

Oral Health in New Hampshire 2014 Update



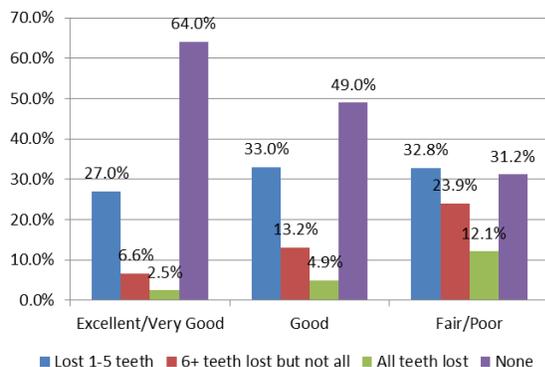
Background

Oral health is an essential part of general health. While tooth decay may be the most commonly recognized condition in the mouth, other disorders that may also negatively impact a person’s health include gum disease, soft tissue lesions, cleft lip and palate, and oral cancer. The scientific body of evidence supports the association between poor oral health and poor general health.¹

Behavioral Risk Factor Surveillance System

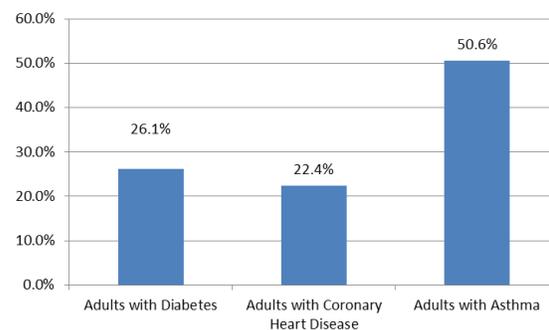
The New Hampshire (NH) Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey of non-institutionalized adults. This survey periodically assesses various health conditions and associated behaviors. BRFSS survey results show that those reporting poor general health also reported unfavorable oral health. In 2012, 64.0% of respondents reporting excellent or very good general health also reported that they had not lost any permanent teeth due to decay or gum disease. Only 31.2% of those reporting fair or poor general health reported no teeth lost to tooth decay and gum disease.

Permanent teeth lost due to decay or gum disease by categories of general health, NH BRFSS, 2012



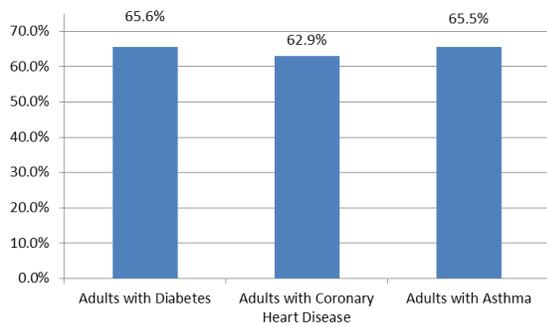
Various chronic disease conditions are associated with poor oral health. Individuals with diabetes and heart disease are at greater risk for periodontal (gum) disease, and people with asthma are more likely to be affected by dental caries (tooth decay), gingivitis (inflammation of the gums), or periodontitis (inflammation of supporting tissues around the teeth) when gingivitis is left untreated.^{1,2} In 2012 on average, 55.5% of New Hampshire adults reported they had not lost any permanent teeth. Adults with a reported history of diabetes or coronary heart disease were significantly less likely to report no lost permanent teeth.

Proportion of adults reporting no lost permanent teeth by selected chronic disease conditions, NH BRFSS, 2012



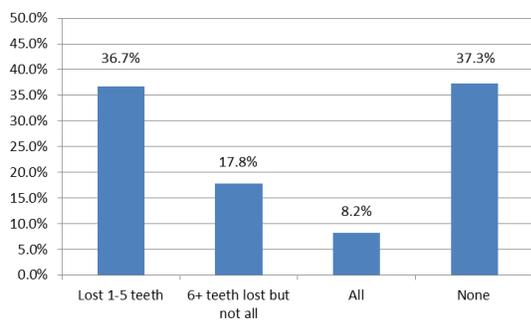
To maintain optimal oral health, the American Dental Association recommends regular dental visits at intervals determined by a dentist.³ In 2012 on average, 73.0% of New Hampshire adults reported a visit to a dentist or dental clinic for any reason during the previous 12 months. Individuals with selected chronic conditions reported dental visits significantly less often than individuals without a chronic disease and compared with New Hampshire adults on average.

Proportion of individuals with a reported dental visit for any reason during the previous 12 months by selected chronic disease conditions, NH BRFSS, 2012



Adult smokers are more likely to have poor oral health and more oral health-related problems when compared with those who have never smoked. Tobacco use increases the risk for dental caries, periodontal disease, and cancer.⁴ According to the 2012 NH BRFSS, current smokers are more likely to lose their natural teeth or suffer from complete tooth loss later in life. Only 49.8% of current smokers reported a dental visit for any reason during the previous 12 months.

