



**KCOHC's mission** is to improve the oral health of Kent County residents.

**KCOHC's vision** is simple – healthy teeth in every mouth.

**KCOHC's goals:**

1. Increase access to oral healthcare among underserved and hard to reach populations in Kent County.
2. Increase knowledge and awareness of the importance of oral health to overall health.



# 2019 KENT COUNTY ORAL HEALTH EXAM

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# 2019 KENT COUNTY ORAL HEALTH EXAM

## THANK YOU TO OUR PARTNERS

- Adult Dental Services Program
- Altarum
- American Board of Pediatric Dentistry
- Area Agency on Aging of Western Michigan
- Baxter Community Center Dental Clinic
- Cherry Health
- Dégagé Ministries
- Delta Dental Foundation
- Early Learning Neighborhood Collaborative
- Exalta Health
- Family Futures
- First Steps of Kent County
- Forest Hills Pediatrics
- Grand Rapids Children's Museum
- Grand Rapids Community College Dental Programs
- Grand Rapids Pride Center
- Grand Rapids Public Schools
- Grand Valley State University
- Great Start Collaborative
- Great Start Parent Coalition
- Hands Connected Multicultural ELC
- Helen DeVos Children's Hospital Pediatric Clinic
- Head Start for Kent County
- Health Net of West Michigan
- Hispanic Center of Western Michigan
- Kent County Health Department
- Kent District Library
- Kent Intermediate School District
- Kent School Services Network
- Mel Trotter Ministries
- Mercy Health Saint Mary's
- Meridian Health Plan
- Michigan Dental Association
- Michigan Department of Health and Human Services
- Michigan Oral Health Coalition
- Molina Health Plan
- My Community Dental Centers
- North Kent Connect
- Priority Health
- Ranir
- Spectrum Health
- Spectrum Health Healthier Communities
- Saint Mark's Episcopal Church
- Van Andel Institute
- Volunteer for Dental
- West Michigan Asian American Association
- West Michigan District Dental Society

*Funding for this report was provided by The DentaQuest Partnership for Oral Health Advancement, formerly the DentaQuest Foundation.*



# 2019 KENT COUNTY ORAL HEALTH EXAM AN INTRODUCTION

Dear Reader,

The Kent County Oral Health Coalition is pleased to share with its partners, stakeholders, and the community, the Kent County Oral Health Exam 2019.

In partnership with the Kent County Health Department and with financial support from the DentaQuest Partnership for Oral Health Advancement, the Coalition conducted an examination of the current state of oral health in our county. By distributing surveys to adults, seniors, and parents of children ages 0-5, quantitative and qualitative data was gathered to assess the oral health landscape of Kent County, Michigan. This report examines the results of these surveys, with conclusions used to inform the community of its oral health needs, barriers, and struggles.

Since the publication of its 2013 and 2016 Oral Health Exams, Kent County and the Kent County Oral Health Coalition has seen successes and challenges on the road to oral health improvement. By comparing 2019 data with the results from the 2013 and 2016 Exams, the Coalition and community possesses a better understanding of the community needs and needed areas of focus moving forward.

It is our hope that the information contained in this report will bring awareness to the importance of **oral health for all** in our community and catalyze the need to build a community that is free from the burden of untreated oral disease.

Thank you,

*Colette Smiley, D.D.S.*

Colette Smiley, D.D.S.  
Kent County Oral Health Coalition Co-Chair

*Edward Cox, M.D.*

Edward Cox, M.D.  
Kent County Oral Health Coalition Co-Chair

# 2019 KENT COUNTY ORAL HEALTH EXAM BACKGROUND

## KENT COUNTY ORAL HEALTH COALITION HISTORY

In 2011, First Steps, a Kent County nonprofit organization working to strengthen and coordinate services that improve the health and school readiness of young children, identified the need to expand dental care access to children with Medicaid. First Steps convened oral health stakeholders in the community and formed the Kent County Oral Health Coalition to address this need. It quickly became clear that oral health access challenges existed among all age groups throughout the County. These challenges were greatest among uninsured and underinsured residents. Thus, the Coalition began developing strategies to expand access and reduce barriers to oral health care for all community members.

In 2014, the Coalition became part of Health Net of West Michigan, a local nonprofit dedicated to ensuring all community members have the knowledge, resources, and support to maintain optimal health for themselves and their families. The Coalition received funding from the DentaQuest Partnership for Oral Health Advancement a year later. This stable funding has allowed the Coalition to focus on the overarching goals below:

1. Remaining a neutral multi-sector convener while providing space for oral health conversations and problem-solving among community stakeholders.
2. Increasing access to oral health care among underserved and hard to reach populations.
3. Increasing knowledge and awareness of the importance of oral health to overall health.

The Coalition has become a continuously growing partnership of community organizations, agencies, and clinicians advocating for equitable access to dental services and working to increase knowledge and awareness of the importance of oral health to overall health. We support the efforts of our partners and those in our community who are passionate about oral health.

## KENT COUNTY ORAL HEALTH COALITION MINI GRANTS

In an effort to improve oral health access, education, and awareness in Kent County, the Coalition started a mini grant program. In 2017, the Coalition awarded three community non-profit organizations \$1,500 each, and in 2018, the Coalition awarded four mini grants of up to \$2,000 each.

The projects were required to align with one of the Oral Health 2020 goals:

1. By 2020, at least 25% of the oral health network in Kent County (the Coalition) will be made up of community representatives (Engagement).
2. By 2020, Michigan will have an improved adult dental Medicaid payment rate (Advocacy).
3. By 2020, the Coalition will have improved the community's knowledge and understanding of oral health through an equity lens (Education).

The projects were also encouraged to consider the Coalition priorities:

1. Increase the number of dentists providing care at the emergence of the first tooth or by age one (Education).
2. Educate the public on the safety and necessity of dental care during pregnancy (Education).

3. Increase access to oral health care among our community's hard to reach populations (Engagement).
4. Increase the knowledge and awareness of the importance of oral health to overall health (Education).
5. Provide outreach to legislators on the necessity of an increased adult dental Medicaid payment rate (Advocacy).

The mini grant program was successful in engaging the community in the work of oral health and access to care in Kent County. The results of the 2017-2018 and 2018-2019 projects are below.

## 2017/18 PROJECT RESULTS

### **Cherry Health, Improving Oral Health for Pregnant Women and Young Children, \$1,500.00**

Cherry Health implemented a project titled: "Improving Oral Health with Pregnant Women and Young Children". The project objective was to provide oral health education to 250 pregnant women and 250 mothers of young children. Cherry Health was able to exceed this objective and serve 820 participants. Pre and post-tests were administered to measure participant knowledge of oral health and its importance. Pre-test results showed that most participants had minimal knowledge about oral health. Post-test results demonstrated that 80% of participants had an average amount of knowledge on oral health and 20% now had a high degree of knowledge. Cherry Health also distributed infant and toddler toothbrushes along with adult travel dental kits. Additionally, Cherry Health provided educational children's books and information from the Brush! curriculum. These tools encouraged participants to keep up with their oral health care and all participants scheduled appointments with a dentist for themselves and their children.

### **Hispanic Center of Western Michigan, Oral Health Education Project, \$1,500.00**

The Hispanic Center implemented an Oral Health Education project with the intent of conducting educational sessions to adult Latinos through an existing nutrition program titled, "Comprando Rico y Sano Charlas". Education was also provided through interactions with clients at visits with family support services and during community events. The Brush! curriculum was used for this education and Brush! videos were played in the Hispanic Center lobby. Dental kits with instructions on flossing and brushing, as well as referrals to dental care, were also provided. Barriers to dental care were identified and included transportation needs and fear of requesting services. Education was provided to assure families that all children who have Medicaid for insurance also qualify for Healthy Kids Dental and parental status is not a factor and will not be explored.

### **Dégagé Ministries, Oral Health Improvement Project, \$1,500.00**

Dégagé implemented an Oral Health Improvement project for patrons currently experiencing homelessness. Dégagé provided oral health education, referrals to care, and access to resources to over 200 patrons. Oral hygiene kits were distributed, and education was provided at Wellness Wednesdays, the Heartside Health Depot, and Foot Spa Days. Additionally, referrals were made to local clinics that provide dental care for community members in need of free and low-cost services. Education provided utilized the "Rethink Your Drink" curriculum and pre and post surveys were conducted to determine knowledge and barriers to care. Dégagé intends to continue this work through their partnership with Calvin College nursing students and has set a goal to have 50% of patrons who received a dental referral demonstrate a continued relationship with their dental provider.

## 2018/19 PROJECT RESULTS

### **Cherry Health, Improving Oral Health for Pregnant Women and Young Children, \$2,000.00**

Cherry Health implemented a project titled: "Improving Oral Health with Pregnant Women and Young Children." The project objective was to provide oral health education and age-appropriate supplies to 500 pregnant women and 500 mothers of young children enrolled in the Maternal Infant Health Program (MIHP). Cherry Health was able to exceed this objective and serve a total of 2,040 participants. This project had a huge impact on the families involved: all mothers reported an improved understanding of the importance of oral health and were willing to schedule dental appointments. Cherry Health will continue to provide help scheduling dental appointments and offering oral health education to its MIHP parents.

