

WHAT IS BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest continuously conducted telephone health survey in the world. It is conducted by each state, District of Columbia, and three United States territories, under the guidance of the Centers for Disease Control and Prevention (CDC).

The purpose of the survey is to uniformly collect data on a variety of behaviors and conditions that place adults' health at risk. Arkansas first participated in 1991, and has been conducting this survey monthly since January 1993. Respondents to the survey are selected at random.

ORAL HEALTH IN BRFSS

Oral Health module was a part of Arkansas BRFSS questions during 1995, 1999 and 2002 survey years. The data from those years are combined to produce the useful results. The following questions were asked in the BRFSS as a part of oral health module.

Q: 1. How long has it been since you last visited a dentist or a dental clinic for any reason?

Q: 2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost due to "infection."

Q: 3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Arkansas Department of Health
4815 West Markham, Slot 41
Little Rock, AR 72205

Behavioral Risk Factor Surveillance System



Oral Health

Facts in Arkansas

Important information
concerning the state of
dental health among
Arkansans

Presented by the Arkansas Department of
Health, Office of Oral Health

Arkansas Center for Health Statistics,
Arkansas Department of Health. Behavioral
Risk Factor Surveillance System Survey
Data. Little Rock, Arkansas, Year
1995, 1999 and 2002

Data collected with support of:
Centers for Disease Control and Prevention
(CDC). Behavioral Risk Factor Surveillance
System (BRFSS), Atlanta, Georgia: US
Department of Health and Human Services

ARKANSAS GRADES:

The Oral Health America National Grading project's annual report card, released April 2003, gave Arkansas a C-minus. This puts Arkansas just below the national average of C.

In 2000, Arkansas was one of nine states to receive D grade. However, the status improved in the 2001-02 report card with a grade of C-minus, which was maintained in 2003.

Attributes \ Years	2000	2001-02	2003
Prevention	D	D	C
Access to dental care	D	D	D
Health Status	D	C	D+
Infrastructure	--	-	B
Policies	--	-	D
Final grade	D	C-	C-

Main reasons for poor oral health, as quoted by the report card, are:

- “Shortage” (maldistribution) of dentists
- Lack of dental insurance and
- High use of spit tobacco

The national average for number of persons per dentist is 1,700, whereas for Arkansas, it is 2,471. Arkansas' total number of dentists is 1,082, which are mainly clustered in high population areas.

According to the 2001 Health Professional Licensing Survey, of the 75 Arkansas counties, three had no licensed dentist. The seven major population centers contained more than half (55%) of the licensed dentists, leaving other parts of the state underserved.

While some Arkansans still lack access to appropriate dental services, oral diseases remain among the easiest to prevent.

RISK FACTORS:

No Dentist or Clinic Visit in the Past Year:

Respondents reporting they had not visited a dentist or dental clinic in the past year are at risk of developing an oral health problem.

Findings:

- o Women, youth, people with higher income and higher education were more likely to visit dentists.
- o The elderly (age group 65+) were more likely to ignore oral health compared to all the other age groups.
- o In 1995 63% of women and 58% of men said that they visited a dentist within the past year, which remained almost ($\pm 2\%$) the same after seven years.

Permanent teeth removed due to decay or gum disease:

Respondents reporting loss of six or more teeth due to decay or gum disease can have difficulty maintaining proper nutrition, if not treated.

Findings:

- o Adults over age 65 showed a higher tendency to lose six or more teeth due to decay or gum disease.
- o Tooth loss was reported to be higher among Arkansans with less than high school educations and income less than \$20,000.
- o The rate of tooth loss dropped between 1995 and 2002, 31% of women and 29% of men vs. 27% for women and 23% for men.

Had teeth cleaned within last year

Respondents reporting they did not receive dental cleaning by a dentist or dental hygienist within the last year are at risk for developing gum diseases.

Findings:

- o In 1999 and 2002, 60% of Arkansans reported they visited a dentist or dental hygienist for cleaning within the last year.
- o Women in the state were more likely than men to have visited a dentist or hygienist for cleaning, and that number has risen slightly. In 1999, 62% of women reported they received a dental cleaning within past year; in 2002, it was 64%.
- o At 65% for those over 65 and near 60% for others, for all adult age groups almost one-third did not have a dental cleaning within the last year. Lower education levels and lower incomes reduced the respondents' likelihood of receiving dental cleaning.

Summary:

Overall, Arkansas' oral health has held steady, or slightly improved, although the state still suffers from a maldistribution of dentists. In the Delta, there is one dentist for every 3,900 residents. Arkansas received a grading of “F” in dentist availability.

General oral health slightly improved between 2000 and 2003, from “D” to “C-”, however the state received an “F” for youth tobacco use (35% for smoking and 20% for spit tobacco). Reports of tooth loss were down 5%, and dental visits were up 2%. Low income and low education residents were the most likely to skip dentist visits and have generally poor oral health.