



Oral Health Status and Access to Dental Care among Rhode Island Children and Adults (2008 BRFSS)

Rhode Island Department of Health Oral Health Program and Center for Health Data and Analysis November 2010

Introduction

This report represents data for Rhode Island children and adults on oral health status, access to dental care, and their associations with risk factors. The data used for this analysis were obtained from the 2008 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS).

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.

2008 Rhode Island BRFSS

From January to December 2008, the Rhode Island BRFSS conducted interviews with 4,786 non-institutionalized Rhode Island adults and with the parents of 1,315 Rhode Island children younger than age 18. As outlined by the Rhode Island Oral Health Surveillance System, oral health questions were included to estimate Rhode Island adults' and children's self-reported:

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

Reading statistics

Data were weighted to the probability of selection and adjusted to reflect the age, gender, and race/ethnicity 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.

Acknowledgment

The RI BRFSS is funded in part by the CDC State-Based Oral Disease Prevention Program Cooperative Agreement 5U58DP001595.

More Information

Call the HEALTH Information Line at 401-222-5960 / RI Relay 711 or visit www.health.ri.gov/healthyliving/oralhealth/

2008 Highlights for Dental Coverage & Access to Dental Care: Rhode Island Children (0-17 Years)

- The proportion of Rhode Island children age 0–17 years 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 2008 (Figure 1). Dental coverage rates (90%), however, were still lower than medical coverage rates (97%) for all age groups of children.
- Overall, parents reported that 81% of children age 1–17 years had a preventive dental visit within the previous 12 months. However, only half of young children age 1–5 years had a preventive visit in the past year (Figure 2), even though 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 the time they reach one year of age.

Figure 1. Having Dental Insurance Coverage

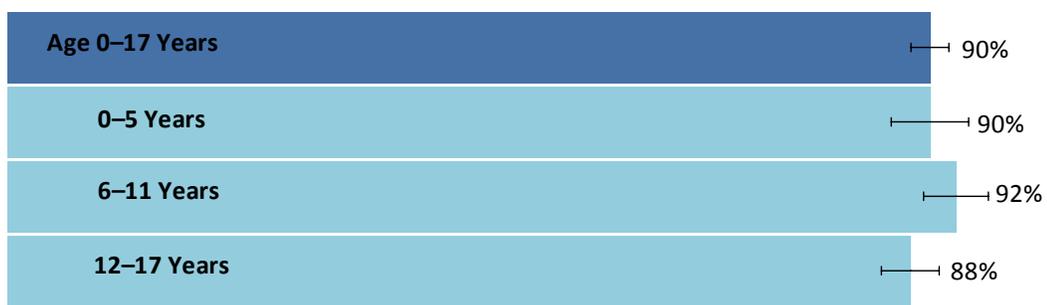
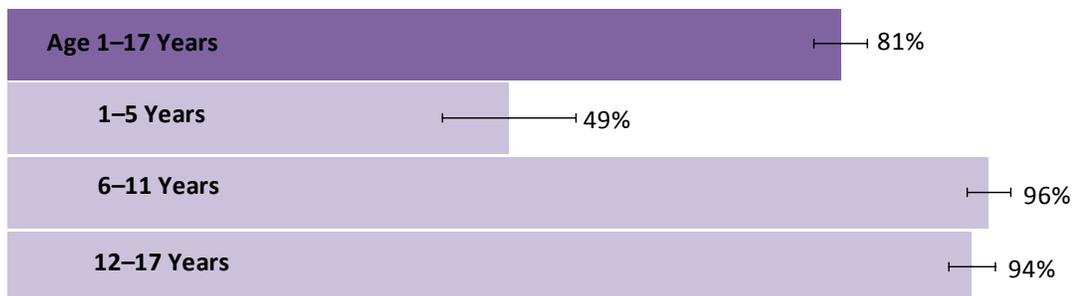


