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PARENTAL KNOWLEDGE & EXPERIENCE REGARDING THEIR CHILDREN'S DENTAL INSURANCE FOLLOWING ENACTMENT OF THE AFFORDABLE CARE ACT

BIANCA M. HILLERS, D.M.D.

A Thesis Presented to the Faculty of the College of Dental Medicine of Nova Southeastern University in Partial Fulfillment of the Requirements for the Degree of

MASTER OF SCIENCE IN DENTISTRY

July 2015

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By:

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A thesis submitted to the College of Dental Medicine of Nova Southeastern University in partial fulfillment of the requirements for the degree of

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Department of Pediatric Dentistry

College of Dental Medicine

Nova Southeastern University

July 2015

Approved as to style and content by:

APPROVED BY: ______________________________

Romer Ocanto D.D.S., M.S.D. (Committee Chair) Date

APPROVED BY: ______________________________

Linda C. Niessen, D.M.D., M.P.H. (Committee Member) Date

APPROVED BY: ______________________________

Diane Ede-Nichols, D.M.D., M.P.H. (Committee Member) Date

APPROVED BY: ______________________________

Linda C. Niessen, D.M.D., M.P.H. (Dean) Date

NOVA SOUTHEASTERN UNIVERSITY

Health Professions Division

Department of Pediatric Dentistry

College of Dental Medicine

STUDENT NAME: Bianca M. Hillers, D.M.D.

STUDENT E-MAIL ADDRESS: hillers@nova.edu

STUDENT TELEPHONE NUMBER: (720) 537-1872

COURSE DESCRIPTION: Master of Science in Dentistry with specialization in Postgraduate Pediatric Dentistry

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DATE SUBMITTED: July 2015

I certify that I am the sole author of this thesis, and that any assistance I received in its preparation has been fully acknowledged and disclosed in the thesis. I have cited any sources from which I used ideas, data, or words, and labeled as quotations any directly quoted phrases or passages, as well as providing proper documentation and citations. This thesis was prepared by me, specifically for the M.S. degree and for this assignment.

STUDENT SIGNATURE: ____

Bianca M. Hillers, D.M.D. Date

Dedication

I would like to dedicate this thesis to my family, especially my loving mother, who has always been supportive throughout my lengthy educational journey. A sincere feeling of gratitude goes to you, Mom. Your encouragement has helped me accomplish my dreams and goals. You have instilled in me the perseverance and dedication to continue throughout dental school, general practice residency, and pediatric residency. I also dedicate this to my fiancé and friends for your immense love and support during this period of my life.

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ABSTRACT

PARENTAL KNOWLEDGE & EXPERIENCE REGARDING THEIR CHILDREN'S DENTAL INSURANCE FOLLOWING ENACTMENT OF THE AFFORDABLE CARE ACT

DEGREE DATE: JULY 2015

BIANCA M. HILLERS, D.M.D., MASTER OF SCIENCE IN DENTISTRY, 2015

COLLEGE OF DENTAL MEDICINE, NOVA SOUTHEASTERN UNIVERSITY

Thesis Directed by:

Romer Ocanto, D.D.S., M.S.D. Committee Member

Linda C. Niessen, D.M.D., M.P.H. Committee Member

Diane Ede-Nichols, D.M.D., M.P.H. Committee Member

Goal and Objectives: The goal of this study is to assess parental knowledge and experience regarding children's dental insurance, following enactment of the Affordable Care Act (ACA). The ACA emphasizes the importance of oral health, making pediatric dental services one of ten essential health benefits. With this major change in health care reform, parents should be equipped to make informed decisions regarding their children's dental care and insurance. Data from the first open enrollment period show lack of true mandate and subsequent lack of compliance to this pediatric dental objective. One of our aims was to assess uptake

of pediatric dental benefits, type selected and effects on experience related to utilization, scheduling timeliness, and cost satisfaction. This study would allow dental professionals to better assist parents in navigating children's dental insurance and assist policymakers in improving access to care. **Methods:** The 28-question survey was administered to a national sample of 421 parents, of children ages 18 and younger. The states included were those operating through the Federally-Facilitated Marketplace (37 states). Data was collected by SurveyMonkey® via online survey and analyzed by an NSU statistical consultant. The data identified pediatric dental insurance status, source and type, parental knowledge of the marketplaces and pediatric dental benefits being an essential health benefit, issues in utilization, access to care, changes in providers, cost, satisfaction, and quality of care. **Results:** The majority of the sample respondents had incomes above the federal poverty level and had a Bachelor's degree or higher level of education. The majority of the sample respondents had pediatric dental benefits. For those who didn't, a major reason was due to plans being too expensive. The majority of the sample respondents selected pediatric dental benefits through their employer and selected a qualified health plan that included dental coverage (embedded plan) or a stand-alone dental plan. Regarding knowledge of the ACA, many didn't know that dental care for children is one of ten essential services covered. In reference to experience, the majority were satisfied with their child's pediatric dental benefits. There was a moderately strong association between having pediatric dental benefits and making a dental appointment (p=0.00, Cramer's V of 35%). **Discussion:** Results show that a majority of respondents had pediatric

dental benefits. For those people who did not, cost still remains a main barrier. Since the majority didn't know that dental care for children is one of ten essential services, it appears that the public needs to be better informed about this major health insurance change. Regardless of whether one had pediatric dental benefits, pediatric dental services were used by the majority. This survey administered through SurveyMonkey® identified some inherent limitations. The low sample size makes it difficult to generalize the results to the national population. This study, however, can assist in developing larger studies that will investigate the ACA's impact on families as they select a pediatric dental benefit plan.

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Chapter 1: Introduction

1.1 Background

"That government of the people, by the people, for the people, shall not perish from the earth." Abraham Lincoln's famous closing words during the Gettysburg Address in 1863,[1] reiterated the principles that formed the foundation of U.S. Government, and have carried on throughout its history.

The Affordable Care Act represents the largest reform to our health care system since Medicare and Medicaid. In addition to improving access to medical care, this legislation addresses oral health disparities and access to dental care.

The melding of government and healthcare in the U.S. occurred with the creation of Medicare and Medicaid programs, which were signed into law by President Lyndon B. Johnson in 1965.[2] The Medicare program extends health coverage to people age 65 or older, people under age 65 with certain disabilities, and to people of all ages with End-Stage Renal Disease. The Medicaid program is a joint federal and state program that helps with medical costs for some people with limited income and resources. States establish and administer their own Medicaid programs and determine the type, amount, duration, and scope of services within broader federal guidelines. As well, some people are eligible for both Medicare and Medicaid or "dual eligible".[3]

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Plan is considered the child health component of Medicaid and is administered directly by states. It was developed in 1967 for children under age 21 and provided the first emphasis on health prevention. The federal government reports that under EPSDT,

"States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines." Dental services for children must minimally include relief of pain and infections, restoration of teeth and maintenance of dental health. Each state is required to develop a dental periodicity schedule.[4]

Children's Health Insurance Program (CHIP) provides health coverage to nearly eight million children in families with incomes too high to qualify for Medicaid, but who cannot afford private coverage. It is also known as SCHIP or State Children's Health Insurance Program, was signed into law in 1997 and is funded jointly by the federal government and states. This program provided only the "option" of covering dental services.[5] In 2009, President Barack Obama signed into law, CHIPRA, or the Children's Health Insurance Program Reauthorization Act. This legislation marked a new era in children's coverage by terminating the state "option" and mandating comprehensive dental benefits that met either Medicaid or commercial coverage standards. Together, Medicaid and CHIP provide health coverage to nearly sixty million Americans, including children, pregnant women, parents, seniors and individuals with disabilities.[6] By 2011, nearly four in ten U.S. children or thirty-eight percent received their dental coverage from Medicaid or CHIP.[7]

Recently, several events highlighted the problems of oral health disparity and access to dental care. These included the release of a pivotal report by the Surgeon General entitled "Oral Health in America: A Report of the Surgeon General"

[8] in 2000, followed by a second report in 2003 entitled "A Call to Action to Promote Oral Health".[9] These reports noted that oral health is integral to the general health and well-being of all Americans. Since the release of these reports, trends have shown that dental insurance coverage for children has been expanding steadily, as has dental care use, particularly among low-income children.[10,11]

1.2 Affordable Care Act

On March 23, 2010, President Barack Obama signed into law, the Affordable Care Act, with the purpose of extending health insurance to millions of Americans, holding insurance companies accountable, lowering health care costs, guaranteeing more choice, and enhancing the quality of care for all Americans.[12] Early estimates also indicated that as many as three million children and 800,000 adults could gain private dental insurance through the health insurance marketplaces by 2018.[13] However, these estimates assumed a mandate to purchase dental insurance for children within the health insurance marketplaces. The Affordable Care Act refers to two separate pieces of legislation, the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), which together expand Medicaid coverage and make numerous improvements to both Medicaid and the Children's Health Insurance Program.

The Affordable Care Act emphasizes the importance of oral health, making pediatric dental services one of the ten essential health benefits (EHB) that all small group and individual market health plans are required to cover.[14] The intent is for all children obtaining health insurance to also obtain dental benefits. Pediatric oral care coverage must be "equal to the scope of benefits provided under a typical

employer plan, as determined by the Secretary." Under the ACA's directive, the Secretary of Labor conducted a survey of employer-sponsored coverage to determine the benefits typically covered. The Department of Labor report of April 15, 2011, included the following discussion of pediatric oral health coverage: "…Plans typically grouped dental services into categories, such as preventive services (typically exams and cleanings), basic services (typically fillings, dental surgery, periodontal care, and endodontic care), major services (typically crowns and prosthetics), and orthodontia. Cost sharing for dental services typically involved an annual deductible - the median was $50 per person. After meeting the deductible, dental plans often paid a percent of covered services up to a maximum annual benefit. The median percent paid by the plan was 100% for preventive services, 80% for basic services, and 50% for major services and orthodontia. The median annual maximum was $1,500; a separate maximum applicable to orthodontic services also had a median value of $1,500." In practice, ACA pediatric oral health coverage has veered from such coverage, resulting in higher deductibles and consumer co-payment levels for children's oral health care.[15]

Pediatric dental benefits are being offered as either stand-alone dental plans (SADPs), embedded within medical plans that include pediatric dental benefits, or bundled with medical plans that include a pediatric dental benefit with a separate out-of-pocket limit.[16] In most states there is a mix of SADPs and medical plans that include pediatric dental benefits, while some only offer pediatric dental coverage via SADPs. Early data suggest that there is a lack of a true mandate for pediatric dental benefits within health insurance marketplaces. This is due to the

fact that many consumers appear to be foregoing the selection of dental benefits for both themselves and their children when they shop for medical plans in the marketplaces.[17] The interpretation of EHB rules allowed health plans sold through the marketplaces to forgo covering pediatric dental services as long as there are SADPs available for purchase.[14] While pediatric dental benefits are "essential" under the ACA, consumers are not penalized if they fail to purchase dental insurance for their child.[18] The final 2014 take-up rate of dental benefits for children in states where dental benefits are only available through SADPs is only 26.1%.[19]

Unfortunately, data are not available on the number of children obtaining dental benefits through medical plans, therefore it is impossible to determine the total number of children and adults who obtained dental benefits through the health insurance marketplaces during the first open enrollment period.[19]

1.3 Policy Analysis

The United States spends more of its resources on health care than any other advanced industrialized nation, yet it ranks below other nations in many key measures of the health of its people. The apparent paradox that the United States faces – providing sophisticated tertiary medical care, combined with poor health statistics for the general public, suggests that our nation's health care problems center more on access to care, education, and prevention of health problems than on the quality and amount of tertiary care available. These key issues must continually be addressed and improved upon through policy analysis. Policy analysis involves the description and explanation of the causes and consequences of government

activity, and an effort to develop and test general propositions about the causes and consequences of public policy and to accumulate reliable research findings of general relevance.[20] Through policy analysis and the quest for solutions to America's problems, we must be aware of the limits of government power, disagreements over the problems, subjectivity in interpretation, limitations on design of human research, and complexity of human behavior.[20]

1.4 Affordable Care Act Surveys

1. The Wakefield Research Group's, Children's Dental Health Project survey, was conducted between September 26, 2013-October 4, 2013, using an email invitation and an online survey to 1,000 U.S. adults ages 18 and older. The survey assessed knowledge of the ACA in relation to dentistry, in addition to reasons for delay in dental care and identification of tooth/gum pain. This survey found that most Americans were unaware that ACA included children's dental health services, 1 in 3 reported toothaches or other problems, and more say cost delayed care.[21]

2. Kaiser's Health Tracking Poll: September 2013, was conducted between September 12-18, 2013, among a nationally representative random digit dial telephone sample of 1,503 adults ages 18 and older, living in the United States, including Alaska and Hawaii. Kaiser provides consistent and up-to-date information on the public's opinions, knowledge, and experience with the U.S. health care system. The survey asked people what their top questions were about the ACA. Their top two questions were that they wanted more information about how much

the law will cost them and how it is paid for; and they want an easily digestible summary of what the law is and how it works.[22]

3. The Willis Group's, Health Care Reform Survey 2014, which was conducted on January 13, 2014-January 31, 2014. The survey focused on U.S. employers current and future strategies surrounding health care reform. 1,033 employers are represented in this survey. The survey was distributed through an online tool and direct email. This year's survey has several new questions, reflecting the rapidly shifting environment employers now face. Key findings of the study show that employers are continuing to offer health benefits, and cost shifting is only part of the solution. Private exchanges are emerging as a new distribution channel. The cost of health care reform is a top concern among responding employers, but many have not measured it. Delays have provided breathing room but have not affected strategies. Plan design compliance requirements are being met but administrative compliance has been delayed. Additionally, employers continue to rely on their brokers for strategy and health care reform information.[23]

4. The Commonwealth Fund's, Affordable Care Act Tracking Survey, was conducted between April 9, 2014-June 2, 2014 or at the end of the first open enrollment period. The survey focused on determining how this new enrollment has affected the nation's uninsured rate and people's access to health care. 4,425 adults were telephoned from April 9-June 2, 2014. Results of this survey show that the uninsured rate among adults ages 19-64 declined from 20 percent in July – September 2013 to 15 percent in April-June 2014. By June, 60 percent of those who

had selected private coverage through the marketplace or newly enrolled in Medicaid had used their plan.[24]

5. ADA's Health Policy Institute, Research Brief; Key Differences in Dental Care Seeking Behavior between Medicaid and Non-Medicaid Adults and Children, was published in September 2014. This was an online survey that Harris Poll carried out on behalf of ADA's HPI in April 2014 surveying 3,007 adults aged 18 or older. The article discusses the ACA's opportunity for expansion of dental benefits among both Medicaid-enrolled adults and children in states that are expanding Medicaid eligibility. It mentions how states are required to provide pediatric dental benefits and how children who were previously uninsured or enrolled in CHIP may now qualify for Medicaid. While increased Medicaid enrollment may lead to increased dental benefits coverage, questions remain as to whether Medicaid enrollees understand their dental benefits coverage, seek to utilize dental care, and the extent to which they view comprehensive and continuous oral health as important. In the research brief, they analyzed Medicaid enrollees' understanding of the dental benefits available to them in their state and, where applicable, to their Medicaid-enrolled children. Also assessed, was Medicaid enrollees' oral health knowledge and analysis of dental care seeking behavior, comparing outcomes among Medicaid vs. non-Medicaid health insurances. The survey asked respondents about their insurance status (if applicable), health plan and provider network preferences, marketplace experience (if applicable), Medicaid experience (if applicable), and oral health status and behavior. Results are grouped into Medicaid enrollment, understanding Medicaid benefits, Medicaid enrollee oral health behavior. An

important finding in the last category was that about 50.6% of Medicaid-enrolled children visited the dentist in the past six months, compared to 69% of non-Medicaid enrolled children. Also, 16.6% of Medicaid-enrolled children have not visited the dentist in the past few years, compared to 8.7% of non-Medicaid enrolled children.[25]

1.5 Status of Children's Oral Health

Dental decay is the most common chronic childhood disease in the United States.[15] Sadly it is also the most easily prevented. Children from low-income families experience a disproportionately higher amount of dental disease than the general child population. Tooth decay can cause impairments such as difficulty eating, speaking, maintaining cognitive focus and controlling behavior. Cavities in young children are on the rise. Tooth decay declined in every other age group, except for children ages 2-5 years, which increased from 24 percent to 28 percent between 1988-1994 and 1999-2004.[15] This means that more than a quarter of all U.S. preschoolers have tooth decay. Approximately 70% of pediatric dentists accept Medicaid or CHIP patients. Studies show that early establishment of a Dental Home (by age 1) reduces subsequent dental disease and treatment as well as related hospital costs.[15]

1.6 AAPD Advocacy Statement

The American Academy of Pediatric Dentistry (AAPD) serves as the recognized authority on children's oral health.[26] As advocates for children's oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care

professionals; fosters research, and provides continuing professional education for pediatric dentists and general dentists who treat children.[15] The mission of the AAPD is to advocate policies, guidelines and programs that promote optimal oral health care for infants and children through adolescence, including those with special health care needs.[26] Due to the lack of true mandate of the pediatric dental objective under the ACA and the current limitations of the ACA pediatric dental plans, amendments are needed. According to the AAPD 2015 legislative fact sheet, the AAPD request is to "amend the ACA to require that a purchaser seeking coverage in the individual and small group market inside or outside of an insurance exchange, if they have children, be required to obtain pediatric dental coverage either through an appropriately structured SADP or embedded plan. The ACA should also be amended to clarify that SADP premiums are included under the calculation of premium assistance tax credits, and to exempt preventive dental services from any cost sharing (deductible or co-pay). Further, funding for the Children's Health Insurance Program (CHIP) should be extended for at least four years to avoid disruption of coverage for 10 million children."[15]

1.7 Purpose of the Study

The goal of this study is to assess parental knowledge and experience regarding their children's dental insurance, following enactment of the Affordable Care Act. Data obtained may be used by dental professionals and policy makers to better assist parents in understanding and navigating their children's dental insurance.

The expected outcome of this survey would be to specifically identify issues that parents are facing with regards to their children's dental insurance. The proposed project addresses the impact that the ACA has had on parental knowledge and experience regarding their children's dental insurance. Assessing knowledge is important in that citizens should be making informed decisions rather than blindly being led by their government. As well, this historical legislation also aimed to improve access to and utilization of dental care and it is beneficial to know whether or not this is occurring. Currently, exchanges run by the federal government need only offer children's dental essential health benefits, and the ADA strongly disagrees with this interpretation of the ACA. States have the authority to mandate the purchase of children's dental essential health benefits, but few states have chosen to mandate purchase or are even considering doing so. This discrepancy has a major impact on the uptake of pediatric dental health benefits.

The survey will specifically identify pediatric dental insurance status, source and type. It will also identify whether parents have a basic level of knowledge of the ACA pertaining to the new marketplaces and pediatric dental benefits. Additionally, it will address recent parental experience of the ACA in reference to: utilization of dental services, access to care, changes in dental providers, cost, satisfaction of pediatric dental benefits, satisfaction of quality of pediatric dental care.

The proposed project will assist parents, dental professionals, and health policy makers in navigating children's oral health services, through specifically identifying the strengths and weaknesses experienced, after the recent changes resulting from the Affordable Care Act. If the proposed aims are achieved, overall

dental experience will be improved and future surveys can be conducted on a regular basis to assess consumer knowledge and experience.

1.8 Specific Aims and Hypotheses

1.8.1 Specific Aims 1: Pediatric Dental Insurance Status, Source and Type in 2014

a. [Status] What proportion of children have pediatric dental benefits?

b. [Source] What proportion of children acquired these pediatric dental benefits via the following sources: new health insurance marketplace, employer, directly from insurance company, Medicaid, government program other than Medicaid?

c. [Type] What proportion of children acquired pediatric dental benefits via a qualified health plan that includes dental coverage (embedded), a stand-alone dental plan, a contracted/bundled plan?

1.8.2 Specific Aims 2: Do parents have an understanding of the ACA pertaining to the new marketplaces and pediatric dental benefits?

a. Are parents aware of the health insurance marketplace in their state?

b. Are parents aware that dental care for children is one of the ten essential services?