### **Early Learning Neighborhood Collaborative, ELNC Oral Health Program, \$1,500.00**

ELNC offers early childhood education services to over 400 students with programs strategically located in the most vulnerable neighborhoods of Grand Rapids. These programs give priority to those facing significant social pressure using income level, parental employment status, and other factors. Through this grant, ELNC distributed educational materials about the importance of oral health and techniques for improved dental hygiene to all its families. ELNC held three health symposiums/parent education nights specific to oral health to deliver the message that oral health is critical to overall health. Currently, 54% of ELNC students have a dental home, and ELNC hopes to increase this number as family coaches continue to provide oral health tools and education.

### **Exalta Health, Raising Oral Health Awareness, \$2,000.00**

Exalta Health expanded their pediatric services through its Raising Oral Health Awareness program. They were able to serve 21 children through 28 appointments and distribute Smile Packs to all pediatric patients. Exalta now has all products needed for this expansion and is confident of their pediatric service growth and capacity.

### **Family Futures, Oral Health Grant, \$1,500.00**

With this grant, Family Futures provided oral health kits and information to its Connections program families. Connections provides parents with age-specific developmental screenings, activity ideas, developmental newsletters, access to expert parent coaches, and connections to community resources. By targeting children in the Connections program, Family Futures focused on early intervention before poor oral health habits form. Since the Connections program provides just-in-time developmental information to parents, the funding of this proposal allowed parents and children to receive information just in time for that first tooth coming in. Family Futures has reached close to 1,000 families and distributed 69 oral health packets including information and age-appropriate toothbrushes and toothpaste. Participating families reported a 100% satisfaction rating for these kits. Family Futures plans to send out an additional 200 kits and will be continuing oral health education with its Connections program families through social media posts, follow-up mailings, and its seasonal newsletter.



# ORAL HEALTH IN MICHIGAN

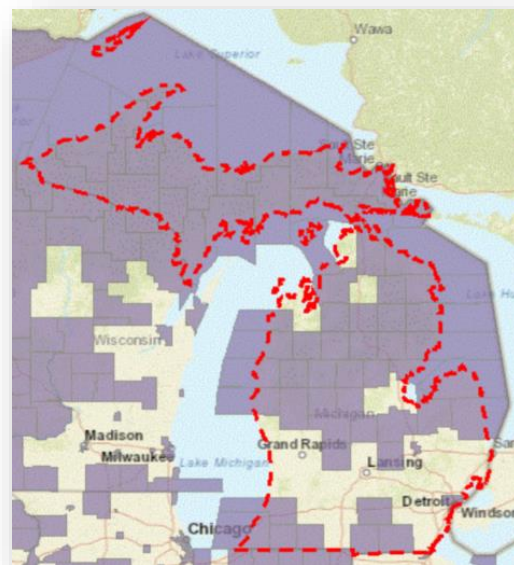
In May 2016, in collaboration with the Michigan Oral Health Coalition, the Michigan Department of Health and Human Services (MDHHS) released the 2020 Michigan State Oral Health Plan<sup>1</sup>. The plan included the following goals:

1. Enhance professional integration between providers across the lifespan
2. Increase knowledge and awareness of the importance of oral health to overall health
3. Increase access to oral health care among underserved and/or hard to reach populations

Several counties in Michigan have been designated Health Professional Shortage Areas (HPSAs) for dental health by the Health Resources & Services Administration (HRSA); a HPSA designation indicates an area with a shortage of providers within a population or geographic area<sup>2</sup>. The counties shaded in purple on the map to the right have been designated as a HPSA.

In 2017 in Michigan, 48.9% of Medicaid enrollees ages 0-18 years had one or more dental visits, and 28.3% had two or more dental visits<sup>3</sup>. In this same age group, 43.9% had one or more preventive dental visits. Among those 19-64 years, 25.3% of enrollees had one or more dental visits, and 15.5% had two or more. In this age group, 13.4% had one or more preventive dental visits.

The Michigan Behavioral Risk Factor Survey, a statewide telephone survey of Michigan residents aged 18 years or older, captures oral health data every other year and reports the percentage of residents with no dental visit in the past year and the percentage with six or more teeth missing<sup>4</sup>. Outcomes for these indicators have remained stable from 2012-2016.



*Dental HPSA Counties in Michigan, HRSA, 2019*

**TABLE. SELECTED ORAL HEALTH INDICATORS FROM THE MICHIGAN BEHAVIORAL RISK FACTOR SURVEY, 2012-2016**

YEAR	NO DENTAL VISIT IN PAST YEAR (%)	6+ TEETH MISSING (%)
2012	32.0 (30.7-33.3)	15.8 (14.9-16.7)
2014	31.4 (30.1-32.7)	15.5 (14.6-16.4)
2016	29.9 (28.8-31.0)	16.0 (15.2-16.8)

<sup>1</sup> Michigan Department of Health and Human Services. (2016). Michigan State Oral Health Plan. Retrieved from [https://www.michigan.gov/documents/mdhhs/2020\\_MichiganStateOralHealthPlan\\_FINAL\\_511929\\_7.pdf](https://www.michigan.gov/documents/mdhhs/2020_MichiganStateOralHealthPlan_FINAL_511929_7.pdf)

<sup>2</sup> Health Resources & Services Administration. (2019). Health Professional Shortage Areas (HPSAs). Retrieved from <https://bhwh.hrsa.gov/shortage-designation/hpsas>.

<sup>3</sup> Michigan Department of Health and Human Services. (2018, August). Michigan Oral Health Care 2017 Medicaid Rates by County. Retrieved from [https://www.michigan.gov/documents/mdhhs/Oral\\_Health\\_Medicaid\\_Rates\\_by\\_County\\_638777\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Oral_Health_Medicaid_Rates_by_County_638777_7.pdf)

<sup>4</sup> Michigan Department of Health and Human Services. (2019). Michigan Behavioral Risk Factor Surveillance System. Retrieved from [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_5104\\_5279\\_39424---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424---,00.html)

# ORAL HEALTH IN KENT COUNTY

As a county with its own oral health coalition since 2011, Kent County is dedicated to improving the oral health of its residents. Since the last oral health exam, the county has celebrated many oral health victories, including

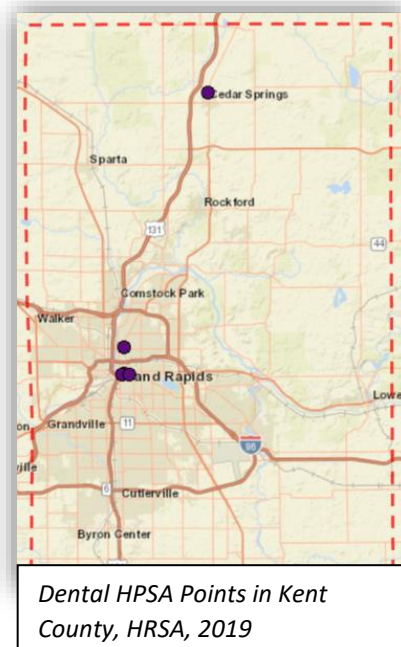
- The Centers for Medicare & Medicaid Services (CMS) approved the expansion of Healthy Kids Dental in Kent County to children ages 13-20, previously only available for children under age 13, effective October 1, 2016.
- In partnership with the Kent County Health Department, My Community Dental Centers (MCDC) opened two additional dental clinics to serve Medicaid and low-income patients in Cedar Springs (July 2017) and Walker (February 2019).

Many opportunities for oral health improvement remain in Kent County. The average population size served by a single dentist was 1,407:1 in Kent County, only marginally better than the ratio reported in the 2016 Oral Health Exam (1,490:1)<sup>5</sup>. According to 2017 data, Kent County had 461 dentists, an increase of 34 providers compared to the 2016 Oral Health Exam.

Certain areas of Kent County have been designated dental HPSAs by HRSA<sup>2</sup>. The facilities identified by a point on the map to the right are facilities with dental services that serve a community designated as a HPSA.

In 2017 in Kent County, 50.7% of Medicaid enrollees ages 0-18 years had one or more dental visits, 31.9% had two or more dental visits, and 44.6% had one or more preventive dental visits<sup>3</sup>. Among those 19-64 years, 22.2% of enrollees had one or more dental visits, 13.8% had two or more, and 11.5% had one or more preventive dental visits.

Similar to MDHHS, the Kent County Health Department captures oral health data via the Behavioral Risk Factor Survey, a county-wide telephone survey of residents aged 18 years or older, every three years in alignment with the community health needs assessment<sup>6</sup>. Outcomes for these indicators (no dental visit within the past year and six or more teeth missing) have remained stable over the last several years. Compared to the state, Kent County residents have historically reported similar or slightly more positive results.



