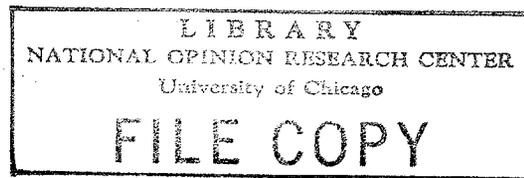


PUBLIC ATTITUDES TOWARD PREPAID DENTAL CARE PLANS

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INTRODUCTION

Within recent years there has been an impressive growth of prepaid dental care plans. In earlier years the plans had been sponsored by employers and more recently unions have become actively engaged in establishing dental care plans for their members. There are also a few community-wide dental care plans. The rate and extent to which these plans will increase in number and size depends upon many factors: for example, the general increase in the standard of living, the extent to which medical care is provided by similar measures, and the degree of success which the existing dental care plans achieve. Moreover, the attitudes of persons in strategic positions will be of particular importance; for example, trade union leaders, employers, the dental profession, and government officials.

One other factor certainly must be considered in any discussion of the expansion of dental care plans; that is, the wishes of the people themselves who are likely to participate in such plans. The public's readiness and desire to participate in dental care plans, of course, will be materially affected by the factors mentioned above. Nevertheless, the attitudes of the public, at any given time, may hold back or may propel the action which responsible leaders can undertake. These attitudes toward dental care plans, however, do not constitute a global, undifferentiated antagonism or enthusiasm; rather, some aspects of various possible plans are more or less appealing to different kinds of people. Information about such differentiated attitudes can be helpful in discussions of the establishment of prepaid dental care plans.

This report upon the attitudes of the public concerning prepaid dental care plans is based on a national survey of 1,862 adults who were interviewed in the fall of 1959 about a wide range of topics--dentists, dental care and ways of

providing for dental care.¹ A full description of the survey and the sample which was used is presented in Appendix A.

The present report is organized in two parts: Part I includes a description of the public's attitudes toward different kinds of prepaid dental care plans and an analysis of factors affecting those attitudes; Part II contains a discussion of the implications of the preceding discussion for the potential market for such plans and a discussion of the potential market for prepaid dental care plans among various segments of the population.

¹The total number of respondents reported in the tables in this report will fall short of the 1,862 which constitutes the total sample because we have excluded those persons who did not answer the question. This will also account, in part for the fact that the sub-groups in the analytical tables will not equal the total sample. The number of cases will vary slightly from table to table, also, because some questions were not asked of the total sample and because some persons could be categorized according to one variable and not another.

PART I. ATTITUDES TOWARD PREPAID DENTAL CARE PLANS

A. Description of Attitudes Towards Prepaid Dental Care Plans

In this first section of the report, findings concerning the overall extent of support for the various forms of prepaid dental care plans will be presented. Attitudes toward such plans will be considered by examining the answers to questions about dental insurance and dental care as a fringe benefit.

Respondents were asked, "Suppose you could get some kind of dental insurance that would cover all the dental expenses you (and your SPOUSE and children) might have in the future. Does such insurance seem like a good idea for your own family, or are you just as well off without it?" Forty-two per cent of the persons interviewed think this would be a good idea and 52 per cent say they would be just as well off without it (see Table 1).

TABLE 1

PUBLIC ATTITUDES TOWARD A COMPREHENSIVE DENTAL INSURANCE PLAN

| Attitudes | Proportion Reporting Each Attitude |
|--|---------------------------------------|
| Good idea for own family | 42 |
| Just as well off without it | 52 |
| Depends on cost of insurance ^a | 2 |
| Depends on conditions other than cost of insurance ^a | * |
| No opinion | 4 |
| <hr/> | |
| Total per cent | 100 |
| Number | (1,851) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

The results are similar when the respondents are asked about dental care as a fringe benefit (see Table 2). The question followed a short explanation of fringe benefits, but the explanation did not indicate how the dental care would be provided--whether through insurance or a company clinic, or some other arrangement.

In recent years some employers have given part of a wage increase in the form of medical care, dental care, pensions or other fringe benefits.

Suppose you (or your SPOUSE) were working some place where there was talk of providing some dental care as part of a wage increase. Would you favor that or would you rather get all of the wage increase in cash.

Thirty-eight per cent of the respondents say they favor some dental care as a fringe benefit and 53 per cent indicate they would rather get the entire increase in cash; 2 per cent feel it would depend on various circumstances and 7 per cent have no opinion on the subject.

TABLE 2

PUBLIC ATTITUDES TOWARD RECEIVING A WAGE INCREASE
PARTLY IN THE FORM OF SOME DENTAL CARE
OR ENTIRELY IN CASH

| Attitudes | Proportion Reporting Each Attitude |
|--|---------------------------------------|
| Would favor some dental care as part of a wage increase | 38 |
| Would rather get all of wage increase in cash | 53 |
| Makes no difference ^a | * |
| Depends upon circumstances ^a | 2 |
| Don't know | 7 |
| Total per cent | 100 |
| Number | (1,844) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

Although the reactions are similar in both instances and although the proportions of persons who favor both plans (25 per cent) and those who reject both plans (36 per cent) constitute a substantial majority, there are significant proportions who favor one plan and not the other. Thus, 17 per cent think dental insurance is a good idea but do not prefer a wage increase in the form of dental care as a fringe benefit and 13 per cent want the dental care as a fringe benefit but do not think dental insurance would be a good idea for them. The remaining nine per cent have no opinion about either alternative, or oppose one and have no opinion about the other. These results suggest that each kind of prepaid dental care plan is likely to be attractive to somewhat different kinds of people, a possibility which will be explored in later sections of the report.

We want to know not only what per cent of the public favors each kind of dental care plan, but also why they do or do not favor each one. At this point, we will consider what the respondents' own explanations are. This will suggest leads which can be tested by analysis and will help explain some of the relationships which emerge in the course of the analysis. A discussion of the respondents' own reasons for approving or disapproving of the plans also indicates what they consider to be the advantages and disadvantages of each.

In the case of the question concerning a wage increase in cash or partly in the form of dental care as a fringe benefit, respondents who answered that they favored some dental care or that they favored cash were asked, "Why do you say that?" The answers are presented in Tables 3 and 4. In the case of the question concerning dental insurance, only those respondents who said they would be as well off without it were asked, "Why do you feel that way?" The answers are presented in Table 5.

TABLE 3

REASONS GIVEN FOR PREFERRING WAGE INCREASE IN THE FORM
OF DENTAL CARE AS A FRINGE BENEFIT^a

| Reasons | Proportion Giving Reason Indicated |
|--|---------------------------------------|
| Would spend cash on other things; would get needed care if care provided and paid for; would have better dental health | 61 |
| Would not notice deductions; payment spread out like insurance; emergencies provided for; they automatically take it out; be a form of insurance, a saving | 24 |
| Dental costs high; as long as they pay for it, it would add up to more than the cash they'd give | 6 |
| Need a great deal of dental work; would get more out of care because teeth need much care | 2 |
| Increase would be in form of fringe benefit; dental care would not be taxed; they can't tax the care and they could the cash | 4 |
| Fringe benefit is good public policy; would benefit certain groups; good for the next generation of workers; men with families helped | 5 |
| Miscellaneous specific or general advantages of having plan, fringe benefit arrangements; would be comforting to have | 3 |
| Other miscellaneous responses | 1 |
| No opinion, vague responses | 7 |
| | 113 |
| Total per cent (some give more than one reason) . . | |
| Number | (709) |

^aBased on question asked only of respondents who report that they favor receiving part of a wage increase in the form of some dental care as a fringe benefit.

TABLE 4

REASONS GIVEN FOR PREFERRING WAGE INCREASE ENTIRELY IN CASH^a

| Reasons | Proportion Giving Reason Indicated |
|--|------------------------------------|
| Rather have control over own money; want to take care of own dental needs; I'd know where my money was going | 34 |
| Dental needs are slight; teeth in good condition or about gone; would get more money if it were in cash as dental bills are low | 31 |
| Might have money left over; could get care cheaper on own; we might not need as much dental care as they would take out for ^b | 17 |
| Money needed for other things; need money; other things more important; would save the money and spend it for food and clothes | 8 |
| Want to choose own dentist; get individual care; rather go to own family doctor; don't think you'd get attention you should | 7 |
| Plan would have limited coverage of dental work or of members of family; don't believe it would cover much dental work | 1 |
| Plan would be inefficient; dental care would cost more through plan; you pay a lot into insurance that's never used | 2 |
| Coverage would end when job does; if you left the company, you'd have the cash but you'd leave the policy | 1 |
| Miscellaneous specific difficulties of fringe benefit arrangements; too much deception in fringe benefits; botching | 4 |
| Other miscellaneous responses | 2 |
| No opinion, vague responses | 3 |
| Total per cent (some give more than one reason) . . . | 110 |
| Number | (965) |

^aBased on question asked only of respondents who report that they favor receiving a wage increase entirely in cash.

^bThis code category could not be multiple coded with either the first or the second code categories.

TABLE 5

REASONS GIVEN BY RESPONDENTS FOR FEELING THEY ARE
JUST AS WELL OFF WITHOUT DENTAL INSURANCE^a

| Reasons | Proportion Giving Reason Indicated |
|---|------------------------------------|
| Dental needs are slight; teeth in good condition; teeth gone or have false teeth ^b | 46 |
| Cost would be more than now paying for dental care; might be better off if paid as needed care; wouldn't have to pay to have it ^b | 27 |
| Premiums would be too high; couldn't afford premiums; have enough bills to pay; need medical insurance, other things more ^b | 8 |
| Rather have control over own money; want to take care of own dental needs; if need dental care can take care of it without insurance | 9 |
| Want to choose own dentist; get individual care; would be like a clinic | 1 |
| Don't like (trust) insurance companies; I wouldn't take out insurance, they all cheat you | 3 |
| Insurance would have limited coverage of dental work or of members of the family; I don't believe you could get insurance that would cover dentures | 1 |
| Dental insurance would be inefficient; would cost more through insurance; they charge you twice as much | 2 |
| Free or reduced rate care already provided; son is a dentist, and I don't need it; we get it through the union now | 3 |
| Miscellaneous specific responses; might encourage dentists to do more than was necessary; sounds like socialized medicine; etc. | 3 |
| No opinion, vague responses | 2 |
| Total per cent (some give more than one reason) | 105 |
| Number | (949) |

^aBased on question asked only of respondents who report being just as well off without dental insurance.

^bThe first three code categories could not be multiple coded with each other.

One reason for a lack of interest in either type of plan stands out: the self-perceived lack of need for substantial dental work. Having no natural teeth or having little need for dental work is the most frequent explanation given for believing that dental insurance is unnecessary. In the case of dental care as a fringe benefit, this same explanation is less frequently mentioned but is almost as important relative to other answers. Clearly, respondents seem to calculate how much benefit they and their family members are likely to derive from the plans; if they believe they need little dental work, they seem to prefer not paying insurance premiums and to prefer getting a wage increase in cash.

Other explanations are given for lack of interest in dental care plans, but the interesting thing is that the other explanations vary strikingly in relative frequency for each plan. In the case of dental insurance, the second most frequent explanation is that the premiums would cost more than the respondent and his family are already paying. Here, then, the respondents indicate more explicitly that they are calculating how much they are likely to pay for their dental care as opposed to how much they would have to pay for insurance premiums. This theme appears too in explaining the preference for a wage increase entirely in cash, but with less frequency.

Significantly, the single most frequently mentioned reason for preferring a wage increase entirely in cash is that the respondent wants control over his own money. Of course, this theme also appears in the case of those who are not interested in dental insurance, but it is relatively infrequent. Apparently, the choice of insurance is seen as permitting more personal control over one's own finances than is the case with a fringe benefit. Even the persons who prefer a wage increase partly in the form of a fringe benefit assume it entails control over their money, but they see this as an advantage. The overwhelming reason given for favoring a fringe benefit is that it will prevent the respondent from spending his money

on other goods and services.

The relative degree of control which each plan is perceived to entail is reflected in some of the other explanations for not preferring each one. In the case of dental insurance, only one per cent of the respondents mention that they want to choose their own dentist as an explanation for thinking they would be as well off without dental insurance; in the case of dental care as a fringe benefit, seven per cent give this reason. Explanations expressing doubts about the efficiency, coverage, and other aspects of the administration of the plans are mentioned with about the same relatively low frequency in the case of both dental care plans.

On the whole, then, the calculation of possible benefits as against the price of participation appears to respondents to be a key factor in determining whether or not to participate in dental care plans and this seems particularly true in the case of dental insurance. In the case of fringe benefits, other ideas also have some importance, particularly ideas about controlling one's own finances and patterns of dental care and relationship with dentist. This may be true because: (1) in the case of dental insurance the alternative costs of premiums versus dental care received is more obvious than in the case of part of a wage increase in the form of dental care versus the entire wage increase in cash; or (2) the connotations of fringe benefits have a more ideological character, being associated with welfare measures and loss of freedom. The succeeding analysis will help determine the validity of these interpretations.

We have considered thus far the general attitudes of approval or preference for each kind of plan; it is also important to estimate how strongly these attitudes are held under conditions which might actually arise. Respondents were asked about their willingness to participate in each form of plan, if certain requirements or conditions were stipulated.

In the case of dental insurance, three possible conditions for getting insurance are suggested, and the respondents' willingness to meet these conditions is ascertained. The first condition was phrased:

Suppose that each person had to have his teeth in good condition before he could be covered by the insurance. That is, you have to pay for any work needed to put your (and your SPOUSE'S and children's) teeth into good condition before getting the insurance. Would you or wouldn't you be willing to do that to get dental insurance?

Forty-two per cent of the respondents think dental insurance would be a good idea; 26 per cent saying they would be willing to meet that condition and less than half of that percentage reporting they would be unwilling to meet that condition (see Table 6).

TABLE 6

ATTITUDES TOWARD DENTAL INSURANCE IN GENERAL AND SPECIFICALLY
TOWARD MEETING REQUIREMENT OF PUTTING TEETH IN GOOD
CONDITION IN ORDER TO GET INSURANCE^a

| Attitudes | Proportion Reporting Each Attitude |
|---|------------------------------------|
| Dental insurance good idea for self and family . . . | 42 |
| <u>If eligibility conditional on putting teeth in good condition:</u> | |
| Would be willing to meet requirement | 26 |
| Would not be willing to meet requirement | 12 |
| Depends upon ability to pay for work done ^b | 1 |
| Depends upon other conditions ^b | 1 |
| Don't know | 2 |
| Just as well off without dental insurance | 52 |
| Depends upon cost of insurance ^b | 2 |
| Depends upon conditions other than cost of insurance ^b | * |
| No opinion | 4 |
| Total per cent | 100 |
| Number | (1,851) |

*Less than 0.5 per cent.

^aAttitudes toward meeting requirement based on question asked only of those respondents who report that they think dental insurance is a good idea.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

The second hypothetical condition restricts the choice of dentist to a group of participating dentists. The condition is described to the respondent in the following words:

Or suppose--to get the dental care which is covered by the insurance--you could only go to one of the dentists who signed up with the plan. And suppose (your regular dentist) (the dentist you last saw) were not among the dentists who signed up with it--would you want the insurance then or not?

Respondents who say they would not want the insurance under that condition are then asked if they would want the insurance if their dentist were one of the dentists to whom they could go.

Although 26 per cent of the total sample of respondents are willing to have their teeth put into good condition in order to get dental insurance, only 22 per cent reply they would still want to have dental insurance if their dentist were not one of those participating in the plan (see Table 7). Not surprisingly, nearly all the respondents who would not want dental insurance if the choice of a dentist is restricted say they would want it if their own dentist did participate in the plan.

Finally, the third condition proposed to the respondents relates to the possible cost of premiums for dental insurance. This condition is described as follows:

Now, suppose a dental insurance plan--covering examinations, x-rays, and all treatments except teeth-straightening--were available to you. Suppose the charges were about ten or fifteen cents a day for each person--that would come to about \$36 to \$55 a year for each person.

Would you be willing to pay that for dental insurance for yourself?
For your (wife) (husband)? For all or some of your children?

As can be seen in Table 8, among the 42 per cent of the respondents who think dental insurance would be a good idea, more respondents would not be willing to pay the suggested premiums than would be willing to do so (24 per cent compared to 16 per cent). In the case of the respondents' willingness to pay the proposed premiums for their spouse or their children, the results are presented in Tables 9 and 10.

Of course, fewer persons in the total sample say they would be willing to pay the suggested premiums for others in their family; but this is because persons who are not married or have no children are included in the tables. If the percentages are computed only for those persons who are married or who have children, about the same percentage of respondents would be willing to pay the premiums for themselves as for their spouses or children.

TABLE 7

ATTITUDES TOWARD DENTAL INSURANCE IN GENERAL AND SPECIFICALLY
TOWARD REQUIREMENT RESTRICTING CHOICE OF DENTIST^a

| Attitudes | Proportion Reporting Each Attitude |
|--|---------------------------------------|
| Good idea for own family | 42 |
| <u>If choice restricted to dentists who join plan and own dentist is not among them:</u> | |
| Would want insurance | 22 |
| Would not want insurance | 17 |
| <u> If own dentist joined:</u> | |
| Would want insurance | 15 |
| Would not want insurance | 2 |
| Depends upon qualifications of dentist ^b | 1 |
| Depends upon distance to dentist ^b | * |
| Depends upon cost of insurance ^b | * |
| Don't know | 2 |
| Just as well off without it | 52 |
| Depends upon cost of such insurance ^b | 2 |
| Depends upon conditions other than cost of insurance | * |
| No opinion | 4 |
| Total per cent | 100 |
| Number | (1,851) |

*Less than 0.5 per cent.

^aAttitudes toward meeting specific requirement based on questions asked only of those respondents who report that they think dental insurance is a good idea.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 8

ATTITUDES TOWARD DENTAL INSURANCE IN GENERAL AND SPECIFICALLY
TOWARD PAYING PREMIUM OF \$36 TO \$55 A YEAR
FOR COVERAGE FOR SELF^a

| Attitudes | Proportion Reporting Each Attitude |
|---|---------------------------------------|
| Good idea for own family | 42 |
| <u>If dental insurance cost \$36 to \$55</u> <u>per person, willing to pay that</u> <u>amount for self:</u> | |
| Would be willing | 16 |
| Would not be willing | 24 |
| Don't know | 2 |
| Just as well off without it | 52 |
| Depends upon cost of insurance ^b | 2 |
| Depends upon conditions other than cost of insurance ^b | * |
| No opinion | 4 |
| | 100 |
| Total per cent | |
| Number | (1,851) |

*Less than 0.5 per cent.

^aAttitudes toward meeting specific requirement based on question asked only of respondents who report that they think dental insurance is a good idea.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 9

ATTITUDES TOWARD DENTAL INSURANCE IN GENERAL AND SPECIFICALLY
TOWARD PAYING PREMIUM OF \$36 TO \$55 A YEAR
FOR COVERAGE FOR SPOUSE^a

| Attitudes | Proportion Reporting Each Attitude |
|---|---------------------------------------|
| Good idea for own family | 42 |
| <u>If dental insurance cost \$36 to \$55 per person, willing to pay that amount for spouse:</u> | |
| Would be willing | 12 |
| Would not be willing | 19 |
| Don't know | 2 |
| Not applicable (no spouse) | 9 |
| Just as well off without it | 52 |
| Depends upon cost of insurance ^b | 2 |
| Depends upon conditions other than cost of insurance ^b | * |
| No opinion | 4 |
| Total per cent | 100 |
| Number | (1,851) |

*Less than 0.5 per cent.

^aAttitudes toward meeting specific requirement based on question asked only of those respondents who report that they think dental insurance is a good idea.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 10

ATTITUDES TOWARD DENTAL INSURANCE IN GENERAL AND SPECIFICALLY
TOWARD PAYING PREMIUM OF \$36 TO \$55 A YEAR
FOR COVERAGE FOR EACH CHILD ^a

| Attitudes | Proportion Reporting Each Attitude |
|--|------------------------------------|
| Good idea for own family | 42 |
| <u>If dental insurance cost \$36 to \$55 per person, willing to pay that amount for all (or some) of children:</u> | |
| Would be willing | 11 |
| Would not be willing | 15 |
| Don't know | 1 |
| Not applicable (no children) | 15 |
| Just as well off without it | 52 |
| Depends upon cost of insurance ^b | 2 |
| Depends upon conditions other than cost of insurance ^b | * |
| No opinion | 4 |
| Total per cent | 100 |
| Number | (1,851) |

*Less than 0.5 per cent.

^aAttitudes toward meeting specific requirement based on question asked only of respondents who report that they think dental insurance is a good idea.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

In order to assess the degree of interest in having dental insurance, it is necessary to consider whether or not persons are willing to accept certain conditions or to pay certain premiums in order to get it. The case of receiving a wage increase in the form of some dental care as a fringe benefit presents a somewhat different situation. Dental care or payment for dental care may be made available without direct consultation with employees. To assess adequately the extent and degree of support for dental care plans in this situation, the relevant questions to be asked differ from those asked in connection with dental insurance. We would want to know if people would like it if such a plan were instituted and would they or would they not utilize such a plan if it were established under specific conditions.

Respondents, therefore, were asked a series of hypothetical questions, prefaced with this supposition, "Suppose you (or another member of your family) were working somewhere where they had a dental care plan for employees and their families. I'd like your reaction to each of three different ways of providing for the care." The three ways stipulate different parties as paying for the dental care: (1) the employer, (2) the employer and the employee, and (3) the union. The results are presented in Table 11. The findings reveal two points which need comment: first, there is generally more widespread support for any one of these established plans than there is for dental insurance or dental care provided as a fringe benefit and second, there seems to be less support for a plan paid for by the union than a plan paid for by the employer or the employer and employee.

It is relatively easy to explain why more persons say they like a dental care plan if it were established than say they think dental insurance is a good idea or say they prefer a wage increase partly in the form of dental care rather than entirely in cash. The respondents are being asked different questions. In being asked about these arrangements, the respondents are supposed to assume that the

plans are established already; the respondents are asked only if they would or would not like it if dental care were paid for by each source; neither the cost nor the alternative benefit is as evident as in the questions concerning dental insurance or dental care as a fringe benefit. The purpose of these questions is to help assess how much opposition there might be to a dental care plan if it were established. Thus, we can see whether or not persons who earlier had said they would prefer a wage increase entirely in cash rather than in the form of dental care as a fringe benefit also say they would not like a plan even if it were established. Actually, among those persons who say they would prefer cash, only 42 per cent say they would not like it if a plan were established and paid for by the employer, or the employer and employee or by the union.¹

TABLE 11

ATTITUDES TOWARD ESTABLISHED PLANS OF DENTAL CARE PROVIDED
BY: EMPLOYER; EMPLOYER-EMPLOYEE; AND UNION

| Attitudes | Proportion Reporting Each Attitude if Dental Care Provided by: | | |
|----------------------------|---|--------------------------|---------|
| | Employer | Employer and Employee | Union |
| Would like this plan . . . | 58 | 56 | 47 |
| Would not like this plan . | 26 | 28 | 33 |
| Makes no difference . . . | 8 | 8 | 7 |
| Don't know | 8 | 8 | 13 |
| Total per cent . . | 100 | 100 | 100 |
| Number | (1,846) | (1,838) | (1,836) |

¹It is interesting to note that 39 per cent of them say they would like a plan if it were established and paid for by the employer; 41 per cent, if it were paid for by the employer and the employee; and 36 per cent, if it were paid for by the union. Among the respondents who say they would prefer a wage increase partly in the form of dental care as a fringe benefit, 87 per cent say they would like it if an established dental care plan were paid for by the employer; 81 per cent, if it were paid for by the employer and employee; and 65 per cent, if it were paid for by the union.

It is somewhat more complicated to explain why union support of a dental care plan is the least attractive of the three alternatives suggested. One interpretation of this finding is that there are some feelings against trade unions. These feelings may arise from antagonism toward trade unionism or more particularly, in the context of this survey, working class connotations of trade unionism may make union support seem distasteful to persons who do not consider themselves members of the working class. These feelings may also be due to fear of union mismanagement of welfare plans; the respondents were interviewed shortly after the congressional investigations of union officials.

There is another explanation for the finding that fewer respondents say they like a dental care plan paid for by the union than say they would like a plan paid for by the employer or by the employer and employee. From the wording of the question, respondents may assume that the three kinds of support entail different degrees to which they must pay for the dental care themselves; they pay nothing and the employer pays all, they pay something and the employer pays something, and they pay for it entirely through the union. With the available data it is impossible to conclude definitively which interpretation is true. Later in the report we discuss some indirect evidence which indicates that both explanations as well as a third explanation are probably at least partly valid.

We can now turn to a consideration of the respondents' willingness to utilize the dental services provided by an established prepaid dental care plan under two alternative conditions which might exist. The first condition concerns the use of participating dentists. The condition was described in the same way as in the question concerning dental insurance: "Suppose to get the dental care which is provided by the plan, you could only go to one of the private dentists who joined the plan. And suppose (your regular dentist) (dentist you last saw) was not among the dentists who joined." In the case of dental insurance, respondents were asked if they would

want insurance under that condition. Now, in the case of established prepaid dental care plans, they were asked if they would use the dental services available under that condition.

Most respondents report that they would use dental services provided through a dental care plan under that condition. For example, 58 per cent of the respondents say they would like an existing plan supported by the employer, 37 per cent saying they would use the plan even if their dentist did not join it, and only 17 per cent reporting they would not. The results are substantially the same for plans paid for by the employer and employee or by the union (see Tables 12, 13 and 14). It is obvious that the absence of one's own dentist from the plan is a greater barrier to taking out insurance than it is to using dental facilities which are already available (compare Tables 12-14 with Table 7). As in the case of dental insurance, once the condition is modified by supposing that the respondents' own dentists join the plan, unwillingness to use the established dental care plan disappears.

The other condition that was proposed to the respondents was that dental care would be provided in a clinic setting. Respondents were asked:

Suppose the employer or union, in connection with the dental care plan, sets up a clinic and you can be treated only by dentists employed at the clinic--would you use the plan(s) then or not?

It is perhaps surprising that there is no greater unwillingness expressed to the use of the services of a dental care plan if the services are provided through a clinic than there is if the services are provided only by a group of participating dentists. The results are presented in Tables 15, 16, and 17. In Table 15 we see that 58 per cent of the respondents say they would like an existing plan supported by the employer, 36 per cent indicating they would use the plan if the services were provided in a clinic setting and 16 per cent saying they would not.

TABLE 12

ATTITUDES TOWARD AN ESTABLISHED DENTAL CARE PLAN SUPPORTED BY
THE EMPLOYER AND TOWARD THE REQUIREMENT
RESTRICTING CHOICE OF DENTIST^a

| Attitudes | Proportion Reporting Each Attitude |
|---|---------------------------------------|
| Would like employer supported plan | 58 |
| <u>If choice restricted to dentists who join and own dentist is not among them:</u> | |
| Would use plan | 37 |
| Would not use plan | 17 |
| <u> If own dentist joined:</u> | |
| Would use plan | 16 |
| Would not use plan | 1 |
| Depends on dentists, etc. ^b | 2 |
| Don't know | 2 |
| Would not like plan | 26 |
| Makes no difference | 8 |
| Don't know | 8 |
| Total per cent | 100 |
| Number | (1,846) |

^aAttitudes toward meeting specific requirement based on question asked of those respondents who report liking dental care plan supported by employer.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 13

ATTITUDES TOWARD AN ESTABLISHED DENTAL CARE PLAN SUPPORTED BY
THE EMPLOYER AND EMPLOYEES AND TOWARD THE REQUIREMENT
RESTRICTING CHOICE OF DENTIST^a

| Attitudes | Proportion Reporting Each Attitude |
|--|---------------------------------------|
| Would like employer-employee supported plan | 56 |
| <u>If choice restricted to dentists who join plan and own dentist is not among them:</u> | |
| Would use plan | 36 |
| Would not use plan | 16 |
| <u> If own dentist joined:</u> | |
| Would use plan | 15 |
| Would not use plan | 1 |
| Depends on dentists, etc. ^b | 2 |
| Don't know | 2 |
| Would not like plan | 28 |
| Makes no difference | 8 |
| Don't know | 8 |
| Total per cent | 100 |
| Number | (1,838) |

^aAttitudes toward meeting specific requirement based on question asked of those respondents who report liking dental care plan supported by employer and employee.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 14

ATTITUDES TOWARD AN ESTABLISHED DENTAL CARE PLAN SUPPORTED BY
THE UNION AND TOWARD THE REQUIREMENT
RESTRICTING CHOICE OF DENTIST^a

| Attitudes | Proportion Reporting Each Attitude |
|--|---------------------------------------|
| Would like union supported plan | 47 |
| <u>If choice restricted to dentists who join plan and own dentist is not among them:</u> | |
| Would use plan | 31 |
| Would not use plan | 13 |
| <u> If own dentist joined:</u> | |
| Would use plan | 12 |
| Would not use plan | 1 |
| Depends on dentists, etc. ^b | 1 |
| Don't know | 2 |
| Would not like plan | 33 |
| Makes no difference | 7 |
| Don't know | 13 |
| Total per cent | 100 |
| Number | (1,836) |

^aAttitudes toward meeting specific requirement based on question asked of those respondents who report liking union supported dental care plan.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 15

ATTITUDES TOWARD AN ESTABLISHED DENTAL CARE PLAN SUPPORTED BY
THE EMPLOYER AND TOWARD THE CONDITION
REQUIRING TREATMENT AT A CLINIC^a

| Attitudes | Proportion Reporting Each Attitude |
|--|---------------------------------------|
| Would like employer supported plan | 58 |
| <u>If limited to dentists at a clinic:</u> | |
| Would use plan | 36 |
| Would not use plan | 16 |
| Depends | 3 |
| Don't know | 3 |
| Would not like plan | 26 |
| Makes no difference | 8 |
| Don't know | 8 |
| Total per cent | 100 |
| Number | (1,846) |

^aAttitudes toward meeting specific requirement based on question asked of those respondents who report liking dental care plan supported by employer.

TABLE 16

ATTITUDES TOWARD AN ESTABLISHED DENTAL CARE PLAN SUPPORTED BY THE
EMPLOYER AND EMPLOYEE AND TOWARD THE CONDITION
REQUIRING TREATMENT AT A CLINIC^a

| Attitudes | Proportion Reporting Each Attitude |
|--|---------------------------------------|
| Would like employer-employee supported plan | 56 |
| <u>If limited to dentists at a clinic:</u> | |
| Would use plan | 35 |
| Would not use plan | 15 |
| Depends | 3 |
| Don't Know | 3 |
| Would not like plan | 28 |
| Makes no difference | 8 |
| Don't know | 8 |
| Total per cent | 100 |
| Number | (1,838) |

^aAttitudes toward meeting specific requirement based on question asked of those respondents who report liking dental care plan supported by employer and employee.

TABLE 17

ATTITUDES TOWARD AN ESTABLISHED DENTAL CARE PLAN SUPPORTED BY
THE UNION AND TOWARD THE CONDITION
REQUIRING TREATMENT AT A CLINIC^a

| Attitudes | Proportion Reporting Each Attitude |
|--|---------------------------------------|
| Would like union supported plan | 47 |
| <u>If limited to dentists at a clinic:</u> | |
| Would use plan | 30 |
| Would not use plan | 11 |
| Depends | 3 |
| Don't know | 3 |
| Would not like plan | 33 |
| Makes no difference | 7 |
| Don't know | 13 |
| Total per cent | 100 |
| Number | (1,836) |

^aAttitudes toward meeting specific requirement based on question asked of those respondents who report liking union supported dental care plan.

We have seen that limiting the choice of a dentist reduces the percentage of persons who would want dental insurance more than it reduces the willingness to use an established dental care plan. Furthermore, in the case of an established dental care plan, even a clinic setting does not really reduce the percentage of respondents willing to accept this condition below the percentage willing to use the plan if they can go only to one of the participating dentists and their own dentist is not one of them. One reason for this is that the dental care in an established plan is assumed to be already paid for and available; presumably, few persons would refuse to use dental services in that case, even if they are not completely satisfied with the conditions under which the services will be given.¹

¹There is another reason which is at least suggested by the data. We noted earlier that people seem to have images about dental insurance which are

Support for this interpretation as well as additional insights into the reasons for the respondents' willingness and unwillingness to use an established dental care plan if they had to go to a dentist employed in a clinic setting is given by the respondents' own explanations for their attitudes.

After being asked about their willingness to use the plan if they had to go to a dentist in clinic setting, respondents who answered they would or they would not were asked, "Why do you say that?" The responses are presented in Tables 18 and 19.

First, let us consider the reasons given for using an established plan even if it is necessary to go to a dentist employed in a clinic setting. Of course, a large number of respondents simply state that since the dental care is paid for already, they would use it. Twenty-two per cent of the respondents say this and give no other positive reason for using the plan if it means going to a clinic; note that if this reason is mentioned together with a more specific positive reason, only the more specific reason is coded. The major reason given for being willing to use the plan even if this means using dentists in a clinic setting is belief in the competence of the dentists. This belief is expressed in one of two ways: that the clinic would only have good dentists or that all dentists are about the same in competence anyway. Respondents were coded into only one of these two categories; and they had to say explicitly that clinic dentists would be particularly good in order to be so coded, otherwise the responses were coded in

slightly different from those about dental care provided as a fringe benefit. It seems that many persons think that dental insurance is not likely to entail restriction of choice of dentist while dental care provided as a fringe benefit would. Presumably, a dental care plan established through the place of employment would be seen as much more like dental care provided as a fringe benefit than like dental insurance. Therefore, some respondents for whom the free choice of a dentist is especially important are more likely to think dental insurance is a good idea than to say that they would like a dental care plan if it were established. Thus, there are some respondents who would be deterred by restrictions in the choice of a dentist in the case of dental insurance; however, in the case of the established dental care plans, some of these respondents would have screened themselves out by their original assertions of not liking any such plans.

TABLE 18

REASONS GIVEN FOR WILLINGNESS TO USE AN ESTABLISHED DENTAL CARE PLAN WHICH REQUIRES TREATMENT ONLY BY DENTISTS AT THE PLAN'S CLINIC^a

| Reasons | Proportion Giving Reason Indicated |
|---|------------------------------------|
| Only good dentists would be employed; dentists would be competent; most clinics have good dentists, so no objections to using plan ^b | 23 |
| All dentists are the same; the dentist doesn't matter; one's as good as another in most cases ^b | 16 |
| Clinics are good; can select dentist in the clinic; like clinic arrangement; you'd have better care, there would be more dentists | 7 |
| Have confidence in employer; union | 3 |
| Would try it out; see how good dentists were; I'd take a chance on them first time anyway | 10 |
| Care paid for already; if paid for should use it; have to use it or would not get the benefit; no cost, that would be the reason ^c | 22 |
| Dental care would be less expensive; cheaper than going to regular dentist; it would save me money | 8 |
| Emergencies would be provided for; payment spread out like insurance | * |
| Could not get dental care otherwise; rather go to one of them than have my teeth fall out | 2 |
| Miscellaneous specific responses | 5 |
| No opinion | 12 |
| Total per cent (Some give more than one reason) | 108 |
| Number | (717) |

* Less than 0.5 per cent.

