



RHODE ISLAND DATA BRIEF

Access to Dental Care among Rhode Island Children and Adults, 2014

October
2015

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 2014 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS).

2014 Rhode Island BRFSS:

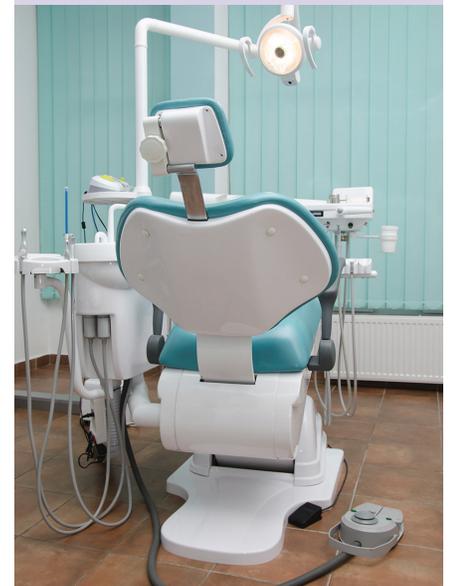
From January to December 2014, the Rhode Island BRFSS conducted interviews with 6,450 non-institutionalized Rhode Island adults, including the parents of 1,193 children younger than 18 years. As outlined by the Rhode Island Oral Health Surveillance System, oral health questions were included to estimate Rhode Island children and adults':

- a. Likelihood of having a recent dental visit, and
- b. Dental insurance status.

Reading the statistics: Data were weighted to adjust for the probability of selection and to 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% CIs 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.

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. Since 2011, cell phone interviews have been included in the BRFSS.



For more information about this report or oral health in Rhode Island, call the HEALTH Information Line at 401-222-5960 / RI Relay 711 or visit www.health.ri.gov/teeth. For more information about the BRFSS, visit www.health.ri.gov/data/behaviorriskfactorsurvey.

The 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.

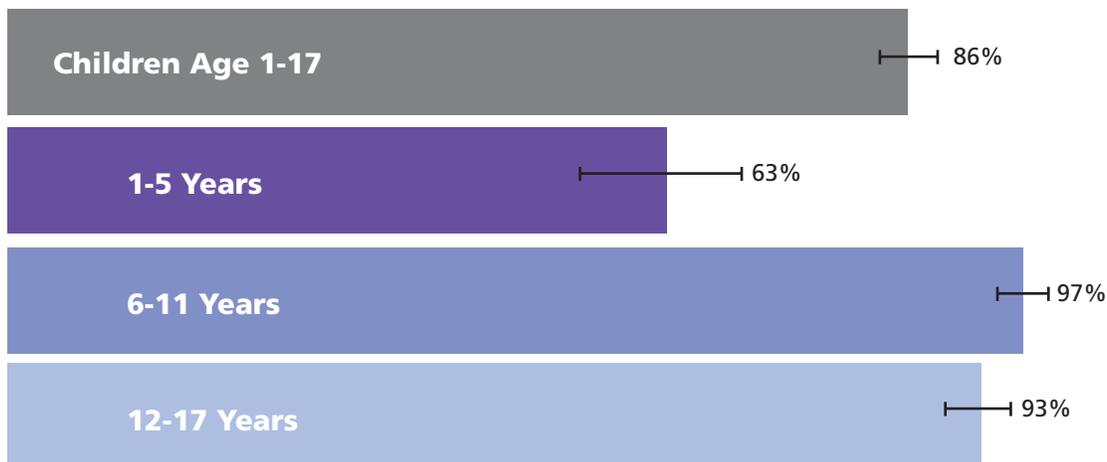
2014 Highlights for Dental Coverage & Access to Dental Care: RHODE ISLAND CHILDREN (0-17 YEARS)

- The proportion of Rhode Island children who have dental insurance coverage has gradually increased over the last 10 years. Most Rhode Island children of all ages reportedly had dental coverage from private insurance or publicly funded programs (Rlte Smiles or Medicaid fee-for-service) in 2014 (Figure 1). The dental coverage rate (94%) significantly increased from 2012 (89%).
- Overall, parents reported that 86% of children age 1–17 years had a dental visit within the previous 12 months. However, only about six out of ten young children age 1–5 years had a dental 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, 2014



FIGURE 2. CHILDREN WITH A DENTAL VISIT IN THE PAST 12 MONTHS, 2014



2014 Highlights for Dental Coverage, & Access to Dental Care: RHODE ISLAND ADULTS

- Overall, about seven out of ten Rhode Island adults reported having any dental insurance coverage (Figure 3). Adult's dental coverage, an optional benefit in the Affordable Care Act, did not change noticeably from the 2012 survey (68%).
- More than half of non-institutionalized Rhode Island adults age 65 years and older do not have any dental insurance 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 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).
- Adults with diabetes have a higher prevalence and more severe forms of periodontal (gum) disease. Periodic dental visits, which are recommended for diabetes management and care, provide opportunities for prevention, early detection and treatment of periodontal disease among adults with diabetes. Receipt of dental care among adults who had diabetes was lower than that reported by adults without diabetic conditions (Figure 4).
- People with disabilities need treatment for dental decay and periodontal disease more frequently than the general population. However, Rhode Island adults with disabilities reported 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. Current Rhode Island smokers, however, were less likely to have had a recent dental visit than those who self-reported as non-smokers (Figure 4).

