ARTICLE 1

COVER STORY

Use of dental services by immigration status in the United States

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ABSTRACT

Background. There is limited research with mixed findings comparing differences in oral health outcomes and the use of dental services by immigration status. The authors conducted a study by reviewing nationally representative data to describe differences in dental care among noncitizens, naturalized citizens, and US-born citizens in the United States.

Methods. The authors used nationally representative data from the 2008-2012 Medical Expenditure Panel Survey to examine dental care for US-born citizens, naturalized citizens, and noncitizens 18 years and older. Total analytical sample size was 98,107 adults. They used multivariate logistic regression to model dental service use adjusting for confounding factors.

Results. Naturalized citizens and noncitizens were significantly less likely to have at least 1 dental visit within 12 months (39.5% and 23.1%, respectively) compared with US-born citizens (43.6%; $P < .001$). Among users, a smaller proportion of comprehensive examination visits were for naturalized citizens and noncitizens (75.9% and 71.4%, respectively) compared with US-born citizens (82.8%; $P < .01$). Noncitizen visits to dentists were also more likely to involve tooth extraction compared with those of US-born citizens (11.3% versus 8.8%; $P < .01$). Multivariate logistic regression suggests both non- and naturalized citizens had lower adjusted odds of having a comprehensive examination compared with US-born citizens during a visit ($P < .01$).

Conclusions. Noncitizens and naturalized citizens had a lower rate of dental service use, and noncitizens were more likely to have had tooth extraction compared with US-born citizens.

Practical Implications. Increased outreach efforts tailored to noncitizens and naturalized citizens who are at high risk of experiencing dental problems are needed, particularly to address misperceptions on the necessity of preventive dental visits.

Key Words. Dental health services; dental care use; health policy; dental care; dental public health; minority groups; public policy; public health and community dentistry; vulnerable populations.
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Well-documented disparities exist in health care use and expenditures between foreign-born and native-born residents in the United States.[1-5] These disparities have been demonstrated within foreign-born populations with naturalized citizens having higher use and expenditures compared with noncitizens.[3,6-7] These disparities in health care use are likely related to economic and legal barriers to medical care, including the Affordable Care Act (ACA), which bars those without legal documentation to reside in the United States from eligibility for government benefits and maintains barriers to health care for those who have legal documents that have lived in the United States less than 5 years.[8-10]

Limited and conflicting findings are published on dental health and dental care use among noncitizens and naturalized citizens. For example, a study of 523 Haitian-origin immigrants in New York City reported that only 17% had healthy teeth. There was, however, no comparison with nonimmigrants.[11] A survey of 108 Latina migrant women found that parents were less likely than their children to use dental services.[12] Results from a larger survey of 1,318 immigrants in New York City suggested that dental caries and periodontal status varied by country of origin, with immigrants who were Hispanic or immigrants who were black and from the Caribbean experiencing the most adverse dental health compared with other immigrants.[13] A nationally representative study reported, however, that Hispanic immigrants have a lower likelihood of impaired oral health–related quality of life relative to US-born Hispanic natives, even though 40% of

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Hispanic immigrants reported they were unable to access dental care versus 27% for US-born Hispanic natives.[14] Similar to oral health outcomes, there have been inconsistent findings on whether noncitizens and naturalized citizens underuse dental services compared with

Supplemental material is available online.

US-born citizens. In 1 study, immigrant women in San Francisco were approximately one-half as likely to use dental services relative to US citizens.[15] In contrast, a study of older people found that immigrants were more likely to use dental services than US-born citizens after adjusting for confounding factors.[16] Most of these studies are limited in sample size and geographical scope and, thus, have limited comparability to the US population.

To our knowledge, there has been no nationally representative study of dental service use by immigration status in the United States. We decided to address this omission in the research literature by conducting a study using nationally representative data to obtain differences in use of dental services among US-born citizens, naturalized citizens, and noncitizens in the United States. Our aim was also to examine the distribution of dental services and type of dental care providers serving noncitizen and naturalized citizen populations.