**TABLE. SELECTED ORAL HEALTH INDICATORS FROM THE KENT COUNTY BEHAVIORAL RISK FACTOR SURVEY, 2012-2017**

YEAR	NO DENTAL VISIT IN PAST YEAR (%)	6+ TEETH MISSING (%)
2012	23.4 (19.3-27.5)	14.6 (11.4-17.9)
2014	23.3 (20.6-26.0)	16.5 (14.2-18.8)
2017	26.8 (23.9-29.8)	10.0 (8.2-11.8)

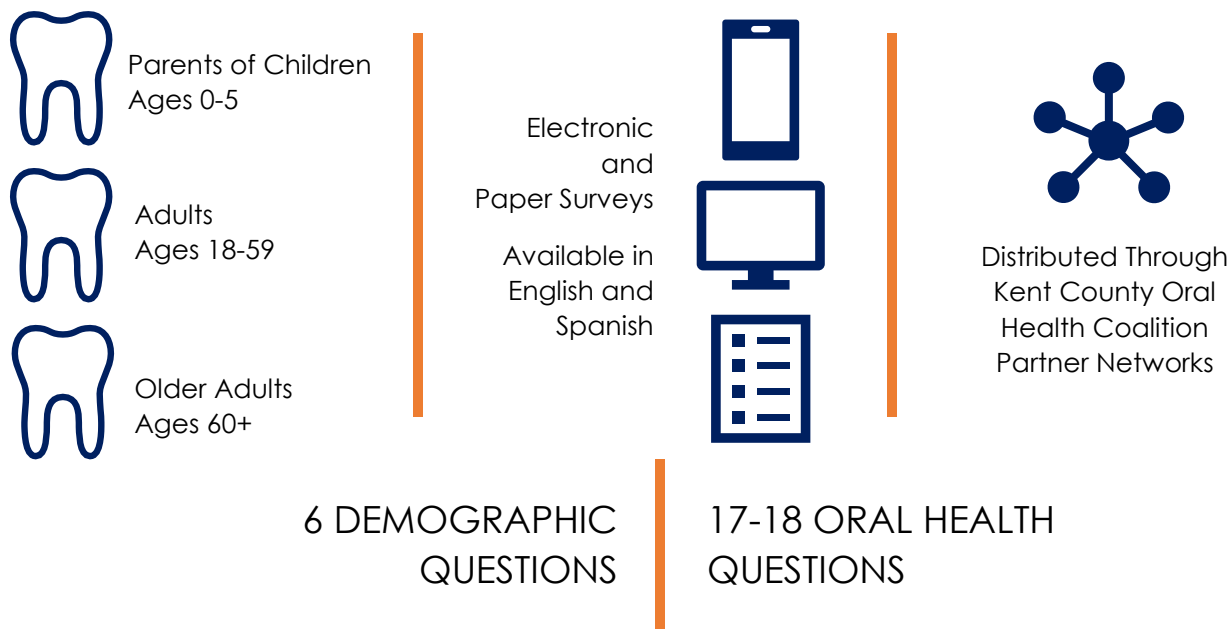
<sup>5</sup> Robert Wood Johnson Foundation. (2019). County Health Rankings & Roadmaps. Retrieved from <http://www.countyhealthrankings.org>.

<sup>6</sup> Kent County Health Department. (2019). Kent County Behavioral Risk Factor Surveillance System. Retrieved from <https://www.accesskent.com/Health/brfs.htm>.

# 2019 KENT COUNTY ORAL HEALTH EXAM METHODOLOGY

## SURVEY DISTRIBUTION

The Kent County Oral Health Coalition created three oral health surveys to assess the oral health landscape in Kent County. The surveys were available in English and Spanish and could be completed on a paper survey or electronically via SurveyMonkey. Community partners of the Kent County Oral Health Coalition distributed the survey through their networks. The survey remained open for 15 weeks from December 3, 2018 through March 15, 2019.



## ANALYSIS

Staff at the Kent County Health Department entered paper surveys into SurveyMonkey, and a public health epidemiologist downloaded all survey data for analysis into Microsoft Excel. Survey data were included in the analysis if respondents answered more than 50% of questions and completed the demographic information section. Due to the low number of respondents for the Older Adults Ages 60+ survey, answers were combined with the Adults Ages 18-59 survey to ensure a sufficiently large sample size. Analysis of open-ended questions remained separate for the two adult surveys.

## LIMITATIONS

The 2019 Oral Health Exam is a convenience sample of Kent County residents, in which participants were included not based on randomized selection but due to availability through pre-existing networks and may not be representative of the county. Survey results should be interpreted as an opportunity for hypothesis generation and should not be granted statistical significance.

# 2019 KENT COUNTY ORAL HEALTH EXAM

## KEY FINDINGS

### KEY FINDINGS IN CHILDREN

Compared to the 2016 Oral Health Exam, parents in 2019:

- Had a better understanding of their child's eligibility for Healthy Kids Dental
- Were just as likely to brush their child's teeth and/or gums
- Were 50% more likely to believe a child's first dental visit should occur between the appearance of the first tooth and age one

Good oral health behaviors were common:

- 95% of parents use a toothbrush to clean their child's teeth and/or gums
- 94% of parents use toothpaste to clean their child's teeth and/or gums
- 65% of parents brush their child's teeth and/or gums twice per day

The most commonly reported barriers to good oral health were:

- Being uninsured or underinsured
- Making time for good oral health

### KEY FINDINGS IN ADULTS

Compared to the 2016 Oral Health Exam, respondents in 2019:

- Reported a similar distribution of amount of time since last visiting their dentist (approximately 50% of respondents visited their dentist in the last 6 months)
- Were just as likely to have a dentist
- Also reported prevention/cleaning/check-up as the reason for their last dental visit
- Were 24% more likely to report a private dental office as their preferred location for care
- Also reported cost and insurance as the top barriers to accessing dental care

Disparities in oral health existed by demographics:

- Age
  - Older adults were more likely to floss and have a dentist than younger adults
  - Younger adults were more likely to have visited the emergency room for a dental issue and to have needed dental care in the past year but couldn't get it at that time
- Income
  - Lower income adults were more likely to have visited the emergency room for a dental issue, have difficulties doing daily life activities because of problems with teeth, mouth or dentures, and to be unsatisfied with the appearance of their teeth
  - Higher income adults were more likely to prefer a private dental office, to have a dentist, and to report prevention/cleaning/check-up as the reason for their most recent dental visit

# 2019 KENT COUNTY ORAL HEALTH EXAM PARENTS OF CHILDREN UNDER 5 YEARS

## SURVEY DEMOGRAPHICS

There were 113 responses to the survey. After removing responses with less than 50% of questions answered or demographic information missing, there were 83 responses for analysis.

**TABLE. DEMOGRAPHICS OF CHILDREN UNDER 5 YEARS, AS REPORTED BY PARENT SURVEY RESPONDENTS**

	N	%
<b>TOTAL</b>	83	--
<b>SEX</b>		
FEMALE	38	46.3%
MALE	44	53.7%
<b>AGE</b>		
AVERAGE AGE	39.8 months (3 years, 4 months)	--
MEDIAN AGE	42 months (3 years, 6 months)	--
AGE RANGE	5 months – 5 years	--
<b>RACE</b>		
WHITE	39	47.0%
BLACK/AFRICAN AMERICAN	9	10.8%
HISPANIC/LATINO	20	24.1%
MULTIRACIAL	9	10.8%
OTHER	6	7.2%
<b>INCOME</b>		
LESS THAN \$20,000	27	32.5%
\$20,000 TO \$59,999	31	37.3%
MORE THAN \$60,000	25	15.7%

## DENTAL INSURANCE

**Do you know if your child is eligible for Healthy Kids Dental?**




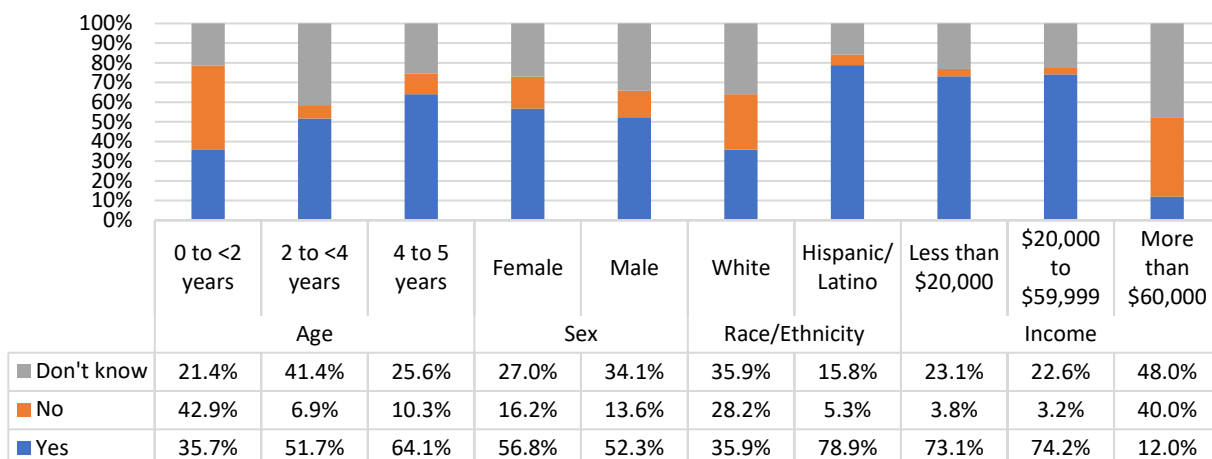
2016 Oral Health Exam	Healthy Kids Dental Eligibility	2019 Oral Health Exam
34.1%	 Yes	54.9%
15.8%	 No	14.6%
48.6%	 Unsure	30.5%

FIGURE 1. DO YOU KNOW IF YOUR CHILD IS ELIGIBLE FOR HEALTHY KIDS DENTAL?, BY CHILD'S AGE, RACE, AND HOUSEHOLD INCOME



Healthy Kids Dental is a program designed to create access to oral health care for children who have Medicaid and are under the age of 21. Compared to the 2016 Oral Health Exam, parents were more aware of their child's Healthy Kids Dental eligibility in the 2019 Oral Health Exam. Parents of Hispanic/Latino children and those with an income of less than \$60,000 were more likely to know their child's eligibility.