FIGURE 3. ADULTS WITH DENTAL INSURANCE, RHODE ISLAND 2014

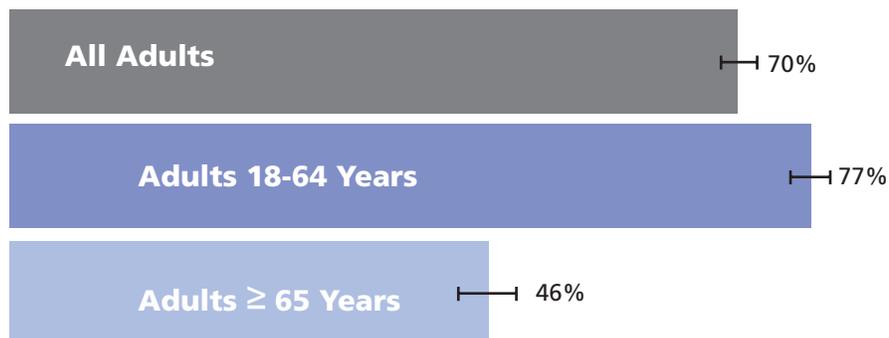
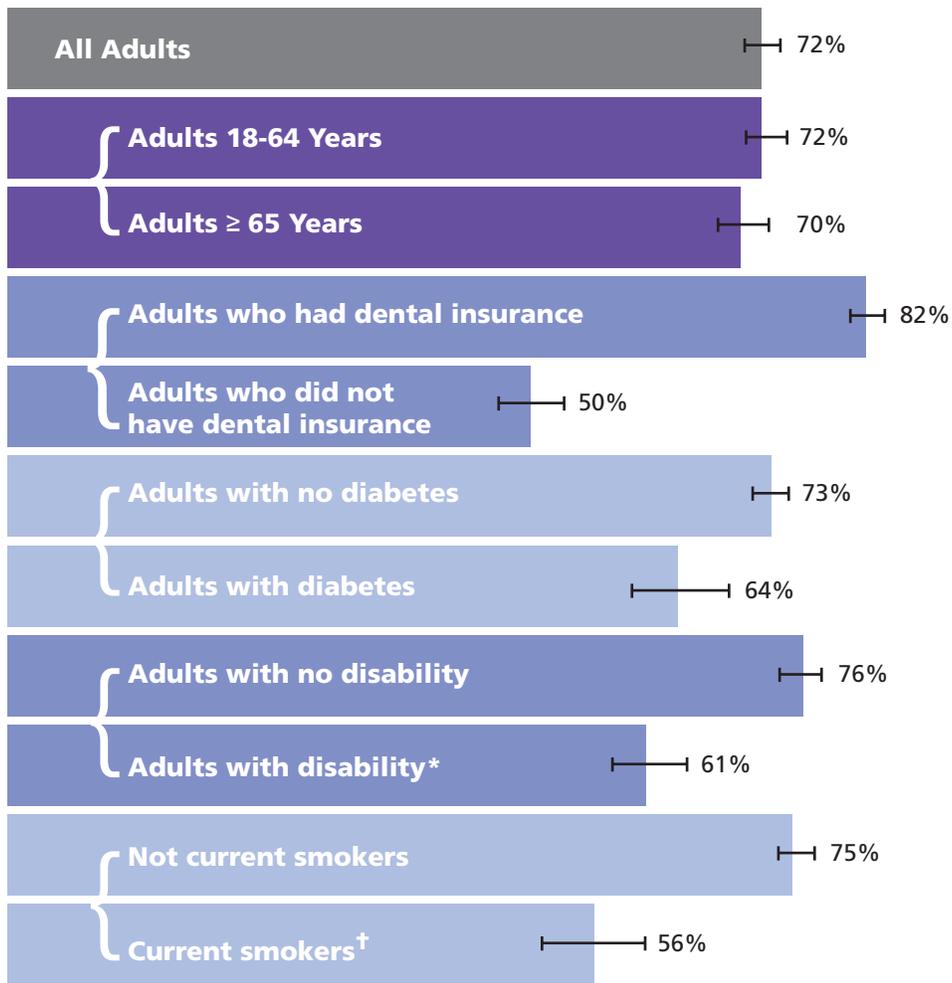


FIGURE 4. ADULTS WHO VISITED A DENTIST OR A DENTAL CLINIC IN THE PAST 12 MONTHS, RHODE ISLAND 2014



* 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