^aBased on question asked only of those respondents who report that they would use established dental care plan if it required treatment only by dentists at the plan's clinic.

^bThe first two code categories could not be coded with each other.

^cThis code category could not be coded with any other code category.

TABLE 19

REASONS GIVEN FOR UNWILLINGNESS TO USE AN ESTABLISHED DENTAL CARE PLAN WHICH REQUIRES TREATMENT ONLY BY DENTISTS AT THE PLAN'S CLINIC^a

| Reasons | Proportion Giving Reason Indicated |
|---|------------------------------------|
| Want to stay with dentist now has; prefers present dentist to others; rather go to own dentist, we know him and like him and know he's good | 40 |
| Prefers having one and same dentist all the time; does not want different dentist each time; don't know who or which dentist you'll have next, want one I can trust | 8 |
| Wants to choose own dentist; doesn't want to be told which dentist to go to; I like my freedom to go where I like not where I'm told | 27 |
| Clinic dentists would not be as careful; not give as good care as private dentist; couldn't get care you should, so many people go through; if you're forced to go to him, he might not be as careful | 12 |
| Dentist-patient relationship damaged in clinic set up; patient regulated in clinic; dentist would lose personal contact; regimentation | 6 |
| Distrusts arrangements; distrusts union or employer; it's a money-making scheme | 2 |
| Location of clinic may be inconvenient; have to tramp all over and might be hard to get to | 2 |
| Lose status by going to clinic; wouldn't feel like was paying own way; I'm not in that strata | 3 |
| Miscellaneous specific responses | 6 |
| No opinion | 5 |
| Total per cent (some give more than one reason) | 111 |
| Number | (393) |

^aBased on question asked only of those respondents who report that they would not use established dental care plan if it required treatment only by dentists at the plan's clinic.

the category that dentists are all about the same.

The same expression of belief in the competence of dentists is revealed even among the respondents who say they would not use the plan if this entailed going to a clinic. Among these respondents, only 12 per cent explain that this is because they question the quality of the care they would receive there. The major reason for not being willing to use an established care plan if it were necessary to go to a clinic is the desire to maintain the relationship the respondent already has with his dentist. Another important reason has to do with wanting the freedom to choose one's own dentist. Interference with a stable and close relationship between patient and dentist is also mentioned by many respondents. Other considerations, such as loss of status, seem to be of minor importance, at least as far as being verbally admitted by the respondents.

On the whole, then, unwillingness to use an established plan if it is necessary to go to a clinic seems more related to a concern with a sound patient-dentist relationship rather than to a concern that the dental work will be of poor quality; but the most important factor seems to be loyalty to one's present dentist.

Having described the public's attitudes toward prepaid dental care plans under various conditions and having made some tentative interpretations of the findings, we can turn to a systematic analysis of the factors which affect these attitudes.

B. Factors Influencing Attitudes Toward Prepaid Dental Care Plans

We turn now from a description of what are the attitudes toward various forms of prepaid dental care plans to an analysis of the factors which are related to those attitudes. We will examine and discuss separately the following factors: dental needs, family income, relationship with a dentist, experience with dental care which is obtained free or at a reduced rate, experience with health insurance, and attitudes and practices concerning dental care. The way in which these factors combine to affect attitudes toward prepaid dental care plans will be discussed in the concluding section of this part of the report.

The survey which provided the data basic to this report covered a wide range of topics in the field of dental care and made it possible for us to consider a number of factors which might be related to attitudes toward prepaid dental care plans. However, since the scope and purpose of the initial survey were broader than those involved in a study of prepaid dental care plans, the questions covering various topics were not always formulated in a manner most relevant to the latter. This situation determined, in some cases, the kind of measures we could use in analyzing the relation of any given factor to attitudes toward prepaid dental care plans.

1. Dental Needs

If we assume that most persons try to be rational about their actions and commitments, we would expect that a person's perception of his own and his family's dental needs would be a particularly important factor affecting his interest in participating in prepaid dental care plans. This turns out to be the case, when we relate various measures of self-perceived need for dental care to attitudes toward dental insurance and dental care received as a fringe benefit.

One facet of dental need is the respondent's own needs for dental care. As one measure of this, an index was constructed of his self-perceived need for dental

care in a year. Respondents who have lost all their teeth were grouped together into one category. The other respondents were divided into three categories according to their perception of the amount of dental work they would need in a year, if they did not go to the dentist. The three categories of self-perceived need were derived basically from the answers to the question, "Suppose you don't go to the dentist during the next year, how much work would you have to have done then-- a great deal, quite a bit, not much, or no work at all?" Respondents who answered "not much" or "no work at all" were grouped together into the category "Little or None." Those who answered "quite a bit" constitute a separate category. The category "Great Deal" consists of two groups of respondents. One group is made up of those who answered that they would need "a great deal of work" in a year if they did not go to a dentist during the year. The other group were classified according to their answer to a preceding question: "If you went to the dentist today, how much dental work do you think you would need to have done?" Those who answered a "great deal" were not asked how much work they would need in a year and were grouped together with those who would need "a great deal of work in a year." The question sequence and the categorization were based upon the assumption that persons needing a great deal of work at the time of the interview would still need a great deal of work in a year if they did not go to the dentist in the interim.

The more dental work respondents believe they need, the more favorable they are to dental insurance and to a wage increase in the form of a fringe benefit providing dental care (see Tables 20 and 21).

It is important to note that the respondent's own anticipated dental needs seem to be more highly related to attitudes toward dental insurance than to attitudes toward dental care provided as a fringe benefit. This finding was foreshadowed in the first section of this report in which we discussed the respondents' own explanations for their attitudes about insurance and fringe benefits. We noted then

that most persons who thought they would be as well off without dental insurance gave reasons indicating a calculation of the costs for dental care they would be likely to incur and the likely costs for the insurance premiums. In the case of the fringe benefits other considerations played an important role, most significantly, the desire to control one's own expenditures.

TABLE 20

ATTITUDES TOWARD DENTAL INSURANCE BY RESPONDENT'S DENTAL CONDITION

| Attitudes Toward Dental Insurance | Dental Condition | | | |
|---|---|----------------|-------------------|------------------------|
| | Dental Work Perceived as Needed in a Year: | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Good idea | 61 | 58 | 39 | 21 |
| As well off without it . . . | 33 | 36 | 55 | 73 |
| Depends on cost of such insurance ^a | 1 | 1 | 2 | 1 |
| Depends on conditions other than cost ^a | 1 | * | 1 | - |
| No opinion | 4 | 5 | 3 | 5 |
| Total per cent . | 100 | 100 | 100 | 100 |
| Number | (359) | (239) | (818) | (423) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 21

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE
AS A FRINGE BENEFIT BY RESPONDENT'S DENTAL CONDITION

| Attitudes Toward Dental Insurance | Dental Condition | | | |
|---|---|----------------|-------------------|------------------------|
| | Dental Work Perceived as Needed in a Year: | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Favor some dental care | 52 | 45 | 35 | 31 |
| Rather get all in cash | 40 | 50 | 58 | 58 |
| Depends on circumstances ^a | 2 | 2 | 2 | * |
| Makes no difference | - | - | * | - |
| Don't know | 6 | 3 | 5 | 11 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (358) | (237) | (819) | (418) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

Since the possible benefits from dental insurance or fringe benefits affect the respondent's entire family, a rational-economic calculation concerning the desirability of these prepaid dental care plans would entail consideration of the members of the respondent's family. The simplest way of measuring the relevance of this variable is to consider the number of dependents in the family.¹ In Table 22 we see that the number of dependents in the respondent's family is highly related to his attitudes about dental insurance. Respondents with children in the family, and particularly those with three or more children in the family, are

¹Although some information was collected concerning members of the family who were not living at home, for example, children away at college, the entire analysis is concerned only with family members living at home with the respondent.

clearly more likely to approve of dental insurance than are those respondents who have no dependents or whose only dependent is their spouse.

TABLE 22
ATTITUDES TOWARD DENTAL INSURANCE BY
NUMBER OF DEPENDENTS IN FAMILY

| Attitudes Toward Dental Insurance | Number of Dependents in Family | | | |
|---|--------------------------------|----------------|-------------------------------------|--|
| | No Dependents | Spouse Only | One or Two Children ^b | Three or More Children ^b |
| Good idea | 24 | 28 | 50 | 65 |
| Just as well off without it | 67 | 68 | 43 | 30 |
| Depends on cost of such insurance ^a | * | 1 | 3 | 2 |
| Depends on conditions other than cost ^a | 1 | - | 1 | - |
| No opinion | 8 | 3 | 3 | 3 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (321) | (565) | (563) | (321) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

^bIn most cases, but not all, a spouse is also included in the number of dependents in the family.

The relationship is considerably less in connection with attitudes toward receiving some dental care as a fringe benefit as part of a wage increase (see Table 23.)

In characterizing the number of dependents in the family, the families with children, of course, also usually include a spouse in addition to the respondent. Note also that we are defining dependents for our present purpose to include husband or wife, regardless of who is the head of the household and regardless of whether or not the respondent is employed. As a matter of fact, if we consider the

number of dependents, holding constant whether or not the respondent is the head of the household, the results reported above are hardly changed. That is, whether the respondent is the head of the family or the spouse of the head does not make any difference for the attitudes expressed by the respondent concerning dental insurance or dental care as a fringe benefit--when the respondent has no children. There is a slight tendency, however, for a spouse to be more likely than a head of the family to think dental insurance is a good idea, if the respondent has children. This is not true in the case of dental care as a fringe benefit. A more complete discussion of the head of the household will be found in the section on the market for prepaid dental care plans.

TABLE 23

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE
AS A FRINGE BENEFIT BY NUMBER OF DEPENDENTS IN FAMILY

| Attitudes Toward Wage Increase | Number of Dependents in Family | | | |
|---|--------------------------------|----------------|-------------------------------------|--|
| | No Dependents | Spouse Only | One or Two Children ^b | Three or More Children ^b |
| Favor some dental care . . | 29 | 32 | 41 | 54 |
| Rather get all in cash . . | 57 | 61 | 51 | 40 |
| Depends on circumstances ^a . | 1 | 1 | 3 | 2 |
| Makes no difference | * | - | * | 1 |
| Don't know | 13 | 6 | 5 | 3 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (318) | (560) | (565) | (320) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

^bIn most cases, but not all, a spouse is also included in the number of respondents in the family.

We also examined other ways of considering the number of dependents. For example, we compared respondents who have no dependents, who have only a spouse, who have children only 13 years of age or younger, and those who have children 14-19 years (and who may also have children under 14 years of age). The distinction by age of children does not seem to be related to attitudes about insurance or fringe benefits. We also examined the possibility that regardless of the number of children, whether the family included one or both parents might affect attitudes toward ways of paying for dental care. We compared respondents without dependents, those with only a spouse, those with children but without a spouse, and those with children and spouse. For those respondents with children, having or not having a spouse does not seem to affect attitudes toward dental insurance or dental care as a fringe benefit.

On the whole, then, the more dependents a person has the more likely he is to favor a wage increase in the form of dental care and particularly the more likely he is to favor dental insurance. Furthermore, this is especially so when his dependents include children, rather than only a spouse, and regardless of the age of the children.

We have found that the respondent's own anticipated need for dental care and the number of his dependents each affect his attitudes toward dental insurance and dental care as a fringe benefit. We can now examine how these two factors combine to affect attitudes toward these ways of providing for dental care. As can be seen in Tables 24 and 25, each factor is related independently to attitudes toward both forms of dental care. Thus, regardless of the condition of the respondent's own teeth, if he is married, and particularly if he has children, the more likely he is to favor dental insurance and, to a lesser degree, dental care as a fringe benefit. On the other hand, regardless of the number of dependents, the condition of the respondent's own teeth generally is related to his attitudes toward both ways of providing for dental care.

TABLE 24

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA,
BY NUMBER OF DEPENDENTS IN FAMILY
AND RESPONDENT'S DENTAL CONDITION

| Dental Work Perceived As Needed in a Year | Number of Dependents in Family | | | |
|--|--------------------------------|----------------|-------------------------------------|--|
| | No Dependents | Spouse Only | One or Two Children ^a | Three or More Children ^a |
| Great deal | 47 (49) | 48 (85) | 63 (121) | 81 (85) |
| Quite a bit | 28 (29) | 41 (54) | 67 (92) | 72 (53) |
| Little or none | 29 (127) | 30 (221) | 42 (288) | 56 (144) |
| No natural teeth | 8 (113) | 15 (200) | 41 (58) | 56 (39) |

Note: In this table, and in all similar tables, the number within parentheses is the number of respondents upon which the percentage is based.

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

TABLE 25

PROPORTION OF RESPONDENTS FAVORING A WAGE INCREASE IN THE FORM OF DENTAL
CARE AS A FRINGE BENEFIT, BY NUMBER OF DEPENDENTS IN FAMILY
AND RESPONDENT'S DENTAL CONDITION

| Dental Work Perceived As Needed in a Year | Number of Dependents in Family | | | |
|--|--------------------------------|----------------|-------------------------------------|--|
| | No Dependents | Spouse Only | One or Two Children ^a | Three or More Children ^a |
| Great deal | 44 (48) | 40 (85) | 55 (121) | 65 (85) |
| Quite a bit | 38 (29) | 36 (53) | 52 (92) | 50 (52) |
| Little or none | 29 (127) | 33 (221) | 33 (289) | 47 (144) |
| No natural teeth | 22 (111) | 28 (196) | 41 (59) | 59 (39) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

The condition of the respondent's own teeth and the number of dependents also combine to affect respondent attitudes. For example, among the 113 respondents who have lost all their teeth and have no dependents, only 8 per cent think dental insurance would be a good idea for them; at the other extreme, among the 85 respondents whose teeth would need a great deal of work and who have three or more children, 81 per cent think it would be a good idea. The relationship is somewhat less striking, again, in the case of dental care as a fringe benefit; the corresponding percentages are 22 and 65.

It is interesting to note that on the whole it appears that the number of dependents is an even more important variable than the condition of the respondent's own teeth in affecting his attitudes toward prepaid dental care plans. Thus, even among respondents who have lost all their teeth, if they have three or more children 56 per cent of them favor dental insurance and 59 per cent favor dental care as a fringe benefit.

One cannot conclude from this that respondents are less concerned about the condition of their own teeth than they are about the teeth of their family members. We must also consider the need for dental work among the other family members as well as for the respondent in order to make any such conclusion. We have some information that makes this possible. Respondents were asked, "Do you feel that you (or your SPOUSE or children or others in the family) should have had (more) dental care (than you did) during the last twelve months?"

If we compare respondents who say that they alone have unmet dental needs with those who report that they do not but other family members do have unmet dental needs, we can see that in every comparison--except one--respondents who themselves have unmet needs are more likely to favor each plan than are those who only have other family members who need dental care (see Tables 26 and 27). Apparently, one's own toothache still hurts more than another person's, even if that other person is a member of one's own family.

TABLE 26

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA,
BY NUMBER OF DEPENDENTS IN FAMILY AND UNMET DENTAL NEEDS OF
FAMILY IN THE TWELVE MONTHS PRECEDING THE INTERVIEW

| Dental Care Perceived as Needed by Family in the Twelve Months Preceding the Interview | Number of Dependents in Family | | | |
|--|--------------------------------|-------------|----------------------------------|-------------------------------------|
| | No Dependents | Spouse Only | One or Two Children ^a | Three or More Children ^a |
| No care needed by family | 18 (234) | 21 (377) | 44 (288) | 52 (146) |
| Members of family other than respondent needed care | - | 31 (62) | 52 (94) | 73 (64) |
| Respondent only needed care . . | 47 (66) | 42 (67) | 54 (81) | 77 (31) |
| Respondent and other family members needed care | - | 65 (51) | 69 (92) | 80 (76) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

TABLE 27

PROPORTION OF RESPONDENTS FAVORING A WAGE INCREASE IN THE FORM OF
DENTAL CARE AS A FRINGE BENEFIT, BY NUMBER OF DEPENDENTS IN
FAMILY AND UNMET DENTAL NEEDS OF FAMILY IN THE
TWELVE MONTHS PRECEDING THE INTERVIEW

| Dental Care Perceived as Needed by Family in the Twelve Months Preceding the Interview | Number of Dependents in Family | | | |
|--|--------------------------------|-------------|----------------------------------|-------------------------------------|
| | No Dependents | Spouse Only | One or Two Children ^a | Three or More Children ^a |
| No care needed by family | 26 (233) | 30 (372) | 31 (289) | 43 (145) |
| Members of family other than respondent needed care | - | 31 (62) | 45 (95) | 67 (64) |
| Respondent only needed care . . | 46 (65) | 42 (67) | 54 (81) | 46 (31) |
| Respondent and other family members needed care | - | 45 (51) | 61 (92) | 67 (76) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

One general conclusion is quite clear, if the respondent and other family members have unmet needs, he is very likely to favor prepaid dental care plans. Furthermore, regardless of unmet needs, the larger the number of dependents in his family, the more likely he is to approve of such plans.

The family's expenditures for dental care in the preceding year also must be considered. Respondents were asked to report the total costs of dental care which they and their family members incurred in the twelve months preceding the interview. Apparently, the family expenditures of the year preceding the interview are also somewhat related to attitudes toward dental insurance; however, family dental expenditures do not appear to be related to attitudes toward dental care as a fringe benefit (see Tables 28 and 29).

TABLE 28

ATTITUDES TOWARD DENTAL INSURANCE BY COST OF DENTAL CARE FOR FAMILY
IN THE TWELVE MONTHS PRECEDING THE INTERVIEW

| Attitudes Toward Dental Insurance | Family Dental Costs in the Twelve Months Preceding the Interview | | | |
|---|---|----------|-----------|---------------|
| | No Costs ^b | \$1-\$24 | \$25-\$99 | \$100 or More |
| Good idea | 33 | 40 | 48 | 52 |
| As well off without it . . . | 61 | 56 | 46 | 39 |
| Depends on cost of such insurance ^a | 1 | 1 | 2 | 4 |
| Depends on conditions other than cost ^a | * | * | 1 | 1 |
| No opinion | 5 | 3 | 3 | 4 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (665) | (381) | (401) | (279) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

^bIncludes only those persons who report that neither they nor any members of their family have had any dental work done in the twelve months preceding the interview. It does not include those respondents who indicate that they and members of their family have had no dental expenditures because they receive their dental care free; there are too few respondents of this type to warrant presenting them as a separate category.

TABLE 29

ATTITUDES TOWARD WAGE INCREASE IN THE FORM OF DENTAL CARE AS A FRINGE BENEFIT BY COST OF DENTAL CARE FOR FAMILY IN THE TWELVE MONTHS PRECEDING THE INTERVIEW

| Attitudes Toward Wage Increase | Family Dental Costs in the Twelve Months Preceding the Interview | | | |
|---|--|----------|-----------|---------------|
| | No Costs ^b | \$1-\$24 | \$25-\$99 | \$100 or More |
| Favor some dental care | 37 | 37 | 41 | 41 |
| Rather get all in cash | 52 | 56 | 53 | 53 |
| Depends on circumstances ^a . . | 1 | 2 | 2 | 2 |
| Makes no difference ^a | - | * | - | * |
| Don't know | 10 | 5 | 4 | 4 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (662) | (380) | (400) | (277) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

^bIncludes only those persons who report that neither they nor any members of their family have had any dental work done in the twelve months preceding the interview. It does not include those respondents who indicate that they and members of their family have had no dental expenditures because they receive their dental care free; there are too few respondents of this type to warrant presenting them as a separate category.

In short, anticipated needs for dental care, resulting from self-perceived need for dental care, or the sheer number of people in the family who might need care, strongly affects attitudes toward dental insurance and dental care as a fringe benefit.

We have considered the role of dental needs, indicated by the respondent's dental condition, the family's unmet dental needs, the family's number of dependents, and the family's dental expenditures, as a factor affecting attitudes toward dental insurance and dental care as a fringe benefit in general. We can now consider its role in affecting attitudes toward these plans under specific conditions.

We have seen that dental needs are more related to attitudes toward dental insurance than to attitudes toward dental care as a fringe benefit. Earlier we hypothesized that rational-economic calculation would be particularly important in the case of dental insurance because (1) the calculation of dental costs versus insurance premiums is almost self-evident, or (2) other considerations perhaps of a more ideological character are associated with fringe benefits.

If the first hypothesis is true, we would expect that on the whole, dental needs would be more related to general approval of receiving dental care as a fringe benefit than to expressions of liking or not liking a dental care plan if it were established where the respondent or a member of his family worked. This should follow because the general question poses the alternative between a wage increase all in cash or partly in the form of dental care; on the other hand, the question about liking or not liking an established plan does not present the alternative of receiving a pay increase in cash.

If the second hypothesis is true, we would expect that on the whole, dental needs would be more related to liking or not liking employer or employer-employee supported plans than to liking or not liking union financed plans. This should follow because there are probably more ideological and other considerations associated with union support of welfare programs than with other sources of support in the place of employment.

The data tend to bear out the first hypothesis but only suggest support for the second hypothesis. For example, in Table 30 we can see the relationship between the number of the respondent's dependents and an expressed preference for different kinds of support for dental care plans. On the whole, the relationship is somewhat less than we saw exists between number of dependents and preference for a wage increase in the form of a fringe benefit. Furthermore, consistent with the second hypothesis, the relationship no longer holds at all in the case of a union supported dental care plan. The number of dependents and the extent to which family members

have had unmet dental needs within the preceding year are both related to attitudes toward variously supported dental care plans. In Table 31, the relationship between unmet needs as well as number of dependents and attitudes toward various sources of support can be examined. Again, on the whole, the relationships are slightly less than we found earlier when we examined attitudes toward a wage increase in the form of dental care as a fringe benefit. However, one can hardly say that in this instance, the relationship is really less for attitudes toward union supported plans than for dental care plans paid for by the employer or by the employer and employee.

TABLE 30

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN,
DIFFERENTIATED BY SOURCE OF SUPPORT,
BY NUMBER OF DEPENDENTS IN FAMILY

| Source of Support | Number of Dependents in Family | | | |
|-------------------------------|--------------------------------|-------------|----------------------------------|-------------------------------------|
| | No Dependents | Spouse Only | One or Two Children ^a | Three or More Children ^a |
| Employer pays | 50 (356) | 53 (582) | 66 (577) | 61 (331) |
| Employer and employee pays. . | 47 (354) | 51 (577) | 64 (576) | 60 (331) |
| Union pays | 41 (354) | 42 (577) | 54 (575) | 49 (330) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

In general, then, one can conclude that needs for dental care do not constitute an important variable affecting attitudes toward different kinds of support for dental care plans. An explanation for differences in these attitudes will have to be sought in other explanatory variables.

TABLE 31

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN, DIFFERENTIATED BY SOURCE OF SUPPORT, BY NUMBER OF DEPENDENTS IN FAMILY AND UNMET DENTAL NEEDS OF FAMILY IN THE TWELVE MONTHS PRECEDING THE INTERVIEW

| Source of Support and Unmet Family Dental Needs In the Twelve Months Preceding the Interview | Number of Dependents in Family | | | |
|--|--------------------------------|-------------|----------------------------------|-------------------------------------|
| | No Dependents | Spouse Only | One or Two Children ^a | Three or More Children ^a |
| <u>Employer pays</u> | | | | |
| No dental care needed by family | 48 (233) | 50 (373) | 52 (288) | 61 (145) |
| Family members other than respondent needed care | - | 60 (62) | 60 (95) | 77 (64) |
| Respondent only needed care. . . | 59 (66) | 54 (67) | 73 (81) | 77 (31) |
| Respondent and other family members needed care | - | 65 (51) | 74 (92) | 84 (76) |
| <u>Employer and employee pay</u> | | | | |
| No dental care needed by family | 45 (231) | 49 (372) | 52 (287) | 61 (145) |
| Family members other than respondent needed care | - | 58 (62) | 57 (95) | 80 (64) |
| Respondent only needed care. . . | 53 (66) | 50 (66) | 64 (81) | 71 (31) |
| Respondent and other family members needed care | - | 62 (50) | 83 (92) | 82 (76) |
| <u>Union pays</u> | | | | |
| No dental care needed by family | 38 (231) | 40 (372) | 43 (285) | 55 (145) |
| Family members other than respondent needed care | - | 50 (62) | 39 (94) | 61 (64) |
| Respondent only needed care. . . | 55 (66) | 42 (66) | 63 (81) | 45 (31) |
| Respondent and other family members needed care | - | 50 (50) | 66 (93) | 68 (76) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

Does the need for dental care affect the willingness to use the plan under these two requirements? In Table 32 we can see the percentage of respondents with different dental conditions who would use the plan if going to a group of participating dentists or to a clinic were required by the plan. Certainly, the relationship is not a strong one. There is only a suggestion that, aside from edentulous persons, respondents who need more dental work are slightly more likely to be willing to accept these requirements. The reason for this may be that it is not the condition of teeth in itself that affects the willingness to accept these requirements, but the relationship with a dentist. Respondents who need little or no work generally go to a dentist regularly and have a regular dentist and it may be because of this that they are less willing to accept these restricting conditions. This interpretation will be discussed in more detail in later sections.

TABLE 32

PROPORTION OF RESPONDENTS WILLING TO USE ESTABLISHED DENTAL CARE PLAN UNDER VARIOUS ARRANGEMENTS, BY RESPONDENT'S DENTAL CONDITION, AMONG RESPONDENTS LIKING EACH TYPE OF ESTABLISHED DENTAL CARE PLAN

| Source of Support and Plan Arrangements | Respondent's Dental Condition | | | |
|--|---|-------------|----------------|------------------|
| | Dental Care Perceived as Needed in Year | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| <u>Employer pays</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . . | 73 (236) | 70 (152) | 55 (454) | 67 (215) |
| Would use if restricted to dentists in plan clinic . . . | 71 (230) | 66 (144) | 54 (440) | 64 (204) |
| <u>Employer and employee pay</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . . | 73 (233) | 73 (146) | 56 (435) | 69 (210) |
| Would use if restricted to dentists in plan clinic . . . | 71 (226) | 67 (135) | 55 (423) | 65 (198) |
| <u>Union pays</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . . | 74 (206) | 74 (118) | 59 (361) | 67 (174) |
| Would use if restricted to dentists in plan clinic . . . | 72 (200) | 70 (108) | 55 (345) | 65 (162) |

Another kind of characteristic which we have used to indicate anticipated needs of the respondent and his family for dental care is the number of dependents in the family. This characteristic is even less related to willingness to accept restrictions in the choice of dentist than is the case for the respondent's own dental condition. The results, for those respondents who say they would like it if a union supported plan existed where they worked, are presented in Table 33. The same lack of clear relationship exists in the case of the other two kinds of support, as can be seen in the same table.

TABLE 33

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS,
BY NUMBER OF DEPENDENTS IN FAMILY, AMONG RESPONDENTS LIKING EACH
ESTABLISHED DENTAL CARE PLAN

| Source of Support and Plan Arrangements | Number of Dependents in Family | | | |
|---|--------------------------------|----------------|-------------------------------------|--|
| | No De- pendents | Spouse Only | One or Two Children ^a | Three or More Children ^a |
| <u>Employer pays</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . | 64 (160) | 59 (292) | 62 (335) | 69 (227) |
| Would use if restricted to dentists in plan clinic | 65 (154) | 56 (280) | 60 (326) | 67 (216) |
| <u>Employer and employee pay</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . | 66 (148) | 61 (281) | 64 (332) | 70 (224) |
| Would use if restricted to dentists in plan clinic | 65 (144) | 59 (269) | 61 (321) | 66 (211) |
| <u>Union pays</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . | 69 (129) | 62 (232) | 64 (273) | 71 (185) |
| Would use if restricted to dentists in plan clinic | 64 (123) | 62 (218) | 60 (263) | 67 (173) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

In general, the need for dental care does not seem to help explain why some people would and others would not, be willing to use an existing dental care plan if the plans required using dentists in a panel or dentists in a clinic setting.

In the case of dental insurance, respondents who said they thought it was a good idea for themselves and their family were asked if they would be willing to pay to have their and their family's teeth fixed before getting the insurance. As noted earlier, most of the persons who think dental insurance is a good idea say they would be willing to meet this condition for getting insurance. The number of dependents, however, is not related to the respondents' readiness to satisfy this condition in order to get dental insurance (see Table 34). However, measures which are directly related to the amount of dental restoration the respondents would need do affect attitudes toward meeting this requirement. Thus, whether or not the respondent feels that his own teeth would need a great deal of work (see Table 35) and whether or not he or other members of his family have unmet dental needs (see Table 36) are highly related to their willingness to have their teeth fixed in order to get dental insurance. For example, as can be seen in Table 36, among the respondents who think dental insurance would be a good idea for themselves and their family, 75 per cent of those who believe that neither they nor members of their family have unmet dental needs say they would be willing to have their teeth put in good condition in order to get insurance; on the other hand only 52 per cent of those who believe that they or they and other family members do have unmet dental needs are willing to meet this precondition for obtaining dental insurance.

Respondents who favored dental insurance were asked if they would still want the insurance if they could go only to a dentist participating in the plan. The number of dependents in the respondent's family does not seem to be related to his readiness to get dental insurance if his choice of dentist is restricted (see Table 34). The respondent's own dental condition is somewhat related to his willingness to go only to a participating dentist if that is required in order to get dental

insurance (see Table 35). These relationships are similar to those found in the case of the respondents' willingness to use established dental care plans under conditions restricting choice of dentist (see Tables 32 and 33).

TABLE 34

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE BY NUMBER OF DEPENDENTS IN FAMILY, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Requirements Stipulated to get Dental Insurance | Number of Dependents in Family | | | |
|---|--------------------------------|-------------|----------------------------------|-------------------------------------|
| | No Dependents | Spouse Only | One or Two Children ^a | Three or More Children ^a |
| Would be willing to have teeth put in good condition | 66 (77) | 61 (160) | 63 (284) | 66 (210) |
| Would want if choice restricted to dentists who joined plan . . | 64 (88) | 50 (170) | 47 (288) | 53 (214) |
| Would be willing to pay \$36-\$55 a year per person for: | | | | |
| Self | 58 (76) | 42 (158) | 36 (282) | 26 (199) |
| Spouse | - | 47 (157) | 36 (247) | 29 (181) |
| Children (all or some) | - | - | 44 (276) | 35 (198) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

TABLE 35

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE BY RESPONDENT'S DENTAL CONDITION, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Requirements Stipulated to get Dental Insurance | Respondent's Dental Condition | | | |
|--|---|-------------|----------------|------------------|
| | Dental Care Perceived as Needed in a Year | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Would be willing to have teeth put in good condition | 52 (218) | 62 (138) | 71 (318) | 68 (87) |
| Would want if choice restricted to dentists who joined plan | 58 (216) | 52 (136) | 46 (317) | 51 (87) |
| Would be willing to pay \$36-\$55 a year per person for: | | | | |
| Self | 39 (212) | 39 (136) | 38 (314) | 30 (83) |
| Spouse | 35 (165) | 33 (106) | 38 (247) | 46 (66) |
| Children (all or some) . . | 39 (140) | 33 (96) | 39 (196) | 51 (43) |

TABLE 36

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE BY UNMET DENTAL NEEDS OF FAMILY IN THE TWELVE MONTHS PRECEDING THE INTERVIEW, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Requirements Stipulated to get Dental Insurance | Unmet Dental Needs of Family in the Twelve Months Preceding Interview | | | |
|---|---|--|-----------------------------|---|
| | No Care Needed by Family | Family Members Other than Respondent Needed Care | Respondent Only Needed Care | Respondent and Other Family Members Needed Care |
| Would be willing to have teeth put in good condition | 75 (336) | 60 (118) | 53 (141) | 52 (161) |
| Would want if choice restricted to dentists who joined plan . | 46 (334) | 49 (118) | 58 (140) | 57 (159) |
| Would be willing to pay \$36-\$55 a year per person for: | | | | |
| Self | 41 (329) | 29 (116) | 41 (138) | 35 (159) |
| Spouse | 40 (256) | 34 (101) | 35 (80) | 35 (148) |
| Children (all or some) . . | 41 (198) | 45 (93) | 30 (63) | 40 (121) |

The final condition for obtaining dental insurance posed to the respondents pertains to the cost of dental insurance. Respondents were asked if they would be willing to pay \$36.00 to \$55.00 a year per person for the insurance. Neither the condition of the respondent's own teeth nor the existence of unmet dental needs in his family is related to willingness to pay the proposed premiums (see Tables 35 and 36). As is revealed in Table 34, the more dependents in the respondent's family, the less likely he is to be willing to pay the premiums. Perhaps, many people simply adding up the amount of money they would have to pay to get coverage for their whole family, feel that the resulting sum is just too much to pay for dental insurance premiums. Or perhaps, they are more familiar with the idea of individual versus family rates which they accept as legitimate and, therefore, rates per person seem inordinate when there are many persons in the family.

On the whole, we have seen that the respondents' dental needs, as variously measured, are highly related to their attitudes toward prepaid dental care plans and some of the conditions under which the plans might be offered. In order to fully understand the extent to which dental needs account for the attitudes with which we are concerned, we must first examine the possible importance of other factors and then ascertain how dental needs and these other factors may combine to affect attitudes toward dental care plans.

2. Family Income

When we turn to a consideration of the respondent's family income as a factor affecting attitudes toward dental insurance and dental care as a fringe benefit, it is difficult to predict how income might affect attitudes, if at all.¹ On the one hand, one might argue that the less income a person has, the less able and therefore the less willing he would be to meet the costs for dental care as they arise and therefore he would be more favorable to commercial insurance plans or to fringe benefit plans. On the other hand, one might argue that the less income a person has, the less he has to spend on things which he considers non-essential--and that might include dental care; therefore, persons with less money would be less favorable to commercial insurance and fringe benefits than would be persons who have more money.

What further complicates prediction of the relationship between income and attitudes toward various prepaid dental care plans is that income is so closely related to other factors which in turn are related to these attitudes. For example, persons with more income are likely to have teeth which are in good condition; we have already seen that the less dental work a person needs, the less likely he is to favor prepaid dental care plans; presumably, then, persons with higher incomes

¹By family income we mean gross family income. Respondents were given a card on which were indicated nine income groupings and asked to indicate into which one of the groups their family would fall on the basis of their total family income, including money received from pensions, unemployment compensation, or other sources, before taxes.

are less likely to favor dental care plans.

Given these conflicting hypotheses, perhaps it is not surprising that, as can be seen in Table 37, there does not seem to be any clear-cut relationship between family income and attitudes toward dental insurance. If there is any direction to the relationship, it seems that persons with higher incomes are more likely to think that dental insurance is a good idea than are persons with lower incomes.

