

Dental Care Utilization and Outcomes among Montana Adults, 2014

Healthy People 2020 Oral Health Objectives 2014 Montana BRFSS Update

OH-7 Utilization of dental care in the past 12 months.

MT 62.6%; U.S. 64.4%

OH-4.1 Any teeth removed due to tooth decay or gum disease among adults age 45-64 years.

MT 49.1%; U.S. 54.2%

OH-4.2 All teeth removed due to tooth decay or gum disease among adults age 65+ years.

MT 16.7%; U.S. 14.9%

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Good oral health is important to overall health and well-being throughout the life-span. Oral diseases contribute to poor nutrition and increase the risk for chronic disease, such as heart disease and diabetes.¹ Utilization of dental care and daily oral hygiene are key components in maintaining oral health.

Healthy People 2020 (HP 2020) and the Montana State Health Improvement Plan focus on the prevention of chronic disease and health promotion. This data brief provides an update on utilization of dental care and tooth loss among Montana adults with comparisons to national oral health objectives.²

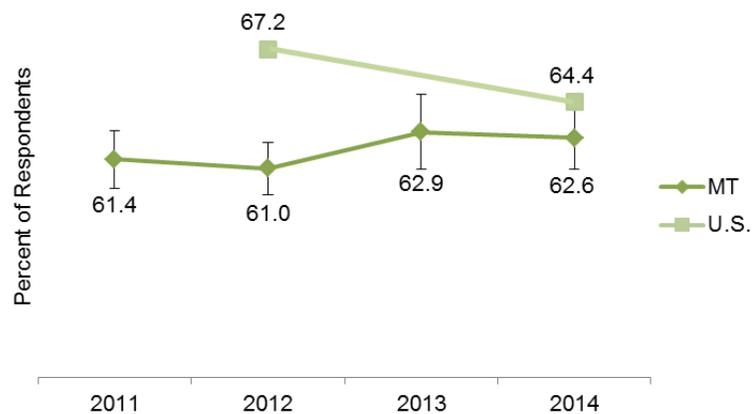
Methods. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual phone survey of non-institutionalized adults aged 18 years and older. Questions related to dental care utilization are asked in even years as part of the core Centers for Disease Control and Prevention questionnaire. Montana added utilization questions in 2011 and 2013.

HP 2020 Oral Health Objective 7

In 2012, Montana adults utilized dental care at a lower rate than the U.S. population (Figure 1).^{3,4} During 2013 a state added question asked respondents who had not utilized dental care what was the main reason for not seeking care, 'don't need care' and 'cost' were the most frequent responses (Table).⁴

In 2014, more women than men reported seeking dental care in the past year: 65.8% (63.5-68.0, 95% confidence interval) and 59.3% (56.9-61.7), respectively. More white respondents than American Indian respondents used dental care: 63.9% (62.2-65.7) and 54.1% (47.3-60.8), respectively. There were no statistically significant differences in regional utilization.⁴

Figure 1. Utilization of Dental Care in the Past 12 Months, Adults, 2011-2014.



*Error bars represent 95% confidence intervals.

HP 2020 Oral Health Objective 4.1

In 2014, over half (54.2%) of U.S. adults age 45 to 64 reported having lost at least one tooth to decay or gum disease. Montanans in the same age range reported a lower rate of tooth loss at 49.1% (46.7-51.6). However, Montanans with the lowest incomes experienced tooth loss twice as often as the highest earners (Figure 2).

HP 2020 Oral Health Objective 4.2

In 2014, 1 out of 6 Montanans age 65 years and older reported they had lost all their natural teeth to decay or gum disease. More respondents making less than \$25K annually reported they had lost all their natural teeth than those making \$50K or more (Figure 3).⁴

Table. Main Reason for Not Utilizing Dental Care, Montana BRFSS, 2013.