Figure 2. Receipt of Dental Check-up or Cleaning in the Past 12 Months



**2008 Highlights for Dental Coverage, Access to Dental Care, & Oral Health Status:
Rhode Island Adults (18–64 Years)**

- About 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).
- Smoking increases the risk for periodontal diseases and other soft tissue lesions in the mouth. Although regular dental cleanings and oral health checkups are important for smokers to prevent gum and periodontal diseases and detect early signs of disease development, Rhode Island current smokers were less likely to have had a recent teeth cleaning than those who were self-reported as non-smokers (Figure 4).
- Smokers have 5 to 9 times the risk of developing oral cancer than non-smokers (Oral Cancer Foundation). Individuals at risk for oral cancer, including smokers, are recommended to 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 those who were not current smokers (Figure 5).

Figure 3. Having Dental Insurance Coverage



Figure 4. Having Teeth Cleaned in the Past 12 Months

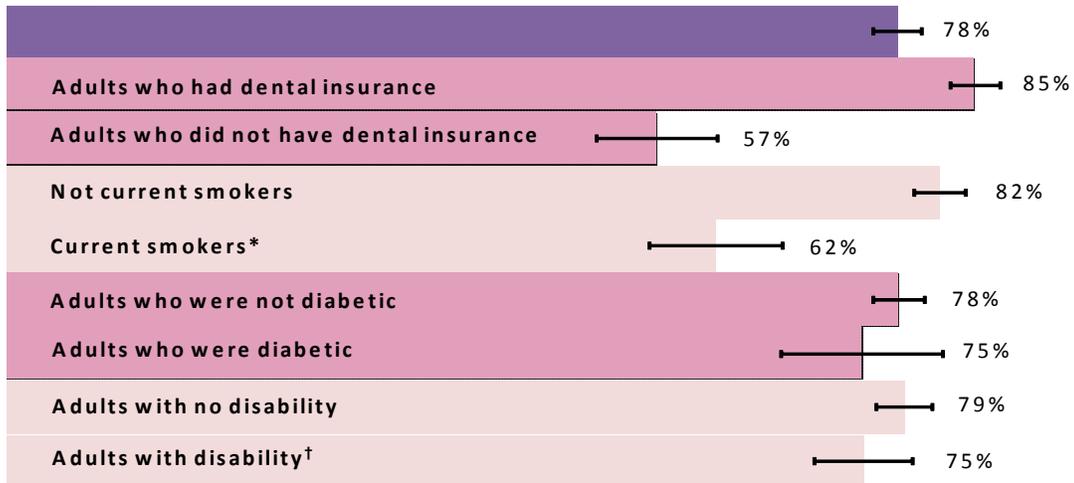


Figure 5. Receipt of Oral Cancer Examination in the Past 12 Months

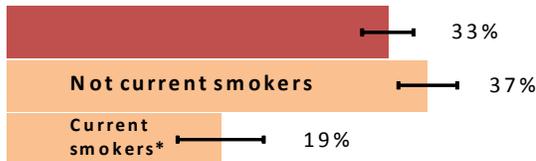


Figure 6. Having Dental Decay (Treated or Untreated)



Figure 7. Loss of at Least of One Tooth due to Dental Decay or Periodontal Disease