### What type of dental insurance does your child have?

	PRIVATE INSURANCE	MEDICAID	HEALTHY KIDS DENTAL	NO INSURANCE	DON'T KNOW
<b>TOTAL</b>	26.8%	31.7%	30.5%	7.3%	3.7%
<b>AGE</b>					
0 TO <2 YEARS	35.7%	14.3%	14.3%	35.7%	0.0%
2 TO <4 YEARS	27.6%	37.9%	27.6%	3.4%	3.4%
4 TO 5 YEARS	23.1%	33.3%	38.5%	0.0%	5.1%
<b>SEX</b>					
FEMALE	29.7%	24.3%	35.1%	8.1%	2.7%
MALE	25.0%	38.6%	25.0%	6.8%	4.6%
<b>RACE</b>					
WHITE	53.8%	17.9%	20.5%	7.7%	0.0%
HISPANIC/LATINO	0.0%	36.8%	47.4%	5.3%	10.5%
<b>INCOME</b>					
LESS THAN \$20,000	3.8%	46.2%	42.3%	0.0%	7.7%
\$20,000 TO \$59,999	3.2%	45.2%	45.2%	3.2%	3.2%
MORE THAN \$60,000	80.0%	0.0%	0.0%	20.0%	0.0%

Medicaid, Healthy Kids Dental, and private insurance were reported with similar frequency by parents. Parents of children aged two years or older were more likely to report having Medicaid or Healthy Kids Dental than younger children. More than one-third of parents with children aged two years or younger reported having no dental insurance. Parents of white children were more likely to report private insurance than parents of Hispanic/Latino children. Having Medicaid or Healthy Kids Dental was only reported among those with an income of less than \$60,000. One in five parents with an income of more than \$60,000 reported no dental insurance.

# ORAL HEALTH BEHAVIORS



95%  
of parents use a  
toothbrush to clean  
their child's teeth  
and/or gums

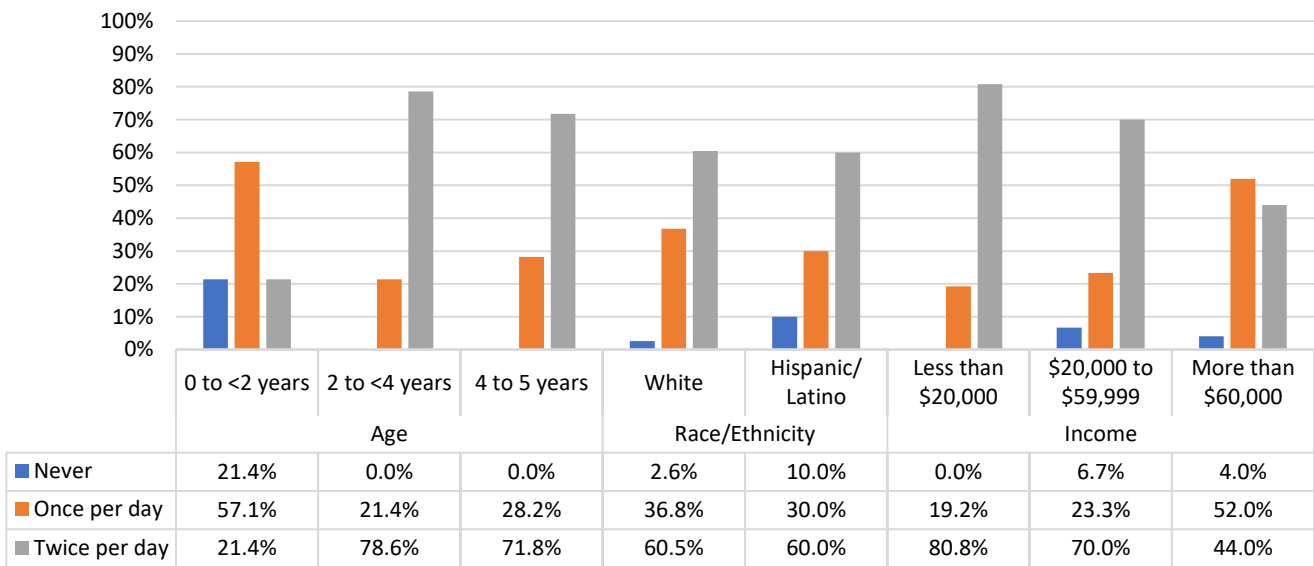


94%  
of parents use  
toothpaste to clean  
their child's teeth  
and/or gums

## How often are your child's teeth and/or gums brushed or cleaned?

ORAL HEALTH EXAM	NEVER	ONCE PER DAY	TWICE PER DAY	2-3 TIMES PER WEEK
2013	7.5%	30.5%	44.5%	11.5%
2016	5.5%	33.9%	44.4%	14.3%
2019	3.7%	30.9%	65.4%	0.0%

FIGURE 2. FREQUENCY OF BRUSHING OR CLEANING CHILD'S GUMS AND/OR TEETH, BY CHILD'S AGE, RACE, AND HOUSEHOLD INCOME



From the 2013 to the 2019 Oral Health Exam, the percentage of parents reporting never brushing or cleaning their child's gums and/or teeth has decreased slightly, while the percentage reporting cleaning twice per day increased in 2019. Cleaning twice per day was more common among parents of children older than 2 years and was increasingly common with decreasing household income.



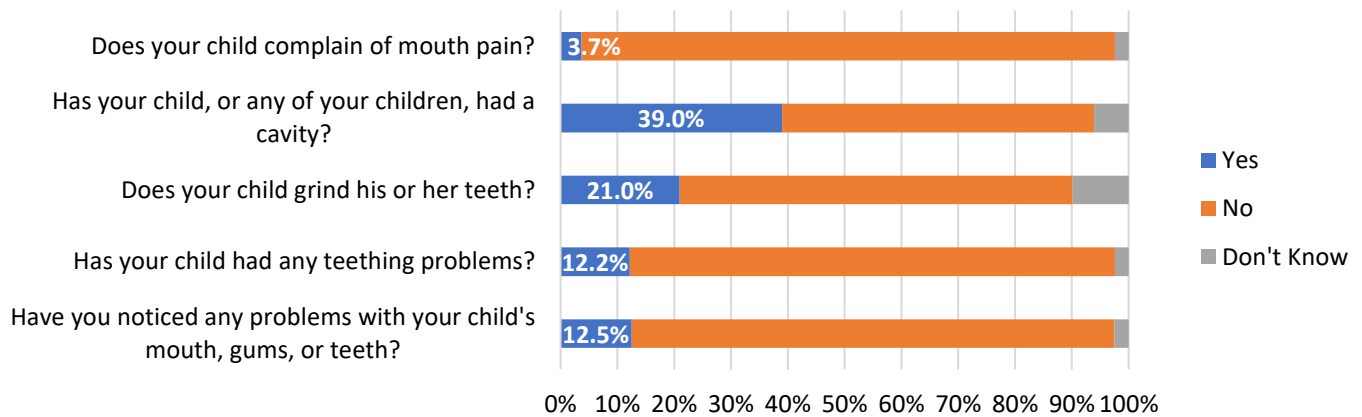
## At what age do you believe children should have their first dental visit?

ORAL HEALTH EXAM	BETWEEN THE APPEARANCE OF THE FIRST TOOTH AND AGE 1	2 YEARS	3 YEARS OR OLDER	DON'T KNOW
2016	32.0%	30.7%	25.9%	9.5%
2019	49.4%	24.1%	22.9%	3.6%

Compared to the 2016 Oral Health Exam, more parents in 2019 reported that a child should have their first dental visit between the appearance of the first tooth and age one.

## ORAL HEALTH ISSUES

FIGURE 3. CHILD'S ORAL HEALTH ISSUES AS REPORTED BY PARENTS



Having a cavity was the most common oral health issue reported by parents (39%), followed by grinding teeth (21%). Parents with an income less than \$60,000 were more likely to report that their child has had a cavity than those with higher incomes [Appendix, Table 11].



## OPEN-ENDED QUESTIONS

These word clouds represent common words and phrases from the open-ended survey questions. The quotes were selected to represent a variety of experiences expressed by survey respondents.

### 1. Please describe any barriers to oral health or access to dental care.

"Finding a Medicaid participating dentist that does not have a long wait."

"When we go to the dentist he won't let them look at his teeth."

