



# RHODE ISLAND DATA BRIEF

## Access to Dental Care among Rhode Island Children and Adults, 2012

January 2014

### Introduction

**This report represents data for Rhode Island children and adults on access to dental care and associated risk factors. The data used for this analysis were obtained from the 2012 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS).**

### 2012 Rhode Island BRFSS

From January to December 2012, the Rhode Island BRFSS conducted interviews with 5,480 non-institutionalized Rhode Island adults, and with the parents of 1,041 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. likelihood of having a recent dental visit,
- b. likelihood of having a recent oral cancer examination,
- c. dental insurance status, and
- d. tooth loss due to tooth decay or gum disease.

Since 2011, cell phone interviews have been included in the BRFSS. However, the summary for this report is limited to the interviews completed through landline (for 4,612 sample adults and 1,041 parents); not all of the above oral health questions were asked of cell phone respondents.

**Reading the statistics:** Data were weighted to adjust for the probability of selection and reflect the age, gender, and socio-demographic status 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 two groups have 95% CI that overlap, it indicates that the "true" values are likely to be similar in both groups. If the 95% CI do not overlap, it indicates that there is a statistically significant difference between the two groups.

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](http://www.health.ri.gov/healthyliving/oralhealth). For more information about the BRFSS, visit [www.health.ri.gov/data/behaviorriskfactorsurvey](http://www.health.ri.gov/data/behaviorriskfactorsurvey).

### 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.

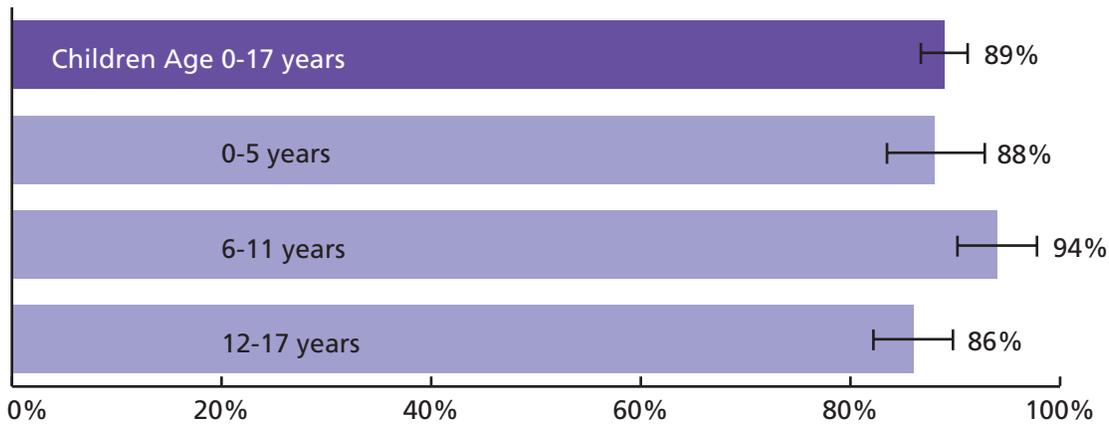


This brief was produced by the Rhode Island Oral Health Program and funded through cooperative agreement DP13-1307 between the Rhode Island Department of Health and the Centers for Disease Control and Prevention.

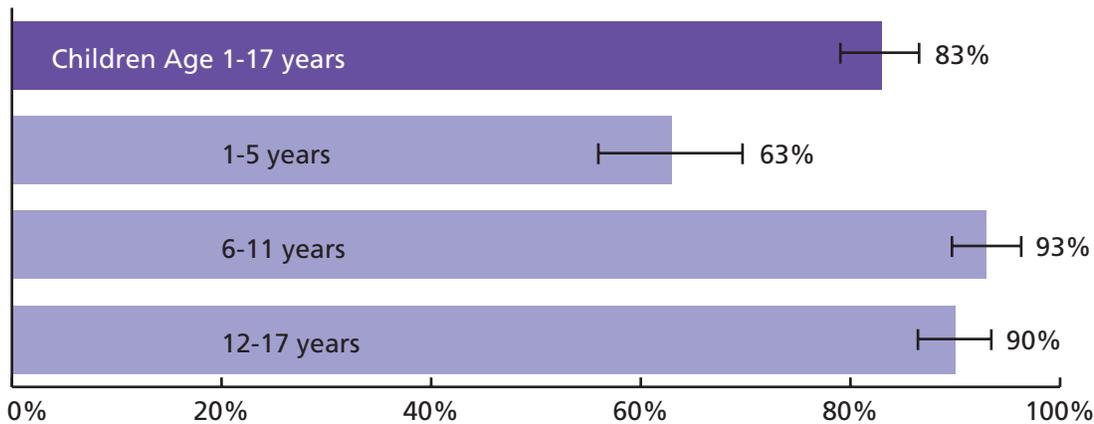
## 2012 Highlights for Dental Coverage & Access to Dental Care: RHODE ISLAND CHILDREN (0-17 YEARS)

- 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 2012 (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 83% of children age 1–17 years had a preventive dental visit (dental check-up or cleaning) within the previous 12 months. However, only about 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 by one year of age.

