health system leaders should brace themselves for a likely spike in diagnoses of tooth decay, periodontal (gum) disease, and other forms of oral disease.

The Repercussions of Delayed Care

Delays in dental care have serious ramifications. Among Americans aged 65 or older, one in five have untreated tooth decay, and two-thirds have periodontal (gum) disease. Postponing care means these infections are likely to become more severe, making them more difficult and costly to treat.

In addition, the median age for diagnosis of oral and pharyngeal cancers is 62. Many dentists conduct an oral cancer screening during routine dental visits to look for signs of cancer or precancerous conditions in patients’ mouths. When dental care is put off, it can cause delays in diagnosis, making it harder to treat these cancers.

Poor oral health has consequences for overall health. People with periodontal disease (PD) have a 28% higher risk of suffering their first heart attack than those without this condition. Researchers report that treating PD in people with diabetes is “particularly important” because of the link between managing PD and improving diabetic patients’ ability to manage their blood sugar levels. Age increases someone’s risk for stroke, and people with PD have more than double the risk of a stroke resulting from posterior circulation disease.
Many Medicare Beneficiaries Lack Dental Coverage

In addition to concerns about COVID-19, another key factor that contributes to delays in older adults accessing dental care is the lack of dental coverage in Medicare. In 2021, over 26 million Medicare beneficiaries lacked dental coverage, and 76.5 million American adults overall lacked dental coverage.

For this reason, many older adults do not receive regular routine dental services. Without coverage, dental care can impose significant out-of-pocket costs on older adults. Among all Medicare or Medicare Advantage recipients, at least 75% of total dental costs were paid for out-of-pocket.

Added costs like these can strain household budgets for many, especially the 15 million adults aged 65 or older who are economically insecure — meaning their incomes are below 200% of the federal poverty level.

A variety of national organizations, including CareQuest Institute for Oral Health, are working to add dental coverage to Medicare. CareQuest Institute has created communication tools and other resources that can be used by older adults and advocates to raise awareness of this need.
Methodology

This research brief is an analysis by CareQuest Institute for Oral Health based on data from the Medicare Current Beneficiary Survey (MCBS). This survey is sponsored by the Centers for Medicare & Medicaid Services Office of Enterprise Data and Analytics (OEDA) through a contract with NORC at the University of Chicago. This is a continuous, in-person, longitudinal survey of a representative national sample of the Medicare population. CMS took advantage of the MCBS panel design to assess and understand the COVID-19 pandemic by planning a series of rapid-response surveys as a supplement to the main MCBS. The first supplement was administered during the regular production cycle of summer 2020 to existing MCBS sampled beneficiaries who were living in the community as a test of the COVID-19 rapid-response protocol. The findings in this research brief are drawn from three MCBS surveys, which were conducted in summer 2020, fall 2020, and winter 2021. Overall, more than 80% of the survey beneficiaries were aged 65 or older. The remaining beneficiaries were Medicare beneficiaries aged 64 and below who had certain conditions. A total of 31,907 survey responses were collected from all three phases of the MCBS survey.
CareQuest Institute for Oral Health

CareQuest Institute for Oral Health is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in grantmaking, research, health improvement programs, policy and advocacy and education as well as our leadership in dental benefits, care delivery and innovation advancements. We collaborate with thought leaders, health care providers, patients and local, state and federal stakeholders, to accelerate oral health care transformation and create a system designed for everyone. To learn more, visit carequest.org.

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