"Dentist said his first visit should be after 4 because they are hard to examine at such a young age."

### 2. What helps you to have good oral health?



### 3. What makes it hard for you to have good oral health?

"Recently, it was snacking throughout the day and night, due to breastfeeding, and not brushing my teeth after "midnight" snacks."

"If my insurance is having issues with our deductible, I am unable to pay the full charge "out-of-pocket," while I wait for my caseworker to update that my deductible has been met."

"Making time to do it."

### 4. Is there anything else about your oral health experience that you would like to share?

"It can be off-putting when the billing department from a dentist office makes repeated mistakes on your bills, overcharging you. If I weren't knowledgeable in how to navigate this (they had coded the bill incorrectly), I fear my family would have been taken advantage of repeatedly. Furthermore, if costs are deemed as too expensive, some families could opt out of minor dental care and wait until it festered to something more severe, due to financial costs."

"I wish our dentist had a babysitter, so I could focus on my visit when I go with my kids."

# 2019 KENT COUNTY ORAL HEALTH EXAM

## ADULTS AGED 18+ YEARS

### SURVEY DEMOGRAPHICS

There were 540 responses to the adults aged 18-59 years survey; after removing responses with less than 50% of questions answered or demographic information missing, there were 357 responses for analysis. There were 87 responses to the adults aged 60+ years survey, with 57 responses available for analysis. Due to the low number of responses for the older adult survey, the two adult surveys were combined for analysis for a total of 414 responses. The question asking for the respondent's sex was inadvertently absent from the electronic survey initially, so this response is complete for 65% of the sample.

**TABLE. DEMOGRAPHICS OF SURVEY RESPONDENTS, ADULTS AGED 18+ YEARS**

	N	%
<b>TOTAL</b>	414	--
<b>AGE</b>		
18-24 YEARS	46	11.1%
25-34 YEARS	120	29.0%
35-44 YEARS	83	20.0%
45-54 YEARS	73	17.6%
55-64 YEARS	53	12.8%
65+ YEARS	36	8.7%
MISSING	3	0.7%
<b>SEX</b>		
FEMALE	201	48.6%
MALE	63	15.2%
OTHER	5	1.2%
MISSING	145	35.0%
<b>RACE</b>		
WHITE	276	67.2%
BLACK/AFRICAN AMERICAN	76	18.5%
HISPANIC/LATINO	35	8.5%
ASIAN	10	2.4%
MULTIRACIAL	9	2.2%
OTHER	5	1.2%
<b>INCOME</b>		
LESS THAN \$20,000	173	42.6%
\$20,000 TO \$59,999	137	33.7%
MORE THAN \$60,000	96	23.6%

# DENTAL INSURANCE

## What type of dental insurance do you have?

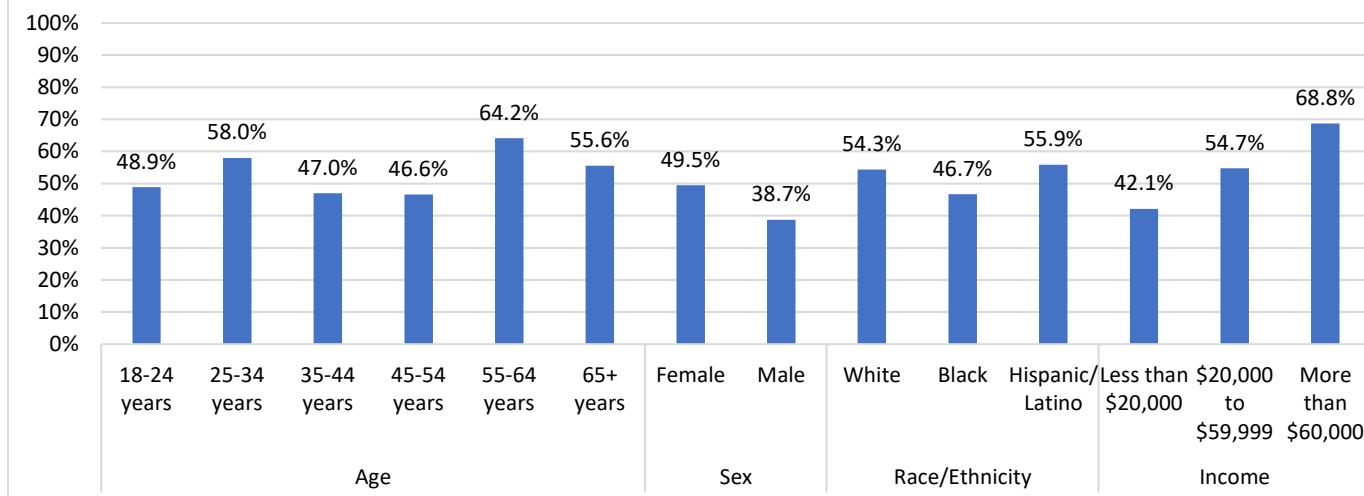
	PRIVATE INSURANCE	MEDICAID	MEDICARE SUPPLEMENTAL	NO DENTAL INSURANCE	DON'T KNOW
<b>TOTAL</b>	35.2%	32.8%	5.1%	21.8%	5.1%
<b>AGE</b>					
18-24 YEARS	32.6%	39.1%	0.0%	15.2%	13.0%
25-34 YEARS	35.0%	44.2%	0.0%	19.2%	1.7%
35-44 YEARS	32.5%	30.1%	3.6%	27.7%	6.0%
45-54 YEARS	41.1%	31.5%	2.7%	21.9%	2.7%
55-64 YEARS	39.2%	21.6%	3.9%	25.5%	9.8%
65+ YEARS	27.8%	13.9%	33.3%	22.2%	2.8%
<b>SEX</b>					
FEMALE	24.5%	48.0%	3.0%	20.0%	4.5%
MALE	19.4%	43.5%	6.5%	19.4%	11.3%
<b>RACE/ETHNICITY</b>					
WHITE	41.5%	26.5%	6.2%	21.5%	4.4%
BLACK/AFRICAN AMERICAN	11.8%	65.8%	2.6%	17.1%	2.6%
HISPANIC/LATINO	35.3%	14.7%	0.0%	32.4%	17.6%
<b>INCOME</b>					
LESS THAN \$20,000	4.1%	63.2%	5.8%	19.9%	7.0%
\$20,000 TO \$59,999	40.1%	19.0%	3.6%	31.4%	5.8%
MORE THAN \$60,000	82.3%	0.0%	3.1%	13.5%	1.0%

The majority of the survey sample had private insurance (35%) or Medicaid (33%). Approximately two in ten respondents reported having no dental insurance. Reporting no dental insurance was more common among Hispanic/Latinos and those with an income of \$20,000 to \$59,999. Adults aged 18-24 years, males, and Hispanic/Latinos were more likely to report being unsure of their dental insurance.

# ORAL HEALTH BEHAVIORS

## Are you satisfied with the appearance of your teeth?

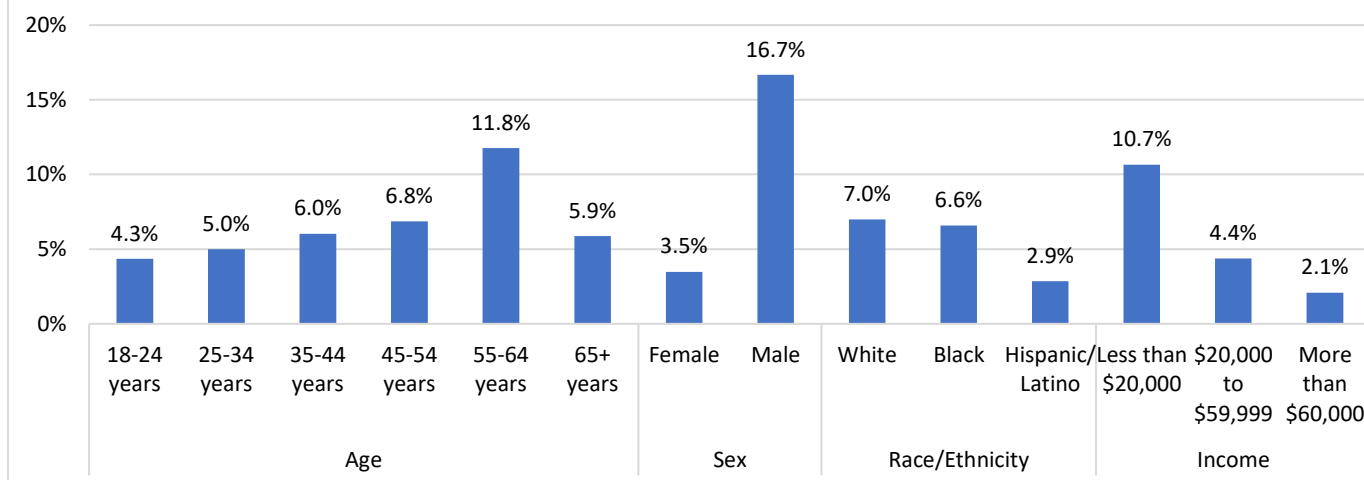
FIGURE 4. RESPONDENTS THAT ARE SATISFIED WITH THE APPEARANCE OF THEIR TEETH, BY DEMOGRAPHICS



Overall, 53% of respondents were satisfied with the appearance of their teeth. Satisfaction was relatively similar across age groups, with those 55-64 years reporting slightly greater satisfaction than other age groups. Females were slightly more satisfied than males. Those with a higher household income were more likely to report satisfaction with the appearance of their teeth.

