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Understanding citizens and dentists' behaviors and preferences in relation to valuation, delivery and financing of oral health care. Evidence brief from four stated experiments.

In order to better understand how citizens react to different price levels of preventive oral health care services, whether citizens' have preferences for financial insurance coverage, and which aspects of oral health is important to citizens we designed three survey experiments that provide evidence on these questions across 7 European countries, and across socio-economic groups. A fourth experiment was designed to elicit Danish dentists' preferences for service delivery as a function of patients' oral health, patients' income levels, and the extent to which patients are insured against the cost of oral care services. In this experiment we looked at heterogeneity across dentists' motivational profile.

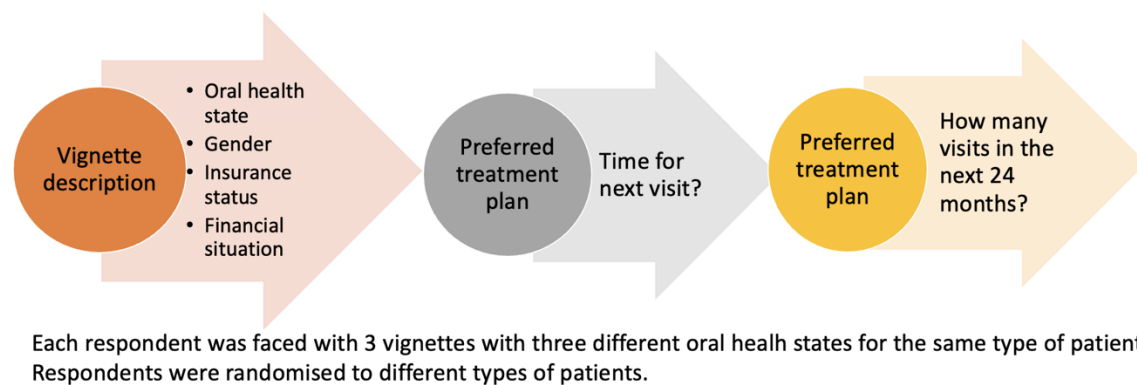
The citizen questionnaire was sent out to citizens + 18 years of age in Denmark, France, England, Ireland, The Netherlands and Norway in April/May 2025. A booster survey was sent out to the same countries plus Portugal in December 2025 to increase sample size. The data set comprises over 17,000 respondents across 7 countries.

The three experiments presented to the citizens focused on 1) how often they would visit the dentist to receive preventive oral health care at different price levels, 2) whether they prefer to pay for insurance or pay out of pocket for oral health care services at different levels of insurance premiums and in the context of both private and public insurance, and 3) how important different dimensions of oral health is to the general public with the aim of estimating weights on these dimensions such that the relative value of different oral health states can be assessed.



The dentist survey was conducted in Denmark and finalized in October 2025 and comprises 447 fully completed responses from dentists serving adult patients in private clinics.

The dentists were presented with case vignette questions where the respondent was to indicate their preferred treatment plan on the basis of information on the patients' oral health and financial circumstances (Experiment 4). The aim of this study was to verify whether the treatment that dentists choose to provide is steered by other factors than the oral health state. Specifically, we wanted to assess whether dentists consider patients' financial situation, when they offer treatment.



The four experimental survey questions resulted in four separate analyses with a range of policy relevant results. These are briefly stated below. The overall take home messages is that greater out-of-pocket expenditure reduce patients' demand for preventive oral care, and that in the light of out-of-pocket expenses some dentists reduce their supply of treatment out of consideration for the patients. We find that there is a relatively high willingness to pay for insurance policies covering out-of-pocket expenditures, and that the willingness to pay is higher for public insurance indicating that citizens are on average altruistic, and willing to pay extra tax to ensure general coverage for all. Finally, we observe that citizens find that oral pain is the most important driver of perceived poor oral health. More detailed information on the studies is forthcoming in peer reviewed journals.

Price sensitivity for dental care across European countries: A comparative study across European countries (Experiment 1)

Rie Fog-Lindekilde, Trine Kjær, Jytte Seested Nielsen, Dorte Gyrd-Hansen

What is already known about the topic?

Demand for healthcare is generally responsive to patient out-of-pocket payments, although the reactions to the price of services varies substantially across healthcare services. Evidence specifically on how much demand for preventive dental care changes with out-of-pocket payments is limited and mixed, despite relatively high levels of patient co-payment for dental care in many healthcare systems.

What does this study add to the literature?

Using a standardized survey experiment across six European countries, we find that stated demand for preventive dental care visits decreases markedly as realised out-of-pocket payments increase (respondents are told that they cannot insure themselves against the out-of-pocket payment). For example, if price per visit is increased from Euro 25 to Euro 50 the number of planned visits is reduced from an average of 2.1 to 1.7. A price increase of 100% decreases planned visits by approximately 20%. Price sensitivity is observed consistently across countries, and we observe a similar magnitude across countries. We find evidence of heterogeneity across population groups with lower income groups and individuals with unmet need exhibiting greater sensitivity to price.

