

ORAL HEALTH IN NEW HAMPSHIRE

DATA BRIEF - JANUARY 2008

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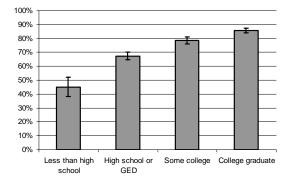
Oral health is a part of general health and is essential to a person's well being. In recent years, there has been an increasing interest in oral health across the United States. The following is a summary of data gathered by the 2006 New Hampshire Behavioral Risk Factor Surveillance Survey (NH BRFSS) related to oral health. The BRFSS is a telephone survey of non-institutionalized adult New Hampshire residents.

DENTAL VISITS

Obtaining dental care on a regular basis is necessary to receive preventive services as well as early treatment of dental disease. Data from the NH BRFSS indicated that 76.1% of adults had visited the dentist during the past year. Persons with more years of education were more likely to report a recent visit to a dentist than persons with less education (Figure 1).

Figure 1.

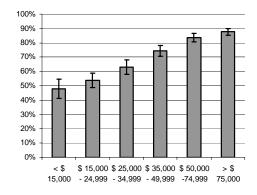
Adults reporting last visit to dentist or dental clinic within past 12 months, NH BRFSS, 2006



Simultaneously, individuals reporting higher household income were more likely to have seen a dentist in the past year than those reporting lower incomes (Figure 2).

Figure 2.

Adults reporting last visit to dentist or dental clinic within past 12 months, NH BRFSS, 2006



Those that did not visit a dentist or dental clinic within the past year reported that the two main reasons were cost (37.0%) and having no reason to go to the dentist (24.4%). Only 6.0% reported that fear, apprehension, nervousness or pain was the reason for not visiting the dentist.

Percentages of those visiting a dentist or dental clinic within the past year in each county are shown in Table 1.

Table 1	Percentage	95% CI
Belknap	71.5%	66.0-77.0
Carroll	73.1%	66.1-80.1
Cheshire	73.9%	68.7-79.2
Coos	65.3%	58.6-72.0
Grafton	75.3%	70.4-80.1
Hillsborough	78.4%	75.8-81.0
Merrimack	75.9%	71.6-80.3
Rockingham	79.0%	75.8-82.1
Strafford	72.7%	68.5-76.8
Sullivan	71.4%	65.4-77.4
New Hampshire	76.1%	74.8-77.5

TOOTH LOSS

Tooth loss, especially edentulism (the loss of all teeth), can reduce daily functioning and a person's self-image. Data from the 2006 BRFSS showed that 18.6% of New Hampshire residents that were 65 years old or older were edentulous. Significant association was observed between tooth loss and both education (Figure 3.) and income (Figure 4.)

Figure 3.

Adults reporting all teeth lost, by education NH BRFSS, 2006

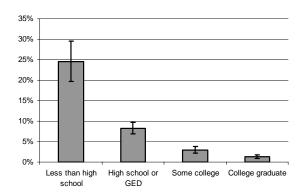
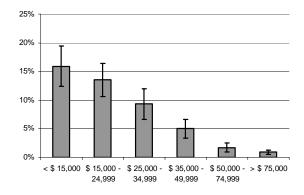


Figure 4.

Adults reporting all teeth lost by income categories, NH BRFSS, 2006



INSURANCE STATUS

Dental insurance is associated with increased use of dental services and improved oral health status.

60.8% of adults reported having some type

of dental insurance. Dental insurance status by county is described in Table 2.

Table 2	Percentage	95% CI
Belknap	52.2%	46.1-58.4
Carroll	52.3%	44.9-59.8
Cheshire	58.6%	52.8-64.4
Coos	39.5%	32.8-46.2
Grafton	52.8%	47.0-58.6
Hillsborough	64.6%	61.7-67.6
Merrimack	60.6%	55.9-65.3
Rockingham	65.7%	62.0-69.4
Strafford	60.7%	56.1-65.3
Sullivan	54.2%	47.8-60.6
New Hampshire	60.8%	59.3-62.4

Among those reporting having some type of dental insurance, 86.0% had visited a dentist or dental clinic during the past 12 months while only 61.0% of those without any dental insurance had visited a dentist or dental clinic. The difference between residents that are insured and those that are uninsured is significant.

Among adults younger than 65 years, 67.1% reported having some type of dental insurance. That rate is significantly higher than for residents 65 years old and older. In 2006, only 28.5% of adults 65 years old and older had some type of dental insurance.

SUMMARY

Data from the 2006 BRFSS demonstrate clear disparities in oral health by socioeconomic status. Individuals living in households with lower income or those with less education are significantly more likely to report dental disease and less likely report a recent visit to the dentist or dental clinic.

For more information on the data presented, contact the New Hampshire Oral Health Program at:

1 (800) 852-3345 ext. 4535 (within New Hampshire) or (603) 271-4535.