



Rhode Island Oral Health Issue Brief

Oral Health Status and Access to Dental Care among Rhode Island Children and Adults (2010 BRFSS)

Introduction

This report presents data for Rhode Island children and adults on oral health status, access to dental care, and their associated risk factors. The data used for this analysis were obtained from the 2010 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS).

2010 Rhode Island BRFSS:

From January to December 2010, the Rhode Island BRFSS conducted interviews with 6,599 non-institutionalized Rhode Island adults, and with the parents of 1,623 children younger than 18 years. As outlined by the Rhode Island Oral Health Surveillance System, oral health questions were included to estimate Rhode Island children and adults':

- a. oral health status (dental decay and tooth extraction),
- b. likelihood of having a recent dental visit,
- c. likelihood of having a recent oral cancer examination, and
- d. dental insurance status.

Reading the statistics:

Data were weighted to the probability of selection and adjusted to reflect the age and gender of the Rhode Island population. This report presents bar graphs showing percentages and 95% confidence intervals (CI). Since percentages from survey data are estimates, the 95% CI indicates the range of values within which the "true" value lies 95% of the time. When observing differences between two estimates for a categorized indicator, confidence intervals that do not overlap will usually indicate a statistically significant difference.

About the BRFSS:

The BRFSS is an ongoing, random, telephone health survey of non-institutionalized US adults aged 18 years or older. The BRFSS monitors the prevalence of health risks that contribute to the leading causes of disease and death among adults. Rhode Island has participated in the BRFSS since 1984.

For more information

about oral health in Rhode Island or this report, call the HEALTH Information Line at **401-222-5960 / RI Relay 711** or visit www.health.ri.gov/healthyliving/oralhealth

For more information about the BRFSS, visit

www.health.ri.gov/data/behaviorriskfactorsurvey

2010 Highlights for Dental Coverage & Access to Dental Care:

RHODE ISLAND CHILDREN (0-17 YEARS)

- The proportion of Rhode Island children who have dental coverage has gradually increased over the last 10 years. Most Rhode Island children, regardless of their age, reportedly had dental coverage from private insurance or publicly funded programs (Rite Smiles or Medicaid fee-for-service) in 2010 (Figure 1). The dental coverage rate (89%) was still lower than the medical coverage rate (97%: 2008 BRFSS estimate) for all age groups of children.
- Overall, parents reported that 81% of children age 1–17 years had a preventive dental visit (dental check-up or cleaning) within the previous 12 months. However, less than six out of ten young children age 1–5 years had a preventive visit in the past year (Figure 2). Many professional organizations (the American Academy of Pediatric Dentistry, the American Dental Association, and the American Association of Public Health Dentistry) recommend that children have a first dental visit and that parents establish a dental home for their children one year of age.

Figure 1. Children with Dental Insurance, 2010

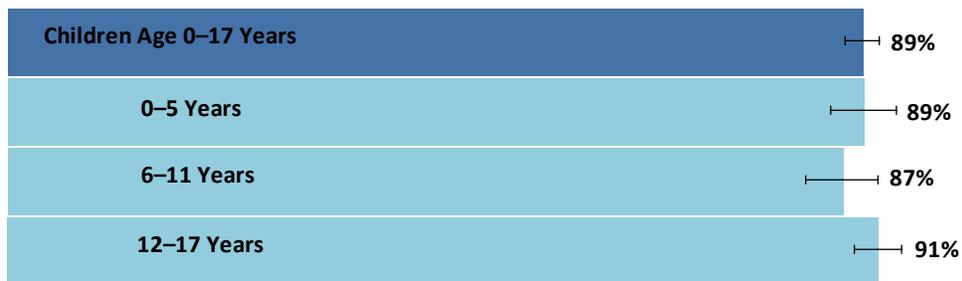


Figure 2. Children with a Dental Check-up or Cleaning in the Past 12 Months, 2010



2010 Highlights for Dental Coverage, Access to Dental Care, & Oral Health Status:

RHODE ISLAND ADULTS (18–64 YEARS)

- More than a quarter of Rhode Island adults age 18–64 years did not have any dental coverage (Figure 3).
- The likelihood of visiting a dentist or receiving preventive dental care is greatly determined by a person’s dental insurance status. Adults who lacked any type of dental insurance were less likely to have received a recent dental cleaning than those who were insured (Figure 4).
- People with disabilities need treatment for dental decay and periodontal (gum) disease more frequently than the general population. However, Rhode Island adults with disabilities reported a lower utilization of dental services, which indicate that they have trouble obtaining the professional dental services needed to maintain oral health (Figure 4).
- Smoking increases the risk for periodontal diseases and other soft tissue lesions in the mouth. Regular dental cleanings and oral health check-ups are important for smokers to prevent periodontal diseases and detect early signs of disease. Rhode Island current smokers were less likely to have had a recent teeth cleaning than those who self-reported as non-smokers (Figure 4).
- Smokers have five to nine times the risk of developing oral cancer compared to non-smokers (Oral Cancer Foundation: <http://oralcancerfoundation.org>). Individuals at risk for oral cancer, including smokers, should have an oral cancer examination more frequently than those not at risk for oral cancer. However, Rhode Island current smokers were less likely to have received an oral cancer examination in the past year than non-smokers (Figure 5).