1.8.3 Specific Aims 3: What are parents experiences of dental services in 2014 in regards to utilization, access to care, changes in dental providers, cost of

pediatric dental benefits, cost of treatment interfering with access to care, and satisfaction?

a. [Utilization] Did parents use dental services for their child?

b. [Utilization] Did parents use dental insurance to obtain dental services for their child?

c. [Access to Care] Did parents have difficulty finding a dentist that accepted their pediatric dental benefits?

d. [Access to Care] Were parents able to schedule their child's dental appointment in a timely manner?

e. [Access to Care] Were parents satisfied with the distance they had to travel to see their child's dental provider?

f. [Changes in Providers] Were parents able to stay with the same dental provider for their child?

g. [Cost] Were parents satisfied with the amount of money paid for pediatric dental benefits?

h. [Cost] Did parents have to pay additional money for their child's dental care?

i. [Cost] Were parents made aware of additional cost for dental treatment prior to next dental appointment?

j. [Access to Care/Cost] Did the additional cost of their child's dental care prevent them from taking their child to the dentist?

k. [Satisfaction] Were parents satisfied with their child's pediatric dental benefits?

l. [Satisfaction] Were parents satisfied with the quality of their child's pediatric dental care?

1.8.4 Specific Aims 4: Does the status of pediatric dental insurance in 2014 influence parental decision to schedule a dental appointment for their child?

Null Hypothesis 4: There is no difference in status of pediatric dental insurance in 2014 influencing parental decision to schedule a dental appointment for their child in 2014.

Alternative Hypothesis 4: There is a difference in status of pediatric dental insurance in 2014 influencing parental decision to schedule a dental appointment for their child in 2014.

1.8.5 Specific Aims 5: Does the source of pediatric dental insurance in 2014 influence whether parents were able to schedule their child's dental appointment in a timely manner last year?

Null Hypothesis 5: There is no difference in source of pediatric dental insurance in 2014 influencing whether parents were able to schedule their child's dental appointment in a timely manner last year.

Alternative Hypothesis 5: There is a difference in source of pediatric dental insurance in 2014 influencing whether parents were able to schedule their child's dental appointment in a timely manner last year.

1.8.6 Specific Aims 6: Does the type of pediatric dental insurance in 2014 influence whether parents were satisfied with the amount of money paid for pediatric dental benefits last year?

Null Hypothesis 6: There is no difference in type of pediatric dental insurance in 2014 influencing whether parents were satisfied with the amount of money paid for pediatric dental benefits last year.

Alternative Hypothesis 6: There is a difference in type of pediatric dental insurance in 2014 influencing whether parents were satisfied with the amount of money paid for pediatric dental benefits last year.

Chapter 2: Methodology

2.1 Design

This study used a quantitative design, 28-question descriptive research survey to collect information and examine associations related to demographic variables, pediatric dental benefits, knowledge of the ACA, and pediatric dental experiences. Demographic variables included age, gender, annual household income, race/ethnicity, marital status, highest level of formal education, employment status, location (by state, zip code, census division), household population, population of children per household). The study examined variables such as status of pediatric dental benefits, source of pediatric dental benefits, and type of pediatric dental benefit. The study also assessed basic knowledge pertaining to the ACA. As well, experiences examined were related to utilization, access to care, changes in providers, cost, and satisfaction. The NSU Institutional Review Board (IRB) reviewed and approved the study. This study was funded with a grant from the NSU Health Professions Division.

2.2 Setting

We administered our electronic research survey via SurveyMonkey®, an online survey management tool. The survey was modified and validated by an expert in the field of public health, Dr. Roderick King of Florida Institute for Health Innovation. After IRB approval, the 28-item survey was pilot tested by 10 parents of children ages 18 and younger to determine if there were any typological or operational errors. These randomized respondents were located at Nova

Southeastern University KID clinic in Oakland Park, Florida. The pilot testers' feedback and recommendations were integrated into the survey.

2.3 Target Population

The population of interest or inclusion criteria for this survey consisted of parents of children ages 18 and younger located in the states that were operating through the Federally-facilitated marketplace. Based on HHS categorizations, individuals under the age of 18 are considered children, and individuals age 18 and older are considered adults.[19]

This online survey service recruits from the diverse population of 30+ million people who complete SurveyMonkey® surveys every month. After signing up for the service, members complete a detailed profile survey describing more about themselves. Respondents are self-identified, in that they complete a profile upon joining the service that addresses demographics, household, lifestyle, health, employment, media and technology, and shopping preferences. Survey respondents were purchased for a fee, using the targeting option for parents of children ages 18 and younger and within 37 states. Those states operating through the Federally-facilitated marketplace (37 states) in 2015 were: AK, AL, AR, AZ, DE, FL, GA, IA, IL, IN, KS, LA, ME, MI, MS, MO, MT, NE, NH, NJ, NM, NC, ND, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WI, WV, WY. These targeting options in coordination with our budget, contributed to the determination of our sample size of 410 respondents. SurveyMonkey® members are rewarded with incentives such as charitable donations and sweepstakes entries for every survey completed. In order to attain trustworthy opinions, they limit the number of surveys members can take per week

to ensure that no one member is over participating, reward members with non-cash incentives, and they run regular benchmarking surveys to ensure members are representative of the U.S. population. The audience is, overall, a diverse group of people and is reflective of the U.S. population, however it is comprised of people who have internet access and have joined a program to take surveys. Though our target population did not represent a more diverse national sample, we believe this non-probability convenience sampling method was most appropriate due to feasibility.

2.4 Instrumentation

The survey consisted of closed-ended or categorical question types consisting of multiple choices, including some drop-down menus, select boxes, yes/no/I do not know questions. Skip-logic was used to ask question 11 to those parents who had a child who did not have pediatric dental benefits and those parents who had a child who received pediatric dental benefits, questions 12,13, 18,19,20,21. Skip-logic was also used to ask those parents who did not schedule a dental appointment for their child last year, question 17 and the remaining 18-28 questions for those who scheduled a dental appointment for their child last year. Demographic information including: gender, age range, annual household income, location (census division), and device type, were automatically obtained using the targeted audience collector to launch the survey. Additional demographic information was asked including: race/ethnicity, marital status, highest level of formal education, employment status, location (by state, zip code, census division), household population, and population of children per household.

Pediatric Dental Insurance Status, Source and Type in 2014 were assessed with questions 10, 12, and 13.

ACA Knowledge concerning parental understanding of the ACA pertaining to the new marketplaces and pediatric dental benefits was measured in questions 14 and 15.

Experience obtaining pediatric dental care after enactment of ACA in 2014 in regards to scheduling a dental appointment and using pediatric dental insurance to take their child to the dentist were asked in questions 16 and 18. Access to care relating to having trouble finding a dentist who accepted their pediatric dental benefits, timeliness of scheduling an appointment, and distance traveled to see a dental provider were asked in questions 19, 22 and 23. Changes in dental providers were assessed in question 24. Cost satisfaction regarding the amount paid for pediatric dental benefits, paying additional money for pediatric dental care, and awareness of this prior to child's dental appointment were asked in question 20, 25 and 26. Access to care/cost in regards to whether additional cost prevented the parents from taking their child to the dentist was asked in question 27. Satisfaction of pediatric dental benefits was asked in question 21. Satisfaction of quality of pediatric dental care was asked in question 28.

2.5 Data Analysis

After the surveys were completed, descriptive and inferential statistics were used to analyze the data. Chi-square analysis was utilized to analyze specific aim 6. Fisher's Exact test was utilized to analyze aims 7 and 8. A p-value of < 0.05 was

considered statistically significant. Data was analyzed by NSU Statistical Consultant, Dr. Patrick Hardigan.

2.6 Time Period

Survey Open: March 27, 2015 – April 13, 2015

Chapter 3: Results

3.1 Survey Summary

Data was collected from March 27-April 13, 2015. The total number of complete surveys desired was 410, however SurveyMonkey® returned 421 complete surveys (Figure 5). There was a 27% abandon rate, derived from the amount who started the survey compared to those who completely finished it. Final results included only completely finished surveys. The margin of error was ±4.9%, which describes how much the opinions and behavior of the sample surveyed is likely to deviate from the total population. The median time it took respondents to complete the survey was 3 minutes and 24 seconds.

Population percentage targets based on sex and age, were used to obtain a well-distributed sample (Figure 6). Based on previous SurveyMonkey® surveys, the demographic bucket category "male, age: 18-44" is known to provide the least responses when e-mailed a survey. To compensate, this group received a larger proportion of emails. After initial e-mails were sent out to all demographic bucket groups, the remaining needed respondents were obtained via the SurveyMonkey® website. Users are able to select the option "Take a survey," at which point they are then routed to a random survey of which they fit the criteria for. At the conclusion of the survey, the gender and age range totals obtained were: 108 male, age: 18-44; 79 male, age: 45+; 159 female, age: 18-44; 75 female, age: 45+. The overall response rate was 60.4%, calculated from the total of 421 completely finished surveys out of 697 potential respondents that were initially e-mailed.

3.2 Demographic Characteristics

Demographic data reveals that the majority were White (87.89%), between 30 and 44 years old (54.87%), female (55.58%), married or in a domestic partnership (79.57%), had a Bachelor's degree as the highest level of schooling completed (26.13%), employed, working full-time (35 hours or more per week) (69.36%) (Figures 7 – 12, 36). 35 states were represented among the various respondents (Figure 13). The states with the highest representation were Texas (9.74%), Pennsylvania (7.84%), and Michigan (7.36%). Figure 14 lists the zip codes where the sample population resides. Most households had 4 people (39.43%) and 1 child (42.28%) (Figures 15 and 16).

Additional demographic data shows survey respondents total combined household income. 55.82% of survey respondents earned below $100,000 and 44.18% earned above $100,000 (Figure 37). The region with the highest representation was East North Central (29.45%, Figure 38). Most survey respondents used Windows desktop/laptop to complete the survey (49.17%, Figure 39).

3.3 Pediatric Dental Status, Source and Type

The majority of the survey respondents had pediatric dental benefits (75.53%; Figure 17). For those who did not, a major reason was the plan being too expensive for the benefits received (32.53%; Figure 18). Figure 19 shows that the majority had pediatric dental benefits for their child through their own or their spouse's employer (79.87%). Figure 20 shows that the majority of survey

respondents selected a qualified health plan that included dental coverage i.e. embedded plan (33.96%) and stand-alone plan (28.30%).

3.4 Knowledge of ACA and Pediatric Dental Benefits

A majority of survey respondents was aware of the new marketplace in their state (83.61%; Figure 21), however many did not know that dental care for children is one of the ten essential services covered (60.57%; Figure 22).

3.5 Experience obtaining pediatric dental care after enactment of ACA in 2014

The majority scheduled a dental appointment for their child last year (79.10%, Figure 23). In addition to other reasons for not scheduling a dental appointment for their child, most parents felt their child's mouth was healthy, so they did not need to visit the dentist (30.68%, Figure 24).

Figure 25 shows that most parents (86.49%) used dental insurance to take their child to the dentist. Most parents did not have trouble finding a dentist who accepted their pediatric dental benefits (86.49%, Figure 26). Most parents were satisfied with the amount paid for pediatric dental benefits (74.47%, Figure 27). Most parents were satisfied with their child's pediatric dental benefits (77.18%; Figure 28).

Figure 29 shows that most parents were able to schedule dental appointments in a timely manner (97%). Figure 30 shows that most parents were satisfied with the distance traveled to see a provider (94.29%). Figure 31 shows that most parents were able to stay with the same dental provider (90.69%).

Results show that many parents paid additional money for their child's dental care (39.94%; Figure 32), and were unaware of this prior to the appointment (27.63%; Figure 33). However, most parents did not let the additional cost keep them from taking their child to the dentist (88.29%, Figure 34). Overall, most parents were satisfied with the quality of pediatric dental care for their child (91.29%, Figure 35).

Chapter 4: Discussion

4.1 Specific Aims and Hypotheses

4.1.1 Specific Aims 1: Pediatric Dental Insurance Status, Source and Type in 2014

One of the purposes of the Affordable Care Act is to ensure that all children have pediatric dental benefits.[14] Our results show that a majority of survey respondents did have pediatric dental benefits (75.53%; Figure 17) in 2014. For those who did not, cost still remains a main barrier (32.53%; Figure 18). This is despite the fact that the majority (94.29%) of survey respondents was above the federal poverty level of $23,850 for a family of 4 in 2014 for the 48 contiguous states and D.C. (Alaska FPL was $29,820 for a family of 4 in 2014).[28].

Overall, most parents selected pediatric dental benefits through their employer (79.87%; Figure 19) and selected embedded (33.96%) and stand-alone dental plans (28.30%) as the type of pediatric dental insurance (Figure 20). Interestingly, there were some who did not acquire pediatric dental benefits (19.71%; Figure 17), which correlates with the lack of true mandate to acquire pediatric dental benefits[17]. Our sample population was fairly well-educated, obtaining a Bachelor's degree or higher level of schooling (59.15%, Figure 11). The finding that some were unsure of the type of pediatric dental benefit acquired (15.72%; Figure 20) displays the lack of understanding and informed decision-making taking place amongst parents with regards to their child's pediatric dental benefits. The question also arises whether those receiving pediatric dental benefits through their employer understand their dental insurance options. Some examples of the types of SADP's available through

the FFM in the state of Florida are Cigna Healthcare, Delta Dental Insurance Company, Dentegra Insurance Company, Dentaquest of Florida, Inc., Florida Combined Life, Humana Insurance Company, Renaissance Dental and Solstice Benefits Inc.[29]

4.1.2 Specific Aims 2: Do parents have an understanding of the ACA pertaining to the new marketplaces and pediatric dental benefits?

Following the close of the second open enrollment period, the majority of survey respondents was aware of the new marketplace in their state (83.61%; Figure 21). As stated previously, our sample population was fairly well-educated, yet many did not know that dental care for children is one of the ten essential services covered (60.57%; Figure 22). The finding that a majority did not know that dental care for children is one of ten essential services under the ACA, leads us to conclude that the public needs to be better informed about this major change in healthcare reform.

4.1.3 Specific Aims 3: What are parents experiences of dental services in 2014 in regards to utilization, access to care, changes in dental providers, cost of pediatric dental benefits, cost of treatment interfering with access to care, and satisfaction?

Our sample population, who is fairly well educated and has a fairly high income, expressed an overall satisfaction with the experiences asked in the survey. The majority scheduled a dental appointment for their child last year (79.10%, Figure 23). In addition to other reasons for not scheduling a dental appointment for

their child, most parents felt their child's mouth was healthy, so they did not need to visit the dentist (30.68%, Figure 24). The other reasons should be more closely examined in future research surveys to specifically determine parents reasoning for not bringing their child to the dentist.

Utilization of pediatric dental benefits amongst our sample population is occurring, as Figure 25 shows most parents (86.49%) used dental insurance to take their child to the dentist. Most parents did not have trouble finding a dentist who accepted their pediatric dental benefits (86.49%, Figure 26), which shows that for our sample population there are a fair amount of dentists using pediatric dental insurances to serve patients. Most parents were satisfied with the amount paid for pediatric dental benefits (74.47%, Figure 27) and with their child's pediatric dental benefits in general (77.18%; Figure 28). This shows that parents are content with the services covered under a typical employer-sponsored plan, which allocate coverage as follows: preventive and diagnostic services – 100% coverage, and basic restorative services– 80% coverage.[15]

Figure 29 shows that most parents were able to schedule dental appointments in a timely manner (97%) which shows that for this sample population there are enough providers with enough availability to schedule an appointment expeditiously. Figure 30 shows that most parents were satisfied with the distance traveled to see a provider (94.29%) which means that there are enough providers in the vicinity of our sample population. Figure 31 shows that most parents were able to stay with the same dental provider (90.69%). This means that

for our sample population, there was no interruption in pediatric dental care last year. Results show that many parents paid additional money for their child's dental care (39.94%; Figure 32), and were unaware of this prior to the appointment (27.63%; Figure 33). This shows that dental offices and insurances need to improve communication with parents, so that they are informed and prepared to make payments prior to the appointment. Our sample population had a fairly high income, and most parents did not let the additional cost keep them from taking their child to the dentist (88.29%, Figure 34).

Whether parents had pediatric dental benefits or not, most parents were satisfied with the quality of pediatric dental care for their child (91.29%, Figure 35). This reaffirms that the problems surrounding U.S. healthcare do not have to do so much with quality, but rather center more on access to care, education and prevention.[20] Although, for our sample population, access to care did not appear to be an issue

4.1.4 Specific Aims 4: Does the status of pediatric dental insurance in 2014 influence parental decision to schedule a dental appointment for their child?

There is a moderately strong association between having dental insurance and making a dental appointment (p=0.00, Cramer's V of 35%; Figure 63). A small p-value ≤ 0.05 indicates strong evidence against the null hypothesis. The alternative hypothesis that is therefore accepted is that there is a difference in status of pediatric dental insurance in 2014 influencing parental decision to schedule a dental appointment for their child in 2014.

This finding suggests that having pediatric dental benefits is a step towards children acquiring the dental services they need. This finding is consistent with previous studies, which found that people with private dental benefits are more than twice as likely to have an annual dental exam compared to those without any benefits, and expanded Medicaid dental benefits also increase dental care use.[30] This finding must be examined in correlation with the fact that a majority of respondents acquired pediatric dental benefits via employers (79.87%; Figure 41), i.e. non-Medicaid. The ADA HPI's findings state that about 50.6% of Medicaid-enrolled children visited the dentist in the past six months, compared to 69% of non-Medicaid enrolled children. Also, 16.6% of Medicaid-enrolled children have not visited the dentist in the past few years, compared to 8.7% of non-Medicaid enrolled children.[25] Given this information, future studies should examine the more-susceptible Medicaid population as well.

4.1.5 Specific Aims 5: Does the source of pediatric dental insurance in 2014 influence whether parents were able to schedule their child's dental appointment in a timely manner last year?

There is a moderate but non-significant association between the source of pediatric dental insurance in 2014 and ability to schedule their child's dental appointment in a timely manner last year (p=0.231, Cramer's V of 16%; Figure 64). With this information there is weak evidence against the null hypothesis, so we fail to reject the null hypothesis which states: There is no difference in source of pediatric dental insurance in 2014 influencing whether parents were able to

schedule their child's dental appointment in a timely manner last year. This finding may result in part from the limited sample size. In addition, majority of our respondents responded that they had employer-related dental insurance (79.87%; Figure 41) as the main source of pediatric dental insurance in 2014. A majority of our respondents were able to schedule their child's dental appointment in a timely manner last year (97%; Figure 51). This question is subject to bias and interpretation as to the definition of "timely" and can be further specified and explored in future studies.

4.1.6 Specific Aims 6: Does the type of pediatric dental insurance in 2014 influence whether parents were satisfied with the amount of money paid for pediatric dental benefits last year?

There is a moderate but non-significant association between type of dental insurance in 2014 and whether parents were satisfied with the amount of money paid for pediatric dental benefits last year ($p = 0.246$, Cramer's V of 15%; Figure 65). With this information there is weak evidence against the null hypothesis, so we fail to reject the null hypothesis which states: There is no difference in type of pediatric dental insurance in 2014 influencing whether parents were satisfied with the amount of money paid for pediatric dental benefits last year.

Although this aim was to assess whether type of pediatric dental benefit (qualified health plan that includes dental coverage (embedded), stand-alone dental plan, or contracted/bundled plan) influenced pediatric dental experience, more specifically satisfaction with amount of money paid, limitations in our sample size

precluded obtaining information. Regardless of the plan selected, there was an overall satisfaction with amount paid (74.47%; Figure 49). This is a key aim, as ACA pediatric oral health coverage has veered from such coverage, resulting in higher deductibles and consumer co-payment levels for children's oral health care.[15]

4.2. Additional Discussion

SurveyMonkey® was an effective tool for administering the survey. The advanced survey options included the ability to purchase respondents using specific targeting factors. These were parents with children under age 18 and located in the specific states operating within the FFM. Skip logic was another feature that allowed for logical transitions within the survey, by asking specific questions only to certain people based on their previous responses. In addition, SurveyMonkey® provided efficient customer service. Results were obtained over a fairly short span of approximately 2 weeks. Limitations include that we could only target those with internet access and subscribing to the SurveyMonkey® service.

The sample population which we obtained were highly educated. Most survey respondents obtained dental insurance from their employer, used their pediatric dental insurance and were reasonably satisfied with their pediatric dental experiences.