What are the policy implications?

Patient co-payments may discourage the use of preventive dental care, with potential implications for equity in access. Conversely, lower levels of co-payment may also generate unwarranted demand to low need patients. Understanding differences in price sensitivity across population groups and healthcare systems can help inform the design of dental care coverage and co-payment policies.

Willingness to Pay for Dental Insurance in Europe: A Multi-Country Stated Preference Experiment (Experiment 2)

By Ge Ge, Dorte Gyrd-Hansen, Jytte Seested Nielsen, Trine Kjær

What is already known about the topic?

Dental care for adults remains largely excluded from universal public coverage in most European countries, generating substantial out-of-pocket costs and income-related inequalities in access. Evidence on public preferences for dental insurance financing is scarce, particularly across countries. In particular, if countries wish to expand coverage it is policy relevant to understand the public's willingness to pay increased taxes.

What does this study add to the literature?

It provides the first directly comparable multi-country estimates of willingness to pay for dental insurance in Europe. In a randomized experiment with respondents in seven countries, median willingness to pay is roughly 300-400 Euro per year for private voluntary insurance in six of the seven countries and organizing the same coverage as a compulsory public scheme raises valuations in five of the seven countries.

What are the policy implications?

Voluntary as well as mandatory adult dental coverage financed by annual contributions in the low hundreds of euros would command majority acceptance in most study countries, with a slightly higher willingness to pay for mandatory public insurance. Exempting the lowest-income group from contributing does not weaken that support. Because the value people attach

to public provision depends on their country's existing system reform proposals should draw on preference evidence from the country concerned.

Preference based valuation of oral health in seven European countries (Experiment 3)

By Trine Kjær, Dorte Gyrd-Hansen, Chris Vernazza Jytte Seested Nielsen

What is already known about the topic?

Precise measures of oral health related quality-of-life is essential for providing accurate measures of oral health disease and valid measurements of effect of oral health care interventions. The Oral Health Impact Profile (OHIP) is a multi-dimensional oral health-related Quality of Life (OHQoL) instrument, which is widely used as a measure of OHQoL. The current use of OHIP relies on a simple aggregation rule, and thus gives all dimensions of health related quality-of-life the same weight. This may generate a ranking of oral health states that is not aligned with the public's relative valuations of the oral health states, in the case that some of these dimensions are deemed of more or less importance for health related quality of life.

What does this study add to the literature?

In this paper we seek to establish the relative weights for the five different OHIP5 items: "chewing difficulty", "felt less flavor in food," "painful aching," "uncomfortable about appearance", and "difficulty doing usual jobs" by asking random sample of the population to express their preferences. We derive a value set for dimensions of OHIP5 which can be used for decision-making and resource allocation. Overall, we find that the weight allocated to 'pain' is the highest on all levels indicating that this is the dimension with the greatest impact on people's utility.

What are the policy implications?

Our findings suggest that the equal weighting of all items in the aggregation of OHIP does not reflect the true impact of different oral health issues on individuals' lives, potentially leading to misrepresentation of the overall burden. Estimating health-related quality of life burden using preference based weights will provide a better representation of burden of specific oral health states, and will more precisely reflect the health-related quality of life gains obtained from oral health care. Our study suggests that preference weights should be applied to the OHIP.

Under the drill: Experimental evidence on dentists' motivations and care to financially constrained patients in Denmark (Experiment 4)

By Anne Sophie Oxholm, Trine Kjær, Dorte Gyrd-Hansen, Line Bjørnskov Pedersen

What is already known about the topic?

Empirical evidence shows that healthcare providers' motivations are associated with the care they deliver, suggesting that there are other considerations that impact health care providers delivery of care beyond the health care needs of the patient. There is little evidence of how

such motivations impact on the delivery of oral health care. Examples of motivations that may steer dentist's behaviour is the extent to which the patients' general wellbeing and satisfaction is important to them, and the extent to which earning money is important.

What does this study add to the literature?

We elicited dentists' motivational profiles using validated instruments used for eliciting health care professionals' motivations, and we conducted an experiment in which dentists were asked to indicate their preferred treatment plan to patients who were described in terms of their oral health state, their income level, and their dental insurance status. We find that dentists who care more about their patients' wellbeing than other dentists, are inclined to schedule fewer and later next visits to patients who have lower income and/or have less insurance coverage. In contrast, financially motivated dentists schedule relatively more and earlier next visits to these patients.

What are the policy implications?

Policymakers should be aware that patients' co-payments impact service delivery because dentists' take patients' financial constraints into account. The result is inequity in access, and potential inefficiency in delivery of services. Dentists who care about their patients' well-being may provide too few visits to patients with lower ability to pay, while dentists who care about generating higher income for themselves, may provide services with limited oral health benefits.