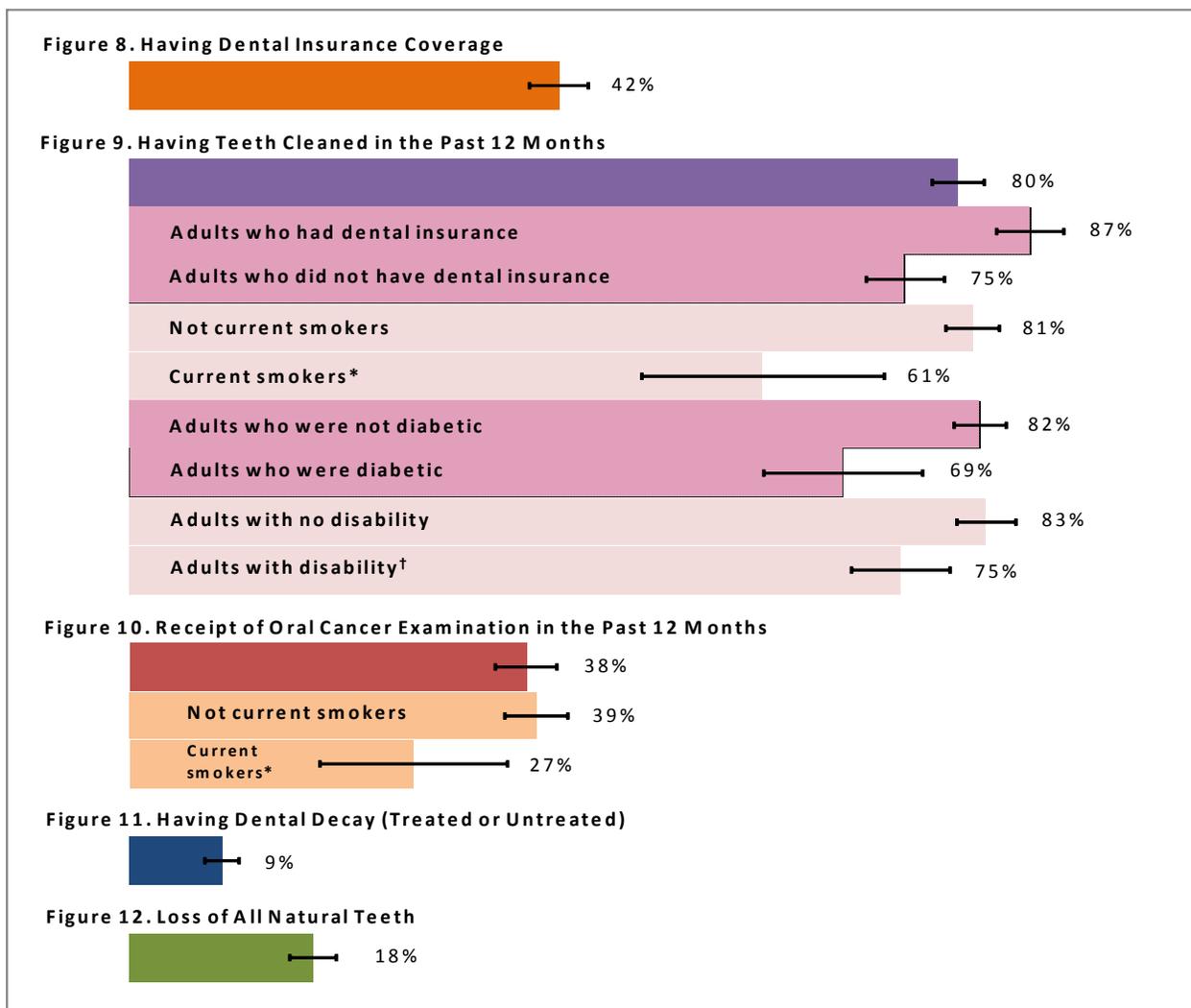


* Defined as those who have smoked at least 100 cigarettes in their lifetime and who currently smoke.

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

**2008 Highlights for Dental Coverage, Access to Dental Care, & Oral Health Status:
Rhode Island Older Adults (65 Years and Older)**

- About 6 out of 10 Rhode Island older adults did not have any dental coverage (Figure 8).
- 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 reported having dental visits but no dental insurance and incurring out-of-pocket expenses for dental care (Figure 9).
- Adults with diabetes have a higher prevalence and more severe forms of periodontal 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 who had diabetes was significantly lower than that of care reported by adults without diabetic conditions (Figure 9).
- According to a cancer screening guideline (American Academy of Family Physicians), annual oral cancer examination is recommended for older adults with risk factors for cancer such as smoking and heavy drinking. However, many Rhode Island older adults did not obtain oral cancer examinations in the past year (Figure 10).
- For the last decade, the percentage of older adults who have lost all natural teeth has decreased. In 2008, about 18% of older adults reported having complete tooth loss (Figure 12), which is a significant improvement from the percentage of 26% in 2000.



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