



# RHODE ISLAND DATA BRIEF

## Access to Dental Care Among Rhode Island Children and Adults, 2016

December 2018

### Introduction

This report includes data on access to dental care and associated risk factors for Rhode Island children and adults. The data used for this analysis were obtained from the 2016 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS).

### 2016 Rhode Island BRFSS

From January to December 2016, the Rhode Island BRFSS conducted interviews with 5,457 non-institutionalized Rhode Island adults. Of these respondents, 1,315 reported living in a home with a child younger than 18. As outlined by the Rhode Island Oral Health Surveillance System, the following oral health questions were included for both children and adults:

1. Likelihood of having a recent dental visit, and
2. Dental insurance status.

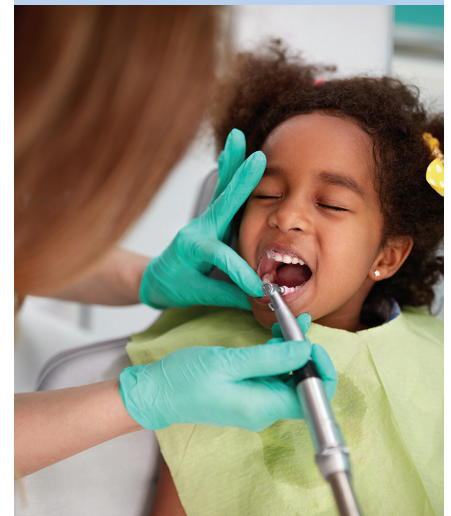
**Reading the statistics:** Survey data were weighted to adjust for the probability of selection and are representative of the Rhode Island adult and child population.

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 [http://www.health.ri.gov/oral health](http://www.health.ri.gov/oral%20health).

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 age 18 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.

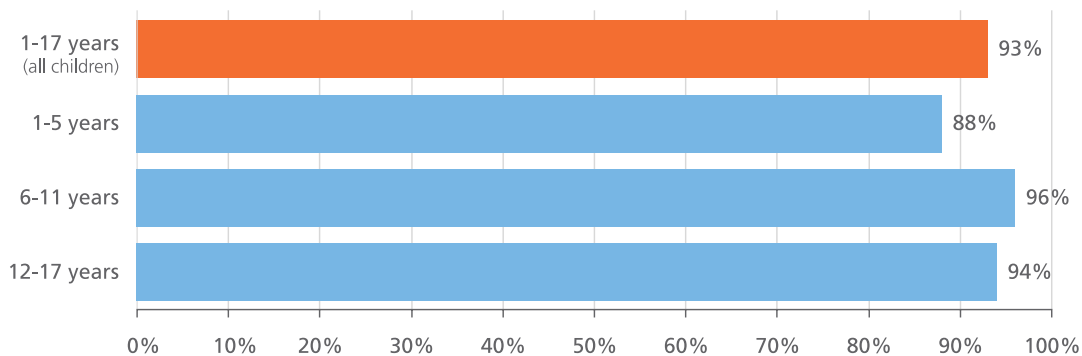


## 2016 Highlights for Dental Coverage and Access to Dental Care

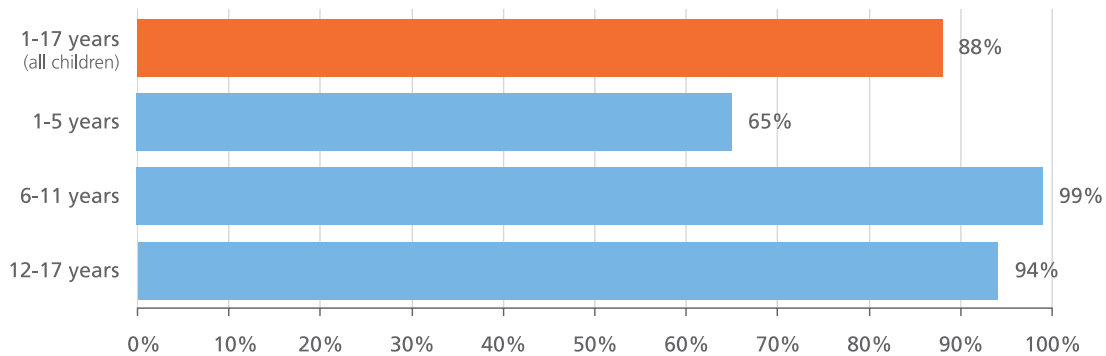
### Rhode Island Children (Age 1-17)

- The proportion of Rhode Island children who have dental insurance coverage has gradually increased in the last 10 years. Most Rhode Island children age one to 17 reportedly had dental coverage from private insurance or publicly funded programs (Rhte Smiles or Medicaid fee-for-service) in 2016 (Figure 1). The dental coverage rate (93%) significantly increased from 2012 (89%).
- Overall, 88% of children age one to 17 had a dental visit within the previous 12 months. However, only about six out of 10 young children age one to five had a dental visit in the past year (Figure 2). Many professional organizations (American Academy of Pediatric Dentistry, American Dental Association, and 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 age one.

