



Snapshot is a biannual publication that demonstrates the uses of Behavioral Risk Factor Surveillance System (BRFSS) data to illustrate various health behaviors among adult Californians. BRFSS is the largest, ongoing, telephone health survey in the world. The California BRFSS is an annual effort by the California Department of Public Health (CDPH), Chronic Disease Surveillance and Research Branch, in conjunction with the U.S. Centers for Disease Control and Prevention (CDC), and the Public Health Survey Research Program (PHSRP) to assess the prevalence of and trends in health-related behaviors and to monitor preventable risk factors for chronic diseases and other leading causes of death in the California adult population.

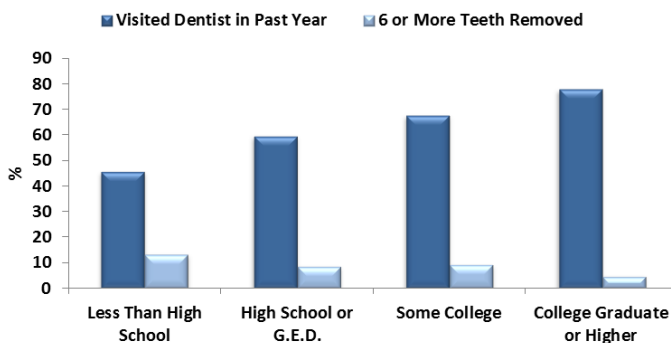
ORAL HEALTH AMONG CALIFORNIA ADULTS

Oral health is essential to overall health and well-being. Good oral health improves one's ability to talk, smile, taste, chew, and express feelings.¹ Poor oral health, on the contrary, has been linked to health risks that include diabetes, heart disease, stroke, oral cancers, and other chronic diseases. The mouth serves as a pathway for such systemic diseases via the teeth, gums, and saliva.² Dental decay and tooth loss are important oral health indicators for adults and are key measures for monitoring progress towards health promotion goals set by Healthy People 2020.³

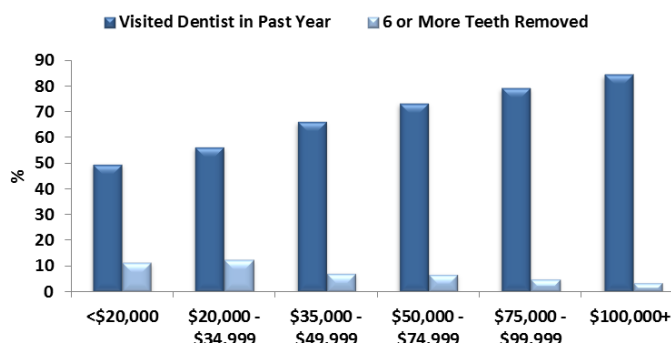
In 2014, an estimated 66.9 percent of California adults reported having had a dental visit within the past year. Twenty-nine percent of California adults had five or fewer teeth extracted due to dental decay or gum disease while 9.3 percent had more than six or all teeth removed.

A number of barriers exist that directly affect equitable access to oral health care. Some of these include limited access to and availability of dental services, cost, lack of awareness of the need for care, or fear of dental procedures. Furthermore, social determinants such as gender, age, education level, income, and race and ethnicity are associated with the ability to access oral health care.² In California, adults of lower socioeconomic status, as indicated by education level or annual household income level, are significantly less likely to have visited a dentist in the past year and significantly more likely to have had six or more, but not all, teeth extracted, than those of higher socioeconomic status levels. [Figures 1 and 2]

**Figure 1. Oral Health and Education Level
California Adults, 2014**

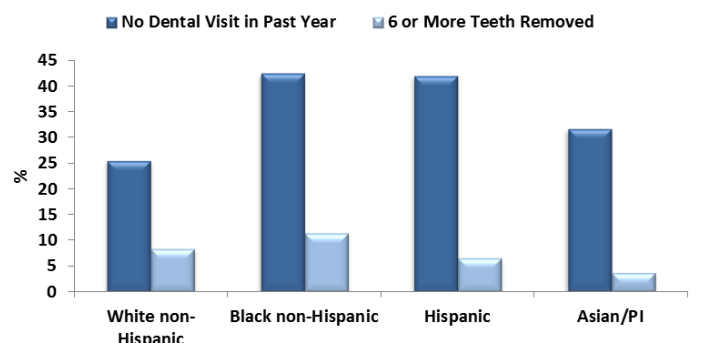


**Figure 2. Oral Health and Household Income Level
California Adults, 2014**



The prevalence of not having visited the dentist within the past year was similar by gender (34.9 percent vs. 31.3 percent, respectively). White, non-Hispanic adults (25.5 percent) were least likely to report not having visited the dentist or dental clinic within the past year compared to Black, non-Hispanic (42.5 percent), Hispanic (42 percent), and Asian and Pacific Islander adults (31.7 percent). [Figure 3] Uninsured and disabled adults (56 percent and 36.9 percent, respectively) were more likely to not have had a dental visit within the past year compared to insured adults and nondisabled adults (29.5 percent and 31.5 percent, respectively). [Table 1]

