

STATISTICAL BRIEF #112

January 2006

Dental Expenditures in the 10 Largest States, 2003

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Introduction

In 2003, expenditures for dental care among the U.S. civilian non-institutionalized (community) population were \$67 billion or 7.5 percent of total health care expenditures. The percentage of the population with a dental expense was 42.7 percent, which closely aligns with the population's experience in 1996 when 41.8 percent had a dental expense. Over the same time period, the average dental expense per person with an expense increased 40.6 percent from \$384 to \$540, an increase much higher than the rate of change in inflation based on the Consumer Price Index.

Dental expenditures are distinguished from overall health expenditures in the distribution of sources of payment. In 2003, 42.4 percent of all medical expenditures were paid by private insurance. A similar proportion of dental expenditures, 43.1 percent, was paid by private insurance. However, a much smaller amount of the cost of dental care was paid by government programs, such as Medicaid or Medicare. In addition, persons with a dental expenditure in 2003 paid 48.2 percent of the costs, out-of-pocket. This is about two and a half times the rate paid out-of-pocket for overall health expenditures.

This Statistical Brief presents estimates based on data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) on use, costs, and sources of payment for dental expenditures for persons in the community population in 2003 for the 10 largest States and compares these estimates to the national average in 2003. Only those estimates with statistically significant differences from the national average using a multiple comparison procedure at the 0.05 significance level are noted in the text.

Findings

In 2003, 42.7 percent of all persons in the community population had an expenditure for dental care. In Texas, the percentage was 30.6 percent, and in Florida the percentage was 36.4 percent. Both of these rates were significantly lower than the national average. For persons in Michigan and New Jersey, the percentages were 52.5 and 48.0 percent, respectively. These rates were both higher than the national average. (figure 1)

Highlights

- In 2003, dental expenditures represented about 7.5 percent of all medical expenditures for persons in the community population.
- The percentage of persons with a dental expenditure in 2003 was lower than the national average in Texas and Florida and higher than the national average in New Jersey and Michigan.
- The average expenditure for dental care for a person with an expenditure was higher than the national average in California and lower than the national average in Ohio.
- The percentage of dental expenditures paid by private insurance in New York was lower than the national average.
- The percentage of dental expenditures paid out-of-pocket by persons in Florida was higher than the national average but was lower than the national average in Michigan.

The national average expenditure for dental care in 2003 for persons who had an expenditure was \$540. The average expenditure of \$365 for the year for persons in Ohio who had an expenditure was lower than the national average. Persons in California who had an expenditure spent an average of \$647, which was higher than the national average. (figure 2)

Nationwide in 2003, private insurance paid for 43.1 percent of the expenditures for dental care. In New York, private insurance paid for a lower proportion of these expenditures, at 33.7 percent. (figure 3)

Out-of-pocket payments in 2003 accounted for 48.2 percent of dental expenditures. In Florida, out-of-pocket payments for dental expenditures were significantly higher than the national average, at 57.5 percent. Persons in Michigan contributed a smaller share of dental expenditures with their out-of-pocket payments. The percentage in Michigan was 39.4 percent. (figure 4)

Definitions

Expenditures

Expenses include total payments from all sources to hospitals, physicians, other health care providers (including dental care and home health), pharmacies, and providers of other medical equipment for services reported by respondents in the MEPS-HC. Sources include direct payments from individuals, private insurance (including TRICARE), Medicare, Medicaid, and various other sources (including the Veterans' Administration, Workers' Compensation, and miscellaneous public sources).

Dental expenditures

This subcategory of expenditures includes those expenses for any type of dental provider.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at <http://www.meps.ahrq.gov/>.

References

For a detailed description of the MEPS survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, Md.: Agency for Health Care Policy and Research, 1997.

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5–III-12.

Suggested Citation

Sommers, J. P. *Dental Expenditures in the 10 Largest States, 2003*. Statistical Brief #112. January 2006. Agency for Healthcare Research and Quality, Rockville, Md.
http://meps.ahrq.gov/mepsweb/data_files/publications/st112/stat112.pdf

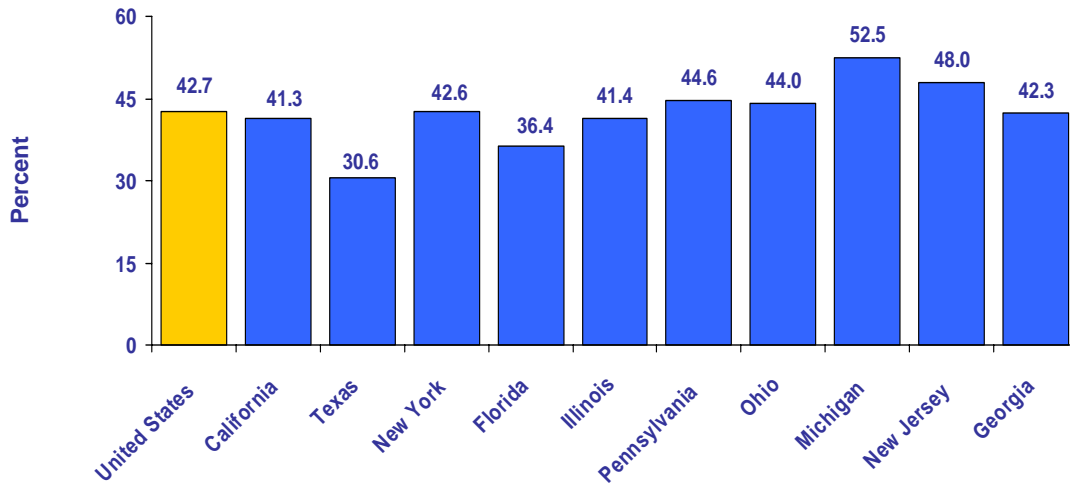
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at mepspd@ahrq.gov or send a letter to the address below:

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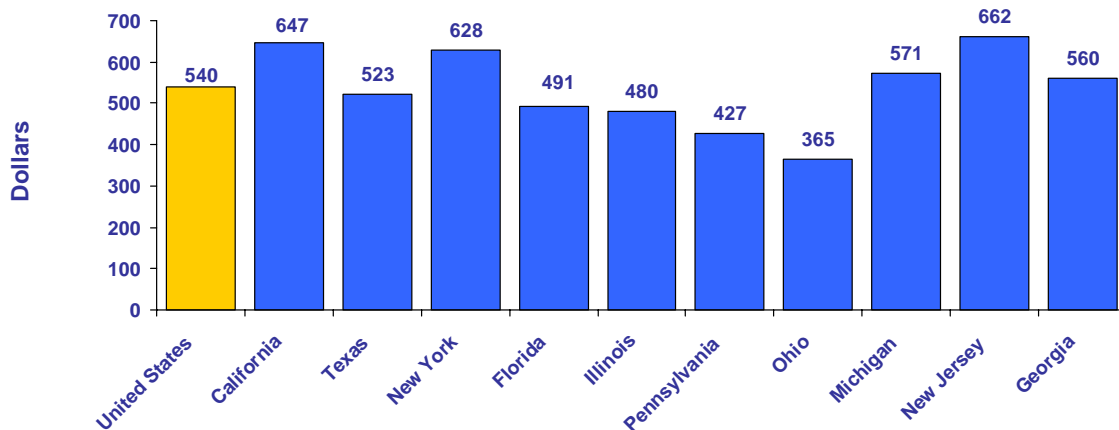
Figure 1. Percentage of persons who had a dental expenditure in 2003: United States and 10 largest States



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2003



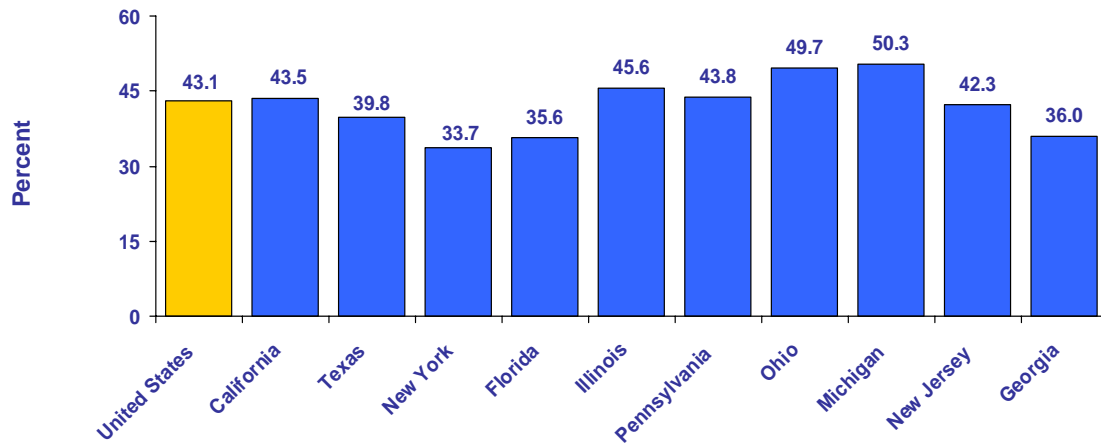
Figure 2. Average dental expenditures for persons who had an expenditure in 2003: United States and 10 largest States



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2003



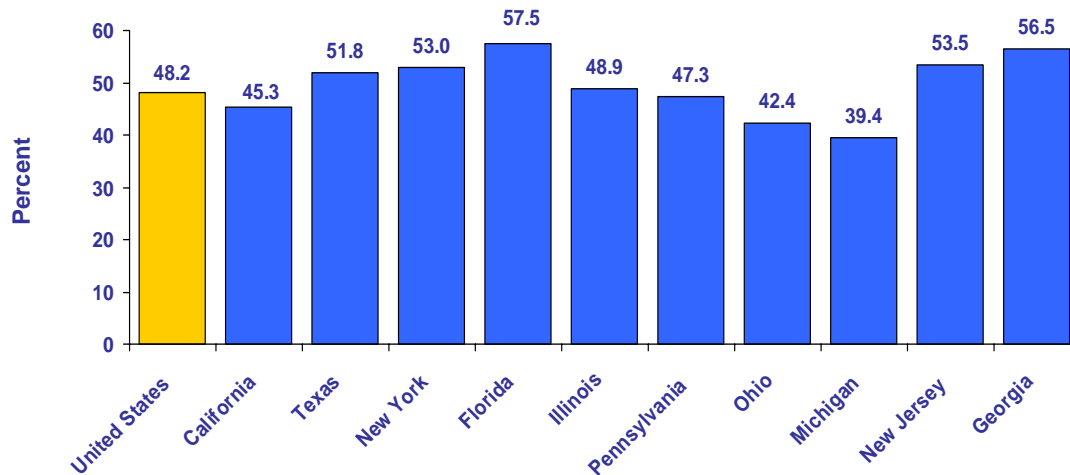
Figure 3. Percentage of dental expenditures paid by private insurance in 2003: United States and 10 largest States



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2003



Figure 4. Percentage of dental expenditures paid out-of-pocket in 2003: United States and 10 largest States



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2003