TABLE 37
ATTITUDES TOWARD DENTAL INSURANCE BY FAMILY INCOME
IN THE TWELVE MONTHS PRECEDING THE INTERVIEW

| Attitudes Toward Dental Insurance | Family Income in the Twelve Months Preceding Interview | | | |
|---|---|---------------------|---------------------|--------------------|
| | Under \$2,000 | \$2,000- \$4,999 | \$5,000- \$7,499 | \$7,500 or More |
| Good idea | 33 | 42 | 47 | 40 |
| As well off without it | 61 | 51 | 47 | 56 |
| Depends on cost of such insurance ^a | 1 | 1 | 3 | 2 |
| Depends on conditions other than cost ^a | * | * | 1 | - |
| No opinion | 5 | 6 | 2 | 2 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (339) | (656) | (513) | (328) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

The relationship between income and attitudes toward dental care as a fringe benefit is also not clear, but the direction seems opposite to what appears to be true in the case of dental insurance (see Table 38). Persons with higher incomes are more likely than are persons with lower incomes to say they would rather get the entire wage increase in cash than partly in the form of some dental care.

TABLE 38

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING THE INTERVIEW

| Attitudes Toward Wage Increase | Family Income in the Twelve Months Preceding Interview | | | |
|---|---|---------------------|---------------------|--------------------|
| | Under \$2,000 | \$2,000- \$4,999 | \$5,000- \$7,499 | \$7,500 or More |
| Favor some dental care | 37 | 41 | 39 | 34 |
| Rather get all in cash | 48 | 52 | 53 | 60 |
| Depends on circumstances ^a | 1 | 1 | 2 | 3 |
| Makes no difference ^a | - | * | 1 | - |
| Don't know | 14 | 6 | 5 | 3 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (336) | (654) | (512) | (328) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

Although the relationship between income and attitudes toward each kind of prepaid dental care plan is not very strong, the tendency for the relationship to be in opposite directions suggests that it is not money per se that is related to the desire to participate in a plan for dental care. Perhaps, income as a measure of social class is related to preferences for one kind of prepayment plan rather than another. In an earlier section of the report, on the basis of the respondents' own explanations of why they did not favor each plan, we discussed the differing images of each plan. It was noted then that the important differential characteristic of the plans was that dental insurance was seen as involving less control of the respondent and his income than was seen to be true of dental care as a fringe benefit. Presumably, persons with higher incomes--who also are likely to have more education and more prestigeful occupations--are more likely to reject what they consider to be interference with or control over their activities.

One way of testing this interpretation is to see whether or not there are any differences, by income level, in the reasons given for objecting to each plan. The differences are small, but they are consistent with the interpretation suggested (see Tables 39 and 40). Persons with higher incomes are somewhat more likely than are persons with lower incomes to mention that they want to control their own funds as a reason for rejecting dental insurance. However, references to this objection do not vary by income in the case of preferring a wage increase all in cash rather than in the form of dental care as a fringe benefit. The desire to choose one's own dentist is also more likely to be cited by persons with higher incomes than by lower-income persons, but this time when respondents are giving reasons for preferring a wage increase in cash rather than dental care. This objection is hardly mentioned at all by respondents in accounting for their rejection of dental insurance. It was noted earlier that it appears that dental insurance is generally perceived as entailing less control of the respondent's money and choice of dentist than does a wage increase partly in the form of dental care. This earlier finding together with the indication that persons with higher incomes tend to be concerned about control of their own money and interference with their choice of a dentist suggest that the two kinds of prepaid dental care plans would differ in appeal to persons in the higher income groups.

Although income is not strongly related to general preferences for either plan, it may be related to willingness to accept the particular requirements proposed for each plan. In the case of dental insurance, we do find that the higher the respondent's income, the more likely is he to say that he would be willing to have his and his family's teeth put in good condition in order to obtain dental insurance (see Table 41).

TABLE 39

REASONS GIVEN BY RESPONDENTS FOR FEELING THEY ARE JUST AS WELL OFF WITHOUT DENTAL INSURANCE, BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING THE INTERVIEW^a

| Reasons | Family Income in the Twelve Months Preceding Interview | | | |
|---|--|-----------------|-----------------|-----------------|
| | Under \$2,000 | \$2,000-\$4,999 | \$5,000-\$7,499 | \$7,500 or More |
| Dental needs are slight; teeth in good condition; teeth gone or have false teeth ^b | 59 | 47 | 41 | 38 |
| Cost would be more than now paying for dental care; wouldn't pay to have it ^b . . | 20 | 27 | 31 | 30 |
| Premiums would be too high; have enough bills to pay; need medical insurance, other things more ^b | 7 | 8 | 7 | 10 |
| Rather have control over own money; want to take care of own dental needs | 4 | 9 | 8 | 16 |
| Want to choose own dentist; get individual care; would be like a clinic | * | * | * | 2 |
| Don't like (trust) insurance companies. . . | 3 | 2 | 3 | 2 |
| Insurance would have limited coverage of dental work or of members of family . . . | * | 1 | 2 | 1 |
| Dental insurance would be inefficient; would cost more through insurance | * | 3 | 2 | 1 |
| Free or reduced rate care already provided; son is dentist; we get it through union now | 3 | 2 | 4 | 1 |
| Miscellaneous specific responses; would encourage dentists to do more than was necessary; sounds like socialized medicine | 4 | 4 | 3 | 3 |
| No opinion, vague responses | * | 1 | 3 | 2 |
| Total per cent (Some give more than one reason) | 100 | 104 | 104 | 106 |
| Number | (202) | (325) | (236) | (179) |

*Less than 0.5 per cent.

^aBased on question asked only of respondents who report being just as well off without dental insurance.

^bThe first three code categories could not be multiple coded with each other.

TABLE 40

REASONS GIVEN FOR PREFERRING WAGE INCREASE ENTIRELY IN CASH BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING THE INTERVIEW^a

| Reasons | Family Income in the Twelve Months Preceding Interview | | | |
|---|--|-----------------|-----------------|-----------------|
| | Under \$2,000 | \$2,000-\$4,999 | \$5,000-\$7,499 | \$7,500 or More |
| Rather have control over own money; want to take care of own dental needs | 32 | 34 | 36 | 34 |
| Dental needs are slight; teeth in good condition or about gone | 36 | 34 | 30 | 25 |
| Might have money left over; could get care cheaper on own ^b | 16 | 17 | 16 | 18 |
| Money needed for other things; need money | 11 | 10 | 6 | 4 |
| Want to choose own dentist; get individual care; rather go to own family dentist. | 4 | 6 | 7 | 12 |
| Plan would have limited coverage of dental work or of members of family . | - | 1 | 2 | 2 |
| Plan would be inefficient; dental care would cost more through plan | - | 2 | 3 | 3 |
| Coverage would end when job does; if you left the company, you'd have the cash but you'd leave the policy . | 1 | 1 | 1 | - |
| Miscellaneous specific difficulties of fringe benefit arrangements; deception; botching | 3 | 4 | 4 | 6 |
| Other miscellaneous responses | 2 | 1 | 3 | 2 |
| No opinion, vague responses | 5 | 2 | 4 | 5 |
| Total per cent (Some give more than one reason) | 110 | 112 | 112 | 111 |
| Number | (159) | (333) | (271) | (195) |

^aBased on question asked only of respondents who report that they favor receiving a wage increase entirely in cash.

^bThis code category could not be multiple coded with either the first or the second code categories.

TABLE 41

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING INTERVIEW, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Requirements Stipulated to get Dental Insurance | Family Income in the Twelve Months Preceding Interview | | | |
|---|--|-----------------|-----------------|-----------------|
| | Under \$2,000 | \$2,000-\$4,999 | \$5,000-\$7,499 | \$7,500 or More |
| Would be willing to have teeth put in good condition | 53 (110) | 57 (278) | 67 (242) | 79 (130) |
| Would want if choice restricted to dentists who joined plan . . . | 64 (109) | 60 (276) | 43 (240) | 38 (130) |
| Would be willing to pay \$36-\$55 a year per person for: | | | | |
| Self | 48 (109) | 34 (270) | 34 (238) | 41 (127) |
| Spouse | 44 (64) | 32 (197) | 37 (211) | 43 (113) |
| Children (all or some). | 38 (40) | 42 (171) | 39 (174) | 39 (88) |

On the other hand, the more income a person has the less likely he is to be willing to get insurance if that entails a limitation of his choice of dentist (see Table 41). Persons with higher income are more likely to have a regular dentist and this may account for the relationship. In the next section we will see to what extent having a regular dentist is related to preferring not to participate in a dental insurance plan which limits the choice of dentist.

The relationship between family income and willingness to pay \$36.00 to \$55.00 a year per person to obtain dental insurance would seem to be obvious. The larger the family income, presumably the smaller the proportion of the family budget that would be paid for premiums and the more acceptable the premiums would be. As a matter of fact, as can be seen in Table 41, there is no clear relationship between family income and willingness to pay the suggested premiums.

We have seen that higher income persons, as compared to persons with lower incomes, are slightly more likely to think dental insurance is a good idea and are

slightly less likely to prefer a wage increase partly in the form of dental care. On the basis of the tentative interpretation we made of this finding and on the basis of the evidence presented later that a union supported plan is seen as entailing more restriction of choice of dentist, we would expect that persons with higher incomes would tend to say they would like a dental care plan if it existed already where they worked and was paid for by the employer; while, persons with lower incomes would tend to say they would like a plan supported by the union. The relationship between income and preference for different ways of paying for an established dental care plan, as indicated in Table 42, can be considered only suggestive, although it is in the expected direction.

TABLE 42

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN,
DIFFERENTIATED BY SOURCE OF SUPPORT, BY FAMILY INCOME IN
THE TWELVE MONTHS PRECEDING THE INTERVIEW

| Source of Support | Family Income in the Twelve Months Preceding Interview | | | |
|-------------------------------|--|-----------------|-----------------|-----------------|
| | Under \$2,000 | \$2,000-\$4,999 | \$5,000-\$7,499 | \$7,500 or More |
| Employer pays | 53 (338) | 58 (655) | 61 (511) | 58 (328) |
| Employer and employee pay . . | 53 (334) | 55 (653) | 59 (510) | 58 (327) |
| Union pays | 52 (335) | 48 (652) | 45 (509) | 44 (326) |

In the case of willingness to use an existing dental care plan, the two conditions about which inquiries were made both concern relationship with the dentist. We have already found that respondents with higher incomes are less likely to want dental insurance if this means going only to a participating dentist, not including their own dentist. As one would expect, the relationship is similar in the case of established dental care plans (see Table 43). For example, among respondents who would like a plan if it were supported by the union, 74 per cent of those

with incomes under \$2,000 a year would use the plan if they had to go to a dentist who joined the plan and their dentist did not join; on the other hand 52 per cent of those with incomes of \$7,500 or more would be willing to use the plan under that condition. The same clear pattern exists for using the plan if this entailed going to a dentist employed in the plan's clinic.

TABLE 43

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING INTERVIEW, AMONG RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Source of Support and Plan Arrangements | Family Income in the Twelve Months Preceding Interview | | | |
|--|--|-----------------|-----------------|-----------------|
| | Under \$2,000 | \$2,000-\$4,999 | \$5,000-\$7,499 | \$7,500 or More |
| <u>Employer pays</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . | 74 (180) | 69 (378) | 59 (311) | 51 (189) |
| Would use if restricted to dentists in plan clinic | 73 (168) | 67 (362) | 57 (304) | 48 (184) |
| <u>Employer and employee pay</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . | 75 (169) | 70 (341) | 63 (289) | 51 (176) |
| Would use if restricted to dentists in plan clinic | 74 (157) | 67 (325) | 60 (280) | 50 (171) |
| <u>Union pays</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . | 74 (174) | 71 (312) | 63 (228) | 52 (145) |
| Would use if restricted to dentists in plan clinic | 72 (161) | 67 (293) | 59 (219) | 51 (140) |

Again, it may be that it is not income as such, but whether or not the respondents have a regular dentist that makes this relationship work as is does. We will forego drawing any conclusion about this until we have analyzed the other factors which might affect the willingness to use an established dental care plan under conditions which restrict the choice of dentist.

3. Relationship with Dentist and Attitudes Toward and Experiences with Dentists and Dental Group Practice.

One factor which may strongly affect attitudes toward dental prepayment plans is the kind of relationship the respondent has with a dentist. Apparently, some respondents view dental insurance and dental care as a fringe benefit through the place of employment as entailing somewhat different characteristics; thus, they seem to feel that the latter would permit them less control over the situation. If this is true, we would expect that persons who have a regular dentist may be less interested in dental care as a fringe benefit or specifically in employer-or union-supported prepayment plans than are persons who do not have a regular dentist. On the other hand, it is probable that the patient-dentist relationship is less important, or not at all important, in accounting for respondents' attitudes toward dental insurance. It is anticipated, however, that when specific conditions are laid down involving a restriction on the choice of dentist this factor of patient-dentist relationship will be important in helping to explain the attitudes of respondents.

On the basis of the respondents' answers to a series of questions designed to ascertain whether they have a regular dentist or have ever had one, respondents were divided into three groups: those who now have a regular dentist (63%), those who do not now have a regular dentist but once had one (19%), and those who have been to a dentist but who have never had a regular dentist (18%). Excluded from this analysis are the few respondents who have never been to a dentist and those few whose relationship to a dentist is unascertainable. When these three groups are examined in terms of their attitudes toward dental insurance, we find no clear relationship between having or not having a regular dentist and favoring or not favoring dental insurance (see Table 44). Persons who have a regular dentist are just as likely to consider having dental insurance a good idea as are persons who have never had a regular dentist. As has already been pointed

out in discussing Table 4, when respondents who replied that they felt they were just as well off without dental insurance were asked why they felt this way, only one per cent of the respondents mention that they want to choose their own dentist as an explanation.

TABLE 44
ATTITUDES TOWARD DENTAL INSURANCE BY RESPONDENT'S
RELATIONSHIP WITH A DENTIST

| Attitudes Toward Dental Insurance | Respondent's Relationship with a Dentist | | |
|---|--|--|-------------------------------------|
| | Now Has Regular Dentist | Does Not Now Have Regular Dentist But Once Had One | Has Never Had Regular Dentist |
| Good idea | 41 | 41 | 43 |
| As well off without it | 53 | 55 | 49 |
| Depends on cost of such insurance ^a | 2 | 1 | 2 |
| Depends on conditions other than cost ^a | * | * | * |
| No opinion | 4 | 3 | 6 |
| Total per cent | 100 | 100 | 100 |
| Number | (1,139) | (354) | (325) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

In the case of the general question of preferring a wage increase in the form of some dental care as a fring benefit, however, whether one has or has not a regular dentist does appear to make a difference. As can be seen in Table 45, persons who have a regular dentist are somewhat less likely to favor receiving a wage increase in the form of dental care than are those who have never had a regular dentist (37 per cent as compared with 45 per cent). This lends support to the

interpretation that this type of prepaid dental care plan is perceived as involving more control over the selection of a dentist. We have already seen from Table 4 that seven per cent of those who favor cash rather than dental care volunteer that they want to choose their own dentist as a reason for their preference.

TABLE 45

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME
DENTAL CARE AS A FRINGE BENEFIT BY RESPONDENT'S
RELATIONSHIP WITH A DENTIST

| Attitudes Toward Wage Increase | Respondent's Relationship With a Dentist | | |
|--|--|--|-------------------------------------|
| | Now Has Regular Dentist | Does Not Now Have Regular Dentist But Once Had One | Has Never Had Regular Dentist |
| Favor some dental care | 37 | 39 | 45 |
| Rather get all in cash | 56 | 53 | 46 |
| Depends on circumstances ^a . . | 2 | 1 | 1 |
| Makes no difference ^a | * | - | - |
| Don't know | 5 | 7 | 8 |
| Total per cent | 100 | 100 | 100 |
| Number | (1,136) | (351) | (323) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

We can now turn to a consideration of situations in which dental care plans are assumed to be already established at the place of employment. The findings, by relationship with a dentist and for each source of support, are presented in Table 46. Three points deserve comment. First, it is clear again that there is somewhat less liking for a plan paid for by the union than by the other two sources --regardless of relationship to dentist.

TABLE 46

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN,
DIFFERENTIATED BY SOURCE OF SUPPORT, BY RESPONDENT'S
RELATIONSHIP WITH A DENTIST

| Source of Support | Respondent's Relationship with a Dentist | | |
|---------------------------------|--|--|-------------------------------|
| | Now Has Regular Dentist | Does Not Now Have Regular Dentist But Once Had One | Has Never Had Regular Dentist |
| Employer pays | 56 (1137) | 61 (353) | 64 (322) |
| Employer and employee pay . . . | 53 (1132) | 61 (352) | 61 (320) |
| Union pays | 43 (1130) | 48 (352) | 58 (320) |

Second, relationship to dentist seems to affect attitudes toward an established dental care plan similarly to the way it affects preferences for a wage increase partly in the form of some dental care. Thus, regardless of the source of support for the dental care plan, persons who never have had a regular dentist are somewhat more likely than persons who have a regular dentist to say they would like the plan if it were so established. This indicates that the respondents tend to feel that the established dental care plan, as well as dental care provided as a fringe benefit, entails some restriction upon the choice of dentist.

The data suggest a third point. Relationship with a regular dentist may affect liking a union supported plan slightly more than it does liking plans supported through the other two sources. This may be because the respondents expect a union supported plan would entail even more restriction of the choice of a dentist or interference with the patient-dentist relationship than would be the case for the other kinds of support.

As we have already noted, general attitudes of approval or preference for a particular kind of dental care plan tend to be modified when respondents are faced with indicating their willingness to participate in each type of plan under certain

specific conditions. It is to be expected that the patient-dentist relationship will constitute an important factor in explaining such modifications in attitudes when the specific conditions stipulated involve restrictions on the choice of dentist.

In the case of dental insurance, persons who thought dental insurance was a good idea were presented sequentially with three conditions on which getting the insurance might be predicated and were queried as to their willingness to accept the conditions in order to get the insurance. The first requirement stipulated that the respondent and his family would have to put their teeth into good condition before getting dental insurance coverage. Among respondents who think dental insurance is a good idea, those who have a regular dentist are much more likely to be willing to meet this requirement than are those who have never had a regular dentist (see Table 47.) This difference in attitude, we shall see later in the report, cannot be attributed to the fact that respondents who have a regular dentist have teeth which are in better condition.

TABLE 47

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE BY RESPONDENT'S RELATIONSHIP WITH A DENTIST, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Requirements Stipulated to Get Dental Insurance | Respondent's Relationship with a Dentist | | |
|---|--|--|-------------------------------|
| | Now Has Regular Dentist | Does Not Now Have Regular Dentist But Once Had One | Has Never Had Regular Dentist |
| Would be willing to have teeth put in good condition . . | 70 (468) | 58 (143) | 49 (139) |
| Would want if choice restricted to dentists who joined plan . . | 45 (465) | 53 (143) | 68 (138) |
| Would be willing to pay \$36-\$55 a year per person for: | | | |
| Self | 38 (461) | 39 (139) | 35 (136) |
| Spouse | 36 (367) | 40 (113) | 35 (98) |
| Children (all or some) . . | 39 (298) | 44 (91) | 40 (78) |

Persons who think dental insurance is a good idea were also asked if they would still want it if they had to pay certain specified premiums per person per year. There is no relationship between having or not having a regular dentist and willingness to pay the premiums specified (see Table 47). Presumably other factors are more important in helping to explain acceptance or rejection of this condition.

Another condition set forth in connection with dental insurance involves more directly the question of patient-dentist relationship. When it is stipulated that dental insurance would entail being treated only by participating dentists, that is, by dentists who had signed up with the plan, and it is further stated that the respondent's dentist is not among those participating, respondents who have a regular dentist are definitely less desirous of getting dental insurance under such conditions than are those who never have had a regular dentist. With such restricted choice of dentist, only 45 per cent of those who have a regular dentist would still be interested in getting dental insurance, while 68 per cent of those who have never had a regular dentist are apparently unaffected by such a limitation and are still favorable toward the insurance (see Table 47). As is to be expected, when those who reject dental insurance if it were subject to this restriction are further queried if they would want it if their own dentist (whether regular or not) were among the participating dentists, nearly all revert to their original favorable attitude--they would want it if they could go to their own dentist, regardless of their relationship with the dentist.

In brief, dental insurance has equal appeal for persons who have a regular dentist and those who have never had one. When it is required that the respondent's teeth must be brought into good condition to get such insurance, the patient-dentist relationship appears to affect attitudes toward dental insurance. Having or not having a regular dentist bears no relationship to the respondent's willingness to get such insurance at certain suggested premiums per person, but . . .

the patient-dentist relationship is clearly related to attitudes toward dental insurance when coverage involves a restriction on the free choice of a dentist.

We can now examine the reactions of respondents who indicate approval of variously supported dental care plans if each plan already existed at their place of employment. The reactions we are concerned with are toward two proposed conditions: (1) going only to one of the participating dentists not including their own dentist and (2) going to a specific clinic. We find a strong indication of the importance of the respondents' relationship with a dentist in explaining their attitudes toward these plans when such conditions are part of the plans (see Table 48). Respondents react similarly to both conditions. Persons who have a regular dentist are clearly less likely to indicate a willingness to utilize such existing plans if they involve not being able to go to their own dentist, although even among such persons slightly more than a majority say they would be willing to use each plan under either condition. It is amply clear that in the case of already established dental care plans at place of work, relatively few persons who have never had a regular dentist would be deterred from using such plans because their choice of dentist were limited.

In the case of the condition restricting dental treatment to the clinic set-up in connection with the dental care plan, respondents were further asked why they would or would not use the plan given that condition. The respondents' explanations were discussed on pages 26-29. Do respondents with different relationships with a regular dentist give different explanations and does this help our understanding of how their relationship with a regular dentist affects their willingness to use a dental care plan which requires going to a clinic?

First, let us consider the reasons persons who have a regular dentist give for not being willing to use a plan which required going to a clinic for treatment. The most frequently mentioned explanation is that they want to continue with the

dentist they now have. The second most frequently mentioned explanation is that they want to choose their own dentist; others mention that they believe clinic dentists would not give as good care as private dentists would. On the other hand, persons who never have had a regular dentist are most likely to explain that they would use a plan even if they had to go to a clinic by saying that they believe all dentists are about the same. They mention two other explanations with equal frequency and almost as often as the belief that all dentists are about the same: that is, that clinic dentists would be good dentists and that the dental care is paid for already so that it would be impractical not to use it.

TABLE 48

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS BY RESPONDENT'S RELATIONSHIP WITH A DENTIST, AMONG RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Source of Support and Plan Arrangements | Respondent's Relationship With a Dentist | | |
|--|--|--|-------------------------------|
| | Now Has Regular Dentist | Does Not Now Have Regular Dentist But Once Had One | Has Never Had Regular Dentist |
| <u>Employer pays</u> | | | |
| Would use if choice restricted to dentists who joined plan . . . | 56 (627) | 67 (212) | 81 (206) |
| Would use if restricted to dentists in plan clinic . . . | 54 (611) | 68 (202) | 77 (194) |
| <u>Employer and employee pay</u> | | | |
| Would use if choice restricted to dentists who joined plan . . . | 58 (602) | 69 (212) | 81 (195) |
| Would use if restricted to dentists in plan clinic . . . | 55 (583) | 70 (203) | 77 (183) |
| <u>Union pays</u> | | | |
| Would use if choice restricted to dentists who joined plan . . . | 59 (488) | 70 (170) | 81 (184) |
| Would use if restricted to dentists in plan clinic . . . | 55 (467) | 72 (162) | 76 (170) |

It is also interesting to consider what explanations are given first, by persons who have a regular dentist and nevertheless say they would go to a clinic and second, by persons who do not have a regular dentist and nevertheless say they would not go to a clinic. In the first group, two explanations are most frequently mentioned: that the clinic dentists would be good dentists and that the dental care is paid for already. Interestingly, persons who never have had a regular dentist are somewhat less likely to mention these explanations for their willingness to use a clinic; they are much more likely to assert that all dentists are the same than are persons who have a regular dentist. Among the persons who never have had a regular dentist and are not willing to use a plan which requires going to a dentist, they are most likely to explain that they want to choose their own dentist. Interestingly, they are less likely than are persons who do have a regular dentist to explain that they think clinic dentists would not give as good dental care as would private dentists.

In short, respondents who have a regular dentist are less likely than those who never have had one to be willing to use an established dental care plan if this required going only to a participating dentist or to the plan's clinic. At least in the case of the clinic, it seems clear that this is because they want to continue with their present dentist and this reason is probably more important than the fear that the dentists would not give as good care as the private dentist would. On the other hand, many persons who never have had a regular dentist are willing to use a plan which requires going to a clinic because they think that all dentists are about the same.

We are also interested in the extent to which respondents' attitudes toward dentists in general and toward their own dentists in particular are related to their attitudes toward prepaid dental care plans. Respondents were asked whether or not they felt a series of statements depicting dentists in an unfavorable light,

were true of most dentists and of their own dentist. Included were statements such as, "Dentists don't take enough personal interest in you," "They aren't concerned enough about the pain they cause the patient," "Dentists are too interested in making money," "Dentists don't make fillings which last as long as they should." In general, whether respondents feel that these unfavorable statements are true or deny that they are true is not related to their attitudes toward prepaid dental care plans.

The belief that dentists' fees are too high might quite reasonably be expected to be related to attitudes toward prepaid dental care plans. Respondents were asked, "In general, do you feel that dentists' fees are much too high, somewhat too high, or about where they should be?" There is only a suggestion in the findings that persons who think that dental fees are too high are more likely to favor prepaid dental care plans (see Tables 49 and 50). There were a few other questions relevant to respondents' concern about dental fees, but respondents who differed in answering these questions do not differ in their attitudes toward dental care plans. On the whole, it seems safe to conclude that concern about dentists' charging too much money for dental work is not an important factor affecting attitudes toward prepaid dental care plans.

Prepaid dental care plans are often organized so that dental services are provided by a group of dentists practicing together. Therefore, attitudes toward group dental practice may affect the desire to participate in dental care plans. Before considering those possible effects, the data concerning attitudes toward group dental practice must be reviewed.

On the whole, there seems to be little opposition to the idea of using dentists who practice in a group. Respondents were asked, "In general, do you think it is a good idea or not a good idea to go to a dentist who practices in a group?" Only 20 per cent said they thought it was not a good idea, 33 per cent said it was

a good idea, 43 per cent replied that it made no difference, and the others had no opinion or said it depended upon various circumstances.

TABLE 49
ATTITUDES TOWARD DENTAL INSURANCE BY FEELINGS ABOUT DENTAL FEES

| Attitudes Toward Dental Insurance | Feelings About Dental Fees | | |
|---|----------------------------|----------------------|----------------|
| | Much too High | Somewhat too High | About Right |
| Good idea | 44 | 44 | 39 |
| As well off without it | 51 | 48 | 57 |
| Depends on cost of such insurance ^a . | 2 | 2 | 1 |
| Depends on conditions other than cost ^a | - | 1 | * |
| No opinion | 3 | 5 | 3 |
| Total per cent | 100 | 100 | 100 |
| Number | (390) | (648) | (677) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 50
ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS
A FRINGE BENEFIT BY FEELINGS ABOUT DENTAL FEES

| Attitudes Toward Wage Increase | Feelings About Dental Fees | | |
|---|----------------------------|----------------------|----------------|
| | Much too High | Somewhat too High | About Right |
| Favor some dental care | 44 | 38 | 38 |
| Rather get all in cash | 51 | 53 | 54 |
| Depends on circumstances ^a | 1 | 3 | 2 |
| Makes no difference ^a | - | * | * |
| Don't know | 4 | 6 | 6 |
| Total per cent | 100 | 100 | 100 |
| Number | (381) | (637) | (670) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

What is more, familiarity and experience with medical group practice or dental group practice is positively related to approval of group dental practice. About half of the sample of respondents have heard of physicians practicing together in a group. Among those who had heard of this, only 17 per cent thought group dental practice was not a good idea and 42 per cent thought it was a good idea; compared to those who had not heard of medical group practice, the percentages are 23 per cent and 24 per cent respectively. Similarly, among those who had heard of group medical practice, respondents who report having been treated by a doctor who belonged to a group are more favorable toward group dental practice than are those who did not report having had such experience. Finally, although only about 10 per cent of the sample of respondents report that they or members of their family have ever been treated by a dentist in group practice, those who had such experience strongly approve of the idea: almost two-thirds of them think it is a good idea and only about one-tenth think it is not a good idea.

What are the advantages and disadvantages of group dental practice in the mind of the public? The respondents were asked why they thought going to a dentist in group practice was a good idea or not a good idea. As can be seen in Table 51, those who feel that group practice in dentistry is not a good idea tend to explain their position in terms of the dentist-patient relationship: they prefer having just one dentist treat them all the time, they want to be able to choose their own dentist, and they prefer to be treated by the dentist they now have. Another important reason deals with the type of care or service associated with group dentistry; respondents who do not think it is a good idea tend to feel that dentists in individual practice pay more attention to the patient, give him better care and service. On the other hand, as can be seen in Table 52, those who feel that group practice in dentistry is a good idea place great emphasis on the advantages of consultation among the dentists and the advantages of specialization. Other important

TABLE 51

REASONS GIVEN FOR THINKING THAT IT IS NOT A GOOD IDEA
TO GO TO A DENTIST WHO PRACTICES IN A GROUP^a

| Reasons | Proportion Giving Reason Indicated |
|--|---------------------------------------|
| Prefers having one and same dentist all the time; does not want different dentist each time; feel more confidence in your own dentist, he knows more about you and your teeth | 26 |
| Wants to choose own dentist; might have to see poorer dentist; does not want to be told which dentist to go to. . | 8 |
| Wants to stay with dentist now has; prefers present dentist to others; because I don't want any other dentist to fix my teeth, only my own | 8 |
| Dentist in individual practice gives more attention, will try to give better care; man working by himself is thorough and wants you back, so he does better | 25 |
| Specialization not needed in dentistry; consultation among dentists might result in poorer quality work; I think all dentists should know what to do in all cases | 9 |
| Less experienced, less able dentists more apt to be in group practice than in individual practice; they're a bunch of amateurs gathered together, the good ones practice alone. . | 4 |
| Group practice would be more expensive than individual practice; dentists in group practice would be more interested in money than in the patients; could be getting rebates from sending patient from one to another and then another | 8 |
| Miscellaneous specific responses | 8 |
| Just don't like the idea of group practice ^b | 7 |
| No opinion; vague responses | 6 |
| Total per cent (Some give more than one reason) . . . | 109 |
| Number | (350) |

^aBased on question asked only of those respondents who report that they think it is not a good idea to go to a dentist who practices in a group.

^bThis code category could not be coded with any other code category.

TABLE 52

REASONS GIVEN FOR THINKING THAT IT IS A GOOD IDEA
TO GO TO A DENTIST WHO PRACTICES IN A GROUP^a

| Reasons | Proportion Giving Reason Indicated |
|--|------------------------------------|
| Dentists can share experience, information; two heads are better than one; dentists can consult with each other; you would benefit from the combined knowledge of the group ^b | 49 |
| Specialization possible; dental specialists work together, therefore get better care; more skill in one place, what one could do another might not be able to; do a better job than one man doing just everything ^b | 16 |
| Dentist would always be available; would not have to wait so long for an appointment; if yours was out of town, you'd still have a dentist | 18 |
| Work would be done more efficiently; work done more quickly; more patients would be taken care of | 4 |
| Rates would be lower; expenses would be less, and they could charge less; might save money on equipment, and we'd profit by it ^c | 16 |
| Their expenses would be less; could share expenses; low overhead ^c | 4 |
| Would be able to have better equipment | 5 |
| Miscellaneous specific or general reasons why quality of care would be better | 2 |
| Other miscellaneous specific advantages of group practice. . | 3 |
| No opinion, vague responses | 6 |
| <hr/> | |
| Total per cent (Some give more than one reason). . . | 123 |
| Number | (588) |

^aBased on question asked only of those respondents who report that they think it is a good idea to go to a dentist who practices in a group.

^bThe first two code categories could not be coded with each other.

^cThe fifth and sixth code categories could not be coded with each other.

reasons cited reflect the respondents' belief that a dentist would always be available and thus eliminate the necessity of waiting and that such a practice would benefit patients by resulting in lower fees to be paid.

Two dimensions are particularly important in the public's evaluation of group dental practice: the possible adverse effect upon the patient-dentist relationship and the possible advantages of consultation and specialization among dentists. We should expect, therefore, that forms of group practice characterized differently in these two dimensions will vary in appeal. This is the case. Four different ways in which group dental practice might be organized were described and for each one the respondents were asked whether they would rather have their dental work done by dentists in the group described or by a dentist in individual practice.

The four kinds of group practice as described to the respondents and their preferences for each are presented in Table 53. One point seems clear. Whether or not the respondent can choose his own dentist is less important than whether or not the group has specialists. When only general practitioners are involved, freedom of choice among dentists is important; but the appeal of specialists seems to be particularly noteworthy.

It should also be noted that the differences among the plans seem to affect the preferences of the more educated respondents to a greater extent than they do the preferences of the less educated. The opportunity to choose one's own dentist and the opportunity to have treatment from dental specialists seem to have somewhat greater appeal for the persons with high school and college education than for those with less formal education.

TABLE 53

PREFERENCES FOR INDIVIDUAL PRACTICE VERSUS GROUP PRACTICE
UNDER VARIOUS GROUP ARRANGEMENTS

| Preferences | Type of Group Practice | | | |
|----------------------|--|---|--|---|
| | All General Practitioners and Choice of Dentist ^a | All General Practitioners and No Choice of Dentist ^b | Some Specialists and Choice of General Practitioner ^c | All Specialists and No Choice of Dentist ^d |
| Prefer group | 24 | 10 | 44 | 47 |
| Prefer individual. | 47 | 72 | 37 | 37 |
| No difference. . . . | 26 | 15 | 15 | 12 |
| Don't know | 3 | 3 | 4 | 4 |
| Total per cent. . . | 100 | 100 | 100 | 100 |
| Number | (1,844) | (1,803) | (1,828) | (1,807) |

^aMore fully stated as: "First, suppose all the dentists in a group practice are general practitioners and the patient can choose one dentist from among several in the group to do all of his dental work."

^bMore fully stated as: "What if all the dentists are general practitioners and the patient is treated by whichever dentist is available when the patient comes in."

^cMore fully stated as: "Suppose that most work is done by one general practitioner the patient chooses from the group and some work is done by dental specialists in the group."

^dMore fully stated as: "And now suppose that all the dental work is divided among the dental specialists in the group. The patient is treated by whichever specialist takes care of the kind of dental problem the patient has."

Aside from these preferences for different kinds of dental group practice, let us return to a consideration of the possible relationship between attitudes toward group practice in general and attitudes toward dental care plans. As can be seen in Table 54, respondents who think group practice among dentists is a good idea are much more likely than those who think the contrary to say that dental insurance would be a good idea. The relationship also holds, although not as strongly, when attitudes toward dental care as a fringe benefit are considered; see Table 55.