As the project was ongoing, the ADA HPI released a research brief titled "Key Insights on Dental Insurance Decisions Following the Rollout of the Affordable Care Act," which examined experiences in the health insurance marketplaces as they relate to dental insurance.[27] The survey was conducted online within the United

States by Harris Poll on behalf of the ADA between April 8-21, 2014 among 3,007 U.S. residents age 18 or older. General population weights or propensity score weighting was used in an effort to reduce the impact of fundamental differences between their survey and the demographics of the national population. Harris also collected the same data via a bi-monthly telephone study to reach those individuals that are offline.

Our survey differed in that it focused solely on the pediatric aspect. Our respondents were parents of children ages 18 and younger. The finding that a majority (60.57%; Figure 22) did not know that dental care for children is one of ten essential services under the ACA, is similar to the ADA HPI findings that "in terms of general knowledge about dental insurance provisions within the ACA, our analysis indicates low awareness for the majority of Americans."[27] Approximately a year after their study outcomes, our findings lead us to conclude that the public still needs to be better informed about this major change.

Our analysis did not produce a sufficient sample size to make claims regarding the health insurance marketplaces, as only 1.89% or 6 respondents obtained pediatric dental benefits via the health insurance marketplaces, nor to make any claims related to Medicaid, as only 11.01% or 35 respondents obtained pediatric dental benefits via this source. As well, we were unable to make any correlations related to geography, as sample size from each state was limited. Similarly, the ADA HPI "Key Insights on Dental Insurance Decisions Following the Rollout of the Affordable Care Act," did not produce sufficient sample size to examine the take-up rate separately for children and adults.[27] Although our sample

is not nationally representative, of the 421 respondents, most parents selected embedded (33.96%) and SADP (28.30%) via employer-sources (79.97%) (Figures 19 and 20).

Previous analysis by ADA HPI's research brief titled "Update: Take-up of Pediatric Dental Benefits in Health Insurance Marketplaces Still Limited," found that SADP take-up rate through the FFM was 15.8% for children in 2014. This was calculated by dividing the number of individuals that selected SADP by the number of individuals that selected a medical plan. These data were acquired by HHS monthly reports on marketplace enrollment, by state, through the FFM. However, because data are not available on the number of children obtaining dental benefits through medical plans, it is impossible to determine the total number of children and adults who obtained dental benefits through the health insurance marketplaces.[19]

The lack of information availability makes proper assessment of the ACA's impact on pediatric dentistry extremely challenging. Much ambiguity also arises in lack of consistency in defining what the age cut-off for a "child" is; according to the AAPD 2015 legislative fact sheet, "Pediatric services are defined as services for individuals under the age of 19, although states have flexibility to extend such coverage beyond the age 19 baseline,"[15] meanwhile the ADA Affordable Care Act Dental Insurance Survey released by the ADA HPI considered a child to be under age 18.[27] Additionally, the continual evolution of some states participating in FFM versus SBM adds to the difficulty in equal comparisons from one year to the next.

The results of this study are based on self-report. Caution must therefore be exercised in taking these results at their face value. The many variables and other sources of bias must be considered as well. The low sample size also weakens the study, making it difficult to generalize the results to the national population. This study, however, is one of the first steps to developing larger studies that will investigate the ACA's impact on pediatric dentistry.

Chapter 5: Conclusions

SurveyMonkey® was an effective tool to administer the survey, however it presented with some limitations. Future studies using SurveyMonkey® may use specific targeting factors that include those people with a high school education or less, in order to reach a population sample that is more likely to use the health insurance marketplaces. Future studies may include different avenues such as telephone surveys to reach those people without internet access. Future studies should assess issues that this population sample is having regarding access to care, education, and prevention for their children following enactment of the ACA.

Our sample population was highly educated, obtained workplace insurance and used it with reasonable satisfaction. Interestingly, many did not know that dental care for children is one of the ten essential services covered. This leads us to conclude that the public needs to be better informed about this major change in healthcare reform.

Pediatric dental offices can help families understand the pediatric dental objective that is part of the ACA healthcare reform. As well, pediatric dental offices may need some practice management improvements in communicating the cost of dental care when insurance is used.

Figure 1. Consent Form for Participation in the Research Study

Consent Form for Participation in the Research Study Entitled:
Parental Knowledge & Experience Regarding Their Children's Dental Insurance Following Enactment of the Affordable Care Act

Funding Source: Nova Southeastern University - Health Professions Division

IRB protocol #: CGG2015-34

Principal investigator
Bianca Hillers, D.M.D.
3301 College Avenue
Fort Lauderdale, FL 33314

Co-investigator
Romer Ocanto, D.M.D.
3301 College Ave
Fort Lauderdale, FL 33314

For questions/concerns about your research rights, contact:
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
(954) 262-5369/Toll Free: 866-499-0790
IRB@nsu.nova.edu

What is the study about?
You are invited to participate in a research study. The goal of this study is to assess issues in parental oral health policy knowledge and experience regarding children's dental insurance, following enactment of the Affordable Care Act.

Why are you asking me?
We are inviting you to participate because you are a parent of a child age 18 and younger, residing in the U.S.. There will be approximately 410 participants in this research study.

What will I be doing if I agree to be in the study?
You will answer up to 28 question online survey. The survey should take you no more than 15 minutes to complete.

Figure 1. Consent Form for Participation in the Research Study (cont'd)

Is there any audio or video recording?
There will be no audio or video recording.

What are the dangers to me?
Risks to you are minimal, all information gathered will be de-identified meaning your personal information will not be attached to your answer responses. You may also contact the IRB at the numbers indicated above with questions about your research rights.

Are there any benefits to me for taking part in this research study?
Your participation could provide valuable information to dental professionals in the community to better assist parents in navigating their children's dental insurance and also assist policy makers in understanding how to improve access to health care.

Will I get paid for being in the study? Will it cost me anything?
There are no costs to you or payments made for participating in this study.

How will you keep my information private?
The questionnaire will not ask you for any information that could be linked to you. All information obtained in this study is strictly confidential unless disclosure is required by law. The IRB, regulatory agencies, or Dr. Ocanto may review research records.

What if I do not want to participate or I want to leave the study?
You have the right to leave this study at any time or refuse to participate. If you do decide to leave or you decide not to participate, you will not experience any penalty or loss of services you have a right to receive. If you choose to withdraw, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the conclusion of the study and may be used as a part of the research.

Other Considerations:
If the researchers learn anything that might change your mind about being involved, you will be told of this information.

Voluntary Consent by Participant:
By responding to the survey below, you indicate that

- this study has been explained to you
- you have read this document or it has been read to you
- your questions about this research study have been answered

Figure 1. Consent Form for Participation in the Research Study (cont'd)

- you have been told that you may ask the researchers any study related questions in the future or contact them in the event of a research-related injury
- you have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
- you are entitled to a copy of this form after you have read and signed it
- you voluntarily agree to participate in the study entitled: *Parental Knowledge & Experience Regarding Their Children's Dental Insurance Following Enactment of the Affordable Care Act*

Figure 2. Affordable Care Act Dental Insurance Survey for Parents

Affordable Care Act Dental Insurance Survey for Parents

Demographic Information

1. What is your race/ethnicity:
   a. White
   b. Black or African-American
   c. Hispanic or Latino
   d. Asian
   e. American Indian or Alaskan Native
   f. Native Hawaiian or other Pacific Islander
   g. From multiple races
   h. Some other race (please specify) ___________

2. In what year were you born? Please enter your response as a four-digit number (for example, 1977).
   □ □ □ □

3. What is your marital status?
   a. Single, never married
   b. Married or domestic partnership
   c. Widowed
   d. Divorced
   e. Separated

4. What is the highest degree or level of school you have completed?
   a. No schooling completed
   b. Nursery school to 8th grade
   c. Some high school, no diploma
   d. High school graduate, diploma or the equivalent (for example: GED)
   e. Some college credit, no degree
   f. Trade/technical/vocational training
   g. Associate degree
   h. Bachelor's degree
   i. Master's degree
   j. Professional degree
   k. Doctorate degree

5. Which of the following categories best describes your employment status?
   a. Employed, working full-time (35 hours or more per week)
   b. Employed, working part-time (Less than 35 hours per week)

Figure 2. Affordable Care Act Dental Insurance Survey for Parents (cont'd)

c. Not employed, and looking for work
d. Not employed, and not currently looking for work
e. A homemaker
f. A student
g. Military
h. Retired
i. Disabled, not able to work

6. In what state or U.S. territory do you currently live?
   (drop-down menu of 37 choices)

7. What ZIP Code do you live in?
   □ □ □ □ □

8. Including yourself, how many people currently live in your household?
   □ □

9. How many children are you parent or guardian for and live in your household (aged 18 or younger only)?
   □ □

Pediatric Dental Insurance Status, Source and Type in 2014

[Status]

10. Did your child have pediatric dental benefits in 2014?
    a. Yes
    b. No
    c. I do not know

11. <u>Ask if CHILD DID NOT HAVE PEDIATRIC DENTAL BENEFITS:</u>
    Why did you not purchase pediatric dental benefits for your child? Please select all that apply.
    □ My child's teeth and mouth were healthy – I didn't really feel they needed a lot of dental care
    □ The plans were too expensive for the benefits you get
    □ The plans did not cover the services I was interested in
    □ I was not required to purchase dental insurance for my child, so I did not
    □ I could not easily find a dentist through the available insurance plans
    □ Other

Figure 2. Affordable Care Act Dental Insurance Survey for Parents (cont'd)

[Source]

12. Ask if CHILD HAS PEDIATRIC DENTAL BENEFITS:
    Which source did your child have pediatric dental benefits in 2014 from?
    a. Through the new health insurance marketplace
    b. Employer (mine or my spouse/partner's)
    c. Directly from the insurance company, not through the marketplace
    d. Medicaid
    e. Through a government program other than Medicaid
    f. I do not know

[Type]

13. Ask if CHILD HAS PEDIATRIC DENTAL BENEFITS:
    Depending on the state, pediatric dental benefits may be offered in up to three ways. Which type did you select in 2014 for your child?
    a. Through a qualified health plan (QHP) that includes dental coverage (embedded)
    b. Through a stand-alone dental plan purchased in conjunction with a QHP
    c. Through a contracted/bundled plan (one premium for separate medical and dental policies)
    d. I was offered pediatric dental health benefits but chose not to purchase
    e. I was not offered pediatric dental health benefits and did not purchase
    f. I do not know

Knowledge of the ACA

14. In October 2013, under the health reform law, also known as the Affordable Care Act or "Obamacare," new health insurance marketplaces opened in each state. People who do not have affordable health insurance through a job can shop and sign up for health insurance. Are you aware of this new marketplace in your state?
    a. Yes
    b. No
    c. I do not know

15. Under the new health insurance law, there are 10 categories of health care services that health insurance must cover. To the best of your knowledge, is dental care for children one of these 10 essential services?
    a. Yes
    b. No
    c. I do not know

Figure 2. Affordable Care Act Dental Insurance Survey for Parents (cont'd)

Experience of dental services in 2014 following enactment of the ACA

[Utilization of dental services]

16. Did you schedule a dental appointment for your child last year?
    a. Yes
    b. No
    c. I do not know

<u>This question to be asked only if PARENT DID *NOT* SCHEDULE DENTAL APPOINTMENT FOR CHILD LAST YEAR</u>

17. Why did you not schedule a dental appointment for your child last year? Please select all that apply.
    □ My child's mouth was healthy – they did not need to visit the dentist.
    □ It was too hard to find a dentist that accepted my child's dental plan or Medicaid
    □ I cannot find the time to get to a dentist (e.g., cannot get the time off from work, dentist does not have convenient office hours).
    □ Many services are not covered by my child's dental plan or Medicaid, so I end up having to pay with my own money.
    □ I cannot get to a dentist easily (e.g., do not have transportation, located too far away)
    □ Other

<u>The rest of questions are to be asked only if PARENT SCHEDULED DENTAL APPOINTMENT FOR CHILD LAST YEAR</u>

[Utilization of dental services via pediatric dental benefits]

18. <u>Ask if CHILD HAS PEDIATRIC DENTAL BENEFITS:</u>
    Did you use dental insurance to take your child to the dentist last year?
    a. Yes
    b. No
    c. I do not know

[Access to care]

19. <u>Ask if CHILD HAS PEDIATRIC DENTAL BENEFITS:</u>
    Did you have trouble finding a dentist who accepted your pediatric dental benefits last year?
    a. Yes
    b. No
    c. I do not know

Figure 2. Affordable Care Act Dental Insurance Survey for Parents (cont'd)

[Cost]

20. Ask if CHILD HAS PEDIATRIC DENTAL BENEFITS:
    Were you satisfied with the amount you paid for pediatric dental benefits last year?
    a. Yes
    b. No
    c. I do not know

[Satisfaction]

21. Ask if CHILD HAS PEDIATRIC DENTAL BENEFITS:
    Were you satisfied with your child's pediatric dental benefits last year?
    a. Yes
    b. No
    c. I do not know

[Access to care]

22. Were you able to schedule your child's dental appointment in a timely manner last year?
    a. Yes
    b. No
    c. I do not know

[Access to care]

23. Were you satisfied with the distance you had to travel to see your child's dental provider last year?
    a. Yes
    b. No
    c. I do not know

[Changes in dental providers]

24. Were you able to stay with the same dental provider for your child last year?
    a. Yes
    b. No
    c. I do not know

[Cost]

25. Did you have to pay additional money for your child's dental care last year?
    a. Yes
    b. No
    c. I do not know

Figure 2. Affordable Care Act Dental Insurance Survey for Parents (cont'd)

[Cost]

26. In reference to the previous question about paying additional money for your child's dental care, were you aware of this before your child's dental appointment?
    a. Yes
    b. No
    c. I do not know

[Access to Care/Cost]

27. In reference to the two previous questions about paying additional money for your child's dental care, did the additional cost keep you from taking your child to the dentist?
    a. Yes
    b. No
    c. I do not know

[Satisfaction]

28. Were you satisfied with the quality of pediatric dental care for your child last year?
    a. Yes
    b. No
    c. I do not know

Figure 3. SurveyMonkey® Consent Form for Participation in the Research Study: Page 1

Affordable Care Act Dental Insurance Survey for Parents

Funding Source: Nova Southeastern University - Health Professions Division
IRB protocol #: CGG2015-34

Principal investigator	Co-investigator
Bianca Hillers, D.M.D.	Romer Ocanto, D.M.D.
3301 College Avenue	3301 College Ave
Fort Lauderdale, FL 33314	Fort Lauderdale, FL 33314

For questions/concerns about your research rights, contact:
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
(954) 262-5369/Toll Free: 866-499-0790/IRB@nsu.nova.edu

What is the study about?
You are invited to participate in a research study. The goal of this study is to assess issues in parental oral health policy knowledge and experience regarding children's dental insurance, following enactment of the Affordable Care Act.

Why are you asking me?
We are inviting you to participate because you are a parent of a child age 18 and younger, residing in the U.S.. There will be approximately 410 participants in this research study.

What will I be doing if I agree to be in the study?
You will answer up to 28 question online survey. The survey should take you no more than 15 minutes to complete.

Is there any audio or video recording?
There will be no audio or video recording.

What are the dangers to me?
Risks to you are minimal, all information gathered will be de-identified meaning your personal information will not be attached to your answer responses. You may also contact the IRB at the numbers indicated above with questions about your research rights.

Are there any benefits to me for taking part in this research study?
Your participation could provide valuable information to dental professionals in the community to better assist parents in navigating their children's dental insurance and also assist policy makers in understanding how to improve access to health care.

Will I get paid for being in the study? Will it cost me anything?
There are no costs to you or payments made for participating in this study.

How will you keep my information private?
The questionnaire will not ask you for any information that could be linked to you. All information obtained in this study is strictly confidential unless disclosure is required by law. The IRB, regulatory agencies, or Dr. Ocanto may review research records.

What if I do not want to participate or I want to leave the study?
You have the right to leave this study at any time or refuse to participate. If you do decide to leave or you decide not to participate, you will not experience any penalty or loss of services you have a right to receive

Other Considerations:
If the researchers learn anything that might change your mind about being involved, you will be told of this information.
Voluntary Consent by Participant:
By responding to the survey below, you indicate that
this study has been explained to you
you have read this document or it has been read to you
your questions about this research study have been answered
you have been told that you may ask the researchers any study related questions in the future or contact them in the event of a research-related injury
you have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
you are entitled to a copy of this form after you have read and signed it you voluntarily agree to participate in the study entitled: Parental Knowledge & Experience Regarding Their Children's Dental Insurance Following Enactment of the Affordable Care Act

1

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 2

Affordable Care Act Dental Insurance Survey for Parents

What is your race/ethnicity?

- White
- Black or African-American
- Hispanic or Latino
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- From multiple races
- Some other race (please specify)

In what year were you born? (Please enter four-digit birth year; for example, 1976)

What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

What is the highest degree or level of school you have completed?

- No schooling completed
- Nursery school to 8th grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Trade/technical/vocational training
- Some college credit, no degree
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

2

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 3

Which of the following categories best describes your employment status?

- Employed, working full-time (35 hours or more per week)
- Employed, working part-time (Less than 35 hours per week)
- Not employed, and looking for work
- Not employed, and not currently looking for work
- A homemaker
- A student
- Military
- Retired
- Disabled, not able to work

In what state or U.S. territory do you currently live?

What ZIP Code do you live in? (enter 5-digit ZIP Code; for example, 00544 or 94305)

Including yourself, how many people currently live in your household?

- 1
- 2
- 3
- 4
- Other (please specify)

How many children are you parent or guardian for and live in your household (aged 18 or younger only)?

- 1
- 2
- 3
- 4
- Other (please specify)

3

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 4

Affordable Care Act Dental Insurance Survey for Parents

Did your child have pediatric dental benefits in 2014?

- Yes
- No
- I do not know

4

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 5

Affordable Care Act Dental Insurance Survey for Parents

Why did you not purchase pediatric dental benefits for your child? Please select all that apply.

- ☐ My child's teeth and mouth were healthy – I didn't really feel they needed a lot of dental care
- ☐ The plans were too expensive for the benefits you get
- ☐ The plans did not cover the services I was interested in
- ☐ I was not required to purchase dental insurance for my child, so I did not
- ☐ I could not easily find a dentist through the available insurance plans
- ☐ Other

5

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 6

Affordable Care Act Dental Insurance Survey for Parents

Which source did your child have pediatric dental benefits in 2014 from?

- Through the new health insurance marketplace
- Employer (mine or my spouse/partner's)
- Directly from the insurance company, not through the marketplace
- Medicaid
- Through a government program other than Medicaid
- I do not know

Depending on the state, pediatric dental benefits may be offered in up to three ways. Which type did you select in 2014 for your child?

- Through a qualified health plan (QHP) that includes dental coverage (embedded)
- Through a stand-alone dental plan purchased in conjunction with a QHP
- Through a contracted/bundled plan (one premium for separate medical and dental policies)
- I was offered pediatric dental health benefits but chose not to purchase
- I was not offered pediatric dental health benefits and did not purchase
- I do not know

6

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 7

Affordable Care Act Dental Insurance Survey for Parents

In October 2013, under the health reform law, also known as the Affordable Care Act or "Obamacare," new health insurance marketplaces opened in each state. People who do not have affordable health insurance through a job can shop and sign up for health insurance. Are you aware of this new marketplace in your state?

- Yes
- No
- I do not know

Under the new health insurance law, there are 10 categories of health care services that health insurance must cover. To the best of your knowledge, is dental care for children one of these 10 essential services?

- Yes
- No
- I do not know

7

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 8

Affordable Care Act Dental Insurance Survey for Parents

Did you schedule a dental appointment for your child last year?

- Yes
- No

8

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 9

Affordable Care Act Dental Insurance Survey for Parents

Why did you not schedule a dental appointment for your child last year? Please select all that apply.

- [ ] My child's mouth was healthy – they did not need to visit the dentist.
- [ ] It was too hard to find a dentist that accepted my child's dental plan or Medicaid
- [ ] I cannot find the time to get to a dentist (e.g., cannot get the time off from work, dentist does not have convenient office hours).
- [ ] Many services are not covered by my child's dental plan or Medicaid, so I end up having to pay with my own money.
- [ ] I cannot get to a dentist easily (e.g., do not have transportation, located too far away)
- [ ] Other

9

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 10

Affordable Care Act Dental Insurance Survey for Parents

Did you use dental insurance to take your child to the dentist last year?

- Yes
- No
- I do not know

Did you have trouble finding a dentist who accepted your pediatric dental benefits last year?

- Yes
- No
- I do not know

Were you satisfied with the amount you paid for pediatric dental benefits last year?