TABLE 1

Descriptive statistics of dental service use by immigration status, Medical Expenditure Panel Survey 2008-2012.*

VARIABLE	US-BORN CITIZEN		NATURALIZED CITIZEN			NONCITIZEN		
	%	95% CI†	%	95% CI	*P* Value‡	%	95% CI	*P* Value
At Least 1 Dental Visit Within Past 12 Months	43.6	42.6-44.6	39.5	37.9-41.1	< .001	23.1	21.2-25.2	< .001
Among Dental Service Users								
Comprehensive examination	82.8	81.8-83.8	75.9	73.8-77.9	< .001	71.4	68.5-74.1	< .001
Prophylaxis	80.2	79.3-81.0	79.5	77.9-81.1	.477	73.0	70.5-75.3	< .001
Radiographs	49.3	47.8-50.8	47.1	45.0-49.2	.072	44.0	41.4-46.7	< .001
Restoration	19.6	8.9-20.4	18.0	16.4-19.8	.109	21.7	19.7-23.9	.064
Inlay	0.3	0.3-0.4	0.3	0.2-0.7	.946	0.3	0.2-0.7	.911
Crown	12.7	12.1-13.3	11.3	10.2-12.5	.033	10.1	8.7-11.8	.002
Root canal therapy	4.8	4.5-5.1	4.9	4.0-5.9	.848	5.2	4.3-6.2	.485
Periodontal scaling and root planing	2.5	2.3-2.8	2.9	2.3-3.7	.355	3.8	2.7-5.3	.051
Periodontal recall visit	1.2	1.0-1.4	1.9	1.2-2.8	.089	1.1	0.7-1.8	.811
Tooth extraction	8.8	8.3-9.3	8.2	7.2-9.4	.358	11.3	9.7-13.1	.008
Implant	1.1	1.0-1.3	1.8	1.4-2.5	.009	1.9	1.2-3.0	.074
Abscess or infection treatment	1.4	1.3-1.6	1.3	1.0-1.7	.529	1.6	1.2-2.3	.456
Oral surgery	1.2	1.0-1.3	1.2	0.8-1.8	.893	1.5	1.0-2.3	.355
Bridges	1.1	0.9-1.2	2.1	1.6-2.7	.002	1.3	0.9-1.9	.355
Complete or partial dentures	2.4	2.2-2.7	2.9	2.3-3.6	.208	2.5	1.9-3.4	.820
Repair of bridges or relining of dentures	1.8	1.6-2.0	1.8	1.3-2.4	.947	1.2	0.8-1.8	.031
Orthodontics	1.8	1.6-2.1	2.2	1.5-3.2	.423	2.2	1.6-3.1	.330
Bonding, whitening, or bleaching	1.0	0.8-1.2	0.3	0.2-0.6	< .001	0.4	0.2-1.0	.006
Treatment for temporomandibular disorders	0.3	0.2-0.4	0.1	0.0-0.3	.011	0.1	0.0-0.2	.001

* Source: Agency for Healthcare Research and Quality.[17]
† CI: Confidence interval.
‡ *P* values are based on χ^2 tests of significance for differences in each measure between naturalized citizens and US-born citizens and between noncitizens and US-born citizens.

METHODS

Data. We used the 2008-2012 data from Medical Expenditure Panel Survey (MEPS) to examine disparities in dental care use across immigration status.[17] MEPS is a set of large-scale, ongoing, in-person surveys conducted annually and maintained by the Agency for Healthcare Research and Quality. MEPS has been reviewed by the Westat institutional review board under a multiproject assurance (Multi-Project Assurance M-1531) granted by the Office for Protection from Research Risks, US Department of Health and Human Services. The MEPS database is a publicly available database; our research was determined to be exempt from human participants review by the University of Nebraska Medical Center institutional review board. MEPS respondents are a subsample of the Centers for Disease Control and Prevention's National Health Interview Survey (NHIS). MEPS data are nationally representative and provide detailed information on health care use and on

ABBREVIATION KEY. **ACT:** Affordable Care Act. **MEPS:** Medical Expenditure Panel Survey. **NHIS:** National Health Interview Survey.

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