TABLE 54

ATTITUDES TOWARD DENTAL INSURANCE BY ATTITUDES TOWARD GOING TO A DENTIST WHO PRACTICES IN A GROUP

| Attitudes Toward Dental Insurance | Attitudes Toward Going to Dentist Practicing in Group | | |
|--|---|---------------|---------------------|
| | Good Idea | Not Good Idea | Makes No Difference |
| Good Idea | 53 | 28 | 39 |
| As well off without it | 43 | 67 | 52 |
| Depends on cost of such insurance ^a | 2 | 2 | 2 |
| Depends on conditions other than cost ^a | * | 1 | * |
| No opinion | 2 | 2 | 7 |
| Total per cent | 100 | 100 | 100 |
| Number | (594) | (358) | (773) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 55

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT BY ATTITUDES TOWARD GOING TO A DENTIST WHO PRACTICES IN A GROUP

| Attitudes Toward Wage Increase | Attitudes Toward Going to Dentist Practicing in Group | | |
|---|---|---------------|---------------------|
| | Good Idea | Not Good Idea | Makes No Difference |
| Favor some dental care | 46 | 33 | 35 |
| Rather get all in cash | 49 | 62 | 53 |
| Depends on circumstances ^a | 1 | 1 | 2 |
| Makes no difference ^a | * | * | - |
| Don't know | 4 | 4 | 10 |
| Total per cent | 100 | 100 | 100 |
| Number | (594) | (358) | (771) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

One might well ask why attitudes toward dental group practice are so highly related to attitudes toward dental care plans. We noted earlier that most people who think group dental practice is a good idea argue that patients would be likely to receive better dental care from dentists practicing in a group; while those persons who think it is not a good idea are generally concerned with a possible disruption in the patient-dentist relationship. We would expect, then, that persons who think dental group practice is not a good idea, fearing adverse affects upon the patient-dentist relationship, would be more likely to express disinterest in participating in any dental care plans.¹

In summary, we have seen that respondents who never have had a regular dentist are somewhat more likely than those who do have one to prefer a wage increase partly in the form of some dental care and are also more likely to be willing to accept conditions which restrict their choice of dentist and their willingness to have their teeth put into good condition if that were required to obtain dental insurance. Attitudes toward dentists or their fees do not appear to be related to the attitudes with which we are concerned. Finally, respondents who favor group practice of dentistry, compared to those who do not, are more likely to be interested in participating in prepaid dental care plans.

4. Experience With Dental Care Received Free or at Reduced Rates

Aside from the factors already discussed, there are others in the realm of experiences in the insurance or dental care fields which might relate to respondents' attitudes toward prepaid dental care plans. Thus, it is anticipated that having other forms of health insurance will influence attitudes toward dental care plans, and particularly toward dental insurance. In addition, it is conceivable that

¹Thus, too, we find that respondents who think that dental group practice is not a good idea, compared to those who think it is a good idea, are less willing to get dental insurance if they can only go to a participating dentist and less willing to use an existing dental care plan if they must go only to a participating dentist or a clinic.

having received dental care free or at a reduced rate through a privately or publicly supported agency might predispose persons to favor or reject dental care plans, especially if such experience occurred in a clinic setting.

We are concerned at this point with the latter possibility, with the possible influence of previous experience with free or reduced fee dental care on attitudes toward prepaid dental care plans. Actually, only three out of every ten respondents report that they and/or members of their family have ever received dental care free or at a reduced rate "at a dental school, a hospital, the Veterans Administration, in the Armed Services, or some kind of clinic." For the most part, such dental care is reported as having been received in a clinic setting, and primarily when the respondent or a member of his family was a member of the Armed Services. The proportion of respondents receiving this type of dental care at privately supported or sponsored clinics is negligible. In connection with the discussion of this factor it is well to keep in mind the following points: (1) that this type of experience is apparently restricted to a limited proportion of the American public; (2) that it refers primarily to utilization of Armed Services facilities; and (3) that it does not include dental care provided by programs for school-age children.

Having received dental care free or at reduced rates appears to be definitely related to approval of dental insurance, but only slightly related, if at all, to preference for a wage increase in the form of dental care (see Tables 56 and 57). Persons having had experience with such dental care are also more likely to express approval of already established dental care plans at work, provided such plans are paid for by the employer or jointly by the employer and the employees. Approval of an existing dental care plan paid for by the union does not appear to depend upon whether or not a person has had this type of experience (see Table 58). For persons favorably disposed toward prepaid dental care plans, whether in the

form of dental insurance or some sort of established dental plan, acceptance or rejection of these plans under specific qualifying conditions is not related to experience with free or reduced rate dental care (see Tables 59 and 60).

TABLE 56

ATTITUDES TOWARD DENTAL INSURANCE BY EXPERIENCE WITH
DENTAL CARE RECEIVED FREE OR AT REDUCED RATES^a

| Attitudes Toward Dental Insurance | Experience | |
|---|---|---|
| | Respondent and/or Member of Family Have Received Dental Care Free or at Reduced Rates | Respondent and/or Member of Family Have Not Received Den- tal Care Free or at Reduced Rates |
| Good idea | 52 | 37 |
| As well off without it | 44 | 56 |
| Depends on cost of such insurance ^b . | 2 | 2 |
| Depends on conditions other than cost ^b | * | * |
| No opinion | 2 | 5 |
| Total per cent | 100 | 100 |
| Number | (561) | (1,268) |

*Less than 0.5 per cent.

^aDoes not include such dental care received as part of dental care program for school-age persons.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 57

ATTITUDES TOWARD WAGE INCREASE IN THE FORM OF DENTAL CARE AS A
FRINGE BENEFIT BY EXPERIENCE WITH DENTAL CARE RECEIVED
FREE OR AT REDUCED RATES^a

| Attitudes Toward Wage Increase | Experience | |
|---|---|---|
| | Respondent and/or Member of Family Have Received Dental Care Free or at Reduced Rates | Respondent and/or Member of Family Have Not Received Den- tal Care Free or at Reduced Rates |
| Favor some dental care | 43 | 37 |
| Rather get all in cash | 49 | 55 |
| Depends on circumstances ^b | 2 | 1 |
| Makes no difference ^b | 1 | - |
| Don't know | 5 | 7 |
| Total per cent | 100 | 100 |
| Number | (560) | (1,262) |

^a Does not include such dental care received as part of dental care program for school-age persons.

^b Response volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 58

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN,
DIFFERENTIATED BY SOURCE OF SUPPORT, BY EXPERIENCE WITH
DENTAL CARE RECEIVED FREE OR AT REDUCED RATES^a

| Source of Support | Experience | |
|-------------------------------------|---|---|
| | Respondent and/or Member of Family Have Received Dental Care Free or at Reduced Rates | Respondent and/or Member of Family Have Not Received Den- tal Care Free or at Reduced Rates |
| Employer pays | 64 (560) | 55 (1,264) |
| Employer and employee pay | 64 (559) | 53 (1,257) |
| Union pays | 50 (558) | 46 (1,256) |

^a Does not include such dental care received as part of dental care program for school-age persons.

TABLE 59

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE BY EXPERIENCE WITH DENTAL CARE RECEIVED FREE OR AT REDUCED RATES, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Requirements Stipulated to Get Dental Insurance | Experience | |
|---|---|---|
| | Respondent and/or Member of Family Have Received Dental Care Free or at Reduced Rates | Respondent and/or Member of Family Have Not Received Dental Care Free or at Reduced Rates |
| Would be willing to have teeth put in good condition | 65 (287) | 63 (472) |
| Would want if choice restricted to dentists who joined plan . . | 50 (285) | 52 (469) |
| Would be willing to pay \$36-\$55 a year per person for: | | |
| Self | 36 (281) | 39 (462) |
| Spouse | 37 (239) | 37 (342) |
| Children (all or some) . | 38 (203) | 41 (267) |

^a Does not include such dental care received as part of dental care program for school-age persons.

TABLE 60

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS
BY EXPERIENCE WITH DENTAL CARE RECEIVED FREE OR AT REDUCED RATES,
AMONG RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN^a

| Source of Support and Plan Arrangements | Experience | |
|---|---|---|
| | Respondent and/or Member of Family Have Received Dental Care Free or at Reduced Rates | Respondent and/or Member of Family Have Not Received Den- tal Care Free or at Reduced Rates |
| <u>Employer pays</u> | | |
| Would use if choice restricted to dentists who joined plan . . | 64 (359) | 63 (689) |
| Would use if restricted to dentists in plan clinic | 63 (350) | 61 (658) |
| <u>Employer and employee pay</u> | | |
| Would use if choice restricted to dentists who joined plan. . | 67 (353) | 63 (664) |
| Would use if restricted to dentists in plan clinic . . . | 65 (341) | 61 (633) |
| <u>Union pays</u> | | |
| Would use if choice restricted to dentists who joined plan. . | 68 (281) | 65 (570) |
| Would use if restricted to dentists in plan clinic. . . . | 65 (271) | 62 (534) |

^aDoes not include such dental care received as part of dental care program for school-age persons.

In conclusion, experience with dental care that is obtained at no cost or at reduced cost would appear to be a relevant factor primarily in influencing people's attitudes toward dental insurance in general, and to a more limited degree in influencing their attitudes toward receiving dental care in lieu of cash as part of a wage increase. Approval of established dental care plans is more likely among persons who themselves or whose family members have had experience with free or reduced rates dental care, especially when such plans are paid for by the employer or jointly by the employer and the employees.

5. Experience with Health Insurance

Still another factor which may have some bearing on respondents' attitudes toward prepaid dental care plans is their experience with various types of health insurance--hospital, medical, or surgical. We would expect that this experience would be more related to people's attitudes toward dental insurance than to attitudes toward dental care provided as a fringe benefit--given their probable assumption of a similarity between health insurance and dental insurance in terms of form, operation, and benefits.

Health insurance is widely held by the American public. Seven out of ten respondents report that they and/or their spouses have some sort of hospital, medical, or surgical insurance and 63 per cent of these respondents (or 44 per cent of our total sample) report that the insurance is carried through the place of employment. The remainder carry their insurance on an individual basis and pay for it directly to the insuring agent. Of those who are covered by health insurance carried through the place of employment, slightly more than two-thirds (68 per cent) report that the employer pays for part or all of the cost of the insurance.¹

¹Having health insurance is clearly related to education and income. The more educated persons are more likely to have some form of health insurance. Fifty-five per cent of those who have some grammar school education or no schooling report having such insurance as compared with the 78 per cent of those who have some high school education and the 82 per cent of those who have some college education. Similarly with income, the higher the income, the greater the likelihood of having some health insurance. Among those who report having a family income of less than \$2,000 a year, only 38 per cent have some form of health insurance. The proportion rises to 68 per cent among those in the income range of \$2,000-\$4,999, to 86 per cent among those in the income range \$5,000-\$7,499, and to 87 per cent among those who have a family income of \$7,500 or more a year. One must bear in mind, however, the operation of two other important factors, age and employment. The smaller proportions characteristic of the lower income groups and the less educated group are explained in part by the presence in these groups of a larger proportion of elderly people, especially those 65 years or older. Fewer of these older persons attended high school or college and many of them, because they are no longer employed or are not employed regularly, are to be found in the lower income groups. Among those persons who do have some form of health insurance, those who are 65 years or older are definitely more likely to have individual

Do persons who have health insurance differ from those who do not have it in their attitudes toward prepaid dental care plans? Superficially, experience with health insurance appears to have little or no relation to attitudes toward prepaid dental care plans. In Table 61 we see that persons who have some form of health insurance are only slightly more inclined to think dental insurance is a good idea than are those who do not have health insurance--43 per cent as opposed to 37 per cent. Virtually equal proportions of those who have health insurance and those who do not have it indicate a preference for dental care as a fringe benefit (see Table 62).

To obtain a more meaningful measure of experience with health insurance than is provided by the more general categories of "have" and "have not," we proceeded to examine, for those individuals who are covered by some type of health insurance, how such insurance is carried and paid for. Our total sample of respondents breaks down into the following groups: (1) those who carry health insurance through a group plan at work, the premiums for which are paid for wholly or in part by the employer--30 per cent; (2) those whose insurance is carried through a group plan at work, the premiums for which are paid for wholly by the respondent or his spouse--12 per cent; (3) those who carry their insurance on an individual basis and pay for it themselves directly--25 per cent; and (4) those who do not have any health insurance at all--30 per cent. The remaining three per cent consists of those respondents for whom we have no information as to whether or not they have any health insurance as well as those respondents who indicate they do have such coverage and to pay directly for their insurance, 76 per cent as opposed to the 24 per cent of this age group who report carrying their health insurance wholly or in part through their place of employment.

Of the 30 per cent who do not have any health insurance, slightly more than one-third report that they once had such insurance. Such individuals no longer carry health insurance primarily because they feel it costs too much and secondly because they believe they are no longer eligible, that is, they have left the group through which the insurance was carried. Actually, a large proportion of those who do not have any health insurance think that such insurance is a good idea and give as the chief reason for not having it their belief that such insurance costs too much.

insurance but provide no information as to how it is carried or who pays for it.

TABLE 61

ATTITUDES TOWARD DENTAL INSURANCE BY HEALTH INSURANCE COVERAGE^a

| Attitudes Toward Dental Insurance | Health Insurance Coverage | |
|--|--|--|
| | Respondent or Spouse Has Some Health Insurance | Respondent and Spouse Do Not Have Any Health Insurance |
| Good idea | 43 | 37 |
| As well off without it | 51 | 56 |
| Depends on cost of such insurance ^b . | 2 | 1 |
| Depends on conditions other than cost ^b | 1 | - |
| No opinion | 3 | 6 |
| Total per cent | 100 | 100 |
| Number | (1,301) | (547) |

^aIncludes medical, surgical or hospital insurance.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 62

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT BY HEALTH INSURANCE COVERAGE^a

| Attitudes Toward Wage Increase | Health Insurance Coverage | |
|---|--|--|
| | Respondent or Spouse Has Some Health Insurance | Respondent and Spouse Do Not Have Any Health Insurance |
| Favor some dental care | 38 | 39 |
| Rather get all in cash | 55 | 49 |
| Depends on circumstances ^b | 2 | 1 |
| Makes no difference ^b | * | - |
| Don't know | 5 | 11 |
| Total per cent | 100 | 100 |
| Number | (1,299) | (542) |

* Less than 0.5 per cent.

^aIncludes medical, surgical or hospital insurance.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

When we utilize this measure of experience with health insurance, we find a definite relationship exists between experience with insurance and approval of dental insurance. Those persons who carry health insurance through the place of work and whose employer pays all or part of the costs of insurance are more likely to think dental insurance is a good idea than are those who carry individual coverage and pay for it directly (see Table 63). Why are persons who pay directly so unlikely to approve of dental insurance? Perhaps the fact that their type of coverage and direct method of payment makes them more aware of the costs of insurance and that very awareness makes them reluctant to assume the additional financial obligations involved in dental insurance. On the other hand, the higher proportion of approval of dental insurance among persons whose health insurance is carried through the place of work, and especially where employers underwrite the costs, probably reflects their belief that dental insurance would be available on the same basis as other types of health insurance; and presumably they are quite satisfied with that basis. Persons who carry their health insurance through the place of work and have it paid for, entirely or in part, by their employer, are also more likely to approve of dental insurance than are those who have no such insurance at all. The fact that a slightly larger proportion of those who have no health insurance at all approve of dental insurance than do those who have individual coverage for which they pay directly may be due to the former's lack of experience with any health insurance or to their previous experience with group insurance in which they were less directly made aware of the costs of insurance.

When we turn from dental insurance to the general question of dental care as a fringe benefit, we see that respondents who have health insurance which is carried through a group plan and paid for, wholly or in part, by the employer are somewhat more likely to prefer a wage increase in the form of dental care than are those who pay directly for individual coverage or those who have no health insurance at all. As can be seen in Table 64, the respective percentages are 47, 33, and 39.

TABLE 63

ATTITUDES TOWARD DENTAL INSURANCE BY HEALTH INSURANCE COVERAGE,
DIFFERENTIATED BY MEANS OF PAYMENT

| Attitudes Toward Dental Insurance | Health Insurance Coverage | | | |
|---|--|---|---|-----------------------------------|
| | Means of Payment | | | Have No Health Insurance |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| Good idea | 52 | 46 | 31 | 37 |
| As well off without it | 42 | 49 | 63 | 56 |
| Depends on cost of such insurance ^a | 2 | 2 | 2 | 1 |
| Depends on conditions other than cost ^a | * | - | 1 | - |
| No opinion | 4 | 3 | 3 | 6 |
| Total per cent. | 100 | 100 | 100 | 100 |
| Number | (549) | (230) | (471) | (547) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 64

ATTITUDES TOWARD WAGE INCREASE IN FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT
BY HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT

| Attitudes Toward Wage Increase | Health Insurance Coverage | | | |
|--|--|---|---|-----------------------------------|
| | Means of Payment | | | Have No Health Insurance |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| Favor some dental care | 47 | 33 | 33 | 39 |
| Rather get all in cash | 47 | 61 | 61 | 49 |
| Depends on circum- stances ^a | 2 | 2 | 1 | 1 |
| Makes no difference ^a | * | * | * | - |
| Don't know | 4 | 4 | 5 | 11 |
| Total per cent. | 100 | 100 | 100 | 100 |
| Number | (549) | (230) | (470) | (542) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

Similarly, in the case of established dental care plans paid for by the employer or by the employer and employees, respondents who have health insurance which is carried through the place of work and paid for, wholly or in part, by the employer are more likely to express approval than are those persons who have individual coverage paid for directly or those who have no health insurance at all (see Table 65). However, when respondents are faced with expressing an attitude toward a dental care plan paid for by the union, their experience with health insurance is hardly related to their attitudes. There is only a slight tendency for respondents who have individual health insurance coverage and pay for it directly to be least likely to say they would like it if a dental care plan were established and paid for by a union.

TABLE 65

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN, DIFFERENTIATED BY SOURCE OF SUPPORT, BY HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT

| Source of Support | Health Insurance Coverage | | | |
|-------------------------------------|---|--|--|--------------------------|
| | Means of Payment | | | Have No Health Insurance |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| Employer pays | 65 (547) | 63 (231) | 49 (469) | 56 (545) |
| Employer and employee pay | 64 (548) | 59 (229) | 48 (467) | 55 (541) |
| Union pays | 48 (546) | 48 (229) | 42 (466) | 50 (542) |

To what extent does the respondents' experience with health insurance affect their willingness to accept specified requirements for participation in prepaid dental care plans? Experience with health insurance appears to be related to willingness to have one's teeth and those of one's family put into good condition; but the pattern is not the same as is found in connection with the general question of

the desirability of dental insurance. Respondents who have health insurance for which they pay directly appear to be most willing to meet this condition; but perhaps this is because many of them are older persons who have lost all their natural teeth. As a matter of fact, as we shall see in the concluding section of this part of the report, holding the respondents' dental condition constant, there is no relationship between the method of payment for health insurance and willingness to meet this condition (see Table 96). Nevertheless, persons who are not covered by health insurance at all are still the ones who are least willing to meet this requirement.¹

TABLE 66

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE BY HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Requirements Stipulated to Get Dental Insurance | Health Insurance Coverage | | | |
|---|---|--|--|--------------------------|
| | Means of Payment | | | Have No Health Insurance |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| Would be willing to have teeth put in good condition | 69 (285) | 59 (106) | 74 (147) | 51 (203) |
| Would want if choice restricted to dentists who joined plan | 52 (284) | 47 (105) | 43 (147) | 58 (200) |
| Would be willing to pay \$36-\$55 a year per person for: | | | | |
| Self | 37 (278) | 38 (104) | 37 (145) | 40 (200) |
| Spouse | 38 (242) | 38 (91) | 36 (106) | 36 (131) |
| Children (all or some) | 48 (197) | 32 (84) | 34 (79) | 38 (104) |

¹The relationship cannot be explained by the fact that persons without health insurance tend to have lower incomes; the relationship persists even when family income is held constant.

Experience with health insurance seems even less related to the respondents' preferences for dental insurance if it is necessary to accept a restriction in the choice of dentists (see Table 66). In this instance, persons who have no health insurance seem most likely to be willing to accept such a requirement and those who have insurance which is paid for directly are least willing. As evidence presented in a later section of the report shows, holding relationship with a regular dentist constant, this pattern persists only among persons who never have had a regular dentist.

As may also be seen in Table 66, no relationship seems to exist between experience with health insurance and willingness to pay the suggested premiums for dental insurance.

Experience with health insurance seems to be related to expressed willingness to use established dental care plans if it is necessary to go only to one of the participating dentists similarly to the way it is related to acceptance of this requirement in the case of dental insurance (see Table 67). In the case of willingness to use an established dental care plan if it were necessary to go to the plan's clinic, the only clear finding is the tendency for persons who are not covered by health insurance to say they would be willing to use the plan even under that requirement. Nevertheless, as in the instance of restricting the choice of dentist as a requirement for dental insurance, if relationship with a regular dentist is held constant, these patterns do not seem to persist, except among persons who never have had a regular dentist.

In conclusion, it is evident that experience with some form of health insurance is certainly a factor helping to explain attitudes toward dental insurance and dental care as a fringe benefit. It appears to be somewhat more related to approval of dental insurance than to dental care as a fringe benefit. Persons who have health insurance carried through the place of work and whose insurance is paid for,

wholly or in part, by the employer are clearly most likely to approve of dental insurance. In all probability they are assuming a similarity of form, operation and benefits between the health insurance with which they are familiar and any projected dental insurance. They are also most likely to favor a wage increase in the form of dental care as a fringe benefit and to say they would like it if a plan were established and paid for by the employer or by the employer and employee. Persons who have health insurance which is held individually and paid for directly are least likely to favor prepaid dental care plans.

TABLE 67

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS BY HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT, AMONG RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Source of Support and Plan Arrangements | Health Insurance Coverage | | | |
|--|---|--|--|--------------------------|
| | Means of Payment | | | Have No Health Insurance |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| <u>Employer pays</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . . | 64 (357) | 61 (144) | 54 (228) | 72 (305) |
| Would use if restricted to dentists in plan clinic | 58 (346) | 57 (142) | 56 (219) | 73 (290) |
| <u>Employer and employee pay</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . . | 67 (349) | 65 (133) | 54 (223) | 71 (298) |
| Would use if restricted to dentists in plan clinic | 61 (333) | 62 (130) | 56 (216) | 70 (283) |
| <u>Union pays</u> | | | | |
| Would use if choice restricted to dentists who joined plan . . . | 70 (262) | 61 (111) | 57 (194) | 71 (272) |
| Would use if restricted to dentists in plan clinic | 61 (247) | 57 (109) | 58 (186) | 72 (254) |

Experience with health insurance does not seem to be related to the respondents' willingness to pay the proposed premiums for dental insurance. Persons who have no health insurance seem to be least willing to have their teeth put into good condition in order to obtain dental insurance. They also tend to be most willing to accept a restriction in the choice of a dentist if that were necessary to obtain dental insurance or if that were required to use an established dental care plan; but this may be the case only among persons who never have had a regular dentist.

6. Attitudes and Practices Concerning Dental Care

It seems reasonable to suppose that persons who are especially concerned about caring for their teeth and in fact do take care of them would want to participate in a prepaid dental care plan. On the other hand, one might suspect that persons who are concerned about their teeth and take good care of them are persons who would not need much dental work and, on the basis of what we already know, would not be as likely to want to participate in dental care plans.

Several items were included in the interview schedule to ascertain how much importance people placed upon teeth. Some questions were phrased in the form of agree-disagree items; for example, respondents were asked whether they agreed or disagreed with the statements, "False teeth are less bother than natural teeth," and "Natural teeth are more attractive-looking than false teeth." Agreement or disagreement with such statements is not related to attitudes toward prepaid dental care plans.

Respondents were also asked to rank the relative importance--for themselves--of several reasons for taking care of one's teeth. The reasons were: to help your appearance, to prevent other illnesses, to avoid later expensive treatment, to avoid future pain and trouble, and to keep your teeth as long as possible. Persons who rank one of these reasons high are no more likely to favor prepaid

dental care plans than are respondents who rank another reason high.

Another form of question was used to obtain a measure of the importance different people place upon maintaining their teeth. The respondents were asked about this hypothetical case:

John Williams is in his thirties, married, and has two children. He has been having trouble with his teeth, and his dentist tells him he needs a bridge, some crowns, and some fillings to put his mouth in good condition. All this would cost about \$600. The only other thing the dentist could do would be to extract the rest of Mr. Williams' teeth and make him a set of false teeth. That would cost about half as much.

Should Mr. Williams have his teeth fixed or get a set of false teeth?

Persons who reply "fix his teeth" rather than "get a set of false teeth" are only slightly more likely to say they think dental insurance is a good idea (see Table 68). There is no relationship between recommendations for Mr. Williams and attitudes toward preferring a wage increase in the form of a fringe benefit providing dental care (see Table 69).

TABLE 68

ATTITUDES TOWARD DENTAL INSURANCE BY WHETHER JOHN WILLIAMS SHOULD HAVE TEETH FIXED OR GET FALSE TEETH

| Attitudes Toward Dental Insurance | John Williams Should | |
|---|----------------------|-----------------|
| | Have Teeth Fixed | Get False Teeth |
| Good idea | 45 | 38 |
| As well off without it | 49 | 56 |
| Depends on the cost of such insurance ^a | 2 | 2 |
| Depends on conditions other than cost ^a | * | * |
| No opinion | 4 | 4 |
| Total per cent | 100 | 100 |
| Number | (921) | (903) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 69

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS
A FRINGE BENEFIT BY WHETHER JOHN WILLIAMS SHOULD
HAVE HIS TEETH FIXED OR GET FALSE TEETH

| Attitudes Toward Wage Increase | John Williams Should | |
|---|----------------------|-----------------|
| | Have Teeth Fixed | Get False Teeth |
| Favor some dental care | 38 | 40 |
| Rather get all in cash | 55 | 52 |
| Depends on circumstances ^a | 2 | 1 |
| Makes no difference ^a | * | - |
| Don't know | 5 | 7 |
| Total per cent | 100 | 100 |
| Number | (919) | (900) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

Finally, respondents were also asked, toward the end of the interview, how important they thought the appearance of a person's teeth is in making friends, running for public office, getting a job, and dating among young people. Most respondents think the appearance of teeth is very important, or at least somewhat important in these activities. However, those few persons who do not think the appearance of teeth is important in running for public office or getting a job are somewhat less likely to favor dental insurance than are persons who think the appearance of teeth is important in these activities (see Tables 70-71). There is a similar relationship in the case of attitudes toward a wage increase in the form of dental care (see Tables 72 and 73). Among the few persons who do not think the appearance of teeth is important in dating among young people or running for public office, a smaller percentage favor a wage increase in the form of dental care than is found among those who think the appearance of teeth is important in these activities.

TABLE 70

ATTITUDES TOWARD DENTAL INSURANCE BY IMPORTANCE OF THE APPEARANCE OF PERSON'S TEETH IN MAKING FRIENDS AND RUNNING FOR PUBLIC OFFICE

| Attitudes Toward Dental Insurance | Importance of Appearance of Person's Teeth in: | | | | | | | |
|---|--|---------------------------------|--------------------------|-----------------------------|---------------------------|---------------------------------|--------------------------|-----------------------------|
| | Making Friends | | | | Running for Public Office | | | |
| | Very Impor- tant | Some- what Impor- tant | Hardly Impor- tant | Does- n't Mat- ter | Very Impor- tant | Some- what Impor- tant | Hardly Impor- tant | Does- n't Mat- ter |
| Good idea | 41 | 44 | 45 | 34 | 43 | 40 | 39 | 29 |
| As well off without it . . . | 54 | 50 | 51 | 54 | 52 | 54 | 52 | 58 |
| Depends on cost of such insurance ^a | 2 | 2 | * | 1 | 2 | 1 | 3 | - |
| Depends on conditions other than cost ^a | * | - | - | 1 | 1 | - | - | - |
| No opinion | 3 | 4 | 4 | 10 | 2 | 5 | 6 | 13 |
| Total per cent | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Number | (981) | (594) | (136) | (122) | (1156) | (492) | (93) | (79) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 71

ATTITUDES TOWARD DENTAL INSURANCE BY IMPORTANCE OF THE APPEARANCE OF PERSON'S TEETH IN GETTING A JOB AND DATING AMONG YOUNG PEOPLE

| Attitudes Toward Dental Insurance | Importance of Appearance of Person's Teeth in: | | | | | | | |
|---|--|---------------------------------|--------------------------|-----------------------------|---------------------------|---------------------------------|--------------------------|-----------------------------|
| | Getting a Job | | | | Dating Among Young People | | | |
| | Very Impor- tant | Some- what Impor- tant | Hardly Impor- tant | Does- n't Mat- ter | Very Impor- tant | Some- what Impor- tant | Hardly Impor- tant | Does- n't Mat- ter |
| Good idea | 41 | 43 | 41 | 30 | 43 | 40 | 37 | 36 |
| As well off without it. . . . | 53 | 51 | 49 | 61 | 52 | 52 | 50 | 48 |
| Depends on cost of such insurance ^a | 2 | 2 | 4 | - | 2 | 2 | - | 4 |
| Depends on conditions other than cost ^a | 1 | * | - | - | * | - | - | - |
| No opinion | 3 | 4 | 6 | 9 | 3 | 6 | 13 | 12 |
| Total per cent | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Number | (1044) | (631) | (83) | (64) | (1338) | (419) | (30) | (25) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 72

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT BY IMPORTANCE OF THE APPEARANCE OF PERSON'S TEETH IN MAKING FRIENDS AND RUNNING FOR PUBLIC OFFICE

| Attitudes Toward Wage Increase | Importance of Appearance of Person's Teeth in: | | | | | | | |
|---|--|---------------------------------|--------------------------|-----------------------------|---------------------------|---------------------------------|--------------------------|-----------------------------|
| | Making Friends | | | | Running for Public Office | | | |
| | Very Impor- tant | Some- what Impor- tant | Hardly Impor- tant | Does- n't Mat- ter | Very Impor- tant | Some- what Impor- tant | Hardly Impor- tant | Does- n't Mat- ter |
| Favor some dental care . . | 39 | 42 | 30 | 34 | 42 | 37 | 27 | 24 |
| Rather get all in cash . . | 54 | 50 | 60 | 56 | 52 | 53 | 63 | 61 |
| Depends on circumstances ^a . | 1 | 2 | 2 | 2 | 1 | 2 | 3 | 1 |
| Makes no difference ^a . . . | * | * | - | - | * | - | - | - |
| Don't know | 6 | 6 | 8 | 8 | 5 | 8 | 7 | 14 |
| Total per cent . . | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Number | (977) | (593) | (136) | (122) | (1152) | (492) | (92) | (79) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 73

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT BY IMPORTANCE OF THE APPEARANCE OF PERSON'S TEETH IN GETTING A JOB AND DATING AMONG YOUNG PEOPLE

| Attitudes Toward Wage Increase | Importance of Appearance of Person's Teeth in: | | | | | | | |
|---|--|---------------------------------|--------------------------|-----------------------------|---------------------------|---------------------------------|--------------------------|-----------------------------|
| | Getting a Job | | | | Dating Among Young People | | | |
| | Very Impor- tant | Some- what Impor- tant | Hardly Impor- tant | Does- n't Mat- ter | Very Impor- tant | Some- what Impor- tant | Hardly Impor- tant | Does- n't Mat- ter |
| Favor some dental care . . | 38 | 41 | 40 | 26 | 40 | 38 | 21 | 16 |
| Rather get all in cash . . | 54 | 52 | 45 | 66 | 53 | 53 | 58 | 68 |
| Depends on circumstances ^a . | 2 | 2 | 2 | 3 | 2 | 2 | - | 4 |
| Makes no difference ^a . . . | * | * | - | - | * | * | - | - |
| Don't know | 6 | 5 | 13 | 5 | 5 | 7 | 21 | 12 |
| Total per cent . . | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Number | (1041) | (629) | (83) | (64) | (1334) | (418) | (29) | (25) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

In addition to these questions aimed at assessing the value placed upon teeth, there were several questions concerned with beliefs in the efficacy and importance of professional dental care. Thus, respondents were asked to agree or disagree with statements such as: "A person can always tell if there is something wrong with his teeth or gums"; "No matter how well you take care of your teeth, eventually you will lose them"; "You can help keep your gums in good condition if you have your teeth cleaned regularly in a dental office"; and, "There's no point in filling cavities in baby teeth since permanent teeth will replace the baby teeth." There is no relationship between agreement or disagreement with any of these statements and attitudes toward either form of dental care plan.

Before discussing the relationship between values and beliefs about teeth and their care, let us examine whether or not persons who utilize dentists' services are generally more or less favorable toward dental care plans.

The most direct way of assessing whether or not persons who generally go to a dentist would favor participation in dental care plans is to compare people who have gone to the dentist more or less often within some preceding time period. Respondents who have gone to the dentist more frequently within the last five years are somewhat more likely than those who have not gone at all to think dental insurance would be a good idea. However, there is no relationship between frequency of dental visits and preferences for dental care as a fringe benefit (see Tables 74 and 75).

There is one obvious difficulty in interpreting these findings. Edentulous respondents constitute over half of the persons who have not been to the dentist at all within the last five years. We already know that persons who have lost all their natural teeth are less likely than other persons to favor prepaid dental care plans. In order to assess the relationship between utilization of dentists' services and attitudes toward dental care plans, then, we need to use a more refined

measure of utilization. A score was constructed indicating the degree to which the respondent goes to the dentist preventively. Persons who have lost all their natural teeth are excluded from this measure. All other respondents were classified according to their answers to several questions. At one extreme are the "Regular Preventive Utilizers"; to be so categorized, the respondents must have answered that they sometimes go for a check-up, and answered a follow-up question that they go at least once a year, and have reported actually having gone to the dentist within the last twelve months. At the other extreme are the "Non-Preventive Utilizers"; they go only when they need to, and only when they have a toothache, and have never gone for a check-up, or have never been to the dentist at all. The remaining respondents gave other combinations of answers to the questions and are considered "Occasional Preventive Utilizers."

TABLE 74

ATTITUDES TOWARD DENTAL INSURANCE BY THE NUMBER OF VISITS TO A DENTIST IN THE LAST FIVE YEARS

| Attitudes Toward Dental Insurance | Number of Dental Visits in Last Five Years | | | |
|--|---|-------|-------|------------|
| | None | 1-3 | 4-9 | 10 or More |
| Good idea | 33 | 41 | 43 | 48 |
| As well off without it | 60 | 52 | 52 | 46 |
| Depends on the cost of such insurance ^a | 1 | 2 | 2 | 3 |
| Depends on conditions other than cost ^a | - | 1 | * | * |
| No opinion | 6 | 4 | 3 | 3 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (434) | (431) | (515) | (464) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 75

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE
AS A FRINGE BENEFIT BY THE NUMBER OF VISITS TO A DENTIST
IN THE LAST FIVE YEARS

| Attitudes Toward Wage Increase | Number of Dental Visits in Last Five Years | | | |
|---|---|-------|-------|------------|
| | None | 1-3 | 4-9 | 10 or More |
| Favor some dental care | 37 | 42 | 37 | 38 |
| Rather get all in cash | 50 | 51 | 55 | 56 |
| Depends on circumstances ^a | 1 | 1 | 2 | 2 |
| Makes no difference ^a | - | - | * | * |
| Don't know | 12 | 6 | 6 | 4 |
| Total per cent | 100 | 100 | 100 | 100 |
| Number | (434) | (429) | (515) | (463) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

We can see in Tables 76 and 77, that there is a tendency for the Non-Preventive Utilizers, more than the Regular Preventive Utilizers, to favor prepaid dental care plans. It might seem that those persons who go to the dentist preventively are less interested in prepaid dental care plans. There is still a familiar difficulty in making that interpretation. Persons who go to the dentist preventively need less dental work than those who do not. Perhaps it is still dental need that is really the important factor.