- Yes
- No
- I do not know

Were you satisfied with your child's pediatric dental benefits last year?

- Yes
- No
- I do not know

10

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 11

Affordable Care Act Dental Insurance Survey for Parents

Were you able to schedule your child's dental appointment in a timely manner last year?

- Yes
- No
- I do not know

Were you satisfied with the distance you had to travel to see your child's dental provider last year?

- Yes
- No
- I do not know

Were you able to stay with the same dental provider for your child last year?

- Yes
- No
- I do not know

Did you have to pay additional money for your child's dental care last year?

- Yes
- No
- I do not know

In reference to the previous question about paying additional money for your child's dental care, were you aware of this before your child's dental appointment?

- Yes
- No
- I do not know

In reference to the two previous questions about paying additional money for your child's dental care, did the additional cost keep you from taking your child to the dentist?

- Yes
- No
- I do not know

11

Figure 4. SurveyMonkey® Affordable Care Act Dental Insurance Survey for Parents: Page 12

Were you satisfied with the quality of pediatric dental care for your child last year?

- Yes
- No
- I do not know

12

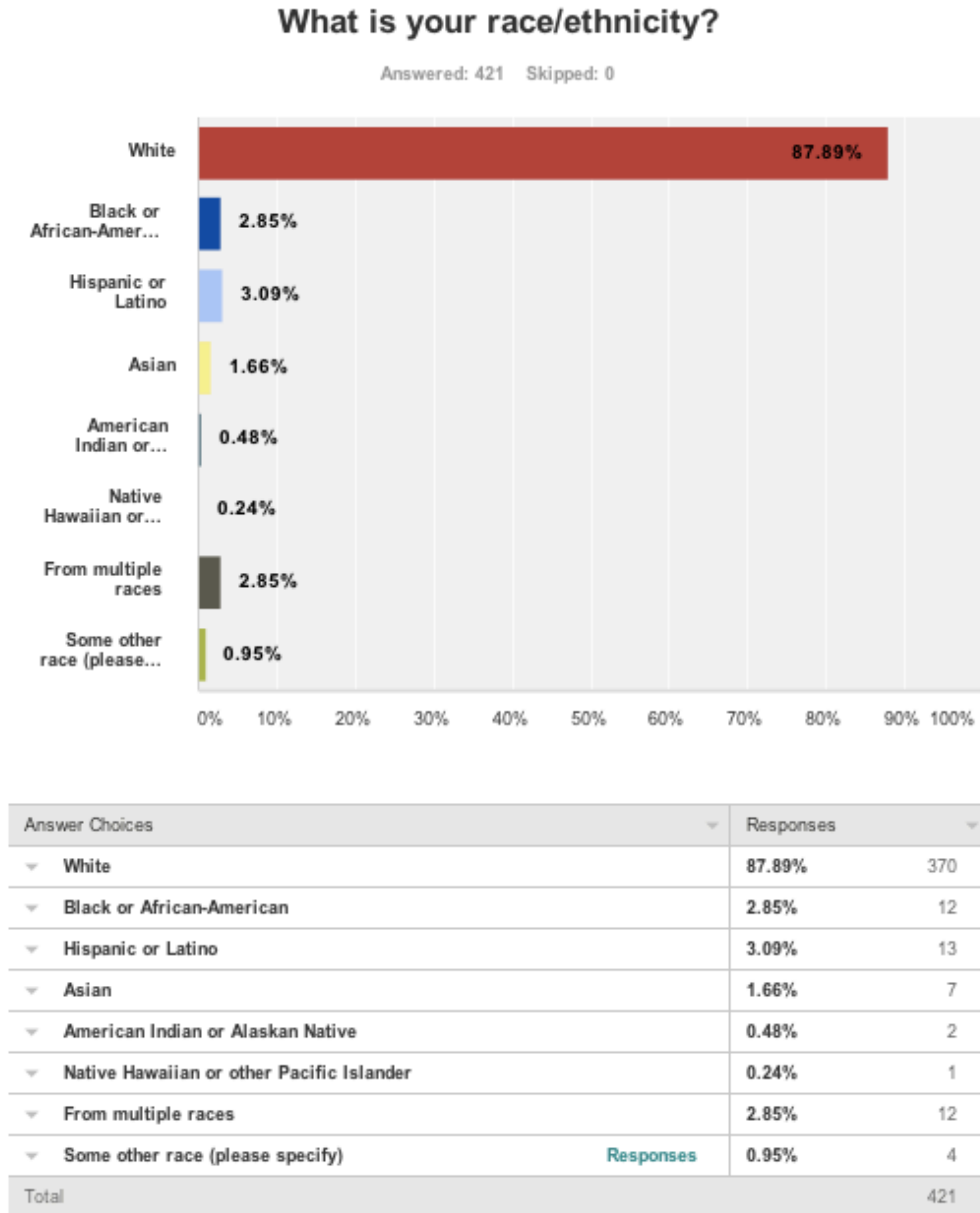
Figure 5. Summary of Survey Completion

Figure 6. Survey Response Rate

Demographic Bucket	Target	E-mailed	Started	Finished
male, age: 18-44	113 ± 5 (27.52%)	671	152 (36 routed)	108
male, age: 45+	75 ± 3 (18.34%)	8	106 (103 routed)	79
female, age: 18-44	151 ± 7 (36.80%)	9	229 (228 routed)	159
female, age: 45+	71 ± 3 (17.34%)	9	110 (106 routed)	75

Overall Response Rate = (108+79+159+75)/(671+8+9+9) = 421/697 = 60.4%

Figure 7. Race/Ethnicity



Answer Choices		Responses	
White		87.89%	370
Black or African-American		2.85%	12
Hispanic or Latino		3.09%	13
Asian		1.66%	7
American Indian or Alaskan Native		0.48%	2
Native Hawaiian or other Pacific Islander		0.24%	1
From multiple races		2.85%	12
Some other race (please specify)	Responses	0.95%	4
Total			421

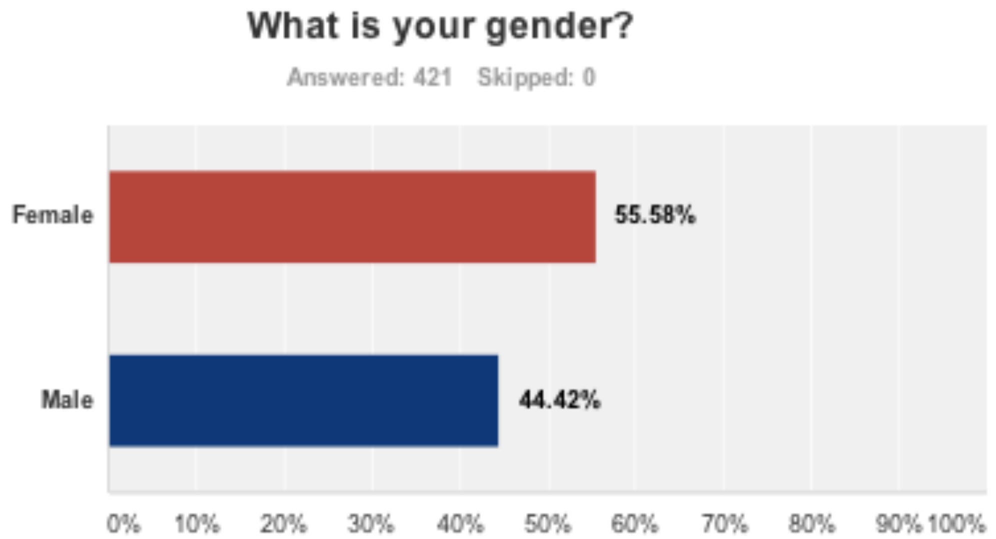
Figure 8. Birth Year

In what year were you born? (Please enter four-digit birth year; for example, 1976) Open-Ended Response

1942	1
1945	1
1946	1
1949	1
1951	2
1952	2
1953	3
1954	2
1955	5
1956	4
1957	7
1958	4
1959	4
1960	11
1961	11
1962	8
1963	12
1964	13
1965	15
1966	9
1967	14
1968	13
1969	10
1970	32

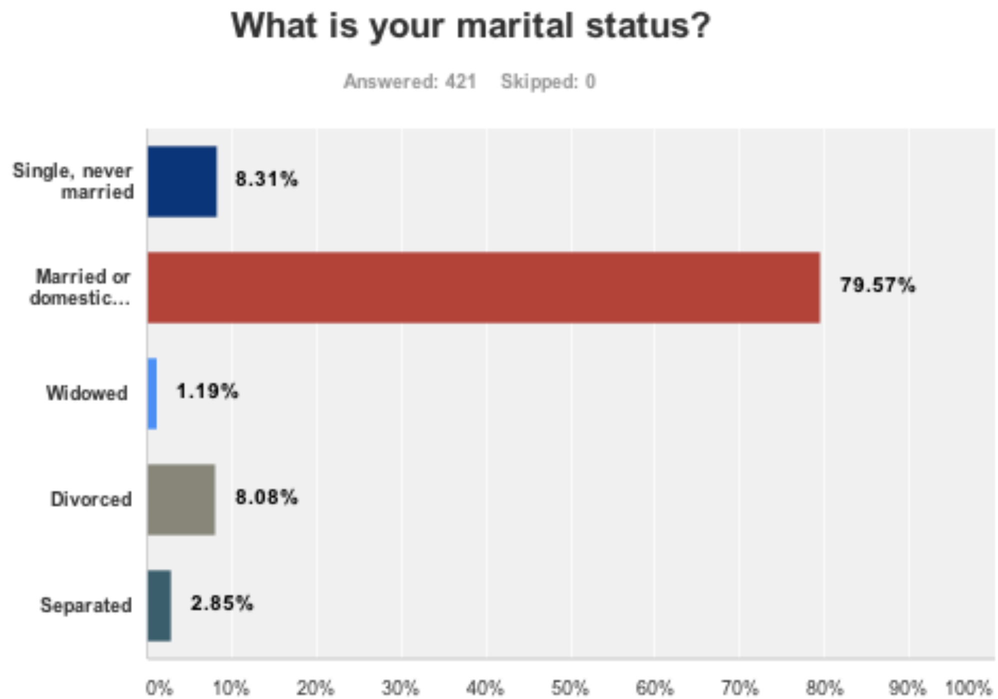
1971	19
1972	14
1973	23
1974	12
1975	22
1976	18
1977	15
1978	12
1979	15
1980	18
1981	5
1982	13
1983	9
1984	5
1985	4
1986	3
1987	6
1988	6
1989	3
1990	2
1991	4
1992	3
1994	4
1997	1

Figure 9. Gender



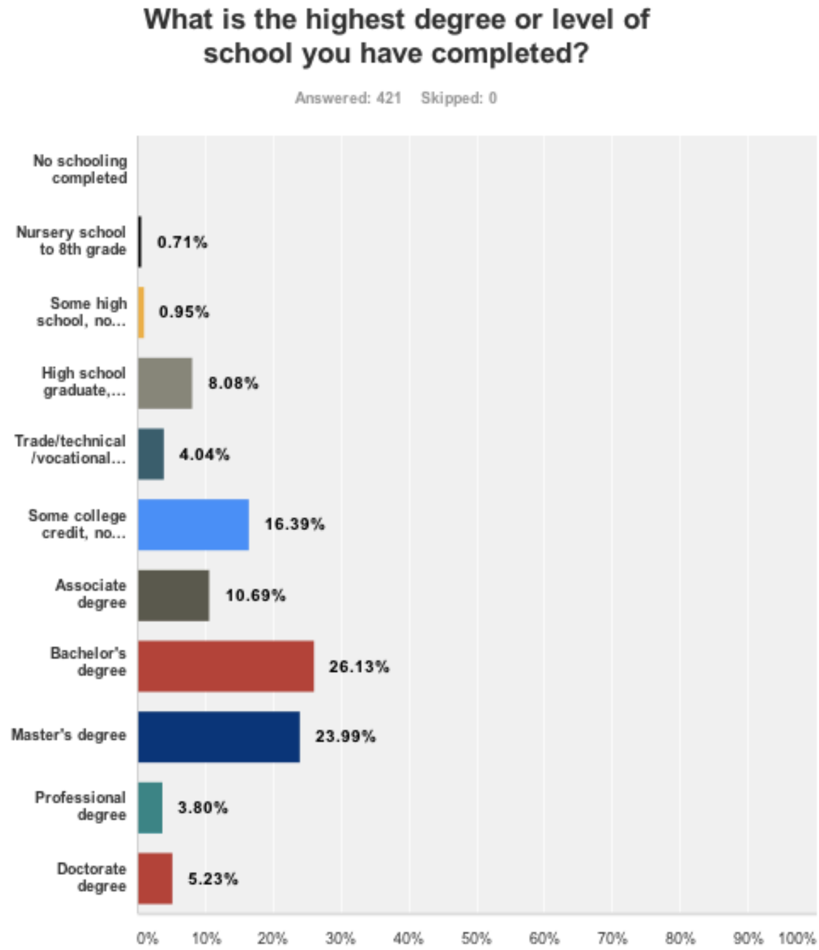
Answer Choices	Responses	
Female	55.58%	234
Male	44.42%	187
Total		421

Figure 10. Marital Status



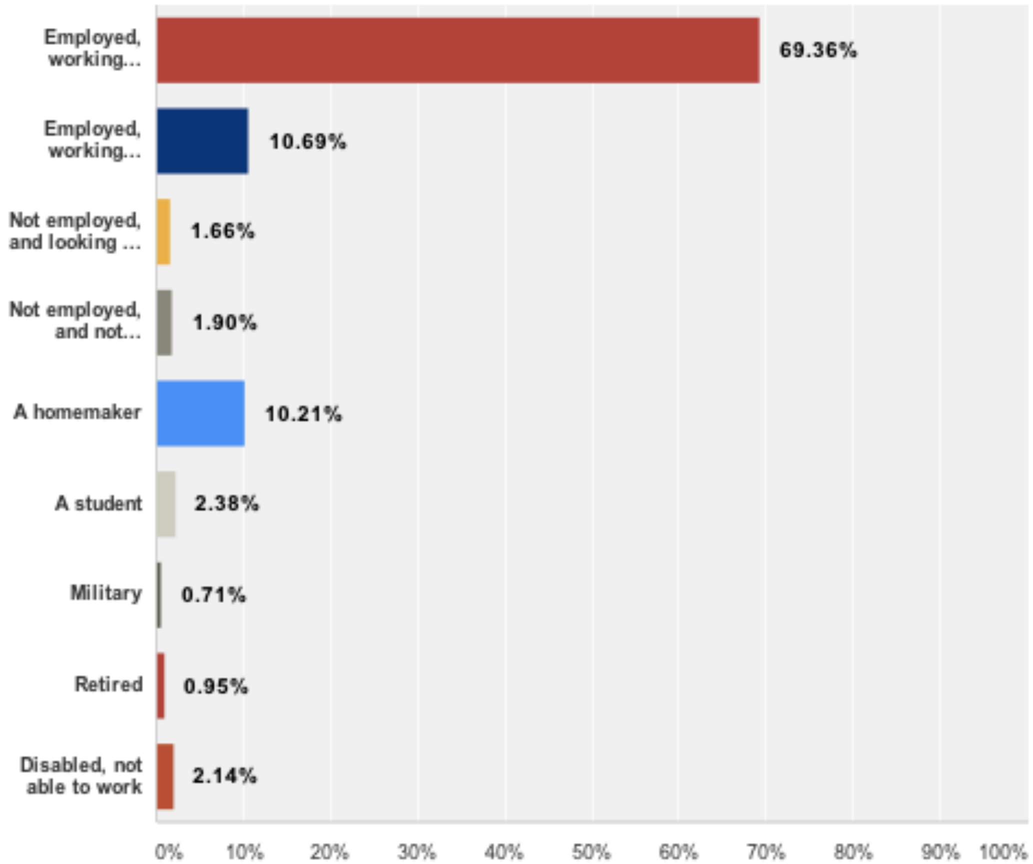
Answer Choices	Responses	
Single, never married	8.31%	35
Married or domestic partnership	79.57%	335
Widowed	1.19%	5
Divorced	8.08%	34
Separated	2.85%	12
Total		421

Figure 11. Highest Degree or Level of School Completed



Answer Choices	Responses	
No schooling completed	0.00%	0
Nursery school to 8th grade	0.71%	3
Some high school, no diploma	0.95%	4
High school graduate, diploma or the equivalent (for example: GED)	8.08%	34
Trade/technical/vocational training	4.04%	17
Some college credit, no degree	16.39%	69
Associate degree	10.69%	45
Bachelor's degree	26.13%	110
Master's degree	23.99%	101
Professional degree	3.80%	16
Doctorate degree	5.23%	22
Total		421

Figure 12. Employment Status



Answer Choices	Responses	
Employed, working full-time (35 hours or more per week)	69.36%	292
Employed, working part-time (Less than 35 hours per week)	10.69%	45
Not employed, and looking for work	1.66%	7
Not employed, and not currently looking for work	1.90%	8
A homemaker	10.21%	43
A student	2.38%	10
Military	0.71%	3
Retired	0.95%	4
Disabled, not able to work	2.14%	9
Total		421

Figure 13. State or U.S. Territory

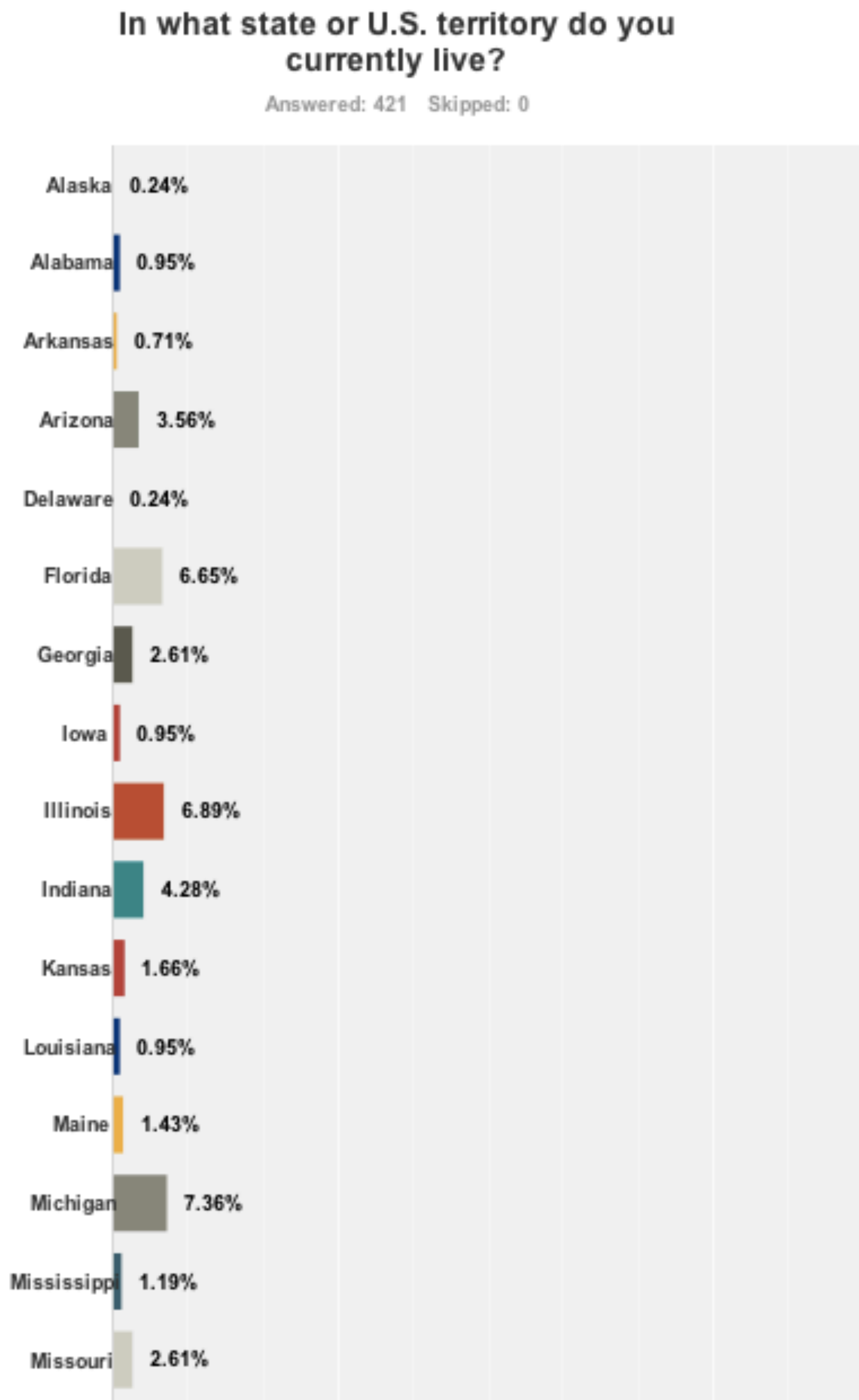


Figure 13. State or U.S. Territory (cont'd)