Don't need care	25.3%
	(22.5-28.3)
Cost	21.4%
	(18.7-24.4)
No dental insurance	14.3%
	(12.0-16.9)
Don't have time	12.5%
	(10.5-14.9)
Dentures	9.1%
	(7.7-10.9)
Fear	7.0%
	(5.5-8.8)

*95% confidence intervals

Conclusion. BRFSS data has known limitations and cannot be directly compared to HP 2020 targets due to differences in data collection and methodology.⁵ Nevertheless, there are some important observations in the data.

Our findings indicate there are disparities in utilization of care and tooth loss among low-income adults. A strong association exists between tooth loss and low-education level, disabled, and Ameri-

Figure 2. Any Tooth Loss Related to Tooth Decay or Gum Disease, Montana Adults, Age 45 to 64 Years, 2014.

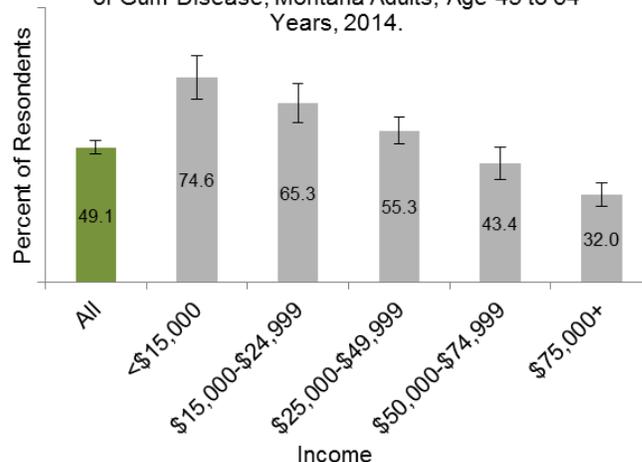
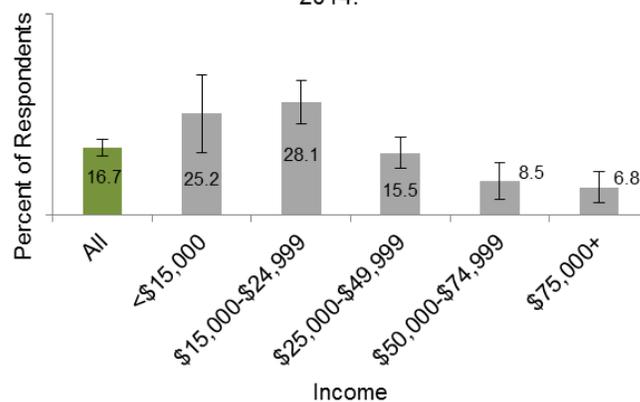


Figure 3. All Teeth Lost Related to Tooth Decay or Gum Disease, Montana Adults Age 65+ Years, 2014.



*Error bars represent 95% confidence intervals.

can Indian populations.⁴ Non-utilization of dental care was associated with concerns about cost and perceived need of dental care (Table).

Effective Strategies in Prevention

- Evidence has shown that water fluoridation prevents decay. Only 32% of Montana communities have optimal fluoride levels in community water.
- School-based sealant delivery programs have been shown to decrease the risk of decay.
- Early childhood assessments to determine risk, detect disease, and make referrals to a dental provider decrease decay and gum disease later in life.

¹ U.S. Department of Health and Human Services. (2000). Oral Health in America: A Report of the Surgeon <http://silkh.nih.gov/public/hck1ocv.0/www.surgeon.fullrpt.pdf>.

² U.S. Department of Health and Human Services. Healthy People 2020 Objectives. <http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>

³ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

⁴ Montana Behavioral Risk Factor Surveillance System, 2011-2014. Behavioral Risk Factor Surveillance System Office, Montana Department of Public Health and Human Services. The contents are the sole responsibility of the authors.

⁵ Montana Behavioral Risk Factor Surveillance System. (2015). Interpreting and reporting BRFSS data. <http://dphhs.mt.gov/Portals/85/publichealth/documents/BRFSS/Factors/InterpretingandReportingBRFSSDataJune2015.pdf>