In Tables 78 and 79, we can compare Regular Preventive Utilizers and Non-Preventive Utilizers, holding condition of teeth constant. We can see that among respondents who would need a great deal or quite a bit of dental work in a year, persons who do not go to the dentist preventively are somewhat more favorable

toward prepaid dental care plans, as compared to persons who do go to the dentist preventively. Among respondents who would need little or no dental work, there is no relationship between going to the dentist preventively and attitudes toward prepaid dental care plans.

TABLE 76
ATTITUDES TOWARD DENTAL INSURANCE BY DEGREE OF PREVENTIVE UTILIZATION OF PROFESSIONAL DENTAL SERVICES

| Attitudes Toward Dental Insurance | Utilization of Professional Dental Services | | |
|--|---|---------------------------------|--------------------------|
| | Regular Preventive Utilizers | Occasional Preventive Utilizers | Non-Preventive Utilizers |
| Good idea | 43 | 48 | 54 |
| As well off without it | 51 | 46 | 37 |
| Depends on cost of such insurance ^a | 3 | 2 | 1 |
| Depends on conditions other than cost ^a | 1 | 1 | * |
| No opinion | 2 | 3 | 8 |
| Total per cent | 100 | 100 | 100 |
| Number | (475) | (573) | (326) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 77
ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT BY DEGREE OF PREVENTIVE UTILIZATION OF PROFESSIONAL DENTAL SERVICES

| Attitudes Toward Wage Increase | Utilization of Professional Dental Services | | |
|---|---|---------------------------------|--------------------------|
| | Regular Preventive Utilizers | Occasional Preventive Utilizers | Non-Preventive Utilizers |
| Favor some dental care | 36 | 41 | 44 |
| Rather get all in cash | 57 | 52 | 46 |
| Depends on circumstances ^a | 2 | 2 | 1 |
| Makes no difference ^a | 1 | * | - |
| Don't know | 4 | 5 | 9 |
| Total per cent | 100 | 100 | 100 |
| Number | (475) | (572) | (325) |

*Less than 0.5 per cent.

^aResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 78

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA,
 BY RESPONDENT'S DENTAL CONDITION AND DEGREE OF PREVENTIVE
 UTILIZATION OF PROFESSIONAL DENTAL SERVICES,
 AMONG RESPONDENTS WHO HAVE NOT LOST
 ALL OF THEIR NATURAL TEETH

| Utilization of Professional Dental Services | Respondent's Dental Condition | | |
|---|--|-------------|----------------|
| | Dental Work Perceived as Needed in a Year | | |
| | Great Deal | Quite a Bit | Little or None |
| Regular preventive utilizers | 56 (50) | 57 (62) | 39 (360) |
| Occasional preventive utilizers | 61 (136) | 53 (107) | 41 (324) |
| Non-preventive utilizers | 62 (150) | 66 (59) | 37 (115) |

TABLE 79

PROPORTION OF RESPONDENTS FAVORING A WAGE INCREASE IN THE FORM OF SOME
 DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S DENTAL CONDITION
 AND DEGREE OF PREVENTIVE UTILIZATION OF PROFESSIONAL DENTAL
 SERVICES, AMONG RESPONDENTS WHO HAVE NOT LOST ALL OF
 THEIR NATURAL TEETH

| Utilization of Professional Dental Services | Respondent's Dental Condition | | |
|---|--|-------------|----------------|
| | Dental Work Perceived as Needed in a Year | | |
| | Great Deal | Quite a Bit | Little or None |
| Regular preventive utilizers | 44 (50) | 36 (61) | 34 (361) |
| Occasional preventive utilizers | 53 (136) | 46 (106) | 36 (324) |
| Non-preventive utilizers | 54 (149) | 46 (59) | 31 (115) |

How can we account for these findings concerning the relationship, and particularly, the lack of relationship, between values, beliefs and practices

concerning teeth and their care and attitudes toward prepaid dental care plans? One might expect that persons who place less importance upon teeth and their care and have less faith in professional dental services would go to the dentist less frequently and therefore have more unmet dental needs and hence be more favorable towards prepaid dental care plans. The fallacy in this argument is that values and beliefs about teeth and their care are not in fact clearly related to utilization of dentists' services.¹

On the other hand, one might have expected that people who value teeth and their care would be likely to favor dental care plans; that would be another way of expressing their values. However, the data do not consistently support this expectation. It may be that the value of keeping one's teeth, of avoiding toothaches, of having dental needs met, and so on, are so widespread that differences in these regards have little significance for the present analysis. Consequently, most of the persons who do not go to the dentist preventively probably think they should do so. Perhaps, therefore, among persons who need dental care, not going preventively is viewed as a grave failure and prepaid dental care plans are seen as a way of remedying this failure.

These interpretations are necessarily speculative. The relationships between attitudes toward dental care plans and values, beliefs, and practices concerning teeth and their care do indicate one important conclusion. Prepaid dental care plans do not appeal only to those persons who are very concerned about their teeth and who generally take good care of them. Rather, it is among persons who generally need dental work and who do not go to the dentist preventively that there is particular interest in prepaid dental care plans.

¹For further discussion of factors affecting utilization of dentists' services and of the measure of going to the dentist preventively, based upon the same survey data, see Louis Kriesberg and Beatrice R. Treiman, "Socio-Economic Status and the Utilization of Dentists' Services," Journal of the American College of Dentists, September, 1960, Vol. 27, No. 3, pp. 147-64.

7. Conclusions Concerning Factors Influencing Attitudes Toward Prepaid Dental Care Plans

After discussing separately the several factors which might be related to attitudes toward prepaid dental care plans, we must consider how these various factors interact to affect the relevant attitudes. In this section, then, we will discuss each attitude and analyze the interaction of the various factors which we have already seen are related to them. This means we will not present or even report every table of every possible combination of all the variables which we have discussed already; rather, we will select those factors which we already have reason to believe are important and see how they combine to affect the attitudes which concern us.

On the whole, the respondents' dental needs seem to be the most important factor affecting their attitudes toward dental insurance and dental care as a fringe benefit. We have also seen, however, that this factor does not seem to be quite as important for attitudes toward a wage increase in the form of dental care as for attitudes toward dental insurance. Similarly, experience with free or reduced rate dental care and experience with health insurance seem somewhat more related to attitudes toward dental insurance than to attitudes toward a wage increase in the form of dental care as a fringe benefit. On the other hand, relationship with dentists seems to be somewhat related to attitudes toward dental care as a fringe benefit and not related to attitudes toward dental insurance.

In this concluding section of Part I of the report, we will consider how these factors interact to affect first, attitudes toward a wage increase partly in the form of dental care, then, attitudes toward dental insurance, and then, attitudes toward each requirement proposed to the respondents for participation in a prepaid dental care plan.

- a. Preference for a wage increase partly in the form of dental care as a fringe benefit

Of the many factors considered in the analysis, the following appear to be related to attitudes toward dental care as a fringe benefit: dental needs, relationship with a regular dentist, and experience with health insurance or with dental care at free or reduced rates. It is necessary to determine whether or not each of these factors is spuriously related to the attitudes being studied; that is, whether each factor is no longer related to the attitudes when the other factors are held constant. Dental needs will be considered first. Using the respondent's own dental condition as the measure of dental needs, we can see in Table 80, that dental needs continues to be related to attitudes toward a wage increase in the form of some dental care as a fringe benefit when relationship to the dentist is held constant. Thus, among the persons who have a regular dentist, 48 per cent of the 172 persons who also would need a great deal of dental work favor a wage increase in the form of dental care and only 33 per cent of the 205 persons who have no natural teeth have the same attitude. Similarly, among the persons who have never had a regular dentist, 65 per cent of those who would need a great deal of work and only 27 per cent of those who have lost all their teeth take the same position. Dental condition continues to be related to attitudes toward a wage increase in the form of some dental care when experience with dental care at free or reduced rates is held constant (see Table 81) or when experience with health insurance is held constant (see Table 82).

Although generally, the respondent's dental condition is highly related to his attitudes toward receiving a wage increase partly in the form of dental care, this factor appears to be particularly important under some conditions rather than others. This should help test a previously suggested explanation for the finding that the respondent's dental needs are not as highly related to

preferences for a wage increase in the form of dental care as they are to approval of dental insurance. The explanation was that attitudes toward dental care as a fringe benefit, compared to attitudes toward dental insurance, were more likely to be influenced by concerns about control of the individual and interference with the patient-dentist relationship. If this explanation is valid, we would expect that dental needs would be more highly related to attitudes toward dental care as a fringe benefit among persons who never have had a regular dentist and among persons who have had experience with free or reduced rate dental care, since that experience usually was in a clinic setting.

TABLE 80

PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S OWN DENTAL CONDITION AND RELATIONSHIP WITH A DENTIST

| Respondent's Relationship With a Dentist | Respondent's Dental Condition | | | |
|---|---|-------------|----------------|------------------|
| | Dental Care Perceived as Needed in a Year | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Has regular dentist | 48 (172) | 41 (153) | 34 (600) | 33 (205) |
| Does not have regular dentist but once had one. | 49 (81) | 46 (48) | 35 (93) | 32 (128) |
| Has never had regular dentist | 65 (96) | 63 (32) | 37 (109) | 27 (81) |

Looking back at Table 80, we can see that the inference is borne out. Among persons who have never had a regular dentist, the condition of their teeth is highly related to attitudes toward dental care as a fringe benefit. On the other hand, among persons who now have or have once had a regular dentist, the relationship does not appear to be as marked. Presumably, persons who have never had a regular dentist would not be very concerned about maintaining a close patient-dentist relationship; their preferences for a wage increase in the form of dental care could

be affected by their dental needs, unconstrained by concerns about their choice of a dentist.

The findings are similar, although not as marked, when we consider whether or not the respondent or a member of his family ever had dental care at no charge or at reduced rates (see Table 81).

TABLE 81

PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S OWN DENTAL CONDITION AND EXPERIENCE WITH DENTAL CARE RECEIVED FREE OR AT REDUCED RATES

| Experience with Dental Care Received Free or at Reduced Rates ^a | Respondent's Dental Condition | | | |
|---|--|----------------|-------------------|------------------------|
| | Dental Care Perceived as Needed in a Year | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Respondent and/or member of family have received dental care free or at reduced rates | 58 (124) | 46 (82) | 38 (265) | 34 (89) |
| Respondent and/or member of family have not received dental care free or at reduced rates | 49 (229) | 44 (154) | 33 (539) | 31 (328) |

^aDoes not include such dental care received as part of dental care program for school-age persons.

TABLE 82

PROPORTION OF THE RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S OWN DENTAL CONDITION AND HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT

| Health Insurance Coverage | Respondent's Dental Condition | | | |
|--|--|----------------|-------------------|------------------------|
| | Dental Care Perceived as Needed in a Year | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Have insurance at work, employer pays all or part | 60 (111) | 55 (86) | 41 (269) | 39 (80) |
| Have insurance at work, employer pays none | 45 (47) | 21 (29) | 33 (114) | 28 (40) |
| Have individual coverage, pay directly | 42 (62) | 41 (47) | 30 (239) | 31 (121) |
| Have no health insurance | 55 (130) | 46 (68) | 34 (169) | 30 (169) |

Thus, among persons who have had free or reduced-rate dental care, the relationship between dental condition and preference for a wage increase in the form of dental care appears somewhat stronger than among persons who have not had that experience. Presumably, persons who had experience with dental care which was free or at reduced rates are relatively less concerned with possible interference in the patient-dentist relationship and therefore, their own dental condition more directly affects their attitudes toward receiving dental care as a fringe benefit.

We have seen that the respondent's dental needs, as measured by his own dental condition, continues to be an important factor affecting attitudes toward dental care as a fringe benefit, regardless of what other factors are held constant. Is this true of each of the other factors? We must now consider the possibility that the other factors are related to attitudes toward dental care plans only because of the operation of dental needs or some other factor. We will review each factor, holding constant the other factors.

We will first review the factor of relationship with the dentist. Persons who never have had a regular dentist are more likely than are persons who have a regular dentist to prefer a wage increase partly in the form of dental care rather than entirely in cash. A person who has a regular dentist is likely to go to a dentist regularly. He is also likely to have teeth which do not require a great deal of work; perhaps if we hold condition of teeth constant, relationship with dentist no longer would be associated with attitudes toward dental care as a fringe benefit. We can see whether or not this is true by looking back at Table 80. Before, we looked at this table to see whether holding relationship to dentist constant made any difference in the importance of dental condition as a factor affecting attitudes toward dental care as a fringe benefit. Now, we want to look at the figures, comparing respondents with different relationships with a dentist, among the respondents within each dental condition category. Thus we can see that

among persons who would need a great deal or quite a bit of dental work, persons who have never had a regular dentist are particularly likely to favor dental care as a fringe benefit. However, among those who would need little or no work or have lost all their teeth, relationship to the dentist does not seem to be associated with preferences for dental care as a fringe benefit.

Apparently, when a person feels he will need considerable dental work, never having had a regular dentist makes it easier for him to choose a wage increase partly in the form of dental care as a fringe benefit rather than entirely in cash. Similarly, as can be seen in Tables 83 and 84, when the respondent has had experience with dental care provided free or at reduced rates or when he is covered by some form of health insurance paid for through the place of employment, never having had a regular dentist combines with these other experiences to make it particularly likely for him to prefer a wage increase partly in the form of dental care.

TABLE 83

PROPORTION OF THE RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S RELATIONSHIP WITH A DENTIST AND EXPERIENCE WITH DENTAL CARE RECEIVED FREE OR AT REDUCED RATES

| Experience With Dental Care Received Free or at Reduced Rates ^a | Respondent's Relationship with a Dentist | | |
|---|--|--|-------------------------------------|
| | Has Regular Dentist | Does Not Have Regular Dentist But Once Had One | Has Never Had Regular Dentist |
| Respondent and/or member of family have received dental care free or at reduced rates | 38 (351) | 52 (102) | 55 (100) |
| Respondent and/or member of family have not received dental care free or at reduced rates | 36 (767) | 33 (247) | 41 (221) |

^aDoes not include such dental care received as part of dental care program for school-age persons.

TABLE 84

PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S RELATIONSHIP WITH A DENTIST AND HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT

| Health Insurance Coverage | Respondent's Relationship with a Dentist | | |
|---|--|--|-------------------------------|
| | Has Regular Dentist | Does Not Have Regular Dentist But Once Had One | Has Never Had Regular Dentist |
| Have insurance at work, employer pays all or part . . . | 44 (385) | 51 (93) | 57 (67) |
| Have insurance at work, employer pays none | 33 (167) | 19 (36) | 52 (25) |
| Have individual coverage, pay directly | 30 (306) | 39 (92) | 34 (67) |
| Have no health insurance | 39 (246) | 35 (121) | 44 (154) |

On the whole, whether a person has a regular dentist, once has had one, or never has had one is an independent factor related to his preferences for dental care provided as a fringe benefit. This factor seems to be particularly important when needs and experiences which are conducive to support for this dental care plan are present.

When we turn to experience with health insurance, if we hold experience with free or reduced rate care constant, then experience with health insurance does not appear to be related to preferring a wage increase partly in the form of dental care (see Table 85). Apparently, in the case of this attitude experience with free or reduced-rate dental care is a more important factor than experience with health insurance. We have seen in an earlier section that persons who have had such dental care, compared to those who have not, are only slightly more likely to prefer a wage increase in the form of dental care rather than entirely in cash. As can be seen in Tables 81, 83, and 85, this tendency persists even when the other pertinent factors are held constant.

TABLE 85

PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF DENTAL CARE AS A FRINGE BENEFIT, BY EXPERIENCE WITH DENTAL CARE RECEIVED FREE OR AT REDUCED RATES AND HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT

| Experience With Dental Care Received Free or at Reduced Rates ^a | Present Health Insurance Coverage | | | |
|---|---|--|--|--------------------------|
| | Means of Payment | | | Have No Health Insurance |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| Respondent and/or member of family have received dental care free or at reduced rates | 45 (203) | 34 (76) | 37 (125) | 52 (142) |
| Respondent and/or member of family have not received dental care free or at reduced rates | 48 (340) | 31 (152) | 31 (337) | 34 (396) |

^aDoes not include such dental care received as part of dental care program for school-age persons.

b. Approval of dental insurance

We have noted several times the degree to which dental needs are related to thinking dental insurance would be a good idea. The main point of the present discussion will be to ascertain whether or not this factor explains some of the other relationships we have noted or is itself reduced in importance.

First of all it is clear that holding constant the other factors which we found to be related to attitudes toward dental insurance does not substantially change the high relationship between dental needs and thinking dental insurance is a good idea. For example, in Table 86, when the respondent's experience with health insurance is held constant, the respondent's dental condition is still highly related to thinking dental insurance is a good idea. This relationship is also unaffected when experience with free or reduced-rate dental care is held constant, as in Table 87.

TABLE 86

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA,
BY RESPONDENT'S DENTAL CONDITION AND HEALTH INSURANCE
COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT

| Health Insurance Coverage | Respondent's Dental Condition | | | |
|--|--|-------------|----------------|------------------------|
| | Dental Care Perceived as Needed in a Year | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Have insurance at work, employer pays all or part . . . | 63 (111) | 70 (86) | 46 (269) | 38 (80) |
| Have insurance at work, employer pays none | 68 (47) | 70 (30) | 41 (113) | 18 (40) |
| Have individual coverage, pay directly | 52 (62) | 43 (47) | 32 (239) | 16 (122) |
| Have no health insurance . . . | 61 (130) | 48 (69) | 36 (169) | 17 (173) |

TABLE 87

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, BY
RESPONDENT'S DENTAL CONDITION AND EXPERIENCE WITH DENTAL CARE
RECEIVED FREE OR AT REDUCED RATES

| Experience With Dental Care Received Free or at Reduced Rates ^a | Respondent's Dental Condition | | | |
|--|--|-------------|----------------|------------------------|
| | Dental Care Perceived as Needed in a Year | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Respondent and/or member of family have received dental care free or at reduced rates | 69 (124) | 62 (82) | 48 (264) | 26 (91) |
| Respondent and/or member of family have not received dental care free or at reduced rates | 56 (230) | 55 (156) | 35 (539) | 19 (331) |

^aDoes not include such dental care received as part of dental care program for school-age persons.

The same tables also indicate that holding dental condition constant does not substantially reduce the relationship between approval of dental insurance and either experience with health insurance or experience with free or reduced-rate dental care. Also, as can be seen in Table 88, each kind of experience continues to be related to thinking dental insurance is a good idea, independently of each other.

On the whole, dental needs is the most important determinant of attitudes toward dental insurance. Experience with health insurance and with free or reduced-rate dental care also, independently, affect these attitudes. Furthermore, these factors combine with dental needs to influence even more markedly attitudes toward dental insurance. For example, as can be seen in Table 87 above, among persons who would need a great deal of dental work in a year and who have had free or reduced-rate care, 69 per cent think dental insurance would be a good idea; among persons who have no natural teeth and who have not had such experience, only 19 per cent think it would be a good idea.

Before concluding this discussion of the inter-relationship of factors affecting attitudes toward both forms of prepaid dental care plans, a possibility raised in an earlier section of this report should be considered in more detail. In the section on family income as a factor affecting attitudes toward dental care plans, we found no clear relationship between family income and attitudes toward dental care as a fringe benefit or toward dental insurance. It was suggested then that this might be because dental needs, which are associated with income, were obscuring the relationship; we also conjectured that there might be differing images of dental insurance and dental care as a fringe benefit and each image might have a somewhat different appeal depending upon a person's social class position. To test these ideas, we can hold the dental needs of the respondent constant and see whether or not income or education is related to preferences for dental care as a fringe benefit and for dental insurance.

TABLE 88

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, BY HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT, AND EXPERIENCE WITH DENTAL CARE RECEIVED FREE OR AT REDUCED RATES

| Experience With Dental Care Received Free or at Reduced Rates ^a | Health Insurance Coverage | | | |
|---|---|--|--|--------------------------|
| | Means of Payment | | | Have No Health Insurance |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| Respondent and/or member of family have received dental care free or at reduced rates | 56 (203) | 55 (76) | 46 (126) | 47 (142) |
| Respondent and/or member of family have not received dental care free or at reduced rates | 50 (340) | 42 (152) | 26 (337) | 34 (401) |

^aDoes not include such dental care received as part of dental care program for school-age persons.

The first set of findings to be considered are presented in Table 89. On the whole, among persons who would need dental care in a year, the lower the family income the greater the likelihood of preferring a wage increase partly in the form of dental care. When unmet dental needs of the respondent and his family, the family's dental costs for the last year, or the number of dependents in the respondent's family are, in turn, held constant, the relationship between family income and preference for some dental care as a fringe benefit is generally in the same direction.

In Table 90, we can see that only among persons who would need little or no dental work are persons with college education somewhat less likely to prefer dental care as a fringe benefit than are persons who do not have a college education. The same is true among persons who have lost all their natural teeth, but one of

the categories upon which this relationship depends consists of only 20 persons. Generally, education tends to be slightly negatively related to preferring a wage increase in the form of some dental care when each of the following is held constant: the family's dental costs for the last year, the respondent and his family's unmet dental needs, and the number of dependents in the respondent's family.

TABLE 89

PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING THE INTERVIEW AND RESPONDENT'S DENTAL CONDITION

| Respondent's Dental Condition | Family Income in the Twelve Months Preceding Interview | | | |
|--|--|-----------------|-----------------|-----------------|
| | Under \$2,000 | \$2,000-\$4,999 | \$5,000-\$7,499 | \$7,500 or More |
| Dental care perceived as needed in a year: | | | | |
| Great deal | 56 (74) | 55 (150) | 51 (89) | 42 (43) |
| Quite a bit | 53 (32) | 48 (90) | 38 (66) | 45 (49) |
| Little or none | 32 (83) | 37 (260) | 37 (270) | 29 (197) |
| No natural teeth | 28 (143) | 32 (149) | 34 (84) | 33 (39) |

TABLE 90

PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S EDUCATION AND RESPONDENT'S DENTAL CONDITION

| Respondent's Dental Condition | Respondent's Education | | |
|--|------------------------|-------------|----------|
| | Grade School | High School | College |
| Dental care perceived as needed in a year: | | | |
| Great deal | 52 (142) | 52 (174) | 55 (33) |
| Quite a bit | 43 (58) | 45 (132) | 44 (41) |
| Little or none | 36 (181) | 37 (437) | 29 (183) |
| No natural teeth | 31 (234) | 32 (148) | 20 (20) |

Now let us see what the pattern is in regard to dental insurance. In Table 91 we can see that persons who have only had a grade school education are generally least likely to think dental insurance is a good idea, regardless of the condition of their teeth. This pattern is even clearer when the family's last year's dental costs are held constant. Furthermore, when the number of dependents in the respondent's family is held constant, or when his and his family's unmet dental needs are held constant there is again a general tendency for more educated persons to be somewhat more likely to think dental insurance is a good idea.

TABLE 91

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, BY RESPONDENT'S EDUCATION AND RESPONDENT'S DENTAL CONDITION

| Respondent's Dental Condition | Respondent's Education | | |
|--|------------------------|-------------|----------|
| | Grade School | High School | College |
| Dental care perceived as needed in a year: | | | |
| Great deal | 57 (143) | 63 (174) | 70 (33) |
| Quite a bit | 50 (58) | 62 (132) | 51 (43) |
| Little or none | 33 (180) | 41 (437) | 43 (183) |
| No natural teeth | 17 (236) | 28 (149) | 15 (20) |

When we consider the relationship between family income and approval of dental insurance, holding dental needs constant, we again see that the direction of the relationship is opposite to that found in the case of attitudes toward dental care as a fringe benefit. For example, in Table 92, regardless of the respondent's dental condition, the more income the respondent has, the more likely he is to think that dental insurance is a good idea--with the exception of those respondents with family incomes of \$7,500 or more. Respondents with incomes of \$7,500 or over are slightly less likely than those with incomes of \$5,000 to \$7,499 to think dental

insurance is a good idea. The pattern is similar if the respondent and his family's unmet dental needs or if his family's last year's dental costs are held constant. If the number of the dependents in the respondent's family is held constant, however, there is no clear relationship between income and thinking dental insurance is a good idea.

TABLE 92

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING THE INTERVIEW AND RESPONDENT'S DENTAL CONDITION

| Respondent's Dental Condition | Family Income in the Twelve Months Preceding Interview | | | |
|---|---|---------------------|---------------------|--------------------|
| | Under \$2,000 | \$2,000- \$4,999 | \$5,000- \$7,499 | \$7,500 or More |
| Dental care perceived as needed in a year: | | | | |
| Great deal | 57 (74) | 64 (151) | 70 (89) | 37 (43) |
| Quite a bit | 50 (32) | 59 (90) | 63 (67) | 55 (49) |
| Little or none | 30 (83) | 37 (260) | 42 (270) | 40 (196) |
| No natural teeth | 18 (146) | 19 (150) | 29 (84) | 23 (40) |

On the whole, when the respondents' dental needs, as variously measured, are held constant, respondents with relatively high income or more education are slightly less likely to prefer dental care as a fringe benefit but are slightly more likely to think dental insurance is a good idea. This lends support to the interpretation that each form of prepaid dental care plan has somewhat different appeals to different social classes. The findings reported later by occupational groupings also lend support to this interpretation.

One other point should be mentioned. We have seen that values and beliefs about teeth and their care do not seem to be related consistently to attitudes

about prepaid dental care plans. The respondents were also asked, however, a series of questions concerning the use of public funds to provide some dental care for school-age children, for persons on relief, for persons with low incomes, or for everyone in the country. There is a tendency for persons who think public funds should be used for such purposes to favor prepaid dental care plans. This may indicate a general concern with care of teeth or it may indicate a feeling that dental care be provided through organized systematic programs rather than left to individual initiative.

c. Approval of established dental care plans, variously supported

We have already seen that on the whole more persons say they would like a dental care plan if it were already established, regardless of the source of its support, than say they think dental insurance is a good idea or say they prefer having a wage increase partly in the form of some dental care rather than entirely in cash. This is hardly surprising since respondents are being asked about an already existing plan with no alternative being presented. At this point we are concerned with the answers to two questions: (1) are the factors already discussed in sections 1-6 independently related to approval of established dental care plans and (2) what factors are related to liking one way of paying for the plan rather than another--more specifically, why is there less support for a plan paid for by the union than for one paid for by the employer?

We know from earlier discussions that the various factors we have already discussed are less related to liking or not liking established dental care plans than they are to approval of dental insurance or preference for dental care as a fringe benefit. Certain factors, however, are definitely related to liking established dental care plans. Generally, persons with greater dental needs, persons who are covered by health insurance carried through place of employment and paid for at least in part by the employer, persons who do not have a regular

dentist, or persons who have had dental care free or at reduced rates are most likely to be favorably disposed toward a dental care plan if it were established where they or another member of their family were employed. The relationship of each of these four factors to liking an established dental care plan persists, even when each of the other factors is held constant.¹ Clearly, each factor thus considered--the respondent's dental needs, experience with health insurance, relationship with a dentist, and experience with free or reduced-rate dental care--is independently related to liking an established dental care plan.

Knowing which factors are related in general to approval of established dental care plans, can we assume that the same factors also account for differences in degree of approbation for variously supported plans? We have already seen that somewhat more persons say they would like a dental care plan paid for by the employer than say they would like a plan paid for by the union. Several reasons have already been suggested. First, some persons may oppose union sponsorship of welfare programs because of mistrust of union officials or because of working class connotations of unions that they reject for themselves. Second, the respondents might believe that if the employer pays, they would not have to pay anything themselves; if the employer and employee pay, they would have to contribute only some money; but if the union pays, they would have to contribute all the money themselves. Third, a union supported plan might be perceived as involving more interference with the patient-dentist relationship.

There is some evidence supporting each of these explanations; however, the evidence is generally inferential. For example, we have seen that whether a

¹This conclusion is based upon an extensive series of cross-tabulations of each type of established dental care plan, differentiated by whether support came from the employer, the employer and the employee, or the union, by each of the four factors in question, with each of the other factors held constant. It seems unnecessary to include this long series of tables in the report because they would be repetitious and space-consuming.

respondent has a regular dentist, once has had one, or never has had one is somewhat more related to liking a union supported plan than liking an employer supported plan; apparently, having a regular dentist particularly deters some persons from liking a union supported plan. This supports the third explanation. We have also seen, in the discussion of finances in an earlier section, that there is a very slight tendency for higher income persons to be more favorable toward an employer supported plan and less likely to approve a union supported plan. The same type of relationship exists when education is considered. This could be interpreted to mean that higher status persons are more concerned with the working class connotations of unions and therefore are less likely to approve of a union supported plan if it were established where they were employed.

There is also some evidence suggesting that mistrust of union officials may partially explain the slightly lower general liking of a union supported dental care plan as compared to an employer or employer-employee supported plan. Respondents were asked to rate the general standing or prestige of several occupations, including an "official of an international labor union." As can be seen in Table 93, ratings of the union official's prestige are not related to liking an employer or an employer-employee supported plan; but persons who think the prestige of a union official is below average are much less likely than are persons who think his prestige is excellent to say they would like an established dental care plan if it were union supported.

There is also some inferential evidence supporting the interpretation that it is the consideration of who pays for the dental care which accounts for the slightly smaller proportion of the respondents saying they would like an established dental care plan if it were paid for by the union than if it were paid for by the employer. One indication of this is that slightly fewer persons say they would like the plan if the employee contributes part of the cost than say they

would like it if the employer pays for the dental care. Another piece of inferential evidence is derived from the relationship between trade union membership and liking each method of support of an established dental care plan, the data and detailed discussion of which are presented in Part II of the report, in the section on union membership. In brief, it is reported there that union members are somewhat more likely than are non-union members to say they would like a union supported plan. This finding, assuming union members to be less mistrustful of union officials, would tend to support the explanation in terms of some feeling against unions. We find, however, that even union members are somewhat more likely to say that they would like a plan paid for by the employer rather than by the union. Again, assuming that union members are less mistrustful of union officials than are non-union members, this finding argues for the interpretation that a union supported plan is perceived as requiring costs to the respondent which would not be the case in an employer supported dental care plan.

TABLE 93

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN, DIFFERENTIATED BY SOURCE OF SUPPORT, BY RESPONDENT'S RATING OF THE PRESTIGE OF AN OFFICIAL OF AN INTERNATIONAL LABOR UNION

| Source of Support | Rating of Prestige of Official of International Labor Union | | | |
|---------------------------------|---|---------------|----------|---------------|
| | Excellent | Above Average | Average | Below Average |
| Employer pays . . . | 54 (210) | 66 (603) | 58 (551) | 50 (329) |
| Employer and employee pay . . . | 54 (210) | 62 (600) | 59 (549) | 50 (327) |
| Union pays | 58 (210) | 54 (600) | 47 (548) | 34 (326) |

Since the evidence for all three explanations is inferential, it is not possible to determine whether or not these three explanations fully explain why a slightly larger percentage of the respondents say they would like a plan paid for by the employer than one paid for by the union. Nor is it possible to decide which

explanation is most important. It seems safe to conclude that each has some validity.

- d. Willingness to have teeth put in good condition as a requirement for obtaining dental insurance

We would expect that a person's dental needs would be the most important factor affecting his willingness to have his teeth put into good condition if this were required in order to get dental insurance. As a matter of fact, we have seen that this factor is highly related to willingness to meet this requirement, among respondents thinking dental insurance is a good idea. However, we have also seen that several other factors are also related to the respondents' willingness to meet this requirement. Persons who have higher incomes, who have never had a regular dentist, or who have health insurance for which they pay directly are most likely to be willing to meet this requirement for obtaining dental insurance.

Do these other factors continue to be related to willingness to meet this requirement, if dental needs are held constant? When dental condition is held constant, persons with higher incomes are still somewhat more likely than are persons with lower incomes to be willing to have their teeth put into good condition if that were required to get dental insurance (see Table 94). Presumably, for persons with higher incomes, this requirement is not as great an obstacle as it is for persons with lower incomes.

In Table 95 we can see that the respondent's relationship with a dentist also continues to be related to willingness to meet this requirement, even holding dental condition constant. A somewhat different pattern emerges when dental condition is held constant and experience with health insurance is related to willingness to have one's teeth put into good condition if this were required to obtain dental insurance. When we examined the role of experience with health insurance earlier, we saw that persons who have no health insurance are least willing to meet this condition while persons who have health insurance for which they pay directly are

the most willing to meet the proposed requirement for obtaining dental insurance. We can see in Table 96, that when dental condition is held constant, persons who have no health insurance are still the least likely to say they would meet this requirement; however, it now appears that willingness to meet this condition is not related to the method of payment for those who do have health insurance.

TABLE 94

PROPORTION OF RESPONDENTS WILLING TO HAVE TEETH PUT IN GOOD CONDITION IN ORDER TO GET DENTAL INSURANCE, BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING THE INTERVIEW AND RESPONDENT'S DENTAL CONDITION, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Respondent's Dental Condition | Family Income in the Twelve Months Preceding Interview | |
|--|--|-----------------|
| | Less than \$5,000 | \$5,000 or More |
| Dental care perceived as needed in a year: | | |
| Great deal | 46 (139) | 63 (78) |
| Quite a bit | 52 (69) | 71 (69) |
| Little or none | 65 (122) | 74 (192) |
| No natural teeth | 63 (54) | 76 (33) |

TABLE 95

PROPORTION OF RESPONDENTS WILLING TO HAVE TEETH PUT IN GOOD CONDITION IN ORDER TO GET DENTAL INSURANCE, BY RESPONDENT'S RELATIONSHIP WITH A DENTIST AND RESPONDENT'S DENTAL CONDITION, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Respondent's Dental Condition | Respondent's Relationship with a Dentist | | |
|--|--|--|-------------------------------|
| | Has Regular Dentist | Does Not Have Regular Dentist But Once Had One | Has Never Had Regular Dentist |
| Dental care perceived as needed in a year: | | | |
| Great deal | 61 (103) | 48 (50) | 43 (61) |
| Quite a bit | 67 (88) | 55 (29) | 53 (17) |
| Little or none | 75 (229) | 63 (46) | 58 (36) |
| No natural teeth | 73 (48) | 78 (18) | 48 (21) |

TABLE 96

PROPORTION OF RESPONDENTS WILLING TO HAVE TEETH PUT IN GOOD CONDITION IN ORDER TO GET DENTAL INSURANCE, BY HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT, AND RESPONDENT'S DENTAL CONDITION, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Respondent's Dental Condition | Health Insurance Coverage | | | Have No Health Insurance |
|---|--|---|--|-----------------------------------|
| | Means of Payment | | | |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| Dental care perceived as needed in a year: | | | | |
| Great deal | 64 (70) | 60 (32) | 50 (32) | 39 (79) |
| Quite a bit | 60 (60) | 62 (21) | 85 (20) | 52 (33) |
| Little or none | 75 (124) | 59 (46) | 80 (76) | 62 (60) |
| No natural teeth | 77 (30) | a | 74 (19) | 54 (30) |

^a Too few cases to report percentage.