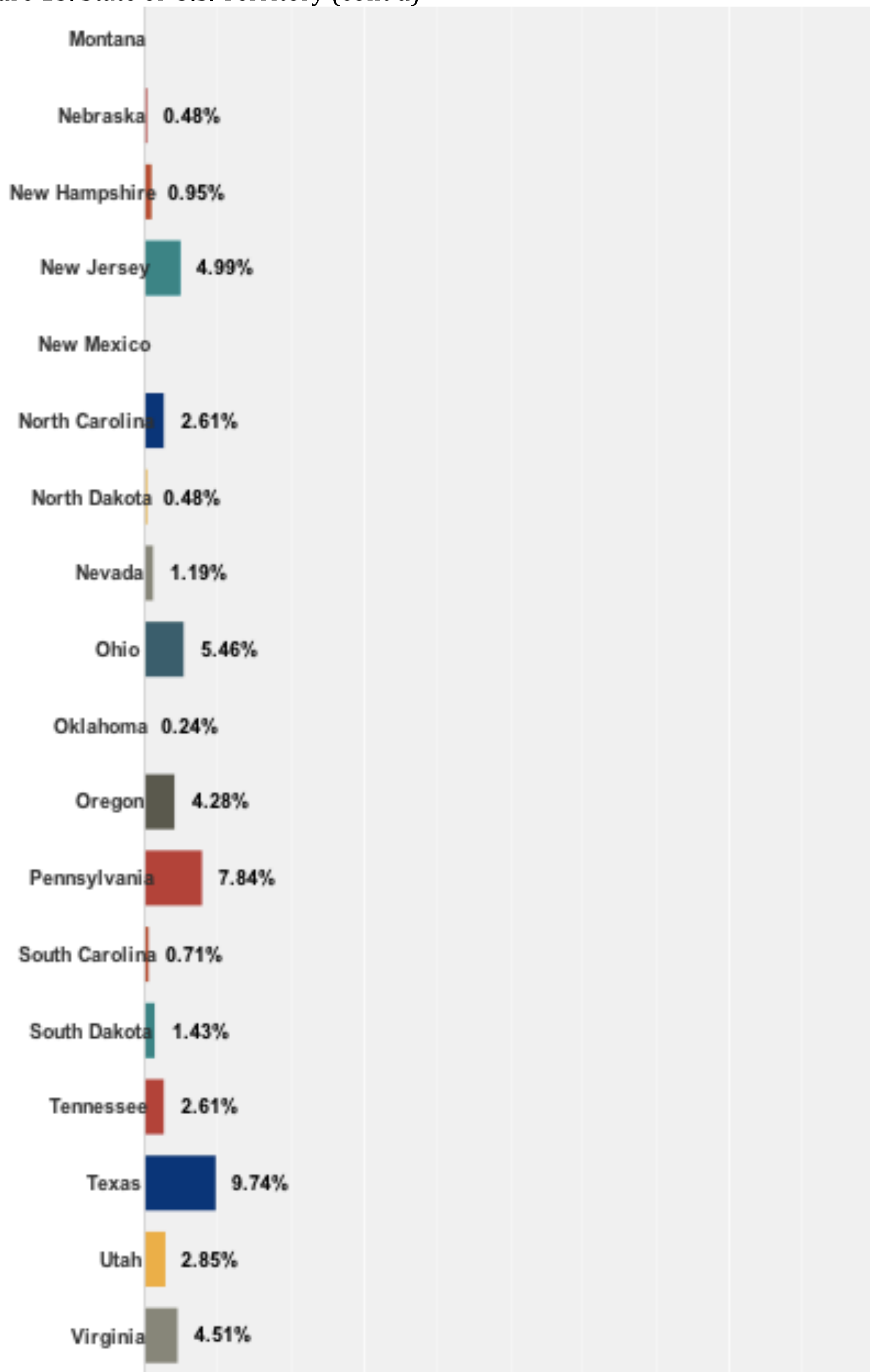


Figure 13. State or U.S. Territory (cont'd)

Answer Choices	Responses	
Alaska	0.24%	1
Alabama	0.95%	4
Arkansas	0.71%	3
Arizona	3.56%	15
Delaware	0.24%	1
Florida	6.65%	28
Georgia	2.61%	11
Iowa	0.95%	4
Illinois	6.89%	29
Indiana	4.28%	18
Kansas	1.66%	7
Louisiana	0.95%	4
Maine	1.43%	6
Michigan	7.36%	31
Mississippi	1.19%	5
Missouri	2.61%	11

Figure 13. State or U.S. Territory (cont'd)

State	Percent	Count
Montana	0.00%	0
Nebraska	0.48%	2
New Hampshire	0.95%	4
New Jersey	4.99%	21
New Mexico	0.00%	0
North Carolina	2.61%	11
North Dakota	0.48%	2
Nevada	1.19%	5
Ohio	5.46%	23
Oklahoma	0.24%	1
Oregon	4.28%	18
Pennsylvania	7.84%	33
South Carolina	0.71%	3
South Dakota	1.43%	6
Tennessee	2.61%	11
Texas	9.74%	41
Utah	2.85%	12
Virginia	4.51%	19
Wisconsin	5.46%	23
West Virginia	1.43%	6
Wyoming	0.48%	2
Total		421

Figure 14. Zip Code

What ZIP Code do you live in? (enter 5-digit ZIP Code; for example, 00544 or 94305) Open-Ended Response

00545
03223
03801
03833
03875
03901
03901
04038
04062
04224
04347
05309
07081
07421
07424
07430
07432
07675
07757
07853
07924
07945
08043
08051
08108
08201
08205
08530
08690
08807
08822
08846
10312
15003

15044
15104
15146
15206
15208
15401
16314
16505
16662
16748
16830
17112
17324
17601
17602
17603
18013
18062
18072
18109
18255
18353
18435
18642
18902
18966
18966
19002
19038
19044
19083
19096
19149
19567

19711
22134
22204
22306
22407
22844
22974
22992
23022
23059
23059
23116
23185
23320
23435
23452
23456
23464
23464
24328
25302
25504
26101
26301
26501
26554
27208
27243
27506
27539
27540
27597
27713
28146

28270
28348
28405
29349
29577
29579
30030
30096
30097
30263
30350
30506
30607
30809
31602
31763
31905
32084
32086
32137
32503
32738
32754
32763
32765
32766
32955
33010
33019
33021
33028
33040
33111
33139

Figure 14. Zip Code (cont'd)
33433
33477
33543
33680
33870
33896
33928
33971
34601
34786
34983
35222
36445
36526
36532
37042
37066
37416
37624
37763
37918
37932
38117
38120
38120
38122
38652
39157
39212
39531
39762
43062
43123
43125
43229
43290
43416
43609
43612
44035
44060
44104
44118
44125
44241
44256
44402
44883
44890
45002
45044
45233
45244
45458
46036
46052
46219
46303
46342
46350
46407
46783
46818
47130
47274
47274
47304
47579
47710
47804
47904
47909
48026
48040
48066
48070
48084
48102
48103
48105
48108
48154
48160
48170
48178
48186
48187
48239
48383
48446
48473
48532
48823
48838
48842
48843
48883
49083
49306
49315
49341
49684
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50854
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53081
53140
53210
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53590
53597
53704
53715
54002
54025
54115
54143
54170
54482
54495
54538
54552
54555
54806
54856
54956
57103
57110
57401
57532
57754
58104
58203
60007
60010
60022
60026
60030
60118
60124
60126
60139
60178
60202
60411
60433
60433
60505
60551
60618
60640

Figure 14. Zip Code (cont'd)

60645
60661
61008
61244
61603
61801
62221
62269
62269
62858
62868
63010
63021
63021
63031
63077
63109
63366
64701
64755
64804
65401
66061
66212
66227
66536
66701
67235
67505
68105
70131
70503

70570
70808
72364
72703
72901
73737
75040
75063
75080
75087
75116
75644
76001
76016
76054
76108
76108
76426
76530
76539
76633
76904
77008
77036
77042
77055
77084
77339
77433
77515
77521
77584
77845
77845

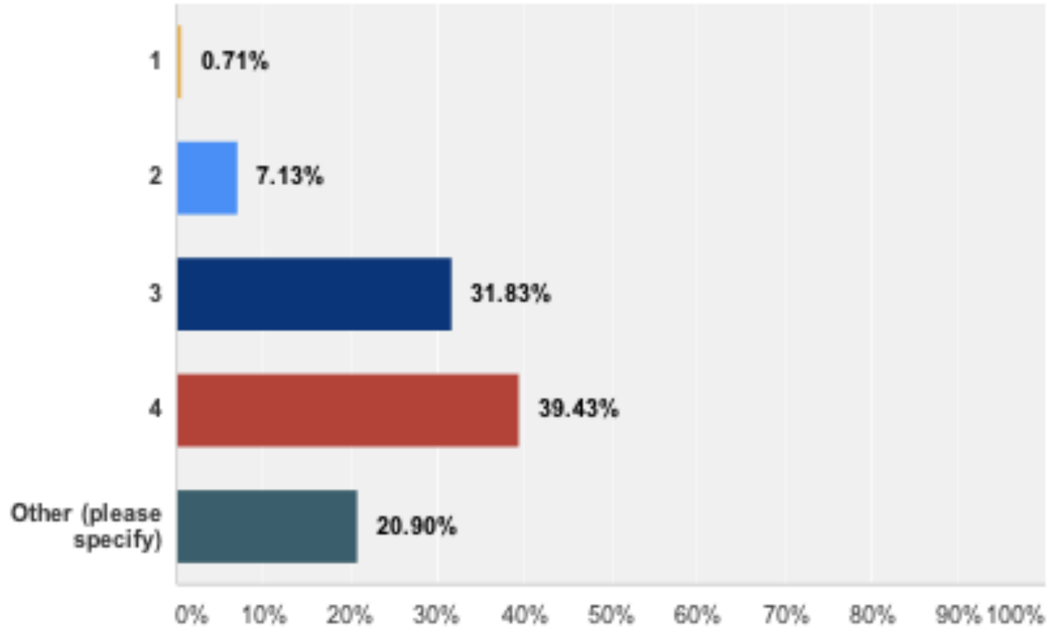
77954
78006
78232
78251
78660
78664
78681
78681
78702
78726
78738
79407
79936
82001
82801
84003
84003
84005
84020
84043
84050
84074
84123
84124
84403
84405
84624
85001
85018
85020
85024
85043
85226
85260

85373
85379
85385
85395
85395
85713
85737
85749
89044
89134
89141
89149
89521
97013
97016
97086
97128
97202
97212
97219
97219
97224
97230
97333
97338
97370
97404
97470
97471
97497
99507

Figure 15. Household Size

Including yourself, how many people currently live in your household?

Answered: 421 Skipped: 0

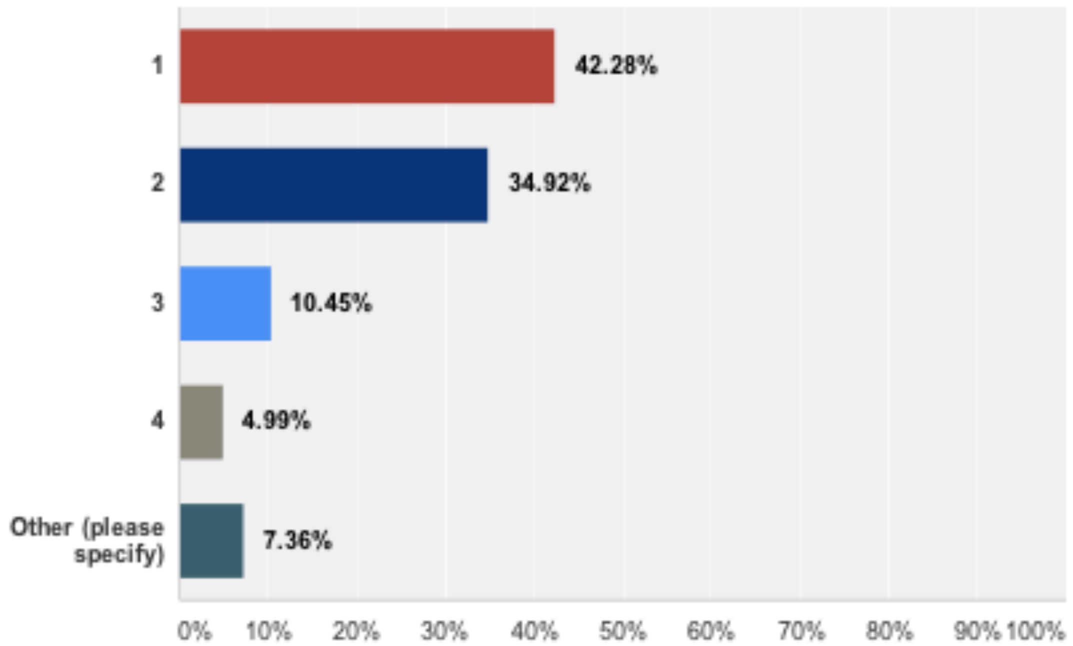


Answer Choices		Responses	
1		0.71%	3
2		7.13%	30
3		31.83%	134
4		39.43%	166
Other (please specify)	Responses	20.90%	88
Total			421

Figure 16. Number of Children in Household

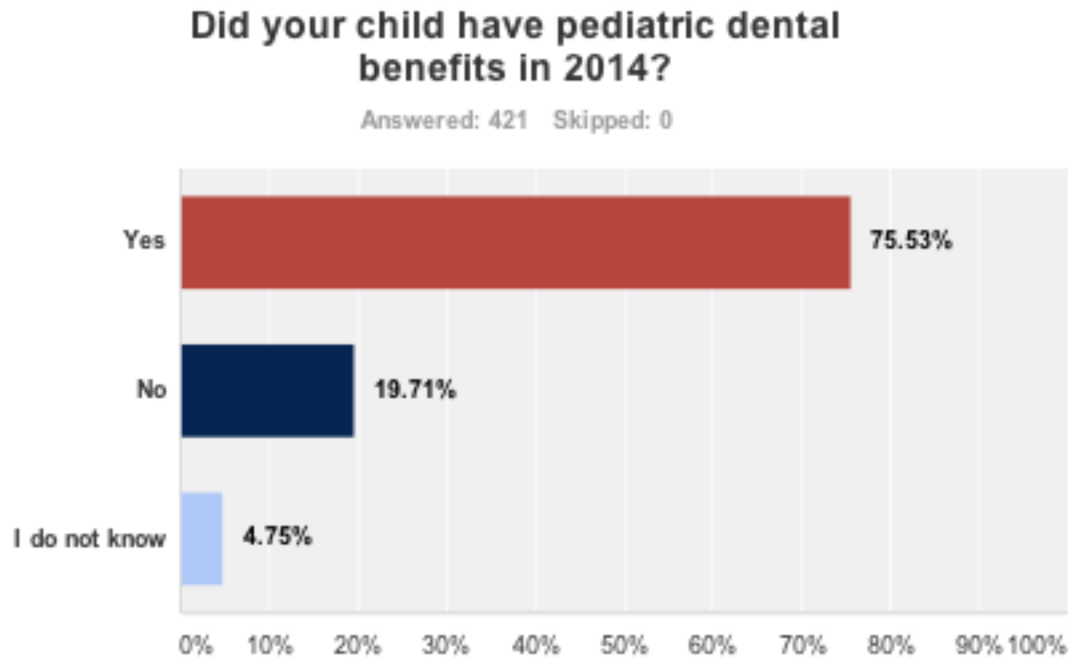
How many children are you parent or guardian for and live in your household (aged 18 or younger only)?

Answered: 421 Skipped: 0



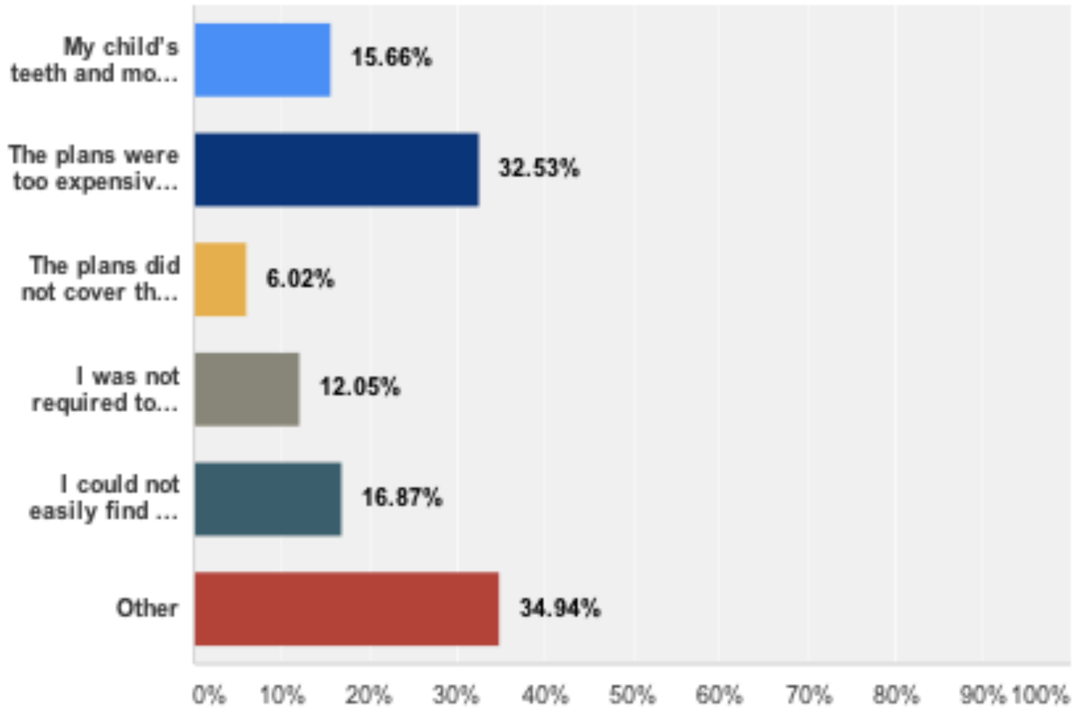
Answer Choices		Responses	
1		42.28%	178
2		34.92%	147
3		10.45%	44
4		4.99%	21
Other (please specify)	Responses	7.36%	31
Total			421

Figure 17. Status of Pediatric Dental Benefits



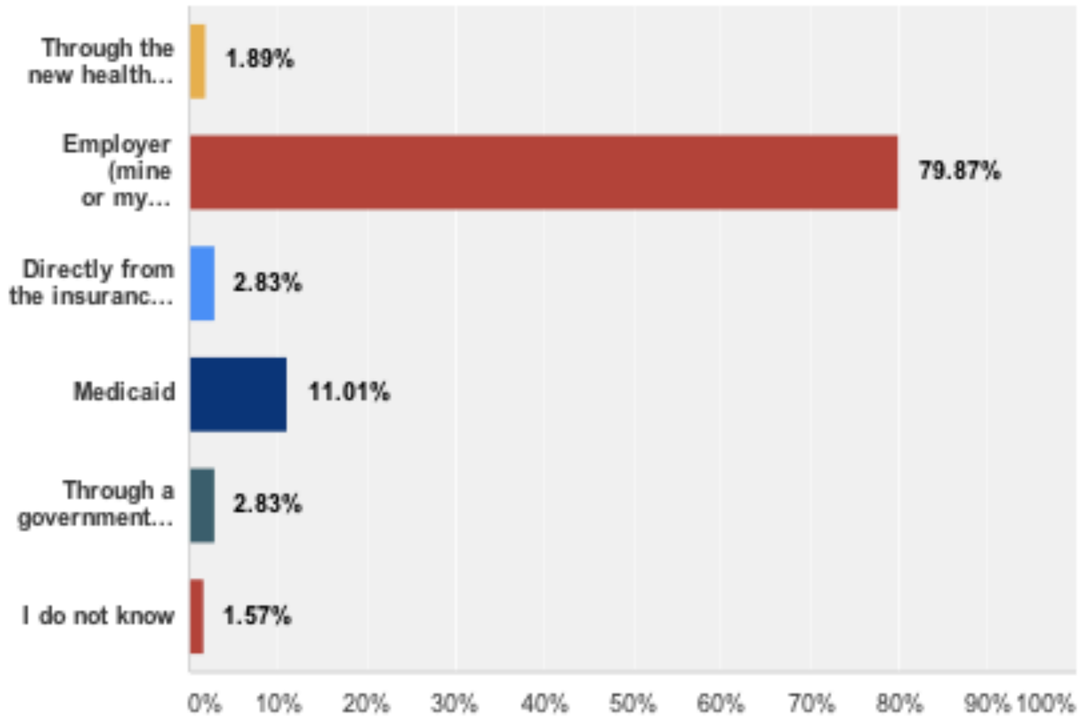
Answer Choices	Responses	
Yes	75.53%	318
No	19.71%	83
I do not know	4.75%	20
Total		421