## How many times per day are your teeth brushed or cleaned?

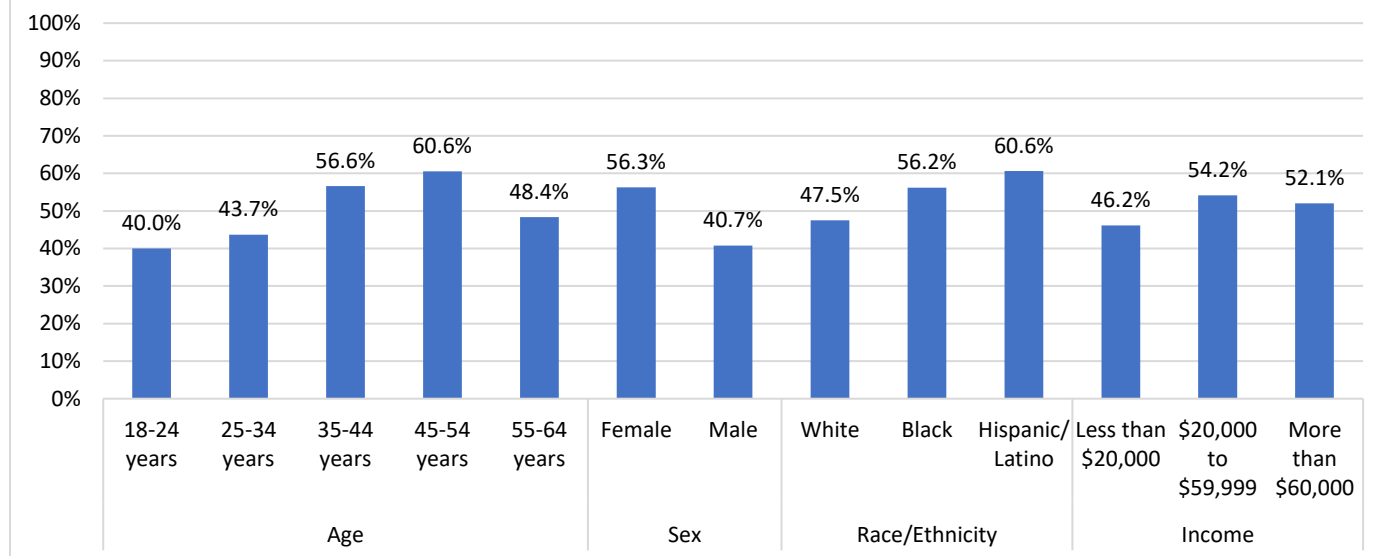
FIGURE 5. RESPONDENTS REPORTING NEVER BRUSHING OR CLEANING THEIR TEETH OR DOING SO LESS THAN ONE TIME PER DAY, BY DEMOGRAPHICS



Overall, 6% of respondents never brush their teeth or dentures or do so less than one time per day. Approximately eight in ten respondents brush their teeth one to two times per day. Males were almost five times more likely to report never brushing their teeth than females. Reporting never brushing teeth decreased with increasing income. Those aged 55-64 years were slightly more likely to report never brushing their teeth than other ages. (Please note the y-axis in the chart above ranges from 0-20%.)

## Do you regularly floss or clean between your teeth?

FIGURE 6. RESPONDENTS THAT REGULARLY FLOSS OR CLEAN BETWEEN TEETH, BY DEMOGRAPHICS



Overall, 50% of respondents report regularly flossing or cleaning between their teeth. This behavior tended to increase with increasing age, except for the 55-64-year age group (this question was not included on the adults aged 60+ survey). Females were more likely to report this behavior than males. Hispanic/Latinos and black/African Americans were more likely to report this behavior than whites. Those with a household income of \$20,000 or more were also more likely to report this behavior.

## DENTAL CARE

**About how long has it been since you last visited a dentist? (This includes all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.)**

ORAL HEALTH EXAM	≤ 6 MONTHS	>6 MONTHS, <1 YEAR	>1 YEAR, <2 YEARS	>2 YEARS, <3 YEARS	>3 YEARS, <5 YEARS	≥ 5 YEARS	NEVER
2016	50.2%	12.4%	11.6%	5.5%	5.5%	11.1%	N/A
2019	49.9%	12.5%	12.8%	5.9%	6.6%	11.1%	1.2%

Measuring the proportion of individuals who visit a dentist annually is a common way to estimate utilization of oral health care services<sup>7</sup>. Nationally, utilization of oral health services has been steadily decreasing, with cost being the most common barrier to access. According to the Health Policy Institute (HPI) of the American Dental Association, financial barriers to oral health care are associated with a trend toward decreasing dental benefits coverage<sup>8</sup>.

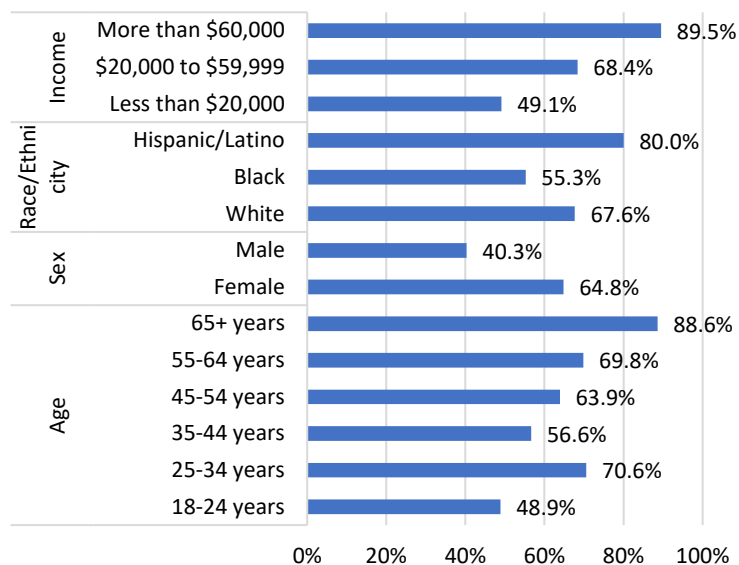
<sup>7</sup> Consumer Survey of Barriers to and Facilitators of Access to Oral Health Services. (2019, March). *Oral Health Workforce Research Center*.



<sup>8</sup> Gupta N, Vujcic M. Barriers to dental care are financial among adults of all income levels. Health Policy Institute Research Brief. American Dental Association. April 2019. Available from: [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0419\\_1.pdf](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0419_1.pdf).

In Kent County, the proportion of individuals that reported seeing a dentist in the past year did not change between the 2016 and 2019 Oral Health Exams (approximately 62%).

## Do you currently have a dentist?

FIGURE 7. RESPONDENTS THAT CURRENTLY HAVE A DENTIST, BY DEMOGRAPHICS



	Oral Health Exam	
	2016	2019
 <b>Yes</b>	<b>67.5%</b>	<b>65.9%</b>

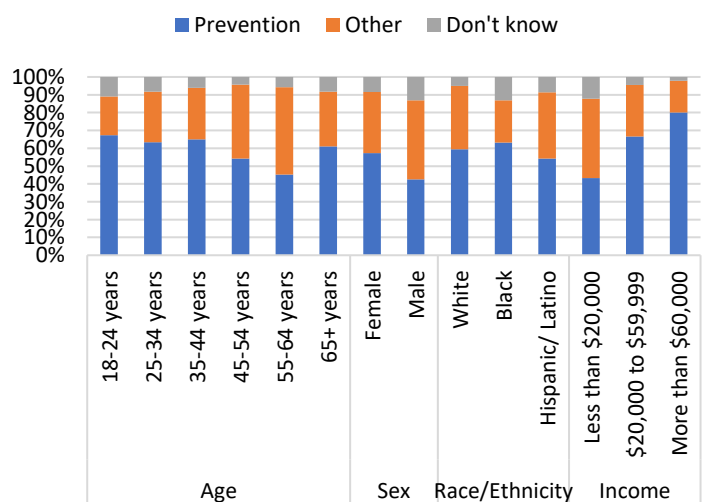
Overall, two-thirds of respondents reported that they currently have a dentist, and there was no difference between the 2016 and 2019 surveys.

Having a dentist was most likely among the 65+ year age group than other ages, and females were more likely than males to have a dentist. Hispanic/Latinos were more likely than other races/ethnicities to have a dentist. Those with a greater household income were more likely to report having a dentist.