Perhaps, persons who have a regular dentist or who have some kind of health insurance coverage are more likely to feel that it is reasonable to require persons to have their teeth in good condition in order to obtain dental insurance. Consequently, they are more likely to say they would be willing to satisfy this requirement in order to get dental insurance.

e. Willingness to pay premiums of \$36.00 to \$55.00 a year per person for dental insurance

Respondents who said they thought comprehensive dental insurance would be a good idea for themselves and their families were asked if they would be willing to pay \$36.00 to \$55.00 a year per person for such insurance. We have seen earlier that only one of the several factors examined in the course of the analysis seems to be related to the respondent's willingness to pay the proposed premiums--the number of depends in the respondent's family.

The respondent's income is not related to his willingness to pay the proposed premiums. This lack of relationship persists even when the number of dependents is held constant (see Table 97). Nor are any of the other factors, when combined with every other factor, consistently related to willingness to pay the suggested premiums.

TABLE 97

PROPORTION OF RESPONDENTS WILLING TO PAY \$36-\$55 A YEAR PER PERSON FOR DENTAL INSURANCE, BY NUMBER OF DEPENDENTS IN RESPONDENT'S FAMILY AND FAMILY INCOME IN THE TWELVE MONTHS PRECEDING THE INTERVIEW, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Number of Dependents in Respondent's Family and Family Income in Twelve Months Preceding Interview | Willing to Pay \$36-\$55 a Year | | |
|--|---------------------------------|------------|----------------------------|
| | For Self | For Spouse | For Children (All or Some) |
| <u>No dependents</u> | | | |
| Under \$5,000 | 53 (61) | - | - |
| \$5,000 or more | b | - | - |
| <u>Spouse only</u> | | | |
| Under \$5,000 | 42 (82) | 45 (82) | - |
| \$5,000 or more | 41 (75) | 48 (75) | - |
| <u>One or two children^a</u> | | | |
| Under \$5,000 | 39 (116) | 35 (89) | 44 (111) |
| \$5,000 or more | 33 (165) | 37 (157) | 43 (164) |
| <u>Three or more children^a</u> | | | |
| Under \$5,000 | 22 (103) | 24 (90) | 38 (100) |
| \$5,000 or more | 28 (95) | 34 (91) | 32 (97) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

^bToo few cases to report percentage.

All this suggests that specifying the premiums at a certain amount per person, makes it likely that respondents with more persons in their families would be more apt to think that the costs would be very high and perhaps relatively higher, the more persons in the family, than their dental bills were likely to be.

f. Willingness to obtain dental insurance or to use an established dental care plan if the choice of dentist is restricted

Respondents who thought dental insurance was a good idea, were asked if they would be willing to get the insurance even if they could only go to one of the dentists participating in the plan and their own dentist did not participate. Respondents who said they would like a dental care plan if it were established at a place of employment and supported by the employer, the employer and employee, or the union were asked if they would use the plan if they could only go to a participating dentist, not including their own, or if they could only go to a dentist employed in the plan's clinic.

Since the same factors are relevant in all of the situations indicated above, we will focus our attention solely on the question asked of respondents who approve of dental insurance. Such a procedure makes possible a briefer and less repetitious discussion and yet will yield conclusions about the inter-relationship of these factors to the respondents' willingness to accept restrictions on the choice of a dentist that are applicable to all the situations.

Persons who never have had a regular dentist are more likely than are persons who have a regular dentist to be willing to get dental insurance even if they could only go to a participating dentist, not including their own. This is hardly surprising. We have also seen that persons with lower incomes are also more likely to want insurance even under this condition than are persons with higher incomes. Considering the respondents' experience with health insurance, we have seen that persons who are not covered by health insurance are most likely

to accept this condition and persons who are covered by health insurance which is paid for directly are least likely to accept this condition. Finally, persons whose teeth would need a great deal or quite a bit of dental work are slightly more likely than are persons with less dental needs to want dental insurance if the choice of dentist is restricted.

Are these factors still related to acceptance of the requirement which restricts the choice of dentist, if relationship to dentist is held constant? In Table 98 we can see that the respondents who have lower family incomes are still somewhat more likely to want insurance even if the choice of dentist is restricted, regardless of their relationship with a dentist. As can be seen in Table 99, however, experience with health insurance is related to acceptance of this condition only among the respondents who never have had a regular dentist. Similarly, only among respondents who never have had a regular dentist is the respondents' dental condition related to their readiness to accept this requirement for dental insurance (see Table 100). Regardless of what other factor is being considered, relationship with dentist continues to be related to wanting dental insurance if the choice of dentist is restricted to one of the participating dentists and the respondent's own dentist does not participate.

TABLE 98

PROPORTION OF RESPONDENTS WANTING DENTAL INSURANCE IF CHOICE RESTRICTED TO DENTISTS WHO JOINED PLAN, BY FAMILY INCOME IN THE TWELVE MONTHS PRECEDING THE INTERVIEW AND RESPONDENT'S RELATIONSHIP WITH A DENTIST, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Respondent's Relationship With a Dentist | Family Income in Twelve Months Preceding Interview | |
|---|---|-----------------|
| | Under \$5,000 | \$5,000 or More |
| Has regular dentist | 57 (204) | 36 (257) |
| Does not have regular dentist but once had one | 58 (68) | 50 (74) |
| Has never had regular dentist | 72 (101) | 57 (37) |

TABLE 99

PROPORTION OF RESPONDENTS WANTING DENTAL INSURANCE IF CHOICE RESTRICTED TO DENTISTS WHO JOINED PLAN, BY HEALTH INSURANCE COVERAGE, DIFFERENTIATED BY MEANS OF PAYMENT, AND RESPONDENT'S RELATIONSHIP WITH A DENTIST, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Respondent's Relationship With a Dentist | Health Insurance Coverage | | | |
|--|---|--|--|--------------------------|
| | Means of Payment | | | Have No Health Insurance |
| | Have Insurance at Work, Employer Pays All or Part | Have Insurance at Work, Employer Pays None | Have Individual Coverage, Pay Directly | |
| Has regular dentist | 49 (188) | 41 (79) | 37 (94) | 49 (89) |
| Does not have regular dentist but once had one | 51 (55) | 69 (16) | 53 (30) | 49 (39) |
| Has never had regular dentist | 67 (37) | a | 57 (21) | 75 (65) |

^aToo few cases to report percentage.

TABLE 100

PROPORTION OF RESPONDENTS WANTING DENTAL INSURANCE IF CHOICE RESTRICTED TO DENTISTS WHO JOINED PLAN, BY RESPONDENT'S DENTAL CONDITION AND RESPONDENT'S RELATIONSHIP WITH A DENTIST, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Respondent's Relationship With a Dentist | Respondent's Dental Condition | | | |
|--|---|-------------|----------------|------------------|
| | Dental Care Perceived as Needed In a Year | | | No Natural Teeth |
| | Great Deal | Quite a Bit | Little or None | |
| Has regular dentist | 49 (102) | 50 (87) | 41 (228) | 50 (48) |
| Does not have regular dentist but once had one | 56 (50) | 48 (29) | 57 (46) | 44 (18) |
| Has never had regular dentist | 75 (61) | 63 (16) | 64 (36) | 57 (21) |

Clearly, relationship with dentist emerges as the most important factor related to acceptance of a restriction in the choice of dentists as a requirement

for dental insurance. Among persons who never have had a regular dentist, those who need a great deal of dental work in a year or those who are not covered by any health insurance are particularly likely to be willing to accept this condition. However, it is puzzling to discover that, regardless of their relationship with a dentist, persons with higher incomes are less likely than are persons with lower incomes to accept this restricting condition. Perhaps higher income persons are simply less likely to be willing to assent to requirements which imply interference or control.

The conclusions drawn concerning the various factors which are related to attitudes toward prepaid dental care plans have implications for understanding and gauging the potential market for such plans. These implications are discussed in the next section of this report.

PART II. THE POTENTIAL MARKET FOR PREPAID DENTAL CARE PLANS

A. Implications of the Analysis of Factors Related to Attitudes Toward Dental Care Plans for Estimating the Market for Such Plans Prepaid

The preceding analysis of factors affecting attitudes toward prepaid dental care plans can tell us a great deal about the potential market for such plans. It can help in estimating how large that potential market currently is, and in predicting what aspects of proposed dental care plans are particularly attractive and unattractive to potential subscribers and which groups in the population are likely to be most interested in participating in such plans.

1. The Size of the Potential Market

Perhaps the first question which the preceding analysis should be used to help answer is: what percentage of the population really is likely to participate in a dental care plan if plans became more commonly available? One answer can be given from the findings reported in the very first section of this report. There we saw that 42 per cent of the total sample of respondents said they thought dental insurance would be a good idea for themselves and their family; 38 per cent said they would prefer a wage increase partly in the form of dental care as a fringe benefit rather than entirely in cash.

These figures cannot be taken at face value in estimating the potential market for prepaid dental care plans. Several conditions must be taken into account in modifying those figures; we will consider three of these conditions: the growth of the plans themselves, the concrete forms which the plans assume, and the number of persons who effectively can participate in a plan.

First of all, it is clear that if dental care plans become more widespread, the public's desire to participate in them will undoubtedly increase. There is some evidence from this survey that supports the contention. For example,

respondents who have heard of dental care plans are more likely to favor them and respondents who have had any kind of experience with dental care at free or reduced rates are more likely to favor dental care plans. The growth of dental care plans would make for increased approval of them because their benefits (actual or alleged) are likely to become known and also because their very existence will tend to make them seem legitimate and proper.

This seems to have been true for hospital insurance. In 1936, a cross-section of the nation was asked, "Would you be willing to pay ten dollars a year for each member of your family to cover hospital expenses for a year? (It is understood this would provide ward care or a proportional credit against private-room care.)" The responses were: Yes: 47.9 per cent; No: 44.3 per cent; and Don't know: 7.8 per cent.¹ In 1944, when hospital insurance had become established so that 21 per cent of the population was covered,² many more persons favored hospital insurance. In a national survey conducted by NORC in 1944, a national sample of adults was asked, "Some people have a kind of insurance for which they pay a certain amount each month to cover any hospital care they or their family members may have in the future. Do you think this is a good idea or a bad idea?" The responses were: Good idea: 92 per cent; Bad idea: 4 per cent; and Undecided: 4 per cent.³ This is not to say, however, that the developments in the field of dental insurance would necessarily follow an exactly parallel course.

The analysis of Part I of this report, however, also indicates that there are limits to the possible growth of interest in prepaid dental care plans even if many more persons participate in them. We have seen that anticipated dental

¹Hadley Cantril and Mildred Strunk, eds. Public Opinion, 1935-1946. (Princeton, New Jersey: Princeton University Press, 1951), p. 439.

²Oscar N. Serbein, Jr. Paying for Medical Care in the United States (New York: Columbia University Press, 1953), p. 380.

³Cantril and Strunk, op. cit., p. 441.

need is of primary importance in determining attitudes toward dental care plans. Presumably, then, no matter how common prepaid dental care plans become, a sizable proportion of the population will not feel like participating in such plans because they will feel that they do not have any pressing need for dental care. This group may gradually be reduced if there is an upgrading in the public's conception of adequate dental care because of a general rise in the standard of living and in the amount of concern about the maintenance of teeth. Endentulous persons might remain uninterested; but even they, as we have seen, can desire to participate in dental care plans if they have dependent children.

The second consideration in modifying the figures given at the outset for the potential market for dental care plans is the actual form which dental care plans may assume. This second consideration would argue for adjusting the figures downwards. We have seen that even among those persons who say they would like dental insurance or would like it if a dental care plan were established at their place of employment, interest declines when such insurance and plans involve each of the proposed requirements. This is particularly notable in the case of dental insurance for the premiums suggested. Perhaps, if the premiums were given for single persons and for families, rather than for each person in the family, there would be fewer persons who, once having expressed approval of dental insurance, would subsequently reject it on the basis of its costs. Of course, this would depend upon what was set forth as the family rate.

The third consideration is the percentage of persons who would be eligible to participate in a dental care plan. Assuming that dental care plans are likely to continue to be organized in terms of groups and particularly through employment groups, the attitudes of persons who are not in a position to participate in work-connected dental care plans are not immediately relevant for consideration of the potential market for dental care plans. Therefore, we are particularly concerned

with the attitudes of persons whose work settings are such that they could participate in dental care plans. In later sections of this report, we shall examine such groups in more detail. At this point, we can look back at some of the findings presented earlier in order to arrive at an approximate percentage of the persons who could relatively easily be provided with dental care through work and who are interested in receiving such care.

Respondents reported whether or not they and/or their spouses have any form of health insurance and, if they have health insurance, whether or not it is paid for through the place of employment or directly. Presumably, dental coverage could be made available readily to persons who are already covered by health insurance which is carried through their place of work. How many such persons are there who want to participate in a prepaid dental care plan? Seventy per cent of all the respondents in the sample say they are covered by some health insurance, with about 44 per cent having at least some of that coverage carried through their place of employment. One-half of the respondents who are covered by some health insurance paid for through their place of work say they think dental insurance would be a good idea for themselves and their family; that is, 22 per cent of the total sample approve of dental insurance and are in a work situation in which it presumably is feasible to organize a dental care plan. Forty-two per cent of the respondents in the same situation say they would prefer a wage increase partly in the form of a fringe benefit providing some dental care, rather than entirely in cash; that is, 19 per cent of the total sample would favor dental care as a fringe benefit and are in a work situation in which such a plan could be organized.

About one-fifth of the adults in this country, then, are interested in some form of prepaid dental care plan and are in a situation in which it is at least relatively feasible to make it available, at least as far as administration of the

plans are concerned. This estimate of the potential effective market for prepaid dental care plans must also be modified by the two considerations previously discussed: adjusted upward if the plans become more widespread and adjusted downward depending upon the particular features of the plans which are established.

Finally, there is one other point concerning the size of the effective market for dental care plans. Of the respondents who are covered by Blue Cross-Blue Shield health insurance, 43 per cent say they think dental insurance would be a good idea for themselves or their family and 38 per cent would prefer part of a wage increase in the form of some dental care as a fringe benefit rather than entirely in cash. These figures provide an indication, then, of the potential market for dental care provisions if they were made available through Blue Cross-Blue Shield. Again, the considerations discussed earlier should be kept in mind in interpreting these figures.

2. Aspects of Dental Care Plans which Are Particularly Attractive and Unattractive to Different Kinds of People

In the first part of this report we have seen that different kinds of people varied in their willingness to accept each requirement or condition for participation in prepaid dental care plans. At this point, we shall note some of the implications of these findings for understanding the character of the potential market for prepaid dental care plans.

One basic finding is of particular importance. We have seen that the self-perceived anticipated need for dental care is the primary determinant of the desire to participate in dental care plans. We can assume that, on the whole, such self-perceived needs are closely related to actual needs. The implication is, then, that if persons could freely choose to join a plan, there would be a great deal of self-selection of members in terms of needs. Since participants would need a great deal of dental work, premiums would necessarily be very high. This suggests

the importance of establishing plans which require large groups to enroll as a group or at least require a high rate of participation within the group before extending coverage to the group.

The respondents were asked about their willingness to meet three requirements for obtaining dental insurance and also about their willingness to use an established dental care plan under two conditions. Among the respondents who think dental insurance would be a good idea for themselves and their family, over 60 per cent (26 per cent of the total sample) say they would be willing to have their own and their family's teeth put into good condition if that were necessary to obtain dental insurance. Fifty-two per cent of the respondents who approve of dental insurance report that they would still be willing to get the insurance if they could only go to a participating dentist and their own dentist did not participate. Among the respondents who think dental insurance is a good idea, only 38 per cent, however, say they would be willing to pay \$36.00 to \$55.00 per year per person for the insurance; that is, 16 per cent of the total sample say they would be willing to pay the proposed premiums.

Among the respondents who indicate they would like a dental care plan if it were established where they or another family member were employed and was paid for by the employer, or by the employer and employee, or by the union, almost two-thirds of the respondents say they would use the plan even if they could only go to one of the participating dentists and their own dentist did not participate or even if they could only go to a dentist employed in the plan's clinic.

These findings indicate that of the requirements proposed to the respondents, the suggested premiums is the most important deterrent. It may be that if rates were given for individuals or families, rather than per person, the percentage of the respondents who would be willing to pay a proposed premium would be greater. Of course, this would depend upon what the proposed family rate would be.

The requirement that a person's teeth be in good condition before he could obtain dental insurance seems to be the most widely acceptable among the conditions proposed. Of course, this requirement might actually be a greater deterrent than the survey data would seem to indicate; this would depend upon how strictly the requirement were actually enforced and therefore how costly the restorative work would actually be--it might be more than many of the respondents expect. It is interesting to note that the persons needing the most dental work are the persons who are the most likely to think dental insurance is a good idea and are the least likely to be willing to accept the requirement that their teeth be put in good condition before obtaining dental insurance.

Restriction upon the choice of dentist does not seem to be an overwhelming deterrent to the respondents' approval of dental insurance and it is even less likely to be a deterrent to actually using a dental care plan if it were already established through the place of employment. Nevertheless, for some respondents, particularly those who have a regular dentist, participation in a prepaid dental care plan loses some of its appeal if the choice of dentist is restricted. Interestingly enough, in the case of established dental care plans, the requirement of going to a dentist in a clinic setting is no more a deterrent to usage of the plan than is the requirement limiting the choice of a dentist to one who participates in the plan.

The findings concerning attitudes toward group practice of dentistry are also relevant in connection with this discussion since group practice may be involved in prepaid dental care plans. The idea of group practice seems attractive to a large number of persons. The possibility of consultation and specialization among the dentists is seen as a great advantage by many of the respondents. For many persons, apparently, the appeal of group practice and dental specialization would compensate for the disadvantage of interrupting their relationship with their regular dentist.

3. Family Role and Desire to Participate in Dental Care Plans

One final point must be considered in connection with the potential market for prepaid dental care plans. Thus far we have discussed the respondent as a single individual or in terms of relevant characteristics of his family. We have not considered in detail his role within his family. If, for example, the person in the family who has most responsibility for deciding whether or not his family should participate in a dental care plan has very different attitudes from a person who has less responsibility, than treating every respondent as equally important may distort our view of the dimensions of the potential market for prepaid dental care plans.

Of course, in this survey we did not try to determine who in the family is actually the most important person in making the decisions about the issues which interest us. We do have one piece of information which can be helpful. Each respondent was classified as "head of the household," "spouse of the head," or "other adult." Most household heads are men, unless there is only one adult in the family, in which case that adult is considered the head of the family regardless of sex. In nearly every case the spouse of the head is a woman. The other adult is a relative, usually a parent or sibling of the head of the household or of his spouse. Presumably, in many cases the head of the household has relatively more influence in determining family participation in dental care plans. Are they likely to have different attitudes toward dental care plans than their spouses?

In tables 101 and 102, we can compare the attitudes of heads of households and spouses of heads. "Other adults" are excluded from consideration in this analysis. It would appear that spouses, more than heads of households, favor dental insurance; there is no difference in the case of dental care as a fringe benefit. Before concluding that role in the family does affect attitudes toward

dental insurance, we must take into account the fact that respondents from single person households are included among the heads of households and that these are the very persons who are not very likely to be interested in dental insurance.

TABLE 101

ATTITUDES TOWARD DENTAL INSURANCE BY RESPONDENT'S ROLE IN FAMILY^a

| Attitudes Toward Dental Insurance | Respondent's Role in Family | |
|---|-----------------------------|--------|
| | Head | Spouse |
| Good idea | 38 | 47 |
| Just as well off without it . . . | 56 | 48 |
| Depends on cost of such insurance ^b | 2 | 2 |
| Depends on conditions other than cost ^b | * | * |
| No opinion | 4 | 3 |
| Total per cent | 100 | 100 |
| Number | (1,061) | (709) |

*Less than 0.5 per cent.

^aIncludes only those respondents whose role in family is that of head of household or spouse of head of household. "Other adults" are excluded.

^bResponse volunteered by respondent; if included as a possible alternative response in the question, the proportion giving the response would probably have been larger.

TABLE 102

ATTITUDES TOWARD A WAGE INCREASE IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT BY RESPONDENT'S ROLE IN FAMILY^a

| Attitudes Toward Wage Increase | Respondent's Role in Family | |
|---|-----------------------------|--------|
| | Head | Spouse |
| Favor some dental care | 38 | 39 |
| Rather get all in cash | 53 | 54 |
| Depends on circumstances ^b | 2 | 2 |
| Makes no difference ^b | * | * |
| Don't know | 7 | 5 |
| Total per cent | 100 | 100 |
| Number | (1,058) | (705) |

*Less than 0.5 per cent.

^aIncludes only those respondents whose role in family is that of head of household or spouse of head of household. "Other adults" are excluded.

^bResponse volunteered by respondent; if included as a possible alternative in the question, the proportion giving the response would probably have been larger.

In order to control for this factor, we have held constant the number of dependents in the family. In the case of dental insurance, only in families with three or more children is there a moderate difference, the spouses apparently being more favorable toward dental insurance than are heads of households (see Table 103). Incidentally, even this difference is probably somewhat inflated by the fact that if the respondent is a spouse she is married and has another adult in her family, but a head of the household includes a few persons who have children but no spouse. The respondent's role in the family still makes no difference in his attitudes toward dental care as a fringe benefit (see Table 104).

TABLE 103

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, BY RESPONDENT'S ROLE IN FAMILY AND NUMBER OF DEPENDENTS IN FAMILY

| Number of Dependents in Family | Respondent's Role in Family ^b | |
|---|--|----------|
| | Head | Spouse |
| No dependents | 24 (321) | - |
| Spouse only | 29 (281) | 28 (284) |
| One or two children ^a | 48 (292) | 53 (271) |
| Three or more children ^a | 60 (167) | 71 (154) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

^bIncludes only those respondents whose role in family is that of head of household or spouse of head of household. "Other adults" are excluded.

TABLE 104

PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S ROLE IN FAMILY AND NUMBER OF DEPENDENTS IN FAMILY

| Number of Dependents in Family | Respondent's Role in Family ^b | |
|---|--|----------|
| | Head | Spouse |
| No dependents | 29 (318) | - |
| Spouse only | 36 (280) | 30 (280) |
| One or two children ^a | 40 (293) | 42 (272) |
| Three or more children ^a | 56 (167) | 51 (153) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

^bIncludes only those respondents whose role in family is that of head of household or spouse of head of household. "Other adults" are excluded.

Nevertheless, there does seem to be a very slight tendency for spouses to be more sensitive to the needs of their family than are heads of the family. To test this interpretation further, we can compare the attitudes of heads and their spouses, holding constant the number of dependents and the extent of unmet dental

needs in the family. The number of cases becomes very small when so many variables are simultaneously examined and the results must be considered tenuous. The findings are presented in Tables 105 and 106 and they suggest again, a very slight tendency for the family's dental needs to affect the attitudes of spouses toward dental insurance more than they affect the attitudes of heads of the household.

In general, the respondent's role in the family may be an additional factor which slightly affects attitudes toward dental insurance. Nevertheless, even if we had a sample of heads of households only, the overall estimate of the proportion of the sample favoring dental insurance would hardly differ from the results we obtained by taking a sample of adult family members.¹

In any case, it is not relevant to take into account whether the respondent is a spouse or a head of the family in the following discussion of the market potential for dental care plans by social categories. Presumably, whether a respondent in one region of the country rather than in another is particularly interested in dental insurance is not affected by his family role. There are spouses and heads of family in every social category which we will be considering.

¹The difference would probably be about two percentage points. The difference would be less than what appears to be the case in the table comparing attitudes of spouses and heads (Table 101) because in that table, heads include respondents living alone--the persons who because of dental condition and absence of dependents are generally not likely to favor dental insurance. In a complete sample of heads of families only, the proportion of heads with dependents would be much greater since for every spouse a head of the family would be substituted.

TABLE 105

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA,
BY RESPONDENT'S ROLE IN FAMILY AND NUMBER OF DEPENDENTS IN
FAMILY AND UNMET DENTAL NEEDS OF FAMILY IN THE TWELVE
MONTHS PRECEDING THE INTERVIEW

| Number of Dependents in Family and Dental Care Perceived as Needed by Family in Twelve Months Preceding Interview | Respondent's Role in Family ^b | |
|--|--|----------|
| | Head | Spouse |
| <u>No dependents</u> | | |
| No care needed by family | 18 (234) | - |
| Respondent only needed care | 47 (66) | - |
| <u>Spouse only</u> | | |
| No care needed by family | 23 (192) | 18 (185) |
| Members of family other than respondent needed care | 20 (25) | 38 (37) |
| Respondent only needed care | 35 (34) | 49 (33) |
| Respondent and other family members needed care | 66 (29) | 64 (22) |
| <u>One or two children^a</u> | | |
| No care needed by family | 47 (151) | 41 (137) |
| Members of family other than respondent needed care | 51 (47) | 53 (47) |
| Respondent only needed care | 53 (49) | 56 (32) |
| Respondent and other family members needed care | 47 (38) | 83 (54) |
| <u>Three or more children^a</u> | | |
| No care needed by family | 48 (83) | 57 (63) |
| Members of family other than respondent needed care | 79 (29) | 69 (35) |
| Respondent only needed care | 63 (16) | 93 (15) |
| Respondent and other family members needed care | 70 (37) | 90 (39) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

^bIncludes only those respondents whose role in family is that of head of household or spouse of head of household. "Other adults" are excluded.

TABLE 106

PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY RESPONDENT'S ROLE IN FAMILY AND NUMBER OF DEPENDENTS IN FAMILY AND UNMET DENTAL NEEDS OF FAMILY IN THE TWELVE MONTHS PRECEDING THE INTERVIEW

| Number of Dependents in Family and Dental Care Perceived as Needed by Family in Twelve Months Prededing Interview | Respondent's Role in Family ^b | |
|---|--|----------|
| | Head | Spouse |
| <u>No dependents</u> | | |
| No care needed by family | 26 (233) | - |
| Respondent only needed care | 46 (65) | - |
| <u>Spouse only</u> | | |
| No care needed by family | 32 (191) | 27 (181) |
| Members of family other than respondent needed care | 48 (25) | 19 (37) |
| Respondent only needed care | 35 (34) | 49 (33) |
| Respondent and other family members needed care | 45 (29) | 46 (22) |
| <u>One or two children^a</u> | | |
| No care needed by family | 30 (152) | 32 (137) |
| Members of family other than respondent needed care | 45 (47) | 46 (48) |
| Respondent only needed care | 55 (49) | 53 (32) |
| Respondent and other family members needed care | 63 (38) | 59 (54) |
| <u>Three or more children^a</u> | | |
| No care needed by family | 45 (83) | 40 (62) |
| Members of family other than respondent needed care | 79 (29) | 57 (35) |
| Respondent only needed care | 38 (16) | 60 (15) |
| Respondent and other family members needed care | 73 (37) | 61 (39) |

^aIn most cases, but not all, a spouse is also included in the number of dependents in the family.

^bIncludes only those respondents whose role in family is that of head of household or spouse of head of household. "Other adults" are excluded.

B. The Potential Market for Prepaid Dental Care Plans within Selected Social Categories

Efforts to establish prepaid dental care plans are likely to be directed at particular social groups: persons in certain regions, communities, and work settings. In this section of the report, such groups will be examined in order to see whether the potential market differs in magnitude among such groups. We shall first discuss region of the country and degree of urbanization of the area in which persons live. Then, in more detail, we will examine the work setting of the respondents.

1. Region and Urbanization of Area

The NORC sample used in this survey is constructed so that it will yield respondents from all regions of the country and from various sized communities in the same proportion as is in the nation as a whole. The four broad regions of the country into which the sample is divided follow the Bureau of the Census groupings:

Northeast -- New England and Middle Atlantic

Northcentral -- East North Central and West North Central

South -- South Atlantic, East South Central, and West South Central

West -- Mountain and Pacific

Four categories of urbanization of area or community size are distinguished in the sample, based upon the size of the major city in, and the total population of, the sampling unit:

Large Metropolitan -- Standard Metropolitan Area¹ with one million or more population

Small Metropolitan -- Standard Metropolitan Area with less than one million population

¹The Standard Metropolitan Areas are defined by the Bureau of the Census so that they contain at least one city of 50,000 or more population.

Urban County -- County not in a Standard Metropolitan Area but having a city of 10,000-49,999 population

Rural County -- County not in a Standard Metropolitan Area and having no city of 10,000 population or more

This classification, then, does not categorize the size of the community in which the respondent lives, but rather the degree to which the area, of which the community is a part, is a large or small metropolitan area or an urban or rural county. This probably reflects, more meaningfully than would the actual population size of the respondent's community, the degree to which the respondent's community is an urban one.

First, let us see whether or not persons in different regions of the country are more or less likely to want to participate in a prepaid dental care plan. As can be seen in Table 107, there is a slight tendency for persons in the North-central region to be least likely to favor dental insurance; in the case of a wage increase in the form of dental care as a fringe benefit, persons from the North-central and South are least favorable and persons from the West are most likely to be favorable. The differences are not large, however. Perhaps, even these differences are attributable to variations in the degree of urbanization among the regions; that is, the degree of urbanization is what really is related to preferences for prepaid dental care plans and this underlies what regional differences appear.

Looking at Table 108, we can see that community size is only slightly related to preferences for dental care plans; persons from more urbanized areas are only slightly more likely than are persons in more rural areas to favor each dental care plan. The relationship is so slight that it seems improbable that the degree of urbanization accounts for the regional differences. The percentage of respondents favoring each plan within each region and each category of community size is presented in Tables 109 and 110. Clearly, degree of urbanization is no longer related with preferences even slightly; the regional differences are somewhat maintained

but not for every category of community size. Before concluding that neither characteristic is related to dental care plan preferences, the relationship between urbanization and region and the special conditions for each plan will be examined.

TABLE 107

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA AND PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY REGION OF THE COUNTRY IN WHICH RESPONDENT LIVES

| Region of Country in which Respondent Lives | Proportion of Respondents Thinking Dental Insurance Is Good Idea | Proportion of Respondents Preferring Wage Increase Partly in Form of Some Dental Care |
|---|--|--|
| Northeast | 44 (471) | 40 (469) |
| Northcentral. . . | 34 (485) | 36 (484) |
| South | 44 (636) | 37 (636) |
| West | 45 (259) | 46 (255) |

TABLE 108

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA AND PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY DEGREE OF URBANIZATION OF THE AREA IN WHICH RESPONDENT LIVES

| Degree of Urbanization of Area in which Respondent Lives | Proportion of Respondents Thinking Dental Insurance Is Good Idea | Proportion of Respondents Preferring Wage Increase Partly in Form of Some Dental Care |
|--|--|--|
| Large metropolitan . . | 46 (558) | 42 (554) |
| Small metropolitan . . | 40 (481) | 41 (480) |
| Urban county | 40 (391) | 35 (390) |
| Rural county | 39 (421) | 34 (420) |

TABLE 109

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, BY DEGREE OF URBANIZATION OF THE AREA AND REGION OF THE COUNTRY IN WHICH RESPONDENT LIVES

| Region of Country in which Respondent Lives | Degree of Urbanization of the Area | | | |
|---|------------------------------------|-----------------------|-----------------|-----------------|
| | Large Metropolitan | Small Metropolitan | Urban County | Rural County |
| Northeast | 49 (291) | 37 (87) | 33 (66) | 45 (27) |
| Northcentral | 38 (133) | 42 (103) | 33 (112) | 25 (137) |
| South | 56 (52) | 42 (227) | 39 (127) | 44 (230) |
| West | 42 (82) | 33 (64) | 56 (86) | 52 (27) |

376
86
422

TABLE 110

PROPORTION OF RESPONDENTS FAVORING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY URBANIZATION OF THE AREA AND REGION OF THE COUNTRY IN WHICH RESPONDENT LIVES

| Region of Country in which Respondent Lives | Degree of Urbanization of the Area | | | |
|---|------------------------------------|-----------------------|-----------------|-----------------|
| | Large Metropolitan | Small Metropolitan | Urban County | Rural County |
| Northeast | 43 (290) | 31 (87) | 35 (65) | 37 (27) |
| Northcentral | 36 (132) | 46 (104) | 31 (111) | 30 (137) |
| South | 38 (52) | 44 (227) | 26 (128) | 35 (229) |
| West | 45 (80) | 36 (62) | 54 (86) | 52 (27) |

559 480 390 920

1894

In the case of dental insurance, as can be seen in Table 111, persons from the Northeast are most likely to be willing to fix their teeth in order to get dental insurance; persons from the West are least likely. Respondents from the Northcentral and the Northeast are least likely to be willing to get insurance if this entails going to a participating dentist and not their own dentist; persons from the South and West are most likely to accept this condition. As far as willingness to pay the suggested premiums is concerned, there is no clear variation among the regions.

TABLE 111

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE, BY REGION OF THE COUNTRY IN WHICH RESPONDENT LIVES, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Region of Country in which Respondent Lives | Requirements Stipulated to Get Dental Insurance | | | | |
|---|--|--|--|----------|---------------------------|
| | Would be Willing to Have Teeth Put in Good Condition | Would Want if Choice Restricted to Dentists Who Joined Plan | Would be Willing to Pay \$36-\$55 a Year Per Person for: | | |
| | | | Self | Spouse | Children (All or Some) |
| Northeast | 71 (208) | 46 (207) | 43 (207) | 42 (165) | 49 (125) |
| Northcentral | 64 (164) | 45 (163) | 33 (159) | 35 (124) | 44 (117) |
| South | 62 (276) | 57 (274) | 36 (267) | 35 (209) | 31 (158) |
| West | 53 (117) | 55 (116) | 40 (116) | 35 (88) | 39 (75) |

In the case of dental care as a fringe benefit, there does not seem to be any consistent pattern of preferences for different kinds of sponsors of hypothetically established dental care plans (see Table 112). Consistent with what we have just noted regarding willingness to get insurance if this entailed going only to a participating dentist, respondents from the West and South are more likely than are respondents from the other two regions to say they would use an already established plan, regardless of which source of payment they liked, even if this entailed going only to a participating dentist and not their own or going to a dentist in a clinic setting (see Table 113).

In this portion of the report, when we are discussing the potential market for prepaid dental care plans, we can be content to discover what segments of the population are particularly interested in joining dental care plans without explaining why this is the case. Nevertheless, some speculation about the reasons for the relationships which are found and which are not found is in order.