Figure 18. Why Parent Did Not Purchase Pediatric Dental Benefits for Child



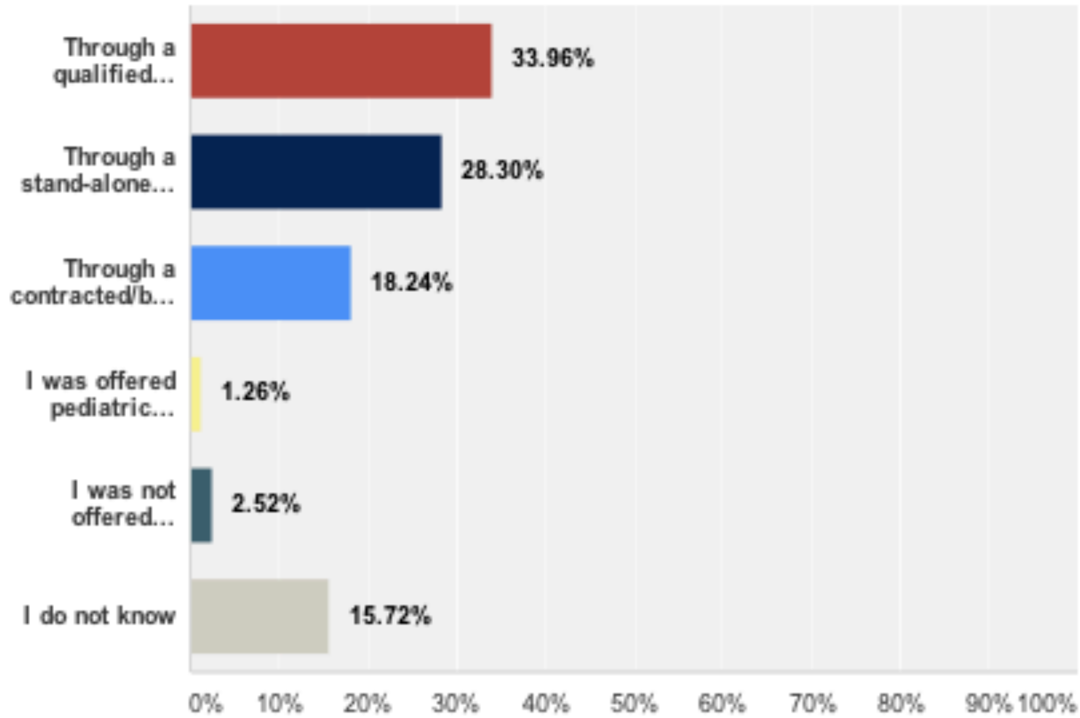
Answer Choices	Responses	
My child's teeth and mouth were healthy – I didn't really feel they needed a lot of dental care	15.66%	13
The plans were too expensive for the benefits you get	32.53%	27
The plans did not cover the services I was interested in	6.02%	5
I was not required to purchase dental insurance for my child, so I did not	12.05%	10
I could not easily find a dentist through the available insurance plans	16.87%	14
Other	34.94%	29
Total Respondents: 83		

Figure 19. Source of Pediatric Dental Benefits



Answer Choices	Responses	
Through the new health insurance marketplace	1.89%	6
Employer (mine or my spouse/partner's)	79.87%	254
Directly from the insurance company, not through the marketplace	2.83%	9
Medicaid	11.01%	35
Through a government program other than Medicaid	2.83%	9
I do not know	1.57%	5
Total		318

Figure 20. Type of Pediatric Dental Benefits

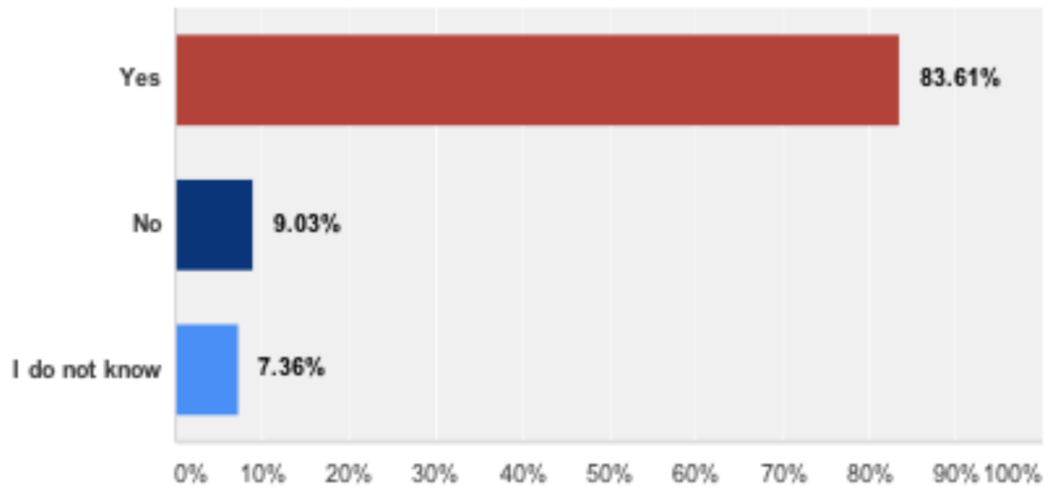


Answer Choices	Responses	
Through a qualified health plan (QHP) that includes dental coverage (embedded)	33.96%	108
Through a stand-alone dental plan purchased in conjunction with a QHP	28.30%	90
Through a contracted/bundled plan (one premium for separate medical and dental policies)	18.24%	58
I was offered pediatric dental health benefits but chose not to purchase	1.26%	4
I was not offered pediatric dental health benefits and did not purchase	2.52%	8
I do not know	15.72%	50
Total		318

Figure 21. Knowledge of ACA State Marketplace

In October 2013, under the health reform law, also known as the Affordable Care Act or "Obamacare," new health insurance marketplaces opened in each state. People who do not have affordable health insurance through a job can shop and sign up for health insurance. Are you aware of this new marketplace in your state?

Answered: 421 Skipped: 0

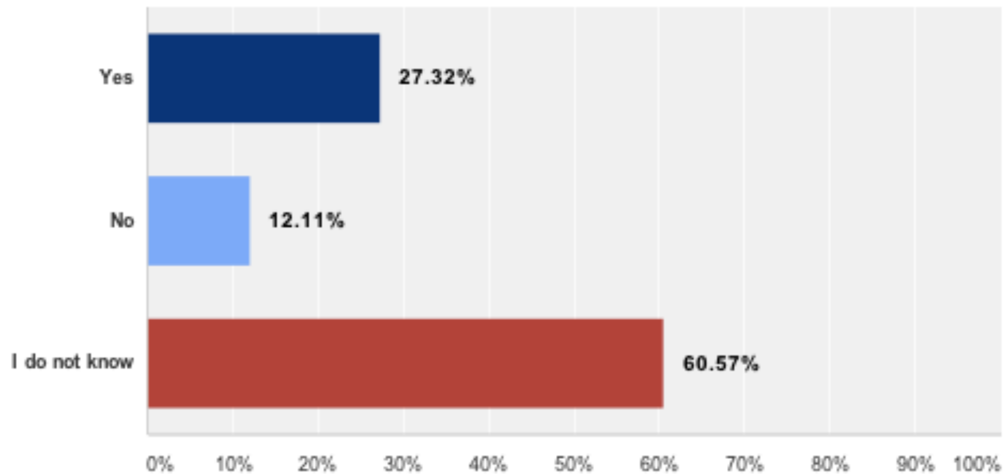


Answer Choices	Responses	
Yes	83.61%	352
No	9.03%	38
I do not know	7.36%	31
Total		421

Figure 22. Knowledge of ACA Essential Health Benefits

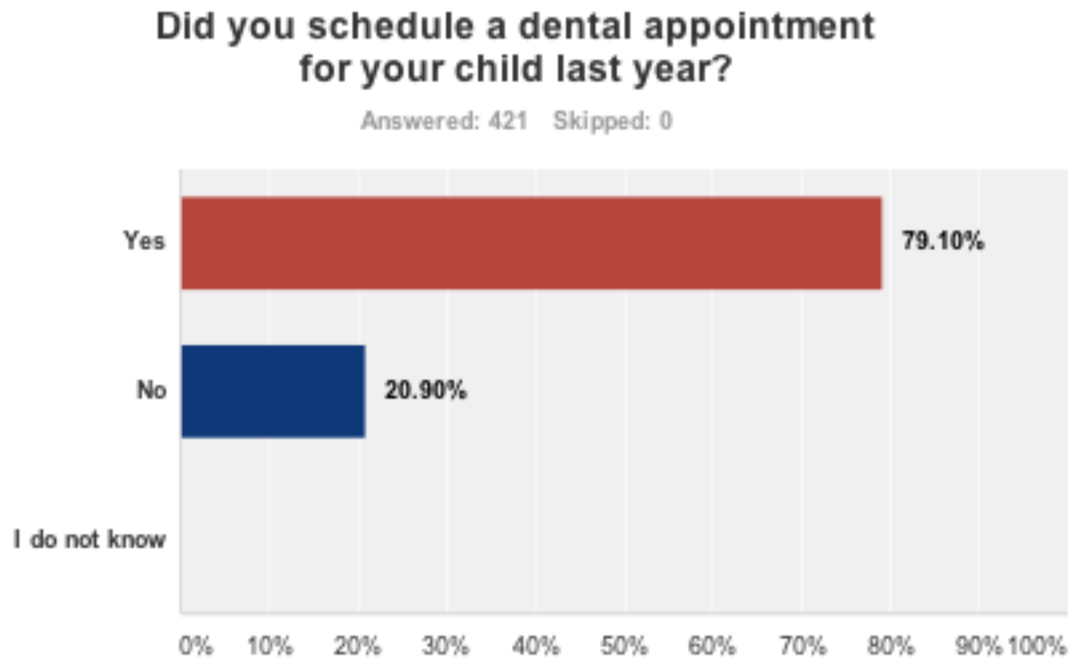
Under the new health insurance law, there are 10 categories of health care services that health insurance must cover. To the best of your knowledge, is dental care for children one of these 10 essential services?

Answered: 421 Skipped: 0



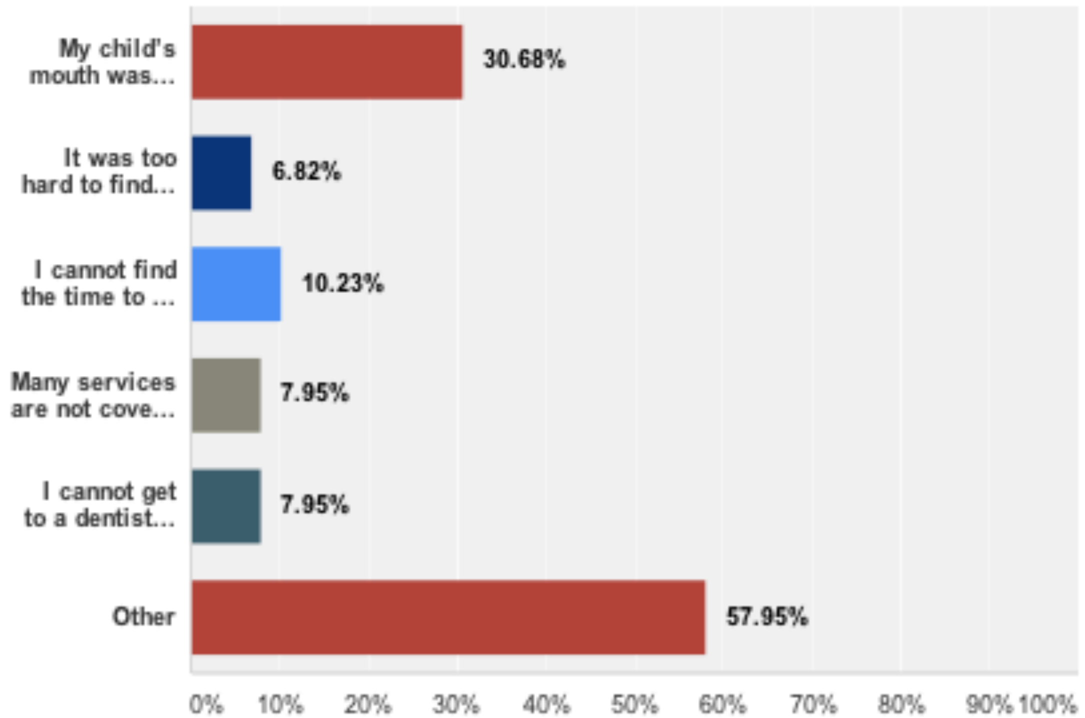
Answer Choices	Responses	
Yes	27.32%	115
No	12.11%	51
I do not know	60.57%	255
Total		421

Figure 23. Scheduling of Dental Appointment



Answer Choices	Responses	
Yes	79.10%	333
No	20.90%	88
I do not know	0.00%	0
Total		421

Figure 24. Reasons Why Parent Did Not Schedule Dental Appointment for Child

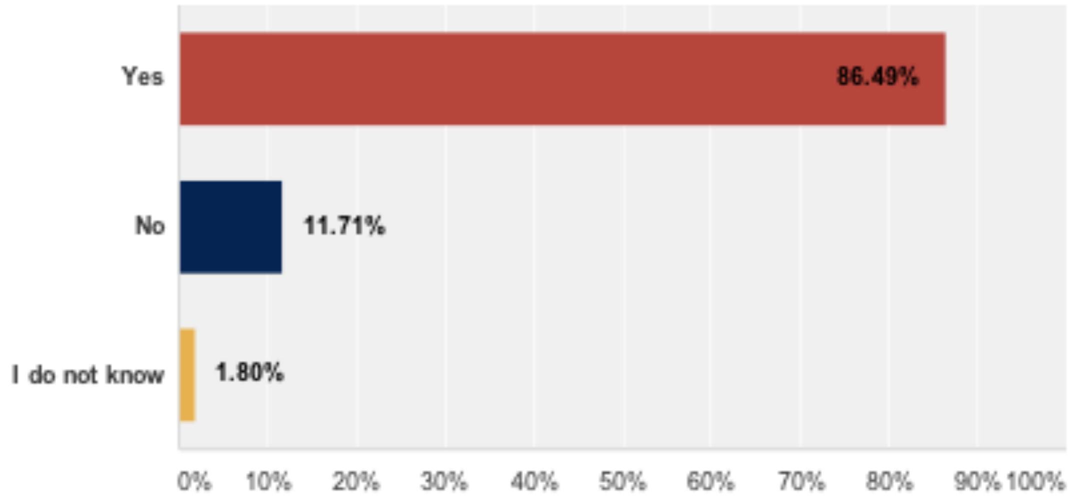


Answer Choices	Responses	
My child's mouth was healthy – they did not need to visit the dentist.	30.68%	27
It was too hard to find a dentist that accepted my child's dental plan or Medicaid	6.82%	6
I cannot find the time to get to a dentist (e.g., cannot get the time off from work, dentist does not have convenient office hours).	10.23%	9
Many services are not covered by my child's dental plan or Medicaid, so I end up having to pay with my own money.	7.95%	7
I cannot get to a dentist easily (e.g., do not have transportation, located too far away)	7.95%	7
Other	57.95%	51
Total Respondents: 88		

Figure 25. Use of Pediatric Dental Insurance

Did you use dental insurance to take your child to the dentist last year?

Answered: 333 Skipped: 88

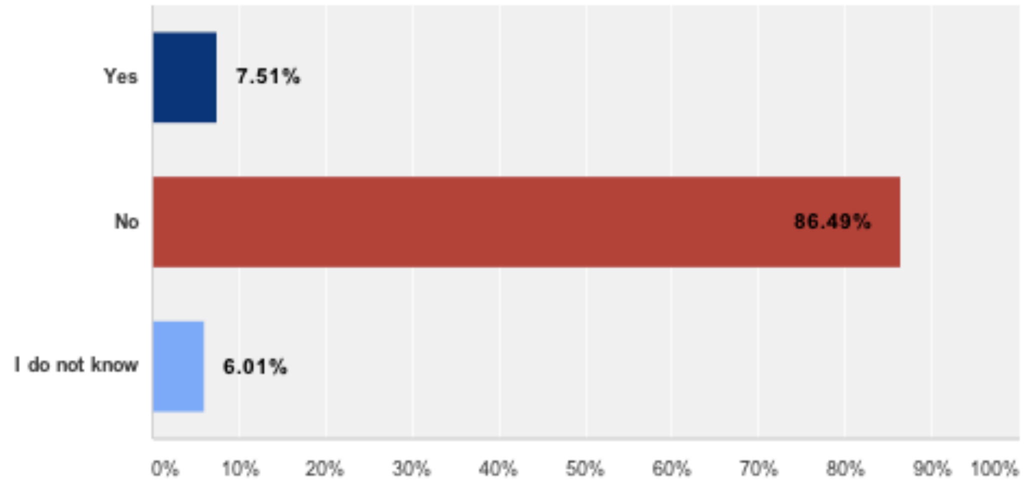


Answer Choices	Responses	
Yes	86.49%	288
No	11.71%	39
I do not know	1.80%	6
Total		333

Figure 26. Difficulty Finding Dentist Who Accepts Pediatric Dental Benefits

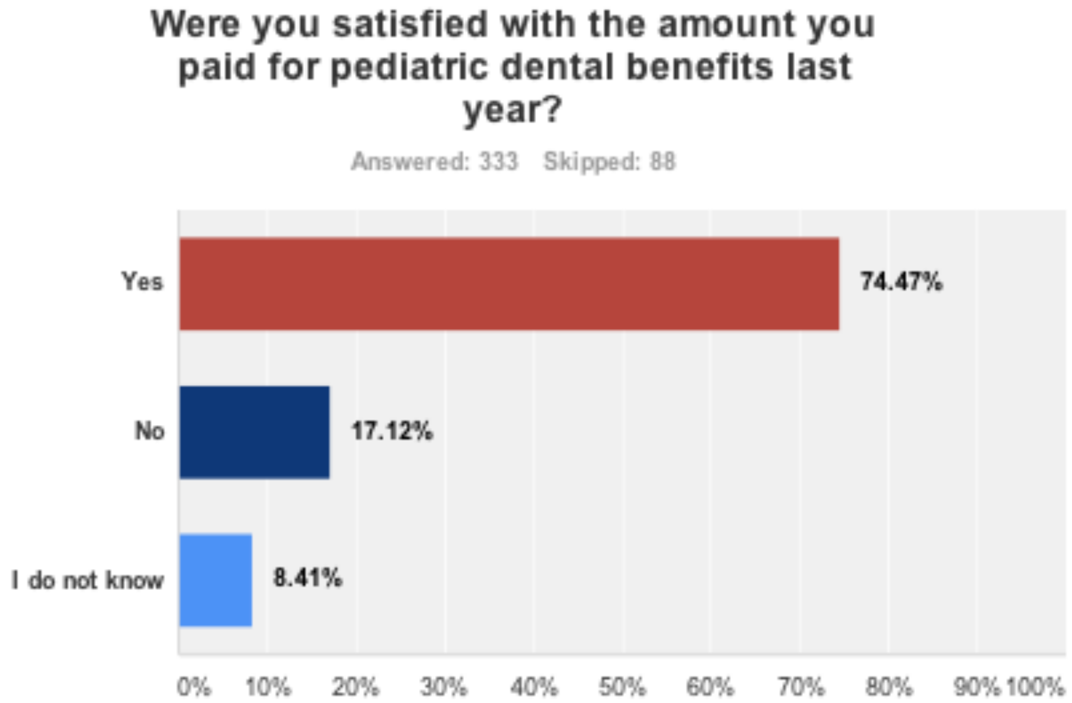
Did you have trouble finding a dentist who accepted your pediatric dental benefits last year?