**FIGURE 1. PERCENT OF RHODE ISLAND CHILDREN WITH DENTAL INSURANCE, 2016**



**FIGURE 2. PERCENT OF RHODE ISLAND CHILDREN WITH A DENTAL VISIT IN THE PAST 12 MONTHS, 2016**



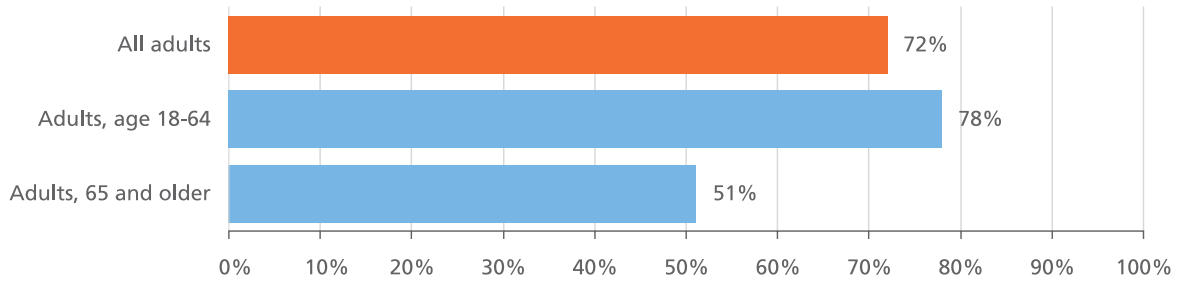
## 2016 Highlights for Dental Coverage and Access to Dental Care

### Rhode Island Adults

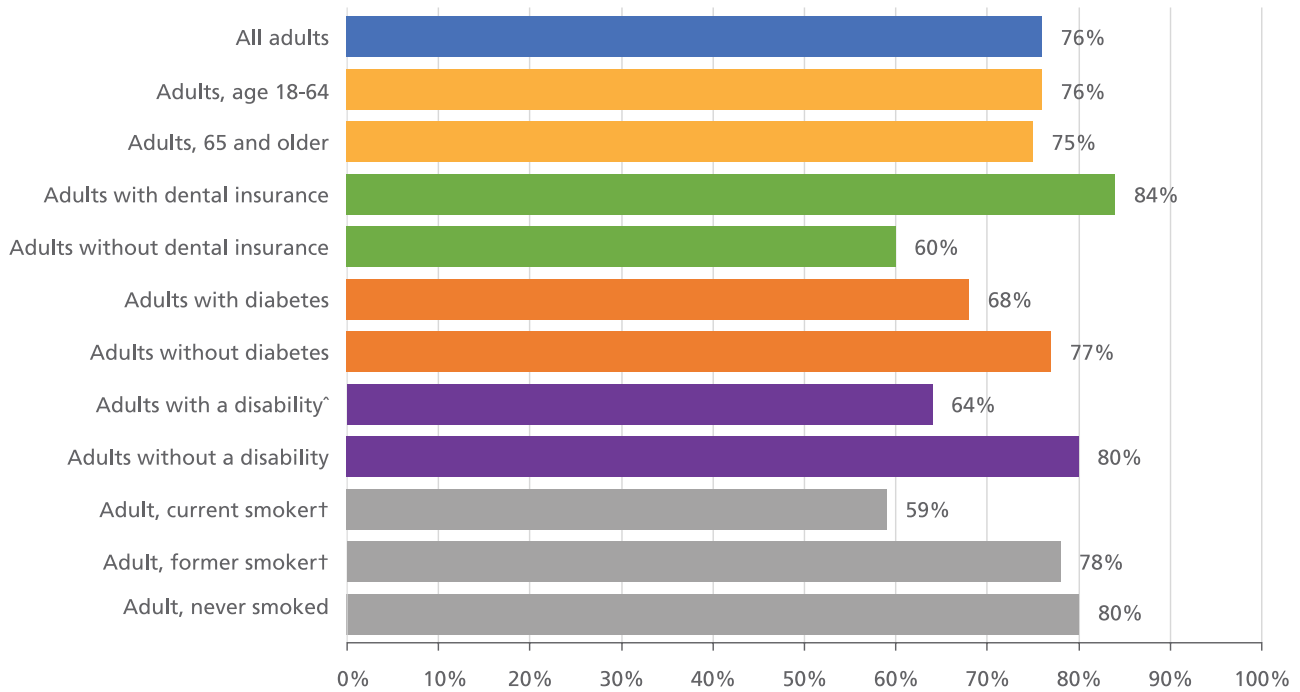
- Overall, about seven out of 10 Rhode Island adults reported having dental insurance coverage (Figure 3). Adult's dental coverage, an optional benefit in the Affordable Care Act, did not change noticeably from the 2012 or 2014 surveys (68%).
- Almost half of non-institutionalized Rhode Island adults age 65 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 did not have 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 diabetes (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. However, Rhode Islanders who currently smoke were less likely to have had a recent dental visit than those who self-reported as non-smokers (Figure 4).

**FIGURE 3. PERCENT OF RHODE ISLAND ADULTS WITH DENTAL INSURANCE, 2016**



**FIGURE 4. PERCENT OF RHODE ISLAND ADULTS WHO VISITED A DENTIST OR DENTAL CLINIC IN THE PAST 12 MONTHS, 2016**



<sup>^</sup> Disability is defined as impairment with vision, hearing, cognition, mobility, self-care, or independent living.

<sup>†</sup> Former smokers are defined as those who have smoked at least 100 cigarettes in their lifetime and who do not currently smoke.

Current smokers are defined as those who have smoked at least 100 cigarettes in their lifetime and who currently smoke.



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