TABLE 112

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN,
DIFFERENTIATED BY SOURCE OF SUPPORT, BY REGION OF THE
COUNTRY IN WHICH RESPONDENT LIVES

| Region of Country in which Respondent Lives | Source of Support | | |
|---|-------------------|------------------------------|------------|
| | Employer Pays | Employer and Employee Pay | Union Pays |
| Northeast | 61 (469) | 56 (468) | 51 (467) |
| Northcentral | 56 (483) | 52 (482) | 44 (482) |
| South | 55 (637) | 56 (632) | 46 (632) |
| West | 60 (257) | 65 (256) | 48 (255) |

TABLE 113

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS,
BY REGION OF COUNTRY IN WHICH RESPONDENT LIVES, AMONG RESPONDENTS
LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Region of Country in which Respondent Lives | Source of Support and Plan Arrangements | | | | | |
|---|---|------------------------------------|---------------|---|------------------------------------|---------------|
| | Would Use if Choice Restricted to Dentists who Joined Plan | | | Would Use if Restricted to Dentists in Plan Clinic | | |
| | Employer Pays | Employer and Employee Pay | Union Pays | Employer Pays | Employer and Employee Pay | Union Pays |
| Northeast | 60 (285) | 64 (254) | 64 (237) | 56 (278) | 57 (245) | 58 (230) |
| Northcentral. . . | 57 (270) | 60 (234) | 56 (212) | 56 (251) | 60 (218) | 57 (194) |
| South | 68 (351) | 69 (333) | 73 (290) | 67 (343) | 68 (323) | 70 (278) |
| West | 70 (155) | 66 (158) | 71 (123) | 68 (149) | 66 (151) | 68 (114) |

First of all, it is clear that very large and stable differences among the regions do not seem to exist. On the basis of the analysis in the first part of this report that should not be too surprising. The factors affecting attitudes toward dental care plans seemed particularly related to personal and family characteristics, particularly related to need for dental care. Unless such characteristics are highly related to regional differences, we would not expect preferences for dental care plans to vary a great deal by region of country. As a matter of fact, there is a slight tendency for respondents from the South and the West to report more need for dental care. This probably accounts for the regional differences in the willingness to fix one's teeth in order to get dental insurance. However, this regional variation in need for dental care does not entirely explain the general preferences for each dental care plan; for example, why the respondents from the West are more likely than respondents from the North-central to favor each plan.

There is one difference among the regions which may have some influence, independently of the individual characteristics of the respondents in each region. That is, the extent to which prepaid dental care plans already exist in each region. Although very few respondents claim to have heard of any prepaid dental care plans, there is a slight variation in this by region: Among respondents in the Northeast, 10 per cent say they have heard of a plan; in the West, 9 per cent had heard of one; while in the South, 6 per cent say they have; and in the North-central region, only 3 per cent have. People who have heard of a prepaid dental care plan are more likely to favor the plans asked about in this survey. Perhaps, where plans are somewhat more prevalent a favorable climate to such plans develops and, irrespective of individual and family dental needs, persons are somewhat more prone to favor proposed plans. The relationships are too tenuous and too few persons have heard of the plans in any one region to test this idea definitively.

We have already seen that respondents living in more urbanized areas are only slightly more likely than respondents in more rural areas to favor each form of dental care plan. When region of country is held constant, even this slight relationship breaks down. Is there any relationship between degree of urbanization and liking an established dental care plan or acceptance of any of the conditions proposed for the dental care plans? All the results are presented in Tables 114, 115 and 116. There is a tendency for persons from more urban areas to be more likely to say they would like an employer or a union supported dental care plan if it were established. There is also a slight tendency for persons in more urban areas to be willing to pay the proposed premiums for dental insurance for themselves and for their spouses. Otherwise, there is no regular relationship between degree of urbanization and any other condition for the plans.

TABLE 114

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN, DIFFERENTIATED BY SOURCE OF SUPPORT, BY DEGREE OF URBANIZATION OF THE AREA IN WHICH RESPONDENT LIVES

| Degree of Urbanization of Area in which Respondent Lives | Source of Support | | |
|--|-------------------|------------------------------|------------|
| | Employer Pays | Employer and Employee Pay | Union Pays |
| Large metropolitan | 62 (554) | 58 (554) | 51 (554) |
| Small metropolitan | 65 (479) | 61 (475) | 52 (474) |
| Urban county | 52 (392) | 52 (390) | 41 (390) |
| Rural county | 49 (421) | 52 (419) | 41 (418) |

TABLE 115

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE, BY DEGREE OF URBANIZATION OF AREA IN WHICH RESPONDENT LIVES, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Degree of Urbanization of Area in which Respondent Lives | Requirements Stipulated to Get Dental Insurance | | | | |
|--|--|---|--|----------|------------------------|
| | Would be Willing to Have Teeth Put in Good Condition | Would Want if Choice Restricted to Dentists Who Joined Plan | Would be Willing to Pay \$36-\$55 a Year Per Person for: | | |
| | | | Self | Spouse | Children (All or Some) |
| Large metropolitan | 68 (255) | 46 (256) | 43 (250) | 43 (197) | 42 (165) |
| Small metropolitan | 54 (191) | 56 (190) | 37 (187) | 35 (146) | 38 (115) |
| Urban county | 68 (157) | 51 (155) | 33 (153) | 35 (122) | 39 (99) |
| Rural county | 64 (162) | 55 (159) | 33 (159) | 32 (121) | 39 (96) |

TABLE 116

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS, BY DEGREE OF URBANIZATION OF THE AREA IN WHICH RESPONDENT LIVES, AMONG RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Degree of Urbanization of Area in which Respondent Lives | Source of Support and Plan Arrangements | | | | | |
|--|--|---------------------------|------------|--|---------------------------|------------|
| | Would Use if Choice Restricted to Dentists Who Joined Plan | | | Would Use if Restricted to Dentists in Plan Clinic | | |
| | Employer Pays | Employer and Employee Pay | Union Pays | Employer Pays | Employer and Employee Pay | Union Pays |
| Large metropolitan | 60 (345) | 65 (313) | 63 (283) | 57 (332) | 62 (300) | 59 (271) |
| Small metropolitan | 66 (308) | 68 (269) | 69 (248) | 63 (299) | 66 (260) | 68 (236) |
| Urban county | 62 (201) | 62 (193) | 65 (159) | 64 (195) | 62 (186) | 62 (151) |
| Rural county | 68 (207) | 65 (204) | 67 (172) | 65 (195) | 63 (191) | 63 (158) |

Apparently, the individual characteristics are the important ones and these do not vary by urbanization of the area in which the respondents live. As a matter of fact, there is no marked difference in need for dental care by degree of urbanization. One possible explanation for the slight tendency for persons from urbanized areas to favor both plans in general is the extent of familiarity with such plans. In large metropolitan areas, 11 per cent of the respondents claim to have heard of dental care plans; in small metropolitan areas the percentage is 7; in urban counties, 5 per cent; and in rural counties only 3 per cent claim to have heard of any dental care plans.

On the whole, we must conclude that place of residence, as indicated by region of the country or degree of urbanization of the area, does not clearly differentiate different markets for prepaid dental care plans. There does not seem to be any particular characteristic of place of residence as such which predisposes persons to prefer or not to prefer to join dental care plans. Nor does it appear to be the case that persons who have characteristics which predispose them to favor dental care plans are concentrated in any particular areas.

2. Work Setting of Main Earner in Respondent's Family

It is likely that in the immediate future, as in the past, prepaid dental care plans will grow through the participation of groups of persons in a dental care plan. Furthermore, these groups have been and are likely to continue to be organized in terms of place of employment. Therefore, a central concern in the analysis of the potential market for prepaid dental care plans is the work setting of the main earners in respondents' families.

The work setting is characterized by two aspects of employment: industry and occupation. Union membership will be treated separately in section B. 3. of the report. In the case of both industry and occupation, we are using information

about the main earner of the respondent's family.¹ For example, if the respondent is female, is the spouse of the head of the family, works part-time and indicates that her husband is the main earner in the family, we are using the industry and occupation of her husband to characterize the work setting for her and her family. Furthermore, in this portion of the analysis we are interested in respondents who have a main earner in the family who is usually employed.²

a. Industry

We will first consider respondents' attitudes toward dental care plans by the industry in which the main earner of the family is employed. Table 117 presents the percentage of respondents with main earner in each industry grouping who believe that dental insurance would be a good idea and who prefer a wage increase in the form of some dental care as a fringe benefit.³ Generally, respondents in a particular industry category who are favorable toward one form of dental care plan are also favorable toward the other. In the case of both forms of dental care plans, respondents in the transportation, communication, and public utilities industries and the manufacturing industries are most favorable to both forms of dental care plans.

In addition, it is noteworthy that for each industry grouping there is about as much or more approval for dental insurance as for dental care as a fringe benefit. Only in the financial, insurance, and real estate industries, however, is there a sizable discrepancy between approval of dental insurance and preference for dental care as a fringe benefit. As might be expected from

¹The U.S. Bureau of the Census categories were used in classifying both the industry and the occupation of the main earner in the family.

²Since this analysis is in terms of the work setting of the main earner in the family, we have excluded from the analysis all cases, for example, in which the main earner is reported as being retired and those in which the information about his work situation is unascertainable, regardless of whether or not the respondent in the case is working. It is well to bear in mind that 54 per cent of the respondents are the main earners in their families.

³Hereafter, when we refer to respondents or persons in an industry or occupation group, obviously we mean respondents who are main earners in such groups or who are in families in which the main earners are in such groups.

what we have seen about the social-status factors affecting differential interest in these two forms of dental care, persons in these industry groups, since they are largely of higher social status, are particularly uninterested in dental care as a fringe benefit. Note, however, that the number of respondents in this industry category is particularly small and therefore in this table, as in subsequent tables, the results are less definitive and stable than would be true if we had more respondents from these industries.

TABLE 117

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, AND PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY INDUSTRY OF THE MAIN EARNER OF THE FAMILY

| Industry of Main Earner of Family | Proportion of Respondents Thinking Dental Insurance is a Good Idea | Proportion of Respondents Preferring Wage Increase Partly in Form of Some Dental Care |
|--|--|---|
| Agriculture, forestry, and fisheries | 34 (165) | 35 (164) |
| Mining and construction . . . | 43 (196) | 42 (194) |
| Manufacturing, durable goods. | 50 (244) | 45 (244) |
| Manufacturing, nondurable goods | 49 (219) | 44 (219) |
| Transportation, communication, and other public utilities. | 53 (131) | 46 (131) |
| Wholesale and retail trade. . | 43 (217) | 35 (216) |
| Finance, insurance, and real estate | 40 (48) | 27 (48) |
| Services ^a | 40 (225) | 36 (225) |
| Public administration | 45 (119) | 37 (119) |

^aIncludes the following industry categories: business and repair services; personal services; entertainment and recreation services; and professional and related services.

We can now turn to an examination of the various conditions under which dental insurance might be obtained. The percentage of the respondents in each industry who think dental insurance is a good idea and who would be willing to meet each condition is presented in Table 118. In the case of willingness to fix their teeth in order to obtain insurance, respondents in the financial, insurance, and real estate industries are most willing to meet this condition and those in the mining and construction industries least willing. This is probably due to the relative condition of the teeth of persons in these industries.

TABLE 118

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE, BY INDUSTRY OF THE MAIN EARNER OF THE FAMILY, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Industry of Main Earner of Family | Requirements Stipulated to Get Dental Insurance | | | | |
|---|--|---|--|---------|------------------------|
| | Would be Willing to Have Teeth Put in Good Condition | Would Want if Choice Restricted to Dentists Who Joined Plan | Would be Willing to Pay \$36-\$55 a Year Per Person for: | | |
| | | | Self | Spouse | Children (All or Some) |
| Agriculture, forestry, and fisheries | 62 (56) | 57 (54) | 22 (54) | 25 (45) | 10 (29) |
| Mining and construction | 55 (85) | 57 (85) | 28 (82) | 31 (69) | 43 (49) |
| Manufacturing, durable goods | 66 (122) | 52 (122) | 41 (120) | 39 (99) | 45 (85) |
| Manufacturing, non-durable goods | 66 (108) | 52 (106) | 38 (108) | 37 (89) | 45 (74) |
| Transportation, communication, and other public utilities | 70 (69) | 49 (69) | 50 (66) | 48 (52) | 50 (46) |
| Wholesale and retail trade | 67 (94) | 50 (94) | 30 (93) | 33 (70) | 30 (60) |
| Finance, insurance, and real estate | 84 (19) | 37 (19) | 37 (19) | 27 (15) | ^b |
| Services ^a | 65 (89) | 42 (89) | 48 (88) | 43 (65) | 47 (53) |
| Public administration | 62 (53) | 48 (52) | 31 (51) | 32 (44) | 32 (41) |

^aIncludes the following industry categories: business and repair services; personal services; entertainment and recreation services; and professional and related services.

^bToo few cases to percentage.

The next condition to be considered is the willingness to get insurance if this entails using only dentists who signed up with the plan and the respondent's own dentist does not join. In this case, the pattern is quite different. Now it is the respondents in the agricultural, the mining, and construction industries who are most willing to meet this condition. Persons in the financial, insurance, and real estate industries and the services industries show the least willingness to meet this condition.

As we have seen before, the suggested premiums for the dental insurance is thought to be too high for nearly all industries. Only in the case of the transportation, communication, and public utilities industries are as many as half of the respondents willing to pay \$36.00-\$55.00 a year in order to get insurance for themselves. The cost for the premiums seems particularly prohibitive to persons connected with the agricultural industries; only about a fifth of them are willing to pay that amount for dental insurance.

On the whole, there is no industry grouping in which respondents are so attracted to the idea of dental insurance that they persist in their desire to obtain insurance under all the conditions specified. Rather, each condition seems particularly unattractive to respondents in different groups of industries. From what we have already seen of the various factors affecting attitudes toward dental care plans, this is to be expected. For example, if the respondents' teeth are in good condition, their willingness to fix their teeth in order to get insurance is more likely; but these are the people who are most likely to have a regular dentist and therefore be least likely to be willing to get insurance if this entails disrupting their relationship with their dentists.

The analysis of the relationships between industry and the respondents' attitudes toward established prepaid dental care plans reveals findings consistent with those found about accepting dental insurance under various conditions, but

there are some noteworthy variations. First of all, we can examine the relationship between attitudes toward different kinds of support of dental care plans and the industry of the main earner of the family (see Tables 119 and 120). It is clear that in the case of every industry grouping, more respondents would like a plan paid for by the employer than by the union, but only in the case of the financial, insurance, and real estate industries is this a very marked difference. On the whole, we find that in industries where there is widespread sentiment for one kind of support there is also approval of other sources of support. For example, the respondents in families in which the main earner is employed in industries which manufacture durable goods are more favorable toward each source of support than are persons in any other industry grouping. It is also worth pointing out that respondents in the mining and construction industries, although in the middle rank among the industry groupings whose members say they would like an employer supported plan if it were established where they work, are among the highest ranking industries favoring a union financed plan. Even within this industry grouping, however, a slightly larger percentage of respondents say they would like an employer supported plan than say they would like one paid for by a union.

When asked whether or not they would use the plan if they could only go to a dentist who joined the plan, or if they had to go to a dentist in the plan's clinic, generally it is respondents in agriculture, mining and construction, manufacturing, and transportation, communication and public utilities industries who are least deterred by these conditions. It is particularly interesting that among the respondents who say they would like a union supported plan, as compared to those who say they would like an employer financed plan, there is somewhat less decline in willingness to participate in the plan under the stated conditions. This is particularly true among respondents in transportation, communication, and public utilities industries. Thus, in the case of an employer supported plan, 64 per cent of those

in this industry group say they would use the plan if they had to go to only one of the dentists who joined the plan and 61 per cent would be willing to go if they had to go to a dentist in a clinic setting; for the same industry grouping, among those who would like a plan paid for by the union, the percentages are 72 and 74 respectively. Presumably, those who say they would like a union supported plan either already expect that this would entail less free choice of dentist or are simply less concerned about this matter.

TABLE 119

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN, DIFFERENTIATED BY SOURCE OF SUPPORT, BY INDUSTRY OF THE MAIN EARNER OF THE FAMILY

| Industry of Main Earner of Family | Source of Support | | |
|---|-------------------|---------------------------|------------|
| | Employer Pays | Employer and Employee Pay | Union Pays |
| Agriculture, forestry, and fisheries . | 53 (164) | 47 (165) | 44 (164) |
| Mining and construction | 60 (195) | 62 (195) | 52 (195) |
| Manufacturing, durable goods | 66 (244) | 65 (243) | 54 (244) |
| Manufacturing, nondurable goods . . . | 61 (218) | 60 (217) | 46 (215) |
| Transportation, communication, and other public utilities | 61 (132) | 61 (132) | 45 (132) |
| Wholesale and retail trade | 58 (218) | 51 (216) | 46 (216) |
| Finance, insurance, and real estate . . | 63 (48) | 54 (48) | 31 (48) |
| Services ^a | 54 (224) | 57 (222) | 47 (221) |
| Public administration | 59 (118) | 54 (118) | 46 (119) |

^aIncludes the following industry categories: business and repair services; personal services; entertainment and recreation services; and professional and related services.

TABLE 120

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS, BY INDUSTRY OF THE MAIN EARNER OF THE FAMILY, AMONG RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Industry of Main Earner of Family | Source of Support and Plan Arrangements | | | | | |
|---|--|---------------------------|------------|--|---------------------------|------------|
| | Would Use if Choice Restricted to Dentists Who Joined Plan | | | Would Use if Restricted to Dentists in Plan Clinic | | |
| | Employer Pays | Employer and Employee Pay | Union Pays | Employer Pays | Employer and Employee Pay | Union Pays |
| Agriculture, forestry, and fisheries | 66 (86) | 69 (76) | 66 (73) | 65 (82) | 66 (71) | 66 (68) |
| Mining and construction | 72 (118) | 70 (121) | 74 (101) | 78 (115) | 72 (117) | 77 (99) |
| Manufacturing, durable goods | 72 (159) | 71 (156) | 73 (131) | 62 (154) | 65 (151) | 66 (125) |
| Manufacturing, non-durable goods | 65 (133) | 68 (131) | 68 (100) | 62 (130) | 60 (127) | 58 (96) |
| Transportation, communication, and other public utilities | 64 (81) | 65 (81) | 72 (60) | 61 (80) | 63 (79) | 74 (58) |
| Wholesale and retail trade | 54 (127) | 56 (109) | 53 (100) | 54 (124) | 56 (107) | 54 (97) |
| Finances, insurance, and real estate | 30 (30) | 38 (26) | 47 (15) | 37 (30) | 44 (25) | b |
| Services ^a | 54 (121) | 54 (126) | 58 (103) | 51 (115) | 53 (122) | 55 (96) |
| Public administration | 57 (68) | 63 (63) | 63 (54) | 60 (67) | 67 (60) | 60 (53) |

^aIncludes the following industry categories: business and repair services; personal services; entertainment and recreation services; and professional and related services.

^bToo few cases to report percentages.

The differences among the industry groupings in the percentage of respondents interested in prepaid dental care plans may be due to the distribution of characteristics we discussed in Part I of this report. That is, perhaps persons in the manufacturing industries are more likely to have unmet dental needs. In the present context we are not as interested in seeking an explanation for the industry differences as in describing them in order to learn in what industries the greatest potential market for dental care plans presently exists.

Nevertheless, we do want to be aware of any characteristics of the industry itself which may affect the desire to participate in dental care plans, for example, the average number of employees in the place of employment or the differences in occupational distribution. It is possible, first, to see whether or not occupational differences are related to interest in dental care plans and then see whether or not this explains the observed industry differences. We turn next, therefore, to the relationship between occupation and the desire to participate in dental care plans.

b. Occupation

In Part I of the report we noted that neither income nor education were highly related to attitudes toward prepaid dental care plans; this would make it seem also likely that occupation would not be highly related to interest in dental care plans. As a matter of fact, as can be seen in Table 121, there is a striking variation among occupation groups in the percentage of respondents interested in forms of dental care plans. As in the case of industry groupings, the occupation of the main earner of the respondent's family is used in classifying the respondent; furthermore, the analysis does not include cases in which the person who is designated as the main earner is not usually employed--for example, because of retirement.

TABLE 121

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, AND PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY OCCUPATION OF THE MAIN EARNER OF THE FAMILY

| Occupation of Main Earner of Family | Proportion of Respondents Thinking Dental Insurance is Good Idea | Proportion of Respondents Preferring Wage Increase Partly in Form of Some Dental Care |
|--|--|---|
| Professional, technical, and kindred workers | 43 (161) | 34 (161) |
| Farmers and farm managers | 30 (139) | 32 (138) |
| Managers, officials, and proprietors (except farm) . . . | 37 (221) | 33 (221) |
| Clerical and kindred workers | 45 (117) | 36 (117) |
| Sales workers | 53 (66) | 26 (65) |
| Craftsmen, foremen, and kindred workers | 44 (337) | 40 (335) |
| Operatives and kindred workers | 54 (319) | 50 (319) |
| Private household and service workers | 39 (137) | 43 (137) |
| Farm laborers and foremen | 50 (16) | 63 (16) |
| Laborers (except farm and mine) ^a . . . | 58 (79) | 49 (78) |

^aMine laborers are included in "Operatives and kindred workers."

Respondents in certain broad categories of occupations tend to favor both kinds of dental care plans. For example, operatives and kindred workers, farm laborers and foremen, and laborers are relatively likely to think dental insurance is a good idea and to prefer a wage increase partly in the form of dental

care. Interestingly, sales workers, although they tend to favor dental insurance, are the occupational group least likely to prefer dental care as a fringe benefit. Respondents from the other occupational groupings tend to think they would be as well off without dental insurance and to favor a wage increase entirely in cash. Farm laborers and foremen seem to be an exceptional occupation group to whom the fringe benefit is more attractive than is dental insurance; however, the number of cases in this occupational grouping is so small that this that this cannot be said with any certainty.

When we consider the respondents' willingness to meet various conditions in order to obtain dental insurance, we again find important variations among occupational groupings. In Table 122, we have the percentage of respondents in each occupational category who would be willing to meet each condition for obtaining dental insurance, among those saying that dental insurance would be a good idea.

We know from Part I of this report that dental condition is related to willingness to fix teeth in order to obtain dental insurance. We would expect that occupation groups in which persons are likely to have good dental care would therefore be the occupations in which there would be the greatest likelihood that persons would be willing to fix their teeth if that were required to obtain insurance. Presumably this would be true of occupation groups such as the following: managers, officials, and proprietors; professional, technical, and kindred workers; clerical and kindred workers; and sales workers. We do find that respondents in these occupation categories are in fact most likely to accept the proposed condition for dental insurance (see Table 122). Since these same occupational groups include large proportions of persons who are of higher socio-economic status and therefore are most likely to have a regular dentist, we would expect persons in these occupation groups to be least likely to be willing to obtain dental insurance

if this required their going only to a dentist who joined the plan and their dentist did not join. We find this to be the case (see Table 122).

TABLE 122

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE, BY OCCUPATION OF THE MAIN EARNER OF THE FAMILY, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Occupation of Main Earner of Family | Requirements Stipulated to Get Dental Insurance | | | | |
|--|--|---|--|----------|------------------------|
| | Would be Willing to Have Teeth Put in Good Condition | Would Want if Choice Restricted to Dentists Who Joined Plan | Would be Willing to Pay \$36-\$55 a Year Per Person for: | | |
| | | | Self | Spouse | Children (All or Some) |
| Professional, technical, and kindred workers | 76 (70) | 37 (70) | 53 (70) | 51 (59) | 48 (50) |
| Farmers and farm managers | 60 (42) | 53 (40) | 20 (41) | 21 (33) | 5 (22) |
| Managers, officials, and proprietors (except farm) | 82 (82) | 40 (82) | 30 (82) | 34 (74) | 28 (54) |
| Clerical and kindred workers | 70 (53) | 45 (53) | 46 (50) | 48 (25) | 48 (27) |
| Sales workers | 74 (35) | 46 (35) | 20 (35) | 23 (30) | 19 (21) |
| Craftsmen, foremen, and kindred workers | 62 (149) | 49 (149) | 34 (144) | 35 (130) | 44 (102) |
| Operatives and kindred workers | 55 (172) | 56 (170) | 39 (169) | 39 (143) | 44 (120) |
| Private household and service workers | 56 (54) | 56 (53) | 45 (54) | 24 (29) | 57 (30) |
| Farm laborers and foremen | b | b | b | b | b |
| Laborers (except farm and mine) ^a | 54 (46) | 73 (45) | 31 (45) | 40 (35) | 42 (24) |

^aMine laborers are included in "Operatives and kindred workers."

^bToo few cases to report percentages.

It is very difficult to say which occupational groups we would expect to be most willing to pay premiums of \$36.00-\$55.00 per person per year in order to obtain insurance. Clearly, however, respondents from different occupations vary widely in their readiness to pay such premiums. Professional, technical, and kindred workers are most likely to be willing to pay these premiums; clerical and service workers are also relatively willing to pay these costs. What is perhaps most surprising is that sales workers and managers, officials and proprietors express less readiness to pay these premiums.

Occupational preferences for various established dental care plans at the place of employment are a little easier to predict. We would expect that, on the whole, respondents from manual occupations would be more apt to like dental care plans--regardless of source of support--than would persons from white collar occupations. We have already seen that it is the manual occupations, particularly the less skilled ones, who favored dental insurance and dental care as a fringe benefit in general. Consistently, they are more likely than are persons from more prestigious occupations to say that they would like a dental care plan if it were established where they work. This tendency is particularly strong when the plan is supported by a union and is weaker when the plan is supported by the employer. Thus, for example, 65 per cent of the laborers say they would like it if a plan established where they work were supported by the union and 62 per cent of them say they would like it if it were paid for by the employer; among clerical and kindred workers, only 38 per cent say they would like it if it were paid for by the union and 63 per cent would like it if the plan were employer supported (see Table 123).

TABLE 123

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN,
DIFFERENTIATED BY SOURCE OF SUPPORT, BY OCCUPATION OF
THE MAIN EARNER OF THE FAMILY

| Occupation of Main Earner of Family | Source of Support | | |
|---|-------------------|------------------------------|------------|
| | Employer Pays | Employer and Employee Pay | Union Pays |
| Professional, technical, and kindred workers | 59 (161) | 60 (159) | 39 (158) |
| Farmers and farm managers . . | 50 (139) | 45 (139) | 42 (139) |
| Managers, officials, and proprietors (except farm) . | 56 (222) | 51 (221) | 40 (221) |
| Clerical and kindred workers | 63 (117) | 53 (117) | 38 (118) |
| Sales workers | 62 (66) | 48 (64) | 44 (64) |
| Craftsmen, foremen, and kindred workers | 60 (337) | 63 (336) | 51 (336) |
| Operatives and kindred workers | 66 (318) | 62 (318) | 52 (318) |
| Private household and service workers | 51 (135) | 53 (134) | 55 (134) |
| Farm laborers and foremen . . | 63 (16) | 56 (16) | 62 (16) |
| Laborers (except farm and mine) ^a | 62 (78) | 70 (79) | 65 (77) |

^aMine laborers are included in "Operatives and kindred workers."

We have already noted that persons in the blue collar occupations are more likely than are persons in white collar occupations to still want dental insurance if it were necessary to go only to a participating dentist and the respondent's own dentist did not participate. We would therefore expect that this same pattern would persist in the case of willingness to use a dental care plan if it were established. As can be seen in Table 124, blue collar workers generally, and particularly laborers, apparently would not be deterred in any significant way from

using a dental care plan if their choice of dentist were limited or if they had to go to a dentist in a clinic setting. For example, among respondents saying they would like a plan paid for by the employer, 90 per cent of the laborers say they would use the plan if they could only go to a participating dentist and 83 per cent say they would use it if they had to go to a dentist in the plan's clinic.

TABLE 124

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS, BY OCCUPATION OF THE MAIN EARNER OF THE FAMILY, AMONG RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Occupation of Main Earner of Family | Source of Support and Plan Arrangements | | | | | |
|--|--|---------------------------|------------|--|---------------------------|------------|
| | Would Use if Choice Restricted to Dentists Who Joined Plan | | | Would Use if Restricted to Dentists in Plan Clinic | | |
| | Employer Pays | Employer and Employee Pay | Union Pays | Employer Pays | Employer and Employee Pay | Union Pays |
| Professional, technical and kindred workers | 51 (93) | 51 (91) | 50 (62) | 52 (90) | 55 (88) | 53 (60) |
| Farmers and farm managers | 64 (69) | 63 (57) | 59 (59) | 62 (65) | 64 (53) | 64 (55) |
| Managers, officials, and proprietors (except farm) | 48 (124) | 48 (101) | 53 (89) | 43 (120) | 43 (98) | 47 (85) |
| Clerical and kindred workers | 46 (74) | 51 (57) | 55 (44) | 51 (74) | 58 (57) | 57 (44) |
| Sales workers | 46 (41) | 50 (30) | 57 (28) | 48 (40) | 50 (28) | 42 (26) |
| Craftsmen, foremen, and kindred workers | 67 (202) | 66 (200) | 68 (170) | 63 (199) | 62 (196) | 63 (167) |
| Operatives and kindred workers | 72 (208) | 76 (188) | 72 (166) | 69 (203) | 70 (181) | 68 (158) |
| Private household and service workers | 68 (69) | 70 (70) | 74 (73) | 68 (65) | 70 (67) | 71 (68) |
| Farm laborers | b | b | b | b | b | b |
| Laborers (except farm and mine) ^a | 90 (48) | 85 (52) | 88 (50) | 83 (46) | 82 (50) | 88 (48) |

^aMine laborers are included in "Operatives and kindred workers."

^bToo few cases to report percentages.

The important implication of these findings is that the occupational groups in which persons are particularly favorable toward prepaid dental care plans organized at the place of employment and provided as a fringe benefit are also the occupational groups in which persons are most ready to accept the conditions which may actually be required by such plans. Thus, the persons who are likely to be in a position to affect the decision about establishing such plans and who are likely to have to decide about utilizing the plans do tend to be ready to accept probable conditions for their establishment.

c. Industry and occupation

We have seen that both the industry and the occupation of the main earner of the family are related to the respondent's preferences for dental insurance and for dental care as a fringe benefit. There is, however, some relationship between industry grouping and occupational grouping. Perhaps one of them is the really important factor and the other is related only indirectly, or it may be that each is important and in conjunction help pinpoint the particular work settings in which persons are most receptive to the establishment of prepaid dental care plans.

Since we did not have enough cases to compare each occupational grouping for each industry, it was necessary to group both occupations and industries into much broader categories. The criteria for setting up the categories have been selected so as to reflect distinctions which would have relevance for the establishment of dental care plans. In the case of occupations, the distinction between blue collar and white collar seems most pertinent. Professional, managerial, clerical, and sales workers have been considered "white collar" occupations for our present purposes; craftsmen, operatives, service workers, and laborers have been considered "blue collar" workers. Farmers and farm laborers have not been included in the analysis.

In the case of industry, the distinction in terms of the number of employees

in the place of employment seemed most pertinent since it affects most directly the feasibility of establishing a dental care plan which requires group membership. As a rough approximation to this criteria, industries have been divided into those which are generally large scale and those which are generally small scale. Mining and construction, manufacturing--durable and nondurable, transportation, communication, and other public utilities, and public administration have been classified as generally large scale; wholesale and retail trade, finance, insurance, and real estate, and services have been classified as small scale. Agriculture, forestry, and fisheries have been excluded.

Since both the industry and occupation groupings have each been collapsed into two broad categories, we cannot expect that the differences between the broad categories will be as great as we found among the several industry and occupation groupings. Nevertheless, this broad categorization can still help to determine whether or not both industry and occupation are important dimensions related to preferences for dental care plans.

In Table 125, we can see the relationship between the main earner's occupation and industry and preferences for each dental care plan. In the case of dental insurance, there is a slight tendency for persons in large scale industries to favor this plan and also a tendency for blue collar workers to be more likely to favor insurance. In the case of dental care as a fringe benefit, it is even clearer that each dimension is independently related to preferences for this plan. The two dimensions combine so that they do pinpoint the segment of the population in which a relatively high percentage of persons prefer dental care as a fringe benefit. Among blue collar workers in large scale industries, 47 per cent would prefer part of a wage increase in the form of dental care rather than entirely in cash; on the other hand, among white collar workers in small scale industries, only 31 per cent prefer dental care as a fringe benefit. Considering the broad categories of work

setting being employed, this difference takes on particular importance. Furthermore, the data indicate that the potential market for fringe benefit plans is more clearly demarcated by the work setting than is the case for dental insurance.

TABLE 125

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, AND PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY INDUSTRY AND OCCUPATION OF THE MAIN EARNER OF THE FAMILY

| Occupation and Industry of Main Earner of Family | Proportion of Respondents Thinking Dental Insurance Is Good Idea | Proportion of Respondents Preferring Wage Increase Partly in Form of Some Dental Care |
|--|--|---|
| <u>Large scale industry</u> | | |
| White collar worker | 45 (264) | 36 (265) |
| Blue collar worker | 49 (633) | 47 (630) |
| <u>Small scale industry</u> | | |
| White collar worker | 40 (285) | 31 (283) |
| Blue collar worker | 43 (200) | 40 (201) |

When we turn to a consideration of conditions under which dental insurance might be made available, several striking findings emerge. In Table 126, we can see that the scale of industry is not related to either willingness to fix one's teeth in order to get insurance or to willingness to go only to a participating dentist. However, whether the family's main earner is in a blue collar or white collar occupation does matter. Blue collar workers are less likely than are white collar workers to be willing to fix their teeth in order to get insurance and, conversely, they are more likely to be willing to get insurance even if this entails going only to one of the participating dentists. Earlier we had noted some differences among the more specific industry groupings in the acceptance of these two

conditions. Apparently, at least some of those differences are attributable to differences in the occupational distribution within the industries.

TABLE 126

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE, BY OCCUPATION AND INDUSTRY OF THE MAIN EARNER OF THE FAMILY, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Occupation and Industry of Main Earner of Family | Requirements Stipulated to Get Dental Insurance | | | | |
|--|--|---|--|----------|------------------------|
| | Would be Willing to Have Teeth Put in Good Condition | Would Want if Choice Restricted to Dentists Who Joined Plan | Would be Willing to Pay \$36-\$55 a Year Per Person for: | | |
| | | | Self | Spouse | Children (All or Some) |
| <u>Large scale industry</u> | | | | | |
| White collar worker | 74 (119) | 43 (119) | 41 (117) | 38 (94) | 38 (80) |
| Blue collar worker | 60 (312) | 56 (309) | 36 (304) | 37 (254) | 46 (209) |
| <u>Small scale industry</u> | | | | | |
| White collar worker | 79 (115) | 39 (115) | 38 (114) | 41 (88) | 37 (67) |
| Blue collar worker | 52 (86) | 53 (86) | 40 (85) | 31 (61) | 42 (55) |

Finally, neither the broad industry nor the broad occupation distinctions distinguish categories of persons who are relatively willing to pay the suggested premiums for dental insurance. Apparently, the differences in this regard among the more specific industry and occupation groupings are lost when they are grouped together into broader classifications.