Answered: 333 Skipped: 88



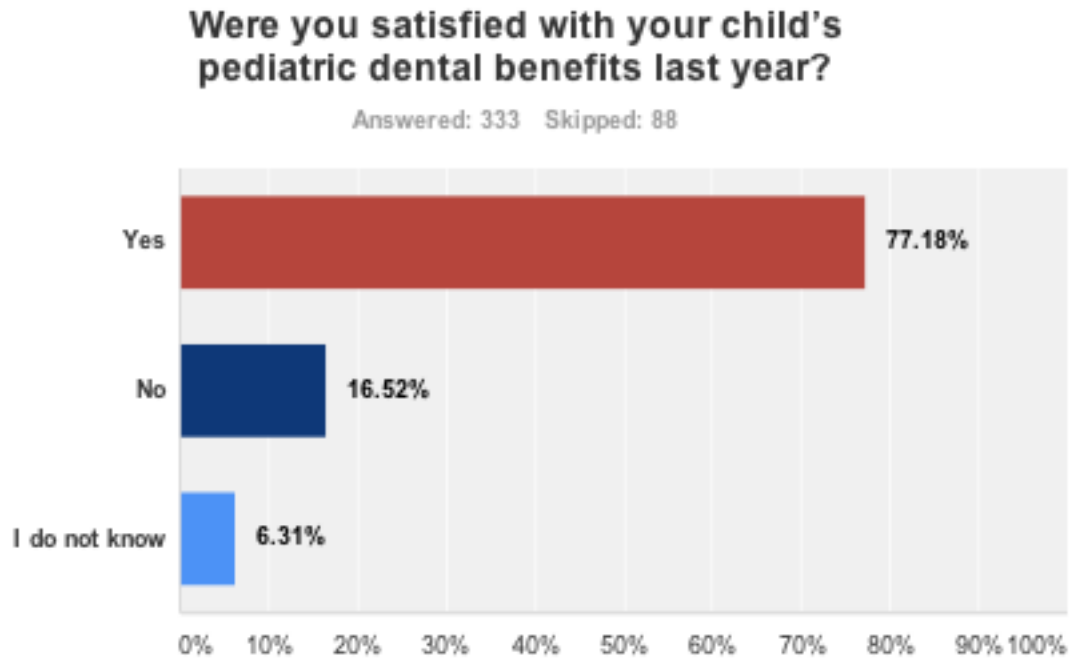
Answer Choices	Responses	
Yes	7.51%	25
No	86.49%	288
I do not know	6.01%	20
Total		333

Figure 27. Satisfaction with Amount Paid for Pediatric Dental Benefits



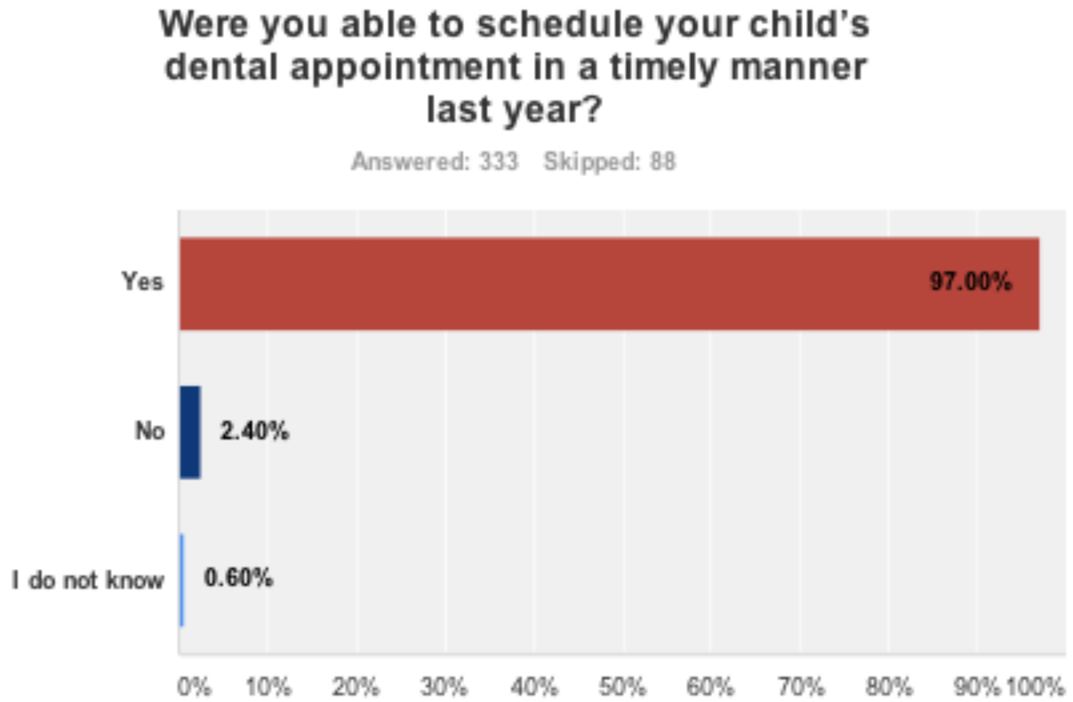
Answer Choices	Responses	
Yes	74.47%	248
No	17.12%	57
I do not know	8.41%	28
Total		333

Figure 28. Satisfaction with Pediatric Dental Benefits



Answer Choices	Responses	
Yes	77.18%	257
No	16.52%	55
I do not know	6.31%	21
Total		333

Figure 29. Ability to Schedule Child's Dental Appointment in a Timely Manner

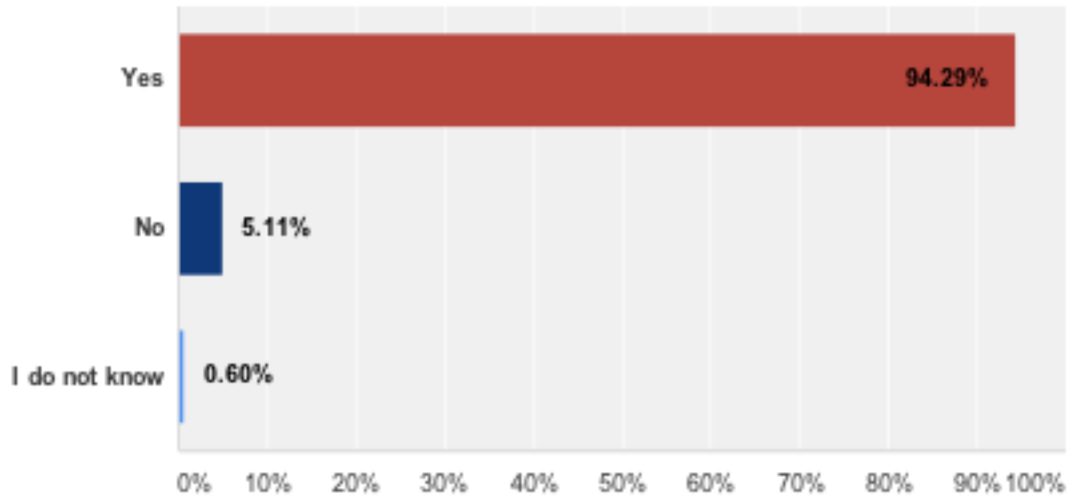


Answer Choices	Responses	
Yes	97.00%	323
No	2.40%	8
I do not know	0.60%	2
Total		333

Figure 30. Satisfaction with Distance Traveled to See Dental Provider

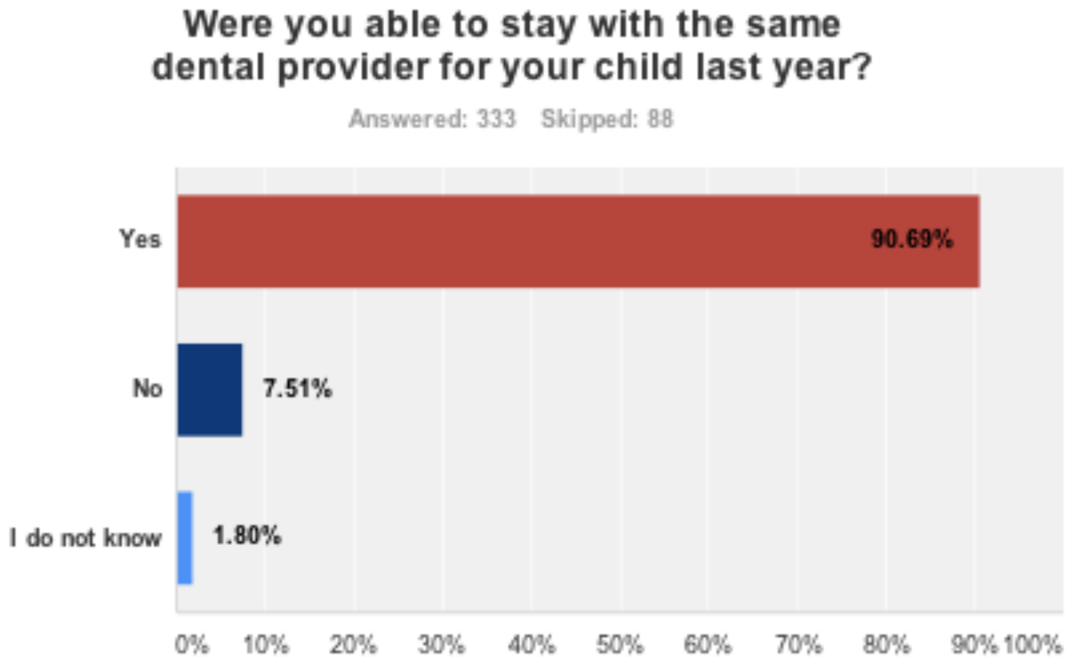
Were you satisfied with the distance you had to travel to see your child's dental provider last year?

Answered: 333 Skipped: 88



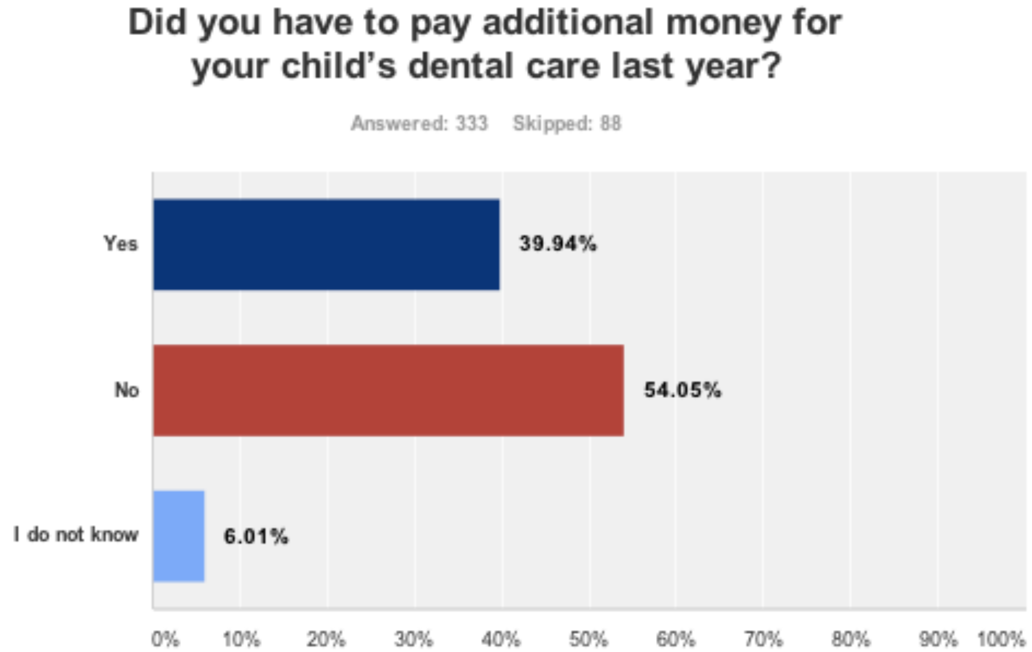
Answer Choices	Responses	
Yes	94.29%	314
No	5.11%	17
I do not know	0.60%	2
Total		333

Figure 31. Ability to Stay with Same Provider



Answer Choices	Responses	
Yes	90.69%	302
No	7.51%	25
I do not know	1.80%	6
Total		333

Figure 32. Additional Money Paid for Child's Dental Care

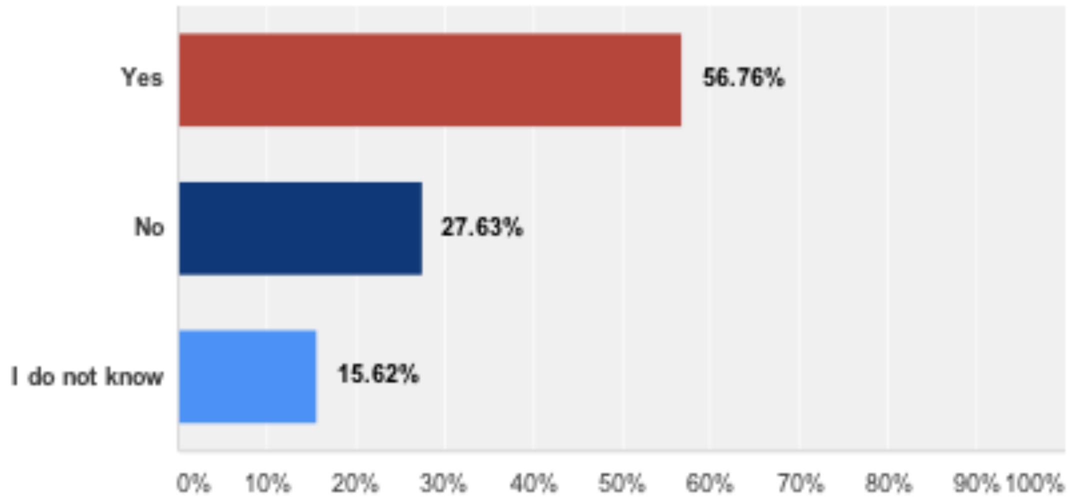


Answer Choices	Responses	
Yes	39.94%	133
No	54.05%	180
I do not know	6.01%	20
Total		333

Figure 33. Prior Knowledge of Additional Money Paid for Child's Dental Care

In reference to the previous question about paying additional money for your child's dental care, were you aware of this before your child's dental appointment?

Answered: 333 Skipped: 88

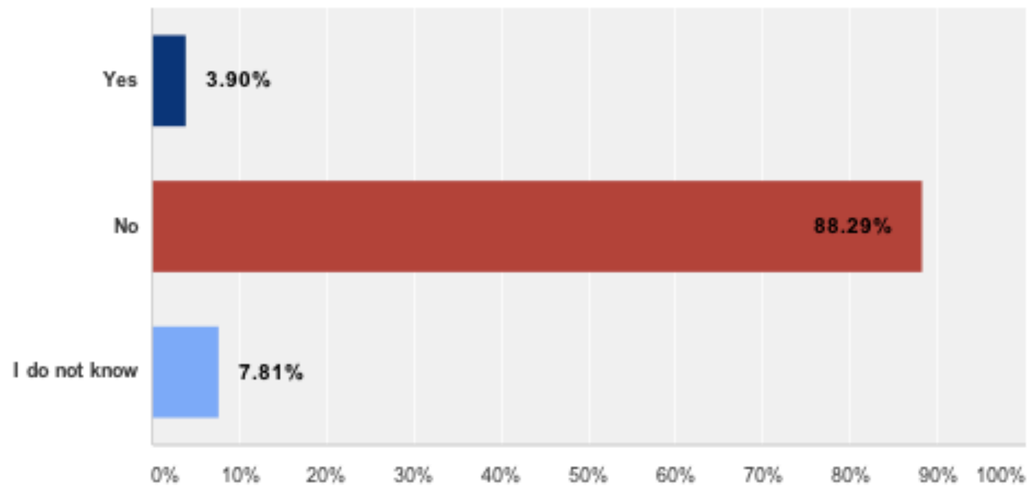


Answer Choices	Responses	
Yes	56.76%	189
No	27.63%	92
I do not know	15.62%	52
Total		333

Figure 34. Additional Cost Hindering Dental Visit

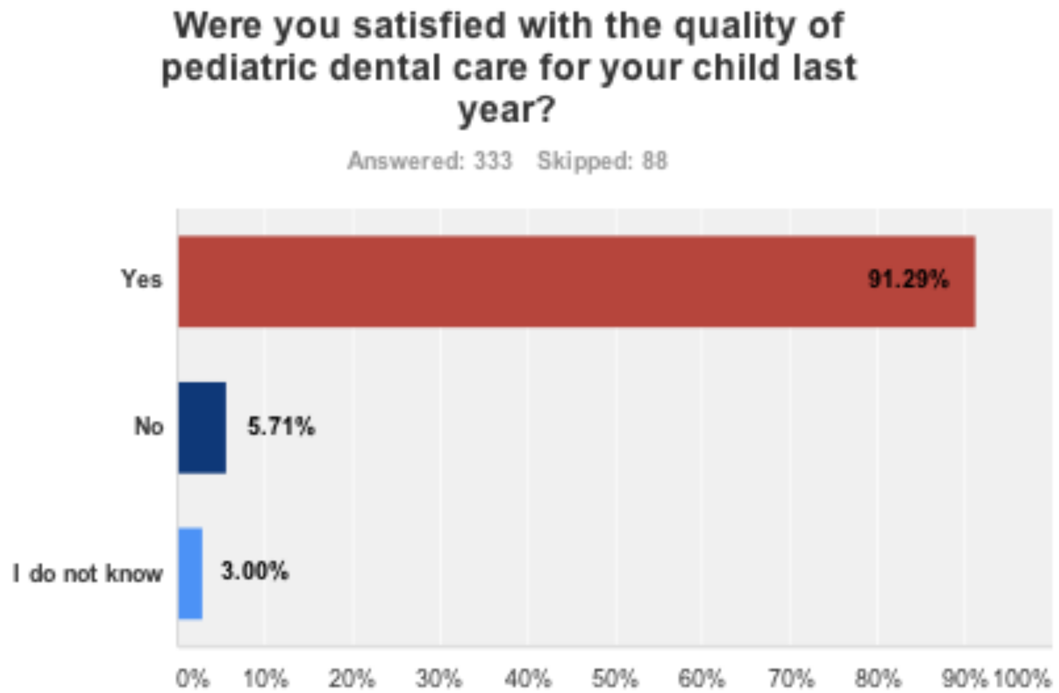
In reference to the two previous questions about paying additional money for your child's dental care, did the additional cost keep you from taking your child to the dentist?