Figure 3. Adults with Dental Insurance, 2010



Figure 4. Adults with Teeth Cleaned in the Past 12 Months, 2010

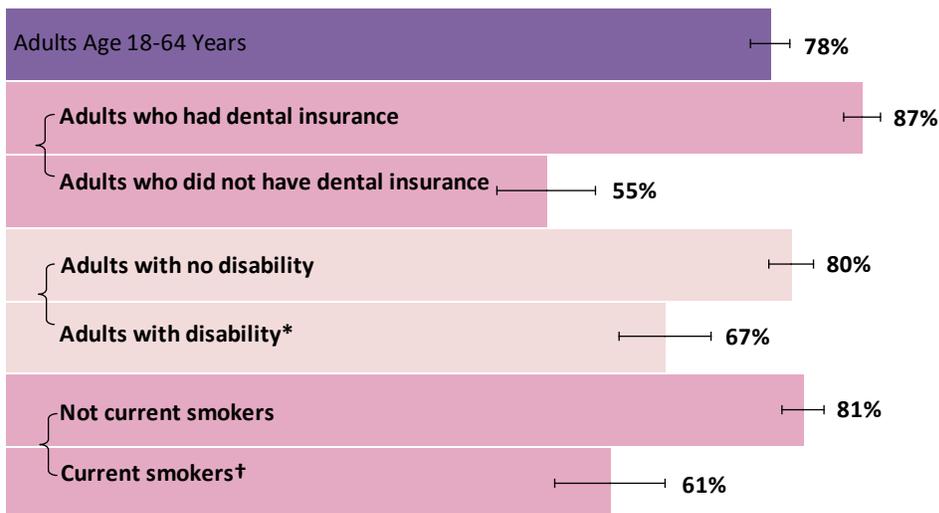
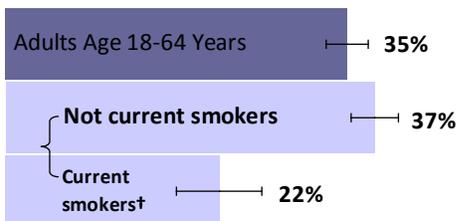


Figure 5. Adults Who Received an Oral Cancer Examination in the Past 12 Months, 2010



* Defined as having activities limited because of physical, mental, or emotional problems or any health problems that required the use of special equipment

† Defined as those who have smoked at least 100 cigarettes in their lifetime and who currently smoke

2010 Highlights for Dental Coverage, Access to Dental Care, & Oral Health Status:

RHODE ISLAND OLDER ADULTS (65 YEARS AND OLDER)

- Only about four out of ten Rhode Island older adults have any dental coverage (Figure 6).
- Medicare dental benefits only include dental services for hospitalized patients within limited conditions and do not include routine dental care for non-hospitalized older adults. Many older adults without dental insurance reported dental visits for teeth cleanings, resulting in out-of-pocket expenses for dental care (Figure 7).
- Adults with diabetes have a higher prevalence and more severe forms of periodontal (gum) disease. Periodic dental visits provide opportunities for prevention, early detection, and treatment of periodontal disease among diabetic adults. Receipt of preventive dental care among older adults with diabetes was significantly lower than that reported by adults without diabetes (Figure 7).
- The American Academy of Family Physicians recommends an annual oral cancer examination for older adults with risk factors such as smoking and heavy drinking. However, many Rhode Island older adults at risk did not have oral cancer examinations in the past year (Figure 8).
- For the last decade, the percentage of older adults who have lost all natural teeth has decreased. In 2010, about 17% of older adults reported complete tooth loss (Figure 9).

Figure 6. Older Adults with Dental Insurance, 2010



Figure 7. Older Adults with Teeth Cleaned in the Past 12 Months, 2010

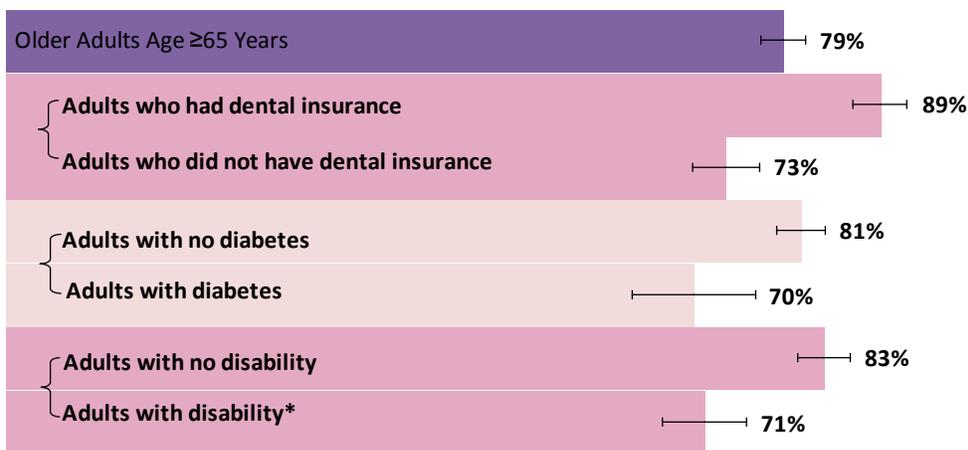


Figure 8. Older Adults Who Received an Oral Cancer Examination in the Past 12 Months, 2010



Figure 9. Older Adults Who Have Lost All Natural Teeth, 2010



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