**Figure 3. Oral Health by Race/Ethnicity
California, 2014**



Oral disease is the most widespread chronic disease, despite being highly preventable. Health behaviors such as tobacco use, excessive alcohol use, and poor dietary choices can lead

to poor oral health and disease.¹ In California, 47.8 percent of current cigarette smokers and 31.7 percent of binge drinkers (defined as drinking five or more drinks on an occasion for men or four or more drinks on an occasion for women) have not had a dental visit in the past year. [Figure 4] Additionally, while an estimated 9.4 percent of California adults report ever being told by a doctor that they had diabetes, among those who had not visited a dentist in the past year, 10.8 percent reported also having been diagnosed with diabetes. Furthermore, an estimated 7.3 percent of California adults reported having been diagnosed with cardiovascular disease in 2014, while among those who reported having six or more teeth removed, 18.7 percent reported also having been diagnosed with a cardiovascular disease. [Figure 5]

Table 1. No Dental Visit in Past Year

Demographic Characteristics	%	95% Confidence Interval
Total	33.1	(31.5 - 34.6)
Gender		
Male	34.9	(32.6 - 37.1)
Female	31.3	(29.1 - 33.4)
Age		
18-24	31.6	(26.3 - 36.8)
25-34	43.8	(39.9 - 47.6)
35-44	35.9	(31.9 - 39.8)
45-54	29.6	(26.3 - 32.9)
55-64	29.4	(26.2 - 32.6)
65-74	26.2	(23.2 - 29.3)
75+	24.7	(21.1 - 28.2)
Race/Ethnicity		
White non-Hispanic	25.5	(23.7 - 27.2)
Black non-Hispanic	42.5	(35.7 - 49.3)
Hispanic	42.0	(38.8 - 45.2)
Asian/PI	31.7	(26.0 - 37.4)
Household Income		
< \$20,000	50.3	(46.5 - 54.1)
\$20,000 - \$34,999	43.7	(39.2 - 48.1)
\$35,000 - \$49,999	33.8	(28.7 - 38.8)
\$50,000 - \$74,999	26.6	(21.7 - 31.5)
\$75,000 - \$99,999	20.7	(16.1 - 25.2)
\$100,000+	15.4	(12.8 - 18.1)
Health Insurance		
Insured	29.5	(27.9 - 31.0)
Uninsured	56.0	(51.2 - 60.9)
Disability		
Disabled	36.9	(33.9 - 40.0)
Not disabled	31.5	(29.7 - 33.3)

Figure 4. Oral Health Risk among Current Smokers and Binge Drinkers, California, 2014

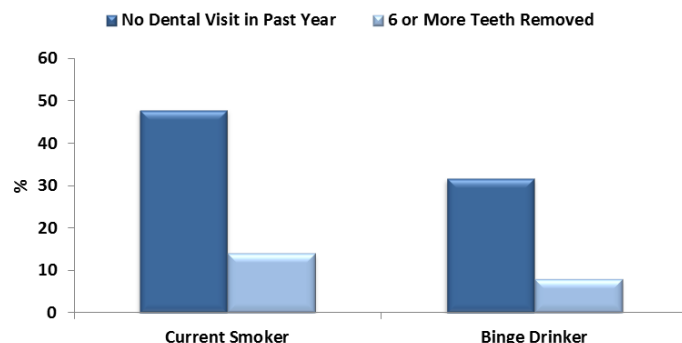


Figure 5. Oral Health Risk for Diabetes and Cardiovascular Disease, California, 2014

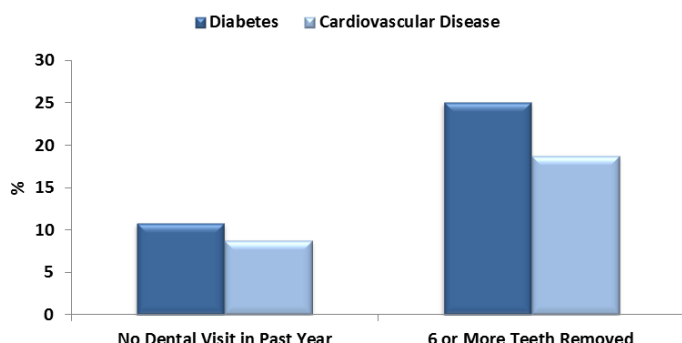
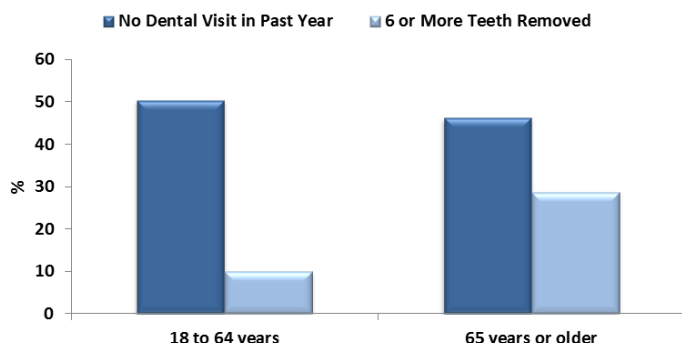


Figure 6. Oral Health Risk among Adults Living Below Federal Poverty Level, California, 2014



Recognizing the ties between oral health and general health, and promoting oral health by reducing the prevalence of dental decay and tooth loss, periodontal disease, and other chronic diseases through prevention and education are vital to determining appropriate oral health care programs and strategies at the individual and community levels.

¹U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

²Griffin SO, Jones JA, Brunson D, Griffin PM, Bailey WD. Burden of oral disease among older adults and implications for public health priorities. *Am J Public Health*. 2012;102(3):411-418.

³Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited May 11, 2016]. Available from: <https://www.healthypeople.gov>.