Tooth loss among smokers, NH BRFSS, 2012

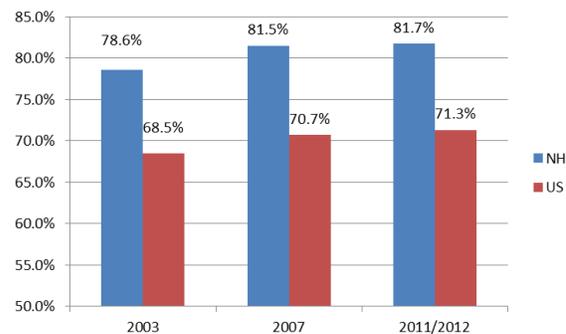


National Survey of Children’s Health

The National Survey of Children’s Health (NSCH) is a telephone survey that periodically assesses children’s oral health status and access to care through interviews with parents (or people acting as parents).⁵

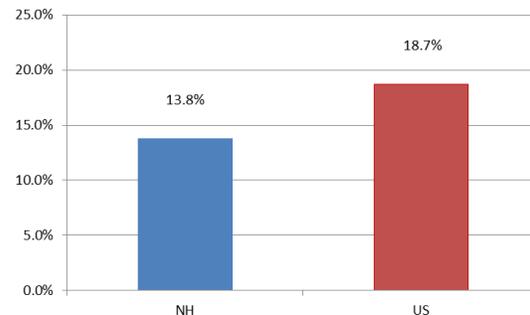
Results of the survey indicate that the overall oral health status of NH children ages 1-17 years was rated more positively than oral health status of children nationally. From 2003 to 2011/2012, NSCH surveys indicate a trend toward an increasing proportion of children with excellent or very good oral health.

Proportion of children with excellent or very good oral health, NH and US, NSCH, 2003-2012



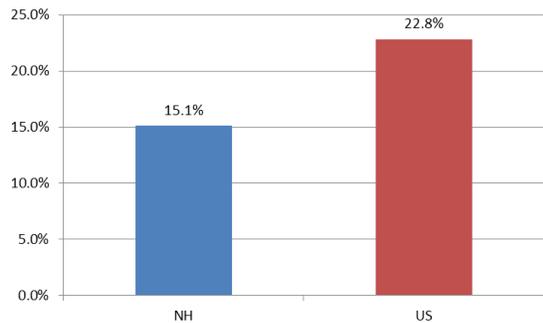
When parents were questioned about their child’s specific oral health related problems, it was reported that 13.8% of New Hampshire children 1-17 years of age have had a toothache, decayed teeth, or unfilled cavities in the past 12 months compared with 18.7% of children nationally.

Proportion of children with one or more oral health problems during the past 12 months, NH and US, NSCH, 2011/2012

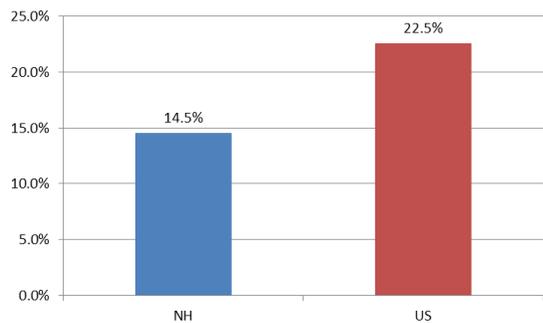


Responses related to dental care access indicated that 15.1% of New Hampshire children did not see a dentist for preventive dental care, such as check-ups and dental cleanings, during the past 12 months; 14.5% did not see a dentist for any kind of care, including check-ups, dental cleanings, x-rays, or filling cavities.

Proportion of children with no preventive dental care during the past 12 months, NH and US, NSCH, 2011/2012



Proportion of children with no dental care during the past 12 months, NH and US, NSCH, 2011/2012



Compared with the United States as a whole, oral health of New Hampshire residents is better. However, not everyone in New Hampshire has good oral health. School- and community-based programs that target those with the greatest need aim to eliminate existing disparities in New Hampshire. For details, see the *“Oral Health Program Activities in New Hampshire—2014*

Update” data brief available on our website: <http://www.dhhs.nh.gov/dphs/bchs/rhpc/oral/publications.htm>.

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- 2) Thomas MS, Parolia A, Kundabala M, Vikram M. Asthma and oral health: a review. *Aust Dent J.* 2010 Jun;55(2):128-33. doi: 10.1111/j.1834-7819.2010.01226.x
- 3) American Dental Association. American Dental Association Statement on Regular Dental Visits. Available from: <http://www.ada.org/8700.aspx>. Accessed on 01/03/2014.
- 4) National Center for Health Statistics Data Brief No. 85, “Smoking and Oral Health in Dentate Adults Aged 18-64,” Available from: <http://www.cdc.gov/nchs/data/databriefs/db85.htm>
- 5) Data Resource Center for Child and Adolescent Health. National Survey of Children’s Health. Available from: <http://www.childhealthdata.org/home>. Accessed on 01/03/2014.

BRFSS data analyzed using _llcpwt weight.