Answered: 333 Skipped: 88



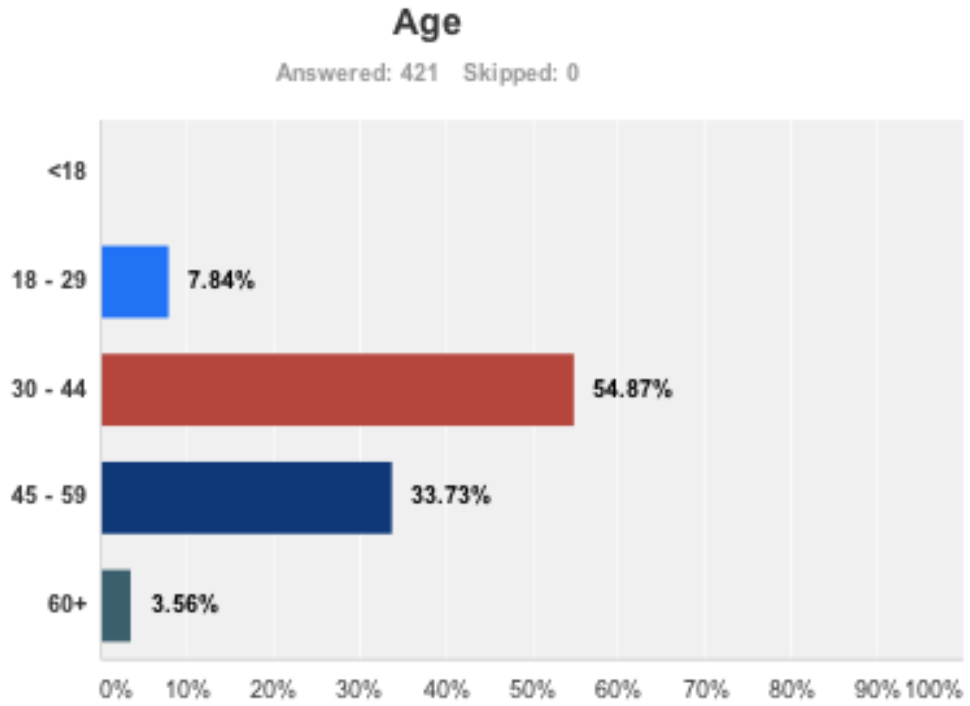
Answer Choices	Responses	
Yes	3.90%	13
No	88.29%	294
I do not know	7.81%	26
Total		333

Figure 35. Satisfaction with Quality of Pediatric Dental Care



Answer Choices	Responses	
Yes	91.29%	304
No	5.71%	19
I do not know	3.00%	10
Total		333

Figure 36. Additional Demographics - Age



Answer Choices	Responses	
<18	0.00%	0
18 - 29	7.84%	33
30 - 44	54.87%	231
45 - 59	33.73%	142
60+	3.56%	15
Total		421

Figure 37. Additional Demographics – Household Income

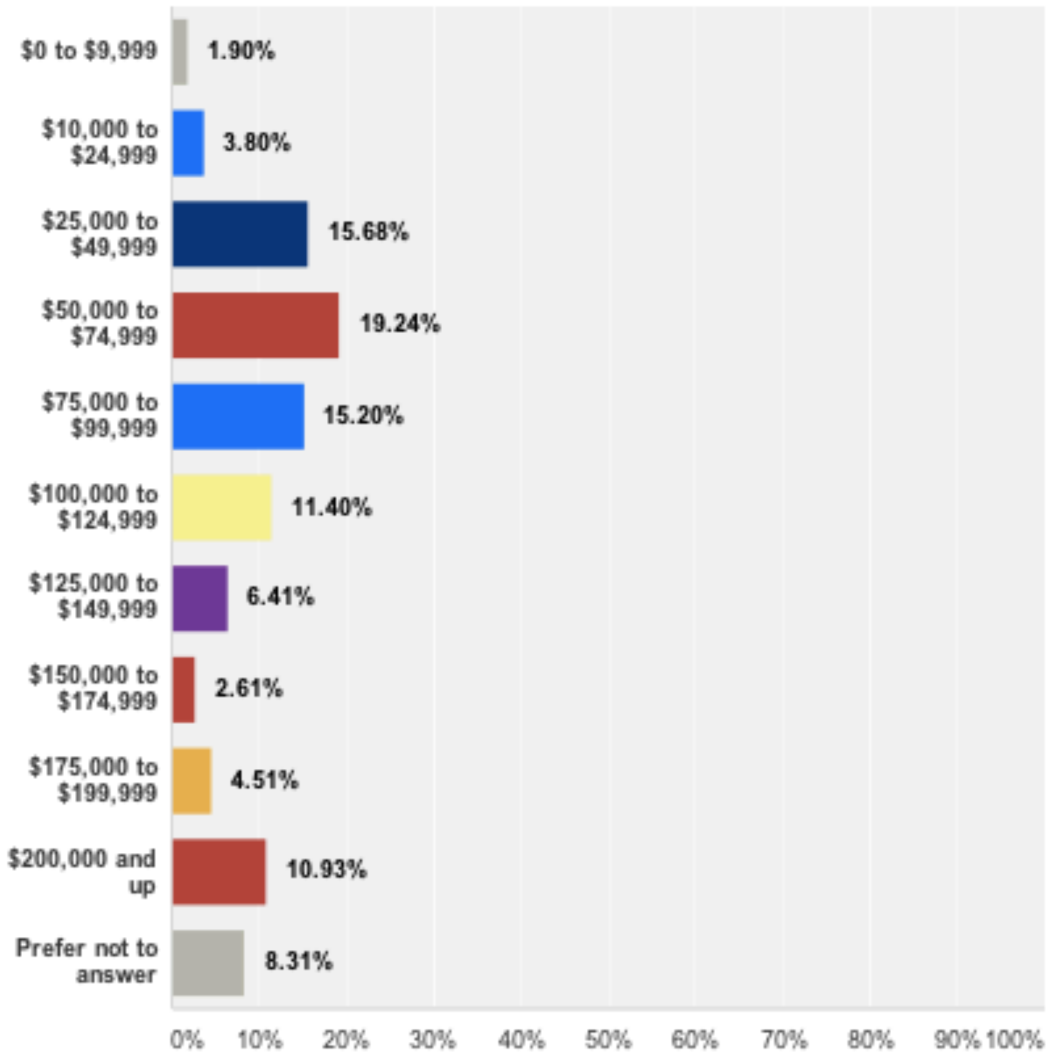
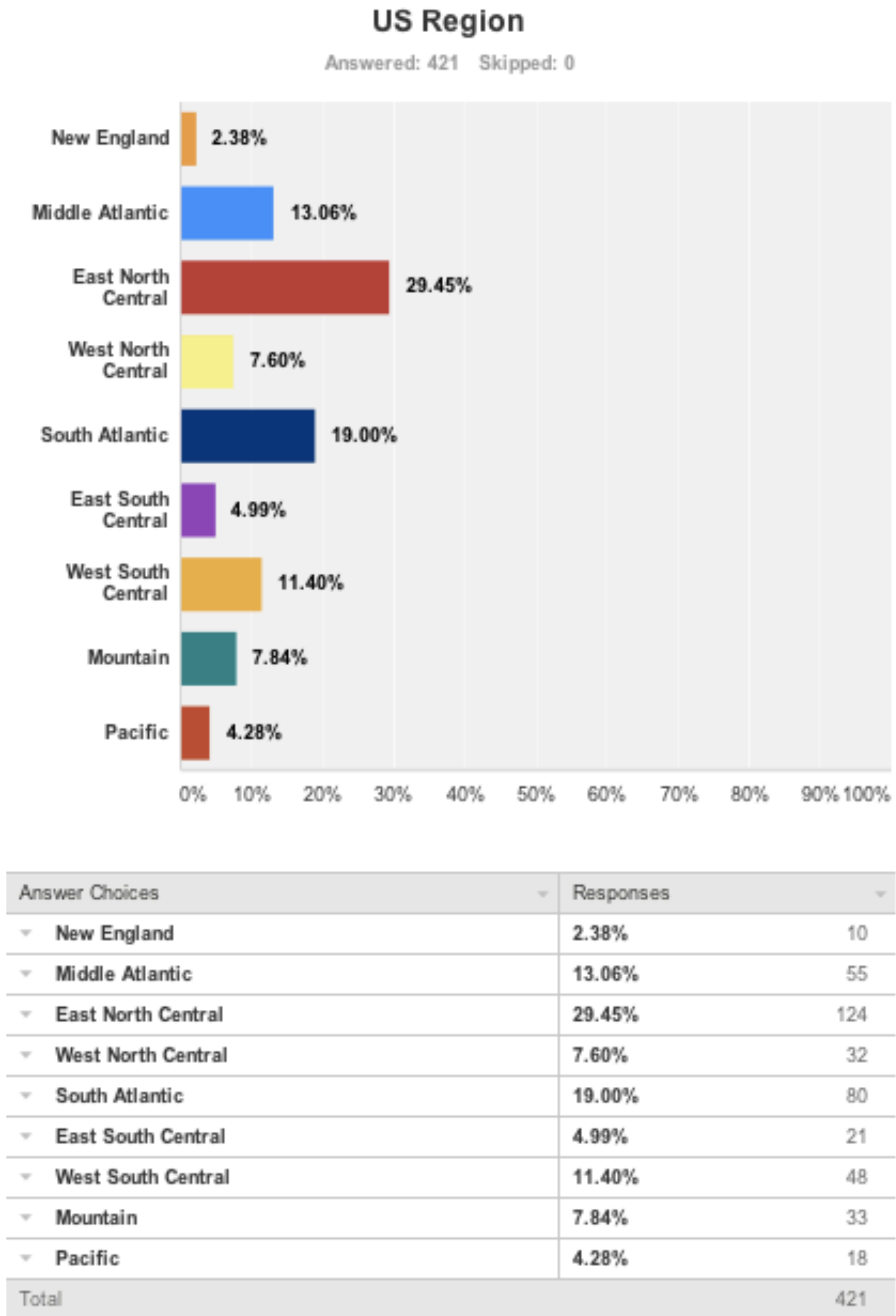


Figure 37. Additional Demographics – Household Income (cont'd)

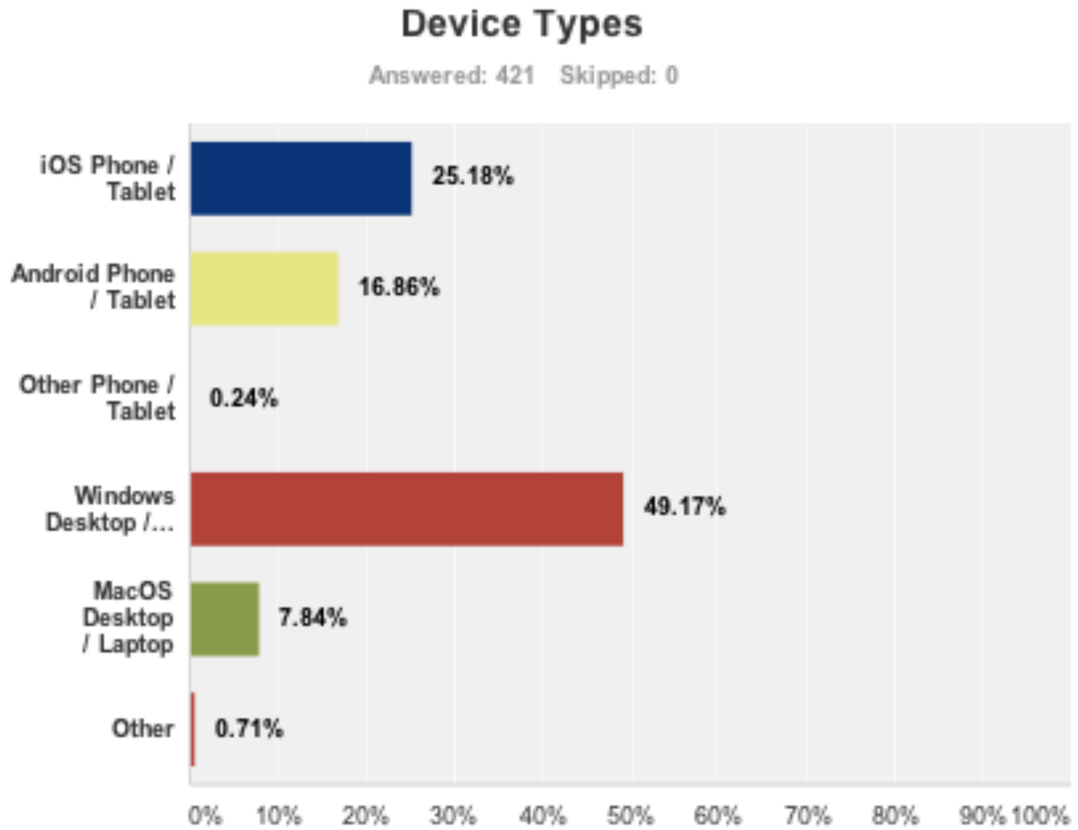
Answer Choices	Responses	
$0 to $9,999	1.90%	8
$10,000 to $24,999	3.80%	16
$25,000 to $49,999	15.68%	66
$50,000 to $74,999	19.24%	81
$75,000 to $99,999	15.20%	64
$100,000 to $124,999	11.40%	48
$125,000 to $149,999	6.41%	27
$150,000 to $174,999	2.61%	11
$175,000 to $199,999	4.51%	19
$200,000 and up	10.93%	46
Prefer not to answer	8.31%	35
Total		421

Figure 38. Additional Demographics – U.S. Region



Answer Choices	Responses	
New England	2.38%	10
Middle Atlantic	13.06%	55
East North Central	29.45%	124
West North Central	7.60%	32
South Atlantic	19.00%	80
East South Central	4.99%	21
West South Central	11.40%	48
Mountain	7.84%	33
Pacific	4.28%	18
Total		421

Figure 39. Additional Information - Device Types



Answer Choices	Responses	
iOS Phone / Tablet	25.18%	106
Android Phone / Tablet	16.86%	71
Other Phone / Tablet	0.24%	1
Windows Desktop / Laptop	49.17%	207
MacOS Desktop / Laptop	7.84%	33
Other	0.71%	3
Total		421

Figure 40. Specific Aims 4

Specific Aims 4: Does the status of pediatric dental insurance in 2014 influence parental decision to schedule a dental appointment for their child in 2014?

		Did you schedule a dental appointment for your child last year?	
		No	Yes
Did your child have pediatric dental benefits in 2014?	I don't know	10 (50%)	10 (50%)
	No	37 (45%)	46 (55%)
	Yes	41 (13%)	277 (87%)

Using chi-square analysis the percentage of participants that scheduled an appointment differed by possessing pediatric insurance, $c^2(2, N = 421) = 50.72$, $p = 0.000$. Examining Cramer's V of 35% indicates a moderately strong association between having dental insurance and making a dental appointment.

Figure 41. Specific Aims 5

Specific Aims 5: Does the source of pediatric dental insurance in 2014 influence whether parents were able to schedule their child's dental appointment in a timely manner last year?

		Were you able to schedule child's dental appointment in a timely manner last year?	
		No	Yes
Which source did your child have pediatric dental benefits from in 2014?	Through the new health insurance marketplace	0 (0%)	8 (100%)
	Employer (mine or my spouse/partner's)	5 (2%)	222 (100%)
	Directly from the insurance company, not through the marketplace	0 (0%)	48 (100%)
	Medicaid	1 (4%)	27 (96%)
	Through a government program other than Medicaid	0 (0%)	5 (100%)
	I do not know	1 (20%)	4 (80%)

Using Fisher's Exact test the percentage of participants that had pediatric benefits did not differ by those scheduling an appointment, $c^2(5, N = 421) = 6.85$, $p = 0.231$. Examining Cramer's V of 16% indicates a moderate but non-significant association between source of pediatric dental insurance in 2014 and whether parents were able to schedule their child's dental appointment in a timely manner last year.

Figure 42. Specific Aims 6

Specific Aims 6: Does the type of pediatric dental insurance in 2014 influence whether parents were satisfied with the amount of money paid for pediatric dental benefits last year?

		Were you satisfied with the amount you paid for pediatric dental benefits last year?		
		Yes	No	I Do Not Know
Depending on the state, pediatric dental benefits may be offered in up to three ways. Which type did you select in 2014 for your child	Through a qualified health plan (QHP) that includes dental coverage (embedded)	75 (80%)	14 (15%)	5 (5%)
	Through a stand-alone dental plan purchased in conjunction with a QHP	73 (85%)	12 (14%)	1 (1%)
	Through a contracted/bundled plan (one premium for separate medical and dental policies)	42 (84%)	7 (14%)	1 (2%)
	I was offered pediatric dental health benefits but chose not to purchase	3 (100%)	0 (0%)	0 (0%)
	I was not offered pediatric dental health benefits and did not purchase	6 (86%)	1 (14%)	0 (0%)
	I do not know	25 (68%)	7 (19%)	5 (13%)

Using Fisher's Exact test the percentage of participants that were satisfied with their pediatric benefits did not differ by selection method, $c^2(10, N = 421) = 12.61$, $p = 0.246$. Examining Cramer's V of 15% indicates a non-significant moderate association between type of pediatric dental insurance in 2014 and satisfaction with amount of money paid for pediatric dental benefits last year.

Appendix

Total raw data is not included in this document because the total numbers of observations were 421 with more than 50 columns of variables. As an example of some of our raw data, a screen shot is shown below.

	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	What is your race/ethnic		In what yea	What is you	What is the	Which of th	In what stat	What ZIP C	Including yourself, how		How many children are		Did your chi	Why did you not purchase pediatric dental benefits for your child? Please						Which sour
2	Response	Some other	Open-Ende	Response	Response	Response	Response	Open-Ende	Response	Other (pleas	Response	Other (pleas	Response	My child's t	The plans w	The plans d	I was not re	I could not e	Other	Response
3	White		1980	Separated	Bachelor's	Employed,	Texas	76530	4		3		Yes							Employer (
4	White		1970	Married or	Associate d	Disabled, n	Illinois	61008	4		2		Yes							Employer (
5	White		1972	Divorced	Associate d	Employed,	Wisconsin	53210	2		1		Yes							Employer (
6	White		1975	Married or	Master's de	Employed,	North Carol	27713	Other (pleas	5	3		Yes							Employer (
7	White		1980	Married or	Associate d	Employed,	Missouri	63109	3		1		No						Other	
8	White		1981	Married or	Bachelor's	Employed,	Illinois	60178	Other (pleas	5	3		Yes							Employer (
9	Some other	human	1961	Divorced	Associate d	Not employ	Georgia	30607	1		Other (pleas	0	Yes							Employer (
10	White		1964	Married or	Master's de	Employed,	North Carol	27506	1		Other (pleas	0	No					I could not easily find a dentist throu		
11	American Indian or Alas		1980	Married or	Bachelor's	Employed,	Texas	77515	4		2		Yes							Employer (
12	White		1991	Single, neve	Some colleg	Employed,	Indiana	47274	3		1		Yes							Medicaid
13	White		1973	Married or	Master's de	Employed,	Missouri	63077	4		2		Yes							Employer (
14	White		1980	Married or	Master's de	Employed,	Pennsylvan	17112	3		1		Yes							Employer (
15	White		1971	Married or	Some colleg	Employed,	Wisconsin	54170	4		2		No						Other	
16	White		1971	Married or	Bachelor's	Employed,	Michigan	49315	Other (pleas	5	3		No		The plans were too expensive for the benefits you get					
17	White		1973	Married or	High school	Employed,	Utah	84050	Other (pleas	6	4		Yes							Employer (
18	White		1978	Married or	Doctorate d	Employed,	New Jersey	7424	4		2		Yes							Employer (
19	Asian		1975	Married or	Professiona	Employed,	Texas	77433	3		1		Yes							Directly fro
20	White		1982	Married or	Bachelor's	Employed,	Iowa	50458	Other (pleas	9	Other (pleas	7	I do not know							
21	Some other	Human beir	1970	Married or	High school	Retired	New Hamps	3875	3		1		No				I was not required to purchase dental insurance			
22	White		1979	Married or	Bachelor's	Employed,	New Jersey	7081	3		1		No						Other	
23	White		1979	Married or	Master's de	Employed,	Pennsylvan	18062	4		2		Yes							Employer (
24	White		1983	Married or	Associate d	Employed,	Oregon	97224	3		1		Yes							Employer (
25	White		1970	Married or	High school	Employed,	Missouri	64804	3		1		Yes							Employer (
26	White		1974	Married or	Professiona	Employed,	Arizona	85018	Other (pleas	5	3		No						Other	
27	Asian		1997	Single, neve	Some high	A student	Texas	77036	2		1		Yes							Medicaid
28	White		1977	Single, neve	Master's de	Employed,	Michigan	48178	4		2		Yes							Employer (
29	Hispanic or Latino		1971	Married or	Bachelor's	Employed,	Pennsylvan	17603	4		2		Yes							Employer (
30	White		1986	Married or	Bachelor's	Employed,	Pennsylvan	18966	3		1		Yes							Employer (
31	White		1978	Married or	Some colleg	Employed,	Texas	79407	4		2		Yes							Through th
32	White		1971	Married or	Professiona	Employed,	Michigan	48084	4		2		Yes							Employer (
33	White		1970	Married or	High school	Employed,	South Carol	29579	4		2		I do not know							
34	White		1982	Married or	Bachelor's	Employed,	Utah	84003	3		1		Yes							Employer (
35	White		1968	Married or	Master's de	Employed,	Oregon	97219	Other (pleas	6	4		Yes							Employer (
36	Asian		1979	Married or	Master's de	Employed,	Texas	75063	3		1		Yes							Employer (
37	White		1979	Married or	Master's de	Employed,	Nevada	89149	Other (pleas	5	2		Yes							Employer (
38	White		1975	Married or	Professiona	Employed,	Pennsylvan	19038	4		2		Yes							Employer (
39	White		1975	Married or	Bachelor's	Employed,	Georgia	30097	Other (pleas	5	3		Yes							Employer (

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