**FIGURE 1. CHILDREN WITH DENTAL INSURANCE, RHODE ISLAND, 2012**



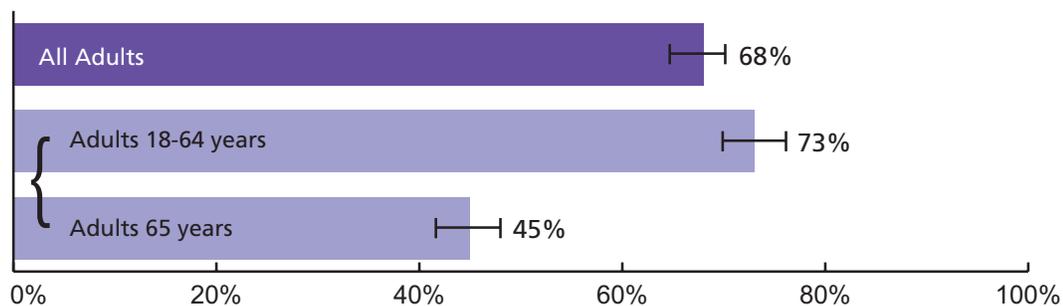
**FIGURE 2. CHILDREN WITH A DENTAL CHECK-UP OR CLEANING IN THE PAST 12 MONTHS, RHODE ISLAND, 2012**



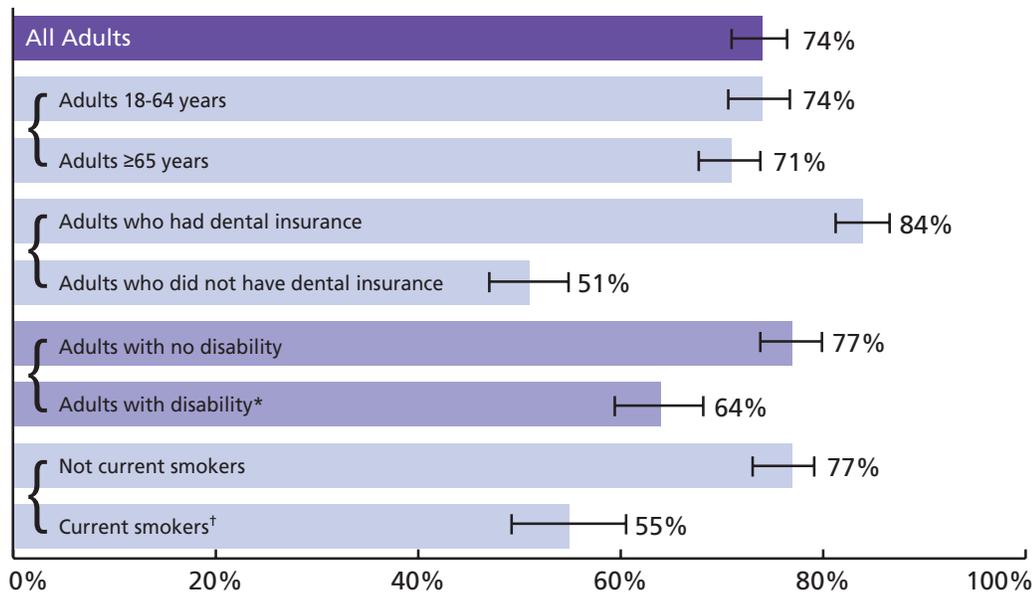
## 2012 Highlights for Dental Coverage, Access to Dental Care, & Oral Health Status: RHODE ISLAND ADULTS

- Overall, about seven out of ten Rhode Island adults reported having any dental coverage. More than half of Rhode Island adults age 65 years and older do not have any dental coverage (Figure 3). Medicare dental benefits only include dental services for hospitalized patients with limited conditions and do not include routine dental care for non-hospitalized older adults. Many uninsured older adults would have to pay out of pocket for routine dental visits.
- The likelihood of visiting a dentist or a dental clinic is greatly determined by a person's dental insurance status. Adults who lacked any type of dental insurance were less likely to have received recent dental care 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 suggests 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, however, were less likely to have had a recent dental visit than those who self-reported as non-smokers (Figure 4).
- 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 did not have oral cancer examinations in the past year (Figure 5).
- 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).
- For the last decade, the percentage of older adults who have lost all natural teeth has decreased. In 2012, about 13% of older adults reported complete tooth loss (Figure 6).

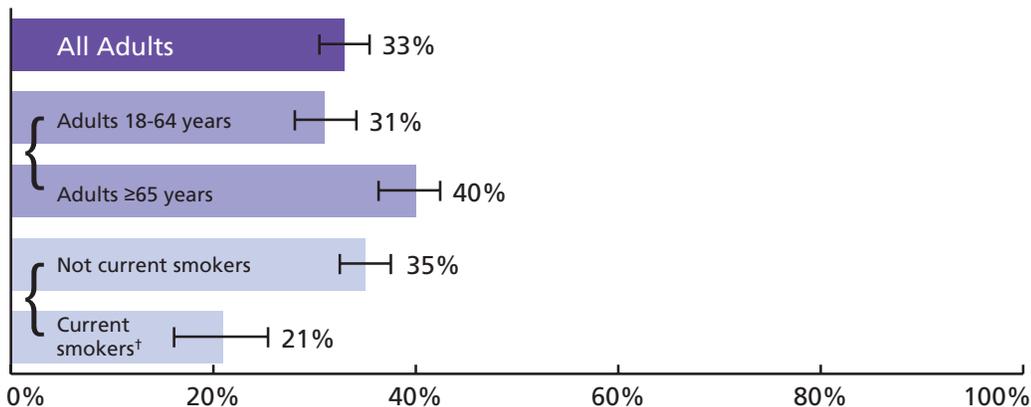
**FIGURE 3. ADULTS WITH DENTAL INSURANCE, RHODE ISLAND, 2012**



**FIGURE 4. ADULTS WHO VISITED A DENTIST OR A DENTAL CLINIC IN THE PAST 12 MONTHS, RHODE ISLAND, 2012**



**FIGURE 5. ADULTS WHO RECEIVED AN ORAL CANCER EXAMINATION IN THE PAST 12 MONTHS, RHODE ISLAND, 2012**



**FIGURE 6. OLDER ADULTS (≥65 YEARS) WHO HAVE LOST ALL NATURAL TEETH, RHODE ISLAND, 2012**



\* 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