## What was the purpose of the most recent visit to the dentist?

Purpose of the most recent visit to the dentist	Oral Health Exam	
	2016	2019
Prevention/cleaning/check-up	<b>57.9%</b>	<b>60.3%</b>
Restorative/fillings	<b>8.1%</b>	<b>11.9%</b>
Pain/dental emergency/extraction	<b>9.3%</b>	<b>11.2%</b>
Don't know or not sure	--	<b>7.1%</b>
Dentures/partial dentures or repair	<b>7.4%</b>	<b>4.6%</b>
Crowns/bridges	<b>2.8%</b>	<b>2.2%</b>
Root canal/endodontics	<b>1.2%</b>	<b>2.2%</b>
Gum therapy/periodontal	<b>0.3%</b>	<b>0.5%</b>

FIGURE 8. PURPOSE OF THE MOST RECENT VISIT TO THE DENTIST, BY DEMOGRAPHICS

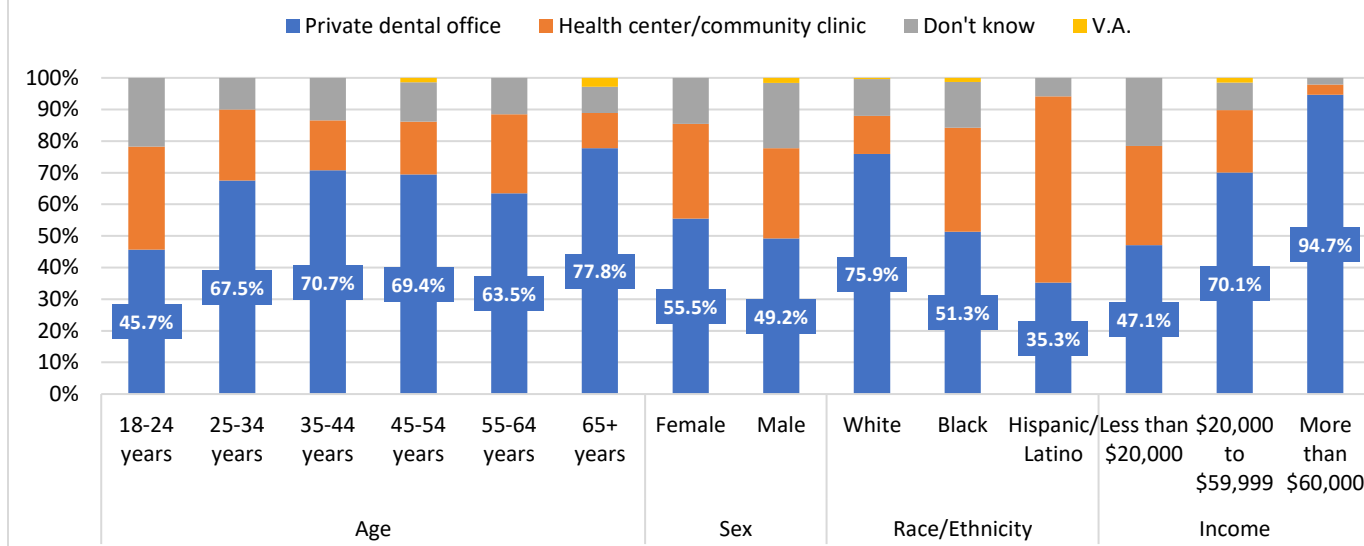


Overall, 60% of respondents reported prevention/cleaning/check-up to be the purpose of their most recent visit to the dentist. This response was relatively similar across age groups, sex, and race/ethnicity. Those with a lesser household income were more likely to report reasons other than prevention for their most recent dental visit. Overall, 7% of respondents were unsure of the reason for their most recent visit.

## Where do you prefer to go for dental care?

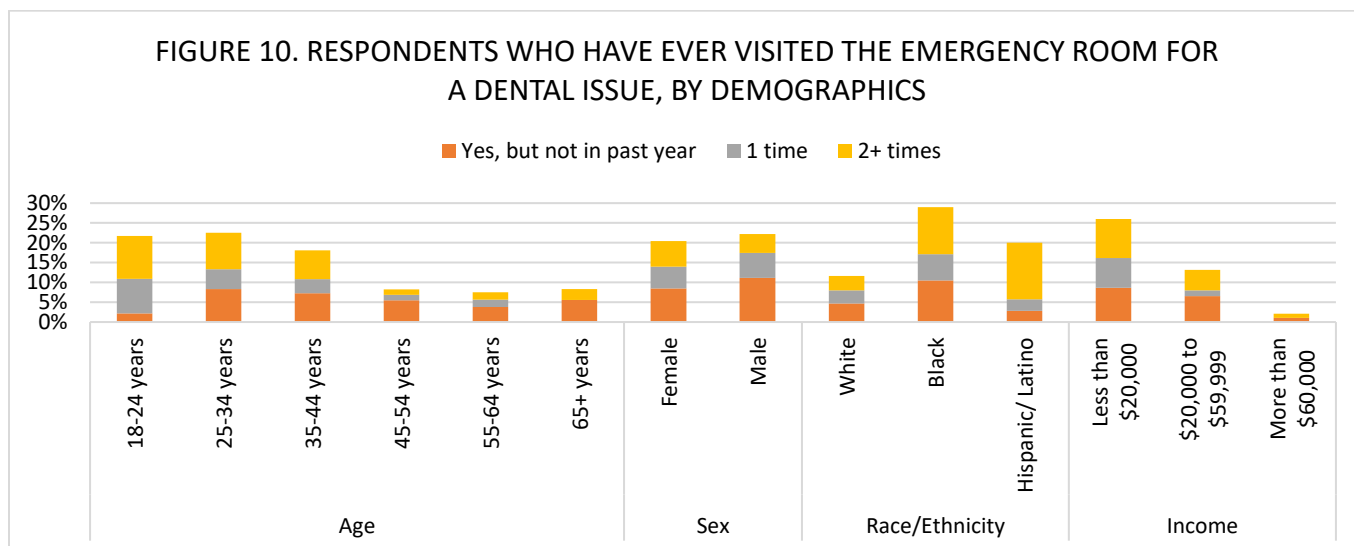
Locations	Oral Health Exam	
	2016	2019
Private dental office	53.8%	66.6%
Health center/community dental clinic	25.6%	20.5%
Hospital emergency room	1.2%	N/A
V.A.	0.6%	0.5%

FIGURE 9. LOCATION RESPONDENTS PREFER TO GO FOR DENTAL CARE, BY DEMOGRAPHICS



Overall, two-thirds of respondents reported they prefer going to a private dental office for their dental care. Those aged 18-24 years were more likely to report a health center or community clinic than other age groups. Whites were more likely to report a private dental office as their preference than other races/ethnicities. Those with greater household income were also more likely to report a private dental office as their preferred location for dental care.

## How many times in the past year have you visited the emergency room for a dental issue?

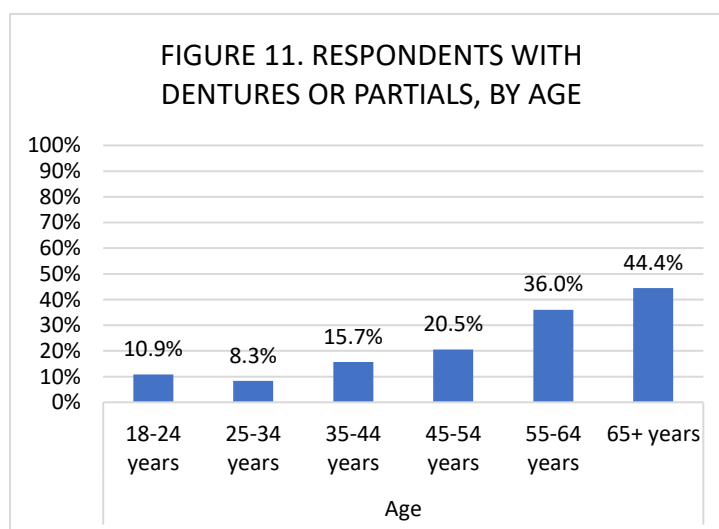


Research has estimated up to 2.1 million emergency department dental visits in the United States each year, up to 1.65 million of which could be diverted to a dental office setting<sup>9</sup>. Emergency department patients with a dental issue are more likely to have Medicaid or no insurance than non-dental patients, and they are more likely to arrive at the emergency department outside of normal business hours. Diverting dental issues from the emergency department to a dental office may save up to \$1.7 billion per year.

In Kent County, 84% of survey respondents have never visited the emergency room for a dental issue, 6% have visited but not in the past year, 4% have visited one time, and 6% have visited two or more times. Those 45 years or older were less likely than younger age groups to report visiting the emergency room. Whites were less likely than black/African Americans or Hispanic/Latinos, and those with lesser household incomes were more likely to report visiting the emergency room for a dental issue. *(Please note the y-axis in the chart above ranges from 0-30%.)*

### Do you have dentures or partials?

Overall, 19% of respondents reported having dentures or partials. As expected, older age groups were more likely to report having dentures or partials than younger age groups. Responses were similar across other demographic groups, although black/African Americans were less likely to report having dentures or partials (9%) than whites (22%) or Hispanic/Latinos (23%).