In connection with attitudes toward established dental care plans, with differing sources of support, we see that scale of industry is not relevant to liking a dental care plan if it were established and paid for by different groups (see

Table 127). However, occupation does seem relevant; blue collar workers, regardless of scale of industry, are somewhat more likely than are white collar workers to say that they would like an established dental care plan and this relationship is particularly marked in the case of a union supported plan.

TABLE 127

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN, DIFFERENTIATED BY SOURCE OF SUPPORT, BY OCCUPATION AND INDUSTRY OF THE MAIN EARNER OF THE FAMILY

| Occupation and Industry of Main Earner of Family | Source of Support | | |
|--|-------------------|---------------------------|------------|
| | Employer Pays | Employer and Employee Pay | Union Pays |
| <u>Large scale industry</u> | | | |
| White collar worker | 60 (265) | 57 (264) | 42 (265) |
| Blue collar worker | 63 (630) | 63 (629) | 53 (628) |
| <u>Small scale industry</u> | | | |
| White collar worker | 58 (285) | 51 (282) | 39 (281) |
| Blue collar worker | 56 (200) | 58 (199) | 54 (199) |

When the conditions for utilization of an established dental care plan are considered, we find again that manual workers are much more likely than are white collar workers to say that they would use the plan even if this entailed going only to a participating dentist or going to a dentist in the plan's clinic. There is even some difference among persons in large scale and small scale industries; respondents in the large scale industry group are somewhat more likely than are respondents in the small scale industry group to be willing to meet these conditions (see Table 128).

TABLE 128

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS,
BY OCCUPATION AND INDUSTRY OF THE MAIN EARNER OF THE FAMILY, AMONG
RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Occupation and Industry of Main Earner of Family | Source of Support and Plan Arrangements | | | | | |
|--|--|---------------------------|------------|--|---------------------------|------------|
| | Would Use if Choice Restricted to Dentists Who Joined Plan | | | Would Use if Restricted to Dentists in Plan Clinic | | |
| | Employer Pays | Employer and Employee Pay | Union Pays | Employer Pays | Employer and Employee Pay | Union Pays |
| <u>Large scale industry</u> | | | | | | |
| White collar worker . . . | 53 (158) | 54 (149) | 60 (110) | 52 (154) | 54 (144) | 57 (107) |
| Blue collar worker . . . | 73 (396) | 74 (398) | 74 (333) | 70 (387) | 69 (385) | 70 (321) |
| <u>Small scale industry</u> | | | | | | |
| White collar worker . . . | 43 (166) | 43 (144) | 45 (109) | 44 (162) | 43 (141) | 43 (104) |
| Blue collar worker . . . | 63 (111) | 66 (115) | 66 (107) | 61 (106) | 65 (111) | 65 (101) |

In the immediate future prepaid dental care plans are most likely to expand among manual workers in large scale industries. Let us review the respondents in this category in order to see what their absolute and relative interest in prepaid dental care plans is. Manual workers in large scale industries constitute the group most favorable to both plans. Forty-nine per cent of them say they think dental insurance would be a good idea for themselves and their family; 47 per cent say they would prefer part of a wage increase in the form of a fringe benefit providing dental care rather than entirely in cash.

In summary, blue collar workers in large scale industries are relatively unwilling to have their teeth put in good condition if that is a condition for obtaining dental insurance; but they are most willing to get the insurance even if this

means going only to one of the participating dentists and their dentist does not participate. Of the manual workers in large scale industries who think dental insurance is a good idea, 60 per cent would be willing to fix their teeth first in order to get the insurance and 56 per cent would be willing to get the insurance even if they could go only to a participating dentist.

In the case of the willingness to pay \$36.00 to \$55.00 a year per person in order to obtain dental insurance, among persons thinking dental insurance would be a good idea, 36 and 37 per cent of the blue collar workers in large scale industries would be willing to pay that much for themselves and their spouses respectively and 46 per cent of them would be willing to pay that for their children.

If a dental care plan were established where the respondent or a member of his family worked, 63 per cent of blue collar workers in large scale industries would like that if the plan were paid for by the employer or by the employer and employee; 53 per cent would like it if it were paid for by the union. These percentages are generally somewhat higher than the percentages among the other three categories of respondents.

Whether the employer, employer-employee, or union supported dental care plan is liked, 73 or 74 per cent of the blue collar workers in large scale industries say they would use the plan even if they could only go to a participating dentist; 69 or 70 per cent of them would use the plan even if this required going to a dental clinic. These percentages are higher than among any of the other work setting categories.

On the whole, blue collar workers in large scale industries, as compared to blue collar workers in small scale industries or to white collar workers in either small or large scale industries are most likely to express interest in joining a prepaid dental care plan.

3. Union Membership

Since the current growth of prepaid dental care plans is to be found particularly under the auspices or support of unions, it is especially important to know what percentage of union members are interested in participating in such plans. In the following analysis, as in the industry and occupation analysis, we are considering respondents whose family's main earner is usually employed; retired persons are excluded. Another technical point should be noted. A family may have more than one union member; in the following analysis we are comparing (1) respondents who themselves are union members--whether or not other family members belong to a union, (2) respondents who are not union members but whose spouses are, and (3) respondents who themselves are not union members and who are not married to anyone who belongs to a trade union. The discussion will be based upon a comparison of the first and third groups only; the pattern of responses of the second group is varied and including them in the discussion would give them more attention than their number warrants.

Fifty per cent of the respondents who are union members think dental insurance would be a good idea for themselves and their family and, interestingly, considering what we have seen before, the same percentage say they would prefer a wage increase partly in the form of a fringe benefit providing dental care rather than entirely in cash (see Table 129). In contrast, respondents who themselves are not and whose spouses are not union members are somewhat less likely to favor dental insurance and definitely less likely to favor dental care as a fringe benefit.

On the whole union members do not differ from persons who are not and whose spouses are not union members in their readiness to accept any of the conditions proposed for either form of dental care plan (see Tables 130, 131 and 132). There are only two exceptions. First, union members seem somewhat more likely to be willing to pay the proposed premiums for dental insurance than are persons who are

not and whose spouses are not union members. Second, union members are somewhat more likely to say they would like a dental care plan, if it were established where they or another family were employed, than are respondents who are not themselves union members and do not have spouses who are. This difference is most marked when the plan is union supported; in that case, 56 per cent of the union member respondents say they would like it and only 44 per cent of the respondents who are not and do not have spouses who are union members say they would like such a dental care plan.

TABLE 129

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, AND PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE, BY UNION MEMBERSHIP OF RESPONDENT OR RESPONDENT'S SPOUSE

| Union Membership | Proportion of Respondents Thinking Dental Insurance is a Good Idea | Proportion of Respondents Preferring Wage Increase Partly in Form of Some Dental Care |
|--|--|---|
| Respondent belongs to union | 50 (283) | 50 (281) |
| Respondent does not, but spouse belongs to union | 50 (198) | 39 (197) |
| Neither respondent nor spouse belongs to union | 42 (1,125) | 37 (1,124) |

TABLE 130

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE, BY UNION MEMBERSHIP OF RESPONDENT OR RESPONDENT'S SPOUSE, AMONG RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA

| Union Membership | Requirements Stipulated to Get Dental Insurance | | | | |
|--|--|---|--|----------|------------------------|
| | Would be Willing to Have Teeth Put in Good Condition | Would want if Choice Restricted to Dentists Who Joined Plan | Would be Willing to Pay \$36-\$55 a Year Per Person for: | | |
| | | | Self | Spouse | Children (All or Some) |
| Respondent belongs to union | 66 (142) | 52 (141) | 41 (140) | 43 (109) | 47 (94) |
| Respondent does not, but spouse belongs to union | 59 (99) | 48 (98) | 34 (97) | 38 (94) | 45 (75) |
| Neither respondent nor spouse belongs to union | 65 (475) | 50 (471) | 36 (466) | 34 (369) | 37 (293) |

TABLE 131

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN, DIFFERENTIATED BY SOURCE OF SUPPORT, BY UNION MEMBERSHIP OF RESPONDENT OR RESPONDENT'S SPOUSE

| Union Membership | Source of Support | | |
|--|-------------------|---------------------------|------------|
| | Employer Pays | Employer and Employee Pay | Union Pays |
| Respondent belongs to union | 66 (281) | 62 (281) | 56 (280) |
| Respondent does not, but spouse belongs to union | 58 (197) | 60 (197) | 51 (197) |
| Neither respondent nor spouse belongs to union | 57 (1,125) | 55 (1,118) | 44 (1,117) |

TABLE 132

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS,
 BY UNION MEMBERSHIP OF RESPONDENT OR RESPONDENT'S SPOUSE,
 AMONG RESPONDENTS LIKING EACH ESTABLISHED DENTAL CARE PLAN

| Union Membership | Source of Support and Plan Arrangements | | | | | |
|--|--|---------------------------|------------|--|---------------------------|------------|
| | Would Use if Choice Restricted to Dentists Who Joined Plan | | | Would Use if Restricted to Dentists in Plan Clinic | | |
| | Employer Pays | Employer and Employee Pay | Union Pays | Employer Pays | Employer and Employee Pay | Union Pays |
| Respondent belongs to union | 63 (185) | 67 (174) | 66 (156) | 61 (183) | 63 (171) | 63 (152) |
| Respondent does not, but spouse belongs to union | 72 (114) | 72 (118) | 70 (100) | 62 (111) | 62 (116) | 60 (98) |
| Neither respondent nor spouse belongs to union | 60 (635) | 61 (607) | 64 (492) | 60 (613) | 61 (582) | 63 (466) |

We have noted previously that somewhat more persons say they would like a dental care plan paid for by the employer or paid for by the employer and employee than say they would like a dental care plan paid for by the union. Three explanations of this have already been discussed. The data presently under discussion can help in evaluating two of the explanations: (1) there is some feeling against unions--either because of the working class connotations of union membership or because of mistrust of union management of welfare programs and (2) some respondents feel that they would have to pay for the dental care if it were union supported but they would pay less if the employer paid some of it and they would not have to pay anything if the plan were entirely employer supported.

The fact that union members are somewhat more likely than non-union members to say they would like a plan supported by the union indicates that there is at least some feeling against unions among persons who are not members of unions. Since this latter group constitutes such a large proportion of the sample, this helps to account for the generally less widespread support for union supported dental care plans. This interpretation is based upon the assumption that union members are not as likely as non-union members to have feelings against unions either because of unions' working class connotations or alleged mismanagement.

Nevertheless, even among union members, fewer of them say they would like a plan supported by the union than say they would like a plan supported by the employer or by the employer and the employee. This argues for the interpretation that respondents simply prefer the plan in which they would be least likely to pay for the dental care. Thus, there is greatest support for the plan supported by the employer alone, next greatest support for the plan supported by the employer and the employee, and least--by a somewhat greater extent--for the union supported plan. This suggests that when the alternative ways of providing for the dental care was described in the question, each sponsor was described as paying for the dental care and apparently this was taken literally.

This evidence, together with the evidence previously presented indicates that both explanations are probably valid. It is impossible to say, with the data available, which explanation is more important.

We have seen that on the whole union members, compared to persons who do not and whose spouses do not belong to a union, are more likely to favor prepaid dental care plans. Perhaps this is due to the differences in occupation and industry rather than to union membership as such. We must now examine the extent of interest in prepaid dental care plans within particular work settings, comparing union and non-union respondents. This will test whether or not union membership

itself helps demarcate a potential market for dental care plans. This will also provide more definite information about the extent of the potential market for such plans within crucial segments of the population.

There are some technical problems in making this type of analysis. We have seen that respondents who themselves are union members often have somewhat different attitudes than respondents whose spouses are union members. The number of respondents is too small to make an analysis by work setting and whether the respondent, or only his spouse, or neither is a union member. Therefore, the respondents were divided into two groups, the criterion being simply whether or not the respondent himself is a union member. If we use the criterion of the respondent's own union membership, obviously, we must also use his own place of employment. Therefore, in the following discussion we are no longer using the occupation and industry of the main earner of the respondent's family, but the respondent's own occupation and industry. This means that we are excluding respondents who are not usually employed, not only retired persons--but housewives also. One consequence of these changes is that the figures reported in the following pages cannot be compared with the figures presented earlier in the discussion of work setting. Of course the figures can be compared with each other to indicate the relative interest in dental care plans.

A final preliminary observation must be made. Union membership is relatively low in many work settings; consequently, there are too few cases to permit dependable comparison of union and non-union members in every work setting. The discussion is therefore restricted to the comparison which can be made most validly and which also is the most important substantively. We will examine manual workers in large scale industries, comparing union and non-union respondents.

Even within the same work setting, as can be seen in Table 133, union members are somewhat more likely to favor the dental care plans than are non-union members.

This is particularly so in the case of dental care as a fringe benefit. The differences are very small, but they suggest that among union members, a slightly higher proportion say they would prefer a wage increase partly in the form of dental care than say they think dental insurance is a good idea. The opposite preferences seem to be true among non-union members, also in manual occupations within large scale industries, as for every other group we have discussed thus far.

TABLE 133

PROPORTION OF RESPONDENTS THINKING DENTAL INSURANCE IS A GOOD IDEA, AND PROPORTION OF RESPONDENTS PREFERRING A WAGE INCREASE PARTLY IN THE FORM OF SOME DENTAL CARE AS A FRINGE BENEFIT, BY UNION AND NON-UNION MEMBERSHIP, AMONG RESPONDENTS EMPLOYED IN MANUAL OCCUPATIONS IN LARGE SCALE INDUSTRIES

| Union Membership | Proportion of Respondents Thinking Dental Insurance is a Good Idea | Proportion of Respondents Preferring Wage Increase Partly in Form of Some Dental Care |
|----------------------------|--|---|
| Union member | 51 (177) | 54 (175) |
| Non-union member | 48 (160) | 43 (159) |

On the whole, there is little difference between union and non-union members in their willingness to accept the proposed conditions for each dental care plan (see Tables 134, 135, and 136). There is a tendency for union members to be somewhat more likely than are non-union members to say that they would like a dental care plan if it were paid for by a union (see Table 135). On the other hand, among those persons liking a union supported dental care plan, union members are somewhat less likely than non-union members to say that they would use the plan if this entailed going only to a participating dentist or to a dentist in the plan's clinic (see Table 136).

TABLE 134

PROPORTION OF RESPONDENTS WILLING TO MEET EACH REQUIREMENT TO GET DENTAL INSURANCE BY UNION AND NON-UNION MEMBERSHIP, AMONG RESPONDENTS EMPLOYED IN MANUAL OCCUPATIONS IN LARGE SCALE INDUSTRIES WHO THINK DENTAL INSURANCE IS A GOOD IDEA

| Union Membership | Requirements Stipulated to Get Dental Insurance | | | | |
|----------------------------|--|---|--|---------|------------------------|
| | Would be Willing to Have Teeth Put in Good Condition | Would Want if Choice Restricted to Dentists Who Joined Plan | Would be Willing to Pay \$36-\$55 a Year Per Person for: | | |
| | | | Self | Spouse | Children (All or Some) |
| Union member | 66 (91) | 57 (91) | 41 (89) | 42 (72) | 49 (60) |
| Non-union member | 57 (77) | 56 (77) | 38 (75) | 37 (59) | 44 (45) |

TABLE 135

PROPORTION OF RESPONDENTS LIKING ESTABLISHED DENTAL CARE PLAN, DIFFERENTIATED BY SOURCE OF SUPPORT, BY UNION AND NON-UNION MEMBERSHIP, AMONG RESPONDENTS EMPLOYED IN MANUAL OCCUPATIONS IN LARGE SCALE INDUSTRIES

| Union Membership | Source of Support | | |
|--------------------------|-------------------|---------------------------|------------|
| | Employer Pays | Employer and Employee Pay | Union Pays |
| Union member | 66 (175) | 64 (176) | 60 (175) |
| Non-union member | 65 (159) | 67 (159) | 51 (158) |

TABLE 136

PROPORTION OF RESPONDENTS WILLING TO USE PLAN UNDER VARIOUS ARRANGEMENTS, BY UNION AND NON-UNION MEMBERSHIP, AMONG RESPONDENTS EMPLOYED IN MANUAL OCCUPATIONS IN LARGE SCALE INDUSTRIES WHO LIKE EACH ESTABLISHED DENTAL CARE PLAN

| Union Membership | Source of Support and Plan Arrangements | | | | | |
|----------------------------|--|---------------------------|------------|--|---------------------------|------------|
| | Would Use if Choice Restricted to Dentists Who Joined Plan | | | Would Use if Restricted to Dentists in Plan Clinic | | |
| | Employer Pays | Employer and Employee Pay | Union Pays | Employer Pays | Employer and Employee Pay | Union Pays |
| Union member | 71 (116) | 73 (113) | 70 (105) | 69 (114) | 70 (110) | 66 (102) |
| Non-union member | 72 (104) | 72 (106) | 80 (80) | 75 (102) | 71 (103) | 79 (77) |

Let us review the extent of support for dental care plans among respondents who themselves are employed in manual occupations within large scale industries and who are union members. Fifty-one per cent of them say that they think dental insurance would be a good idea for themselves and their family; 54 per cent say they would prefer part of a wage increase in the form of a fringe benefit providing dental care rather than entirely in cash.

Among the respondents who think dental insurance would be a good idea for themselves and their families, 66 per cent of manual workers in large scale industries who are union members say they would be willing to fix their teeth first in order to obtain dental insurance; 57 per cent of them would be willing to get the insurance even if they could go only to a participating dentist; 41 per cent would be willing to pay \$36.00 to \$55.00 a year for themselves to get the insurance; 42 per cent would be willing to pay that much for their spouse; and 49 per cent would be willing to pay that for each of their children.

If a dental care plan were established, 66 per cent of the manual workers in large scale industries who are union members say they would like it if the plan were paid for by the employer, 64 per cent would like it if it were paid for by the employer and the employee, and 60 per cent would like it if it were paid for by the union. Whether the employer, employer-employee, or union supported plan is liked, 70 to 73 per cent of the respondents say they would use the plan even if they could only go to a participating dentist and 66 to 70 per cent of them would use the plan even if this required going to a dental clinic.

In general, although part of the difference in attitudes between union and non-union members is attributable to occupation and industry differences, the analysis indicates that among manual workers in large scale industries, union membership adds another specification to the potential market for dental care plans.

C. Conclusions Concerning the Potential Market for Prepaid Dental Care Plans

The potential market for prepaid dental care plans can be particularly characterized in terms of occupation, industry and union membership. The region of the country and the urbanization of the area in which persons live do not seem to characterize categories of persons who are more or less interested in participating in prepaid dental care plans.

It is interesting to note that the current growth of dental care plans is greatest among the kinds of people which the survey data indicate are most interested in such plans; that is, among manual workers in large scale industries who are union members.

APPENDIX A. THE DENTAL SURVEY

Background of the Survey

This report is based upon a portion of the data collected in the course of a national survey intended to obtain a rounded picture of America's knowledge, attitudes, experiences, and beliefs with respect to dentists, dental care, and ways of providing for dental care. The study was sponsored by the Commission on the Survey of Dentistry in the United States and financial support was given by the National Institute of Dental Research of the Public Health Service and by the Commission on the Survey of Dentistry.

The survey was designed to obtain a wide range of information from a cross section of adults and teenagers in this country concerning many aspects of dental care. Planning and pretesting of the questionnaire was begun in the summer of 1959 and the interviews were conducted in the fall of 1959. A series of short reports upon each of the many topics covered in the survey are being completed. One such report has already been published; that is, Louis Kreisberg and Beatrice R. Treiman, "Socio-Economic Status and the Utilization of Dentists' Services," Journal of the American College of Dentists, September, 1960, (Vol. 27, No. 3), pp. 147-64. A description of the sample used in the survey follows. Since only the interview data from adults was used in the present report, the following discussion does not cover the teenager sample.

Sample Design

The sample was designed to obtain information from a cross-section of the families in the country. A family was defined as consisting of one person, or any group of persons living together and related by blood, marriage, or adoption except that it excluded a second married couple--they would be considered a separate family.

The sample was designed to obtain one adult from each family, as defined, and one teenager from every family in the sample that had at least one teenage member living at home with the family at the time of interview. For purposes of this survey, then, a teenager was defined as a person 14-19 years of age and unmarried or not living with his spouse. Adults were defined as persons 20 years of age or older or married teenagers, living with their spouses.

The individuals designated for interview were selected through a process of stratified multi-stage probability sampling. Through this procedure, each family in the United States had an equal chance of having one of its adult members (and one of its teenage members, if there were any) fall into the sample.

The first stage sampling units were standard metropolitan areas and individual non-metropolitan counties. The approximately 3,000 such units in the United States were grouped into 66 strata as nearly equal in population as feasible. The goal was to make the composition of each stratum homogeneous with respect to the demographic characteristics of the areas classified therein. Among the variables entering into the stratification were: geographic location, size of the largest municipality within the unit, median family income, proportion of the working population employed in the mining or manufacturing industries, and the racial composition of the population. From each of the 66 strata, one primary sampling unit was selected with probability proportionate to an estimate of its mid-1953 population. Among approximately half the strata, the selections of primary sampling units were independent. For the remaining half of the strata, variance reducing procedures such as the Goodman-Kish controlled selection technique were employed.

Within each primary sampling unit, a sample of localities was systematically selected with probabilities proportionate to 1950 population. For this stage, incorporated places were ordered on the basis of their population and the

unincorporated portions of each minor civil division were appended at the end of the listing. Generally, two or three localities were selected from each primary sampling unit representing one of the less populous strata and a larger number of localities from each primary sampling unit representing one of the more populous strata.

Within the larger cities, census tracts were ordered on the basis of median family income and two or more were selected systematically with probability proportionate to the number of occupied dwelling units they contained. In smaller municipalities and in unincorporated areas, Census enumeration districts served as third-stage units. These units were sampled with probability proportionate to population.

Within each of the third-stage units, one or two segments were selected with probability proportionate to the number of occupied dwelling units. By this process, 895 segments were selected. Thus, each segment produced, on the average, approximately two interviews.

In the larger cities, square blocks generally served as segments and the Census Block Statistics volumes provided measures of size. In smaller places, field counts were employed to obtain approximate measures of size. In areas with urban street patterns, small groupings of contiguous blocks were designated as segments. In open-country areas, segments were small areas bounded by roads or streams so that their limits could be readily identified in the field.

The dwelling units in each segment were then pre-listed in a specified geographic order. A sampling ratio was computed for each segment such that the product of the segment's probability and the within-segment sampling ratio was equal over all segments. The reciprocal of this sampling ratio was applied in the systematic sampling of the dwelling units within a segment. Upon visiting a dwelling unit thus selected, the interviewer enumerated all persons residing there. In

cases of dwelling units occupied by more than one family, the members of each of the families were listed on a separate enumeration sheet. For each dwelling unit, the interviewer was assigned a specific selection table to be employed in determining which member of each family was to be interviewed. The choice of respondent within each family was thereby strictly random and outside the interviewer's control. No substitutions were allowed at any stage of the process.

The sample was designed in such a fashion as to correct automatically for shifts in the population which had occurred since the 1950 Census and, for errors in pre-listing discovered during the course of interviewing. In that sense, the sample is self-weighting and unbiased.

Since only one adult was interviewed from each family, interviews from one adult families are somewhat over-represented in the sample and individuals from families containing three or more adults are correspondingly under-represented. Having made an analysis to determine whether or not this bias might affect the results, it is possible to say that this distortion has only a negligible effect on estimates derived from this sample.

Field Performance

It was of course not possible to conduct an interview with every individual selected for the sample. The following table indicates the outcome of the field operations with respect to the sample.

| | <u>Number of Cases</u> | <u>Percentage Distribution</u> |
|---|----------------------------|------------------------------------|
| Completed interviews | 1,862 | 80.2 |
| Refusals | 325 | 14.0 |
| Break-offs | 21 | 0.9 |
| Not-at-home | 41 | 1.8 |
| Miscellaneous (too ill to be interviewed, language barriers, senility, moved be- tween initial call and call-back for interview) | 72 | 3.1 |
| Cases assigned | 2,321 | 100.0 |

Comparison of Dental Survey Sample Estimates with Bureau of the Census Estimates¹

Estimates are available from the Bureau of the Census pertaining to several of the variables measured in the dental survey.

| <u>Sex</u> | Census 21+ years of age <u>July 1, 1959</u> | Dental Survey |
|------------------|---|------------------|
| Male | 47.6% | 44.5% |
| Female | 52.4 | 55.5 |
| | <u>100.0%</u> | <u>100.0%</u> |

| <u>Region of Residence</u> | Census 21+ years of age <u>July 1, 1958</u> | Dental Survey |
|----------------------------|---|------------------|
| Northeast | 26.6% | 25.3% |
| Northcentral | 30.0 | 26.2 |
| South | 29.2 | 34.4 |
| West | 14.2 | 14.1 |
| | <u>100.0%</u> | <u>100.0%</u> |

| <u>Type of Residence</u> | Census 20+ years of age <u>April 1, 1959</u> | Dental Survey |
|------------------------------|--|------------------|
| Standard Metropolitan Area . | 59.2% | 56.2% |
| Other territory | 40.8 | 43.8 |
| | <u>100.0%</u> | <u>100.0%</u> |

| <u>Educational Attainment</u> | Census 20+ years of age <u>March, 1959</u> | Dental Survey |
|-------------------------------|--|------------------|
| Less than 5 years | 7.5% | 6.1% |
| 5-8 years | 27.6 | 27.6 |
| 9-12 years | 46.5 | 48.3 |
| 13 years or more | 16.7 | 15.2 |
| Indeterminate | 1.8 | 2.8 |
| | <u>100.1%</u> | <u>100.0%</u> |

¹In all of the tables in this section, with the exception of the one presenting the percentage distribution of the sample by age, we have included in the total sample of the dental survey the 23 cases of married teenagers who are under 20 years of age. Inclusion of these cases makes little if any difference in the percentage distribution of the sample within any one of the tables.

| <u>Age</u> | <u>Census 20+ years of age July 1, 1959</u> | <u>Dental Survey*</u> |
|-----------------------|---|---------------------------|
| 20-24 | 9.5% | 6.5% |
| 25-29 | 9.9 | 9.2 |
| 30-34 | 11.0 | 9.8 |
| 35-39 | 11.3 | 11.6 |
| 40-44 | 10.5 | 10.6 |
| 45-49 | 10.2 | 9.4 |
| 50-54 | 8.9 | 10.2 |
| 55-59 | 7.7 | 8.3 |
| 60-64 | 6.7 | 7.5 |
| 65-69 | 5.4 | 7.1 |
| 70 or older | 9.0 | 9.8 |
| | <u>100.1%</u> | <u>100.0%</u> |

* Does not include the 23 cases of married teenagers who are under twenty years of age.

| <u>Marital Status</u> | <u>Census 20+ years of age March, 1959</u> | <u>Dental Survey</u> |
|-------------------------------|--|--------------------------|
| Single | 9.4% | 8.9% |
| Married | 73.5 | 74.0 |
| Divorced, separated | 2.7 | 5.9 |
| Widowed | 14.3 | 11.2 |
| | <u>99.9%</u> | <u>100.0%</u> |

| <u>Family Income</u> | <u>Census Distribution of Families 1959</u> | <u>Dental Survey* Distribution of Individuals</u> |
|----------------------------|---|---|
| Under \$1,000 | 5.1% | 8.0% |
| \$1,000-\$1,999 | 8.3 | 10.6 |
| \$2,000-\$2,999 | 9.3 | 10.4 |
| \$3,000-\$3,999 | 10.1 | 12.3 |
| \$4,000-\$4,999 | 11.7 | 13.0 |
| \$5,000-\$7,499 | 29.1 | 27.8 |
| \$7,500-\$9,999 | 14.2 | 10.3 |
| \$10,000 or more | 12.2 | 7.6 |
| | <u>100.0%</u> | <u>100.0%</u> |

* This is a distribution of individuals by family income. Since only one individual was selected from each family, this income distribution should be comparable to the Census distribution of family income.

Sampling Variability of Estimates Based on Adult Sample

Owing to the clustering of cases at the several stages of selection, the sampling variability of estimates based on this sample is greater than would be the case from a simple random sample of the same size. On the basis of estimates of sampling variability made for surveys similar to the present one, it would appear safe to consider the standard errors of the estimates to be twice the size of those derived from a simple random sample. The following equation can be used for estimating the standard error of a given statistic.

$$\text{S.E.} = 2\sqrt{\frac{pq}{n}}$$

p = proportion in the sample having the attribute in question

q = 1-p

n = number of cases on which the proportion is based

In approximately two cases out of three, on the average, an estimate will fall within one standard error on either side of the value which would have been obtained had a census been conducted. (This assumes that any biases of non-response to the survey would also obtain in the hypothetical census.) In approximately nineteen cases out of twenty, on the average, an estimate will fall within two standard errors on either side of the census value.

The standard error of a difference in the proportions having a certain characteristic in two sub-groups can be estimated as follows:

$$\text{S.E. (difference)} = 2\sqrt{\left(\frac{n_1 p_1 + n_2 p_2}{n_1 + n_2}\right) \left(\frac{n_1 q_1 + n_2 q_2}{n_1 + n_2}\right) \left(\frac{1}{n_1} + \frac{1}{n_2}\right)}$$

(The notation is the same as that used above except for the addition of the subscripts. The subscripts are here employed to distinguish between the two sub-groups.)

A difference between two sub-groups must be at least twice the magnitude of the above standard error of a difference to be considered as statistically significant at the .05 level. (A difference would therefore have to be four times the

standard error of the difference between two independent simple random samples with identical parameters in consequence of the geographical clustering of observations.)

The sampling variability of estimates for particular geographical regions and for particular locality sizes is probably somewhat greater than indicated above owing to the more limited number of primary and/or secondary sampling units involved in these estimates.

APPENDIX B. RELEVANT QUESTIONS EXTRACTED FROM THE ADULT INTERVIEW SCHEDULE

The final version of the adult interview schedule covered a wide range of topics and took about an hour and a half to two hours to administer. We are presenting here only those questions asked which are most directly concerned with the subject of prepaid dental care plans.

Q. 82. Suppose you could get some kind of dental insurance that would cover all of the dental expenses you (and your SPOUSE and children) might have in the future.

A. Does such insurance seem like a good idea for your own family, or are you just as well off without it?

| | |
|---------------------------------|--------|
| Good idea | 39- 1* |
| As well off without it. | 5** |
| No opinion | 0* |
| Depends (SPECIFY) _____ | * |

* IF "GOOD IDEA" OR "NO OPINION" OR "DEPENDS," ASK B - D:

B. Suppose that each person had to have his teeth in good condition before he could be covered by the insurance. That is, you have to pay for any work needed to put your (and your SPOUSE'S and children's) teeth into good condition before getting the insurance. Would you or wouldn't you be willing to do that to get dental insurance?

| | |
|-------------------------|-------|
| Would | 40- 4 |
| Would not | 5 |
| Don't know | 9 |
| Depends (SPECIFY) _____ | |

C. Or suppose--to get the dental care which is covered by the insurance--you could only go to one of the dentists who signed up with the plan. And suppose (your regular dentist) (the dentist you last saw) were not among the dentists who signed up with it--would you want the insurance then or not?

| | |
|-------------------------|-------|
| Would | 41- 4 |
| Would not | 5# |
| Don't know | 9# |
| Depends (SPECIFY) _____ | # |

(1) IF "WOULD NOT" OR "DON'T KNOW" OR "DEPENDS": If (your regular dentist) (the dentist last saw) were one of the dentists you could go to, would you want the insurance then, or not?

Would 42- 1
 Would not 2
 Don't know 3

D. Now, suppose a dental insurance plan--covering examinations, x-rays, and all treatments except teeth-straightening--were available to you. Suppose the charges were about ten or fifteen cents a day for each person--that would come to about \$36 to \$55 a year for each person.

Would you be willing to pay that for dental insurance for yourself? For your (wife) (husband)? For all or some of your children?

| | | Yes | No | Don't know | Not applicable |
|--------------------------------------|-----|-----|----|------------|----------------|
| Respondent | 43- | 1 | 2 | 3 | |
| Spouse | 44- | 5 | 6 | 7 | 8 |
| All children | 45- | 1 | 2 | 3 | 4 |
| Some, but not all children | 46- | 5 | 6 | 7 | 8 |

** IF "AS WELL OFF WITHOUT IT" TO A, ASK E:

E. Why do you feel that way?

Q. 84. In recent years some employers have given part of a wage increase in the form of medical care, dental care, pensions, or other fringe benefits.

A. Suppose you (or your SPOUSE) were working someplace where there was talk of providing some dental care as part of a wage increase. Would you favor that or would you rather get all of the wage increase in cash?

Favor some dental care 48- 1
 Rather get all in cash 2
 Don't know 3
 Depends (SPECIFY) _____

B. Why do you say that?

Q. 86. A. Now, suppose you (or another member of your family) were working someplace where they had a dental-care plan for employees and their families. I'd like your reactions to each of three different ways of providing for the care.

First, consider this way (EACH ITEM)--would you like that or not?

| | | Not Like | No like | Difference | Don't know |
|--|--------|-------------|------------|------------|---------------|
| (1) The employer pays for some dental care as a fringe benefit | 57- 1* | 2 | 3* | | 4 |
| (2) The employer and the employee, through his association or union, both contribute to pay for some dental care | 58- 5* | 6 | 7* | | 8 |
| (3) The union pays for some dental care as a union benefit | 59- 1* | 2 | 3* | | 4 |

* IF "LIKE" OR "NO DIFFERENCE" TO ANY ITEM, ASK B AND C:

(INDICATE TO RESPONDENT THAT B AND C REFER ONLY TO THOSE PLANS, ONE OR MORE, FOR WHICH HE HAS SAID "LIKE" OR "NO DIFFERENCE.")

B. Suppose--to get the dental care which is provided by the plan(s) you could only go to one of the private dentists who joined the plan(s). And suppose (your regular dentist) (the dentist you last saw) were not among the dentists who joined--would you use the plan(s) then or not?

| | |
|-------------------------|-------|
| Would use | 60- 1 |
| Would not use | 2# |
| Don't know | 3# |
| Depends (SPECIFY) _____ | # |

(1) IF "WOULD NOT USE," "DON'T KNOW," OR "DEPENDS": If (your regular dentist) (the dentist you last saw) were one of the dentists you could go to, would you use the plan(s) then or not?

| | |
|-------------------------|-------|
| Would use | 61- 6 |
| Would not use | 7 |
| Don't know | 8 |

C. Suppose that the employer or union, in connection with the dental care plan, sets up a clinic and you can be treated only by dentists employed at the clinic--would you use the plan(s) then or not?

| | |
|-------------------------|--------|
| Would use | 62- 1+ |
| Would not use | 2+ |
| Don't know | 3 |
| Depends (SPECIFY) _____ | + |

+ (1) IF "WOULD USE," "WOULD NOT USE," OR "DEPENDS": Why do you say that?