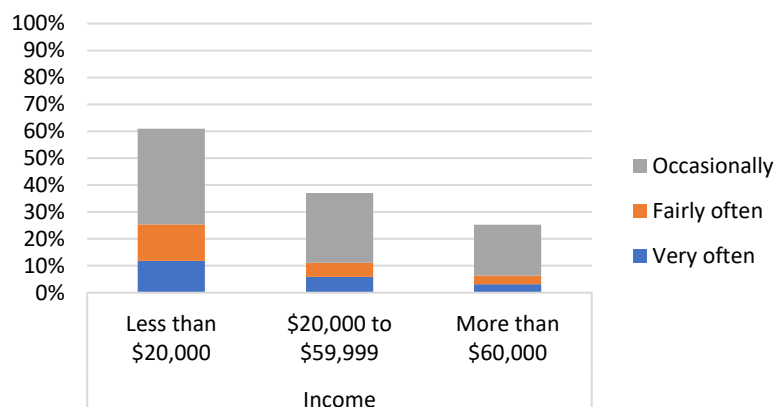
<sup>9</sup> Wall T, Nasseh K, Vujicic M. Majority of dental-related emergency department visits lack urgency and can be diverted to dental offices. Health Policy Institute Research Brief. American Dental Association. August 2014. Available from: [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0814\\_1.ashx](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0814_1.ashx).



## ORAL HEALTH ISSUES

### During the past year, how often have you had pain or aching anywhere in your mouth?

FIGURE 12. RESPONDENTS THAT AT LEAST OCCASIONALLY HAVE HAD PAIN OR ACHING ANYWHERE IN THEIR MOUTH DURING THE LAST YEAR, BY INCOME

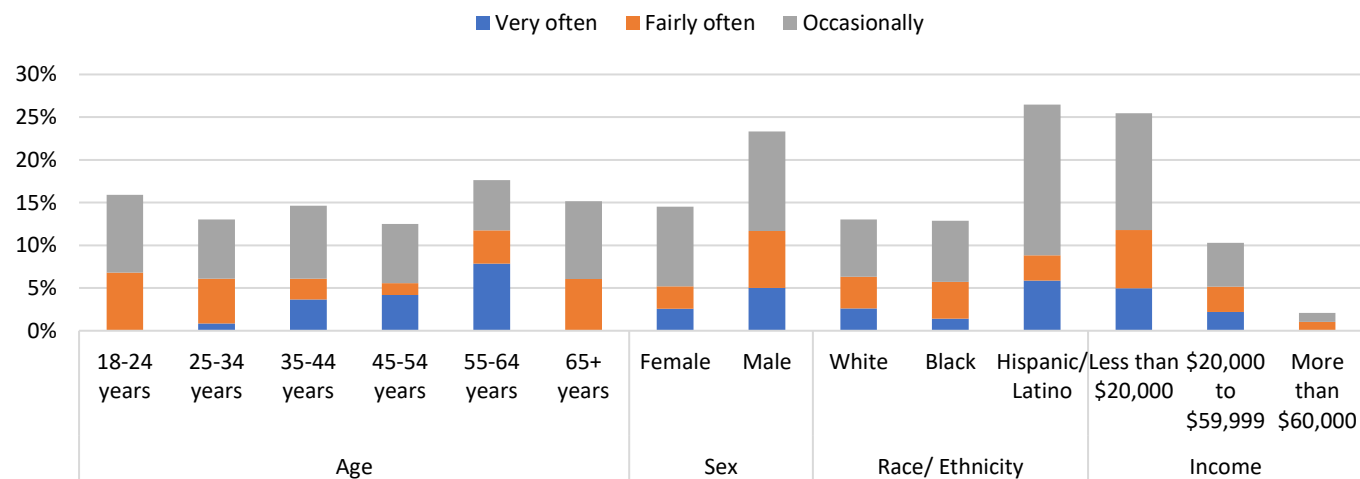


Overall, 44% of respondents reported at least occasional pain or aching anywhere in their mouth during the last year. Responses were relatively similar across all demographic groups, except by household income.

There appeared to be an association between household income and reporting pain, with respondents with a household income less than \$20,000 being most likely to report at least occasional pain.

### How often during the last year have you had difficulties doing your daily life activities, usual jobs or attending school because of problems with your teeth, mouth or dentures?

FIGURE 13. RESPONDENTS THAT AT LEAST OCCASIONALLY HAVE HAD DIFFICULTIES DOING DAILY LIFE ACTIVITIES DURING THE PAST YEAR BECAUSE OF PROBLEMS WITH THEIR TEETH, MOUTH OR DENTURES, BY DEMOGRAPHICS



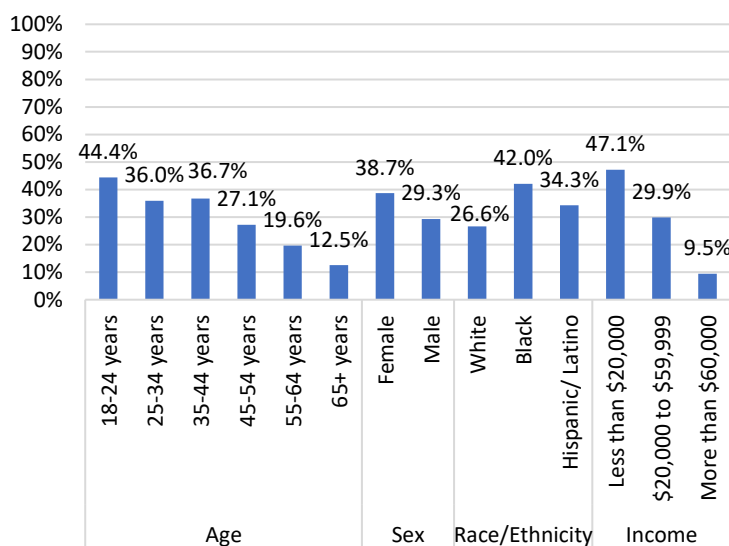
Overall, 14% of respondents reported at least occasional difficulty doing activities of daily living or attending jobs or school during the past year because of dental problems. Consistent with the previous question addressing pain, responses were most likely to differ by household income, with lesser incomes more likely to report difficulty. However, differences were also seen by race/ethnicity and by sex. (Please note the y-axis in the chart above ranges from 0-30%.)

## During the past year, was there a time when you needed dental care but could not get it at that time?

Between 2013 and 2016 in the United States, approximately one in five working-age adults and one in ten seniors did not receive the dental care they needed in the past year<sup>2</sup>. In Kent County, approximately one in three respondents reported needing dental care within the past year but were unable to access it at that time.

Consistent with national results, this response was associated with age: younger adults were more likely to report having a barrier than older adults. Females were slightly more likely to report a barrier than males, and whites were less likely than other races/ethnicities to report a barrier. Barriers were associated with household income: those with an income less than \$20,000 were almost five times more likely to report a barrier than those with an income more than \$60,000.










FIGURE 14. RESPONDENTS WHO NEEDED DENTAL CARE WITHIN THE PAST YEAR BUT COULD NOT GET IT AT THAT TIME, BY DEMOGRAPHICS



## If you needed dental care within the past year but could not get it at that time, what were the reasons you could not get the dental care you needed?

Nationally, financial reasons such as cost and insurance coverage are the most commonly reported barriers to not obtaining needed dental care<sup>10</sup>.

Financial barriers are common in Kent County as well, with cost and insurance being reported as the top two challenges in 2016 and 2019.

Reasons		Oral Health Exam	
		2016	2019
	I could not afford the cost.	19.4%	21.7%
	My insurance did not cover the recommended procedures.	6.2%	9.2%
	I was afraid and/or do not like dentists.	2.7%	5.3%
	I did not want to spend the money.	1.8%	4.3%
	I was unable to take time off from work.	1.6%	4.1%
	My dental office is not open at convenient times.	1.9%	2.7%
	I did not think anything serious was wrong and/or I expected my dental problems to go away.	1.0%	2.2%
	I am too busy.	0.9%	1.2%
	My dental office is too far away.	0.1%	0.5%

<sup>10</sup> Gupta N, Vujicic M. Barriers to dental care are financial among adults of all income levels. Health Policy Institute Research Brief. American Dental Association. April 2019. Available from: [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0419\\_1.pdf](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0419_1.pdf).

## Respondents with Well Water

**TABLE. DEMOGRAPHICS OF RESPONDENTS REPORTING A PRIVATE WELL AS THEIR SOURCE OF DRINKING WATER**

<b>TOTAL</b>	13.4%
<b>AGE</b>	
<b>18-24 YEARS</b>	10.5%
<b>25-34 YEARS</b>	13.2%
<b>35-44 YEARS</b>	9.2%
<b>45-54 YEARS</b>	20.9%
<b>55-64 YEARS</b>	15.7%
<b>65+ YEARS</b>	8.6%
<b>SEX</b>	
<b>FEMALE</b>	12.4%
<b>MALE</b>	13.5%
<b>RACE/ETHNICITY</b>	
<b>WHITE</b>	16.0%
<b>BLACK/AFRICAN AMERICAN</b>	7.6%
<b>HISPANIC/LATINO</b>	6.9%
<b>INCOME</b>	
<b>LESS THAN \$20,000</b>	18.2%
<b>\$20,000 TO \$59,999</b>	5.8%
<b>MORE THAN \$60,000</b>	14.9%

In 1945, Grand Rapids became the first city in the United States to fluoridate its drinking water<sup>11</sup>. A study released just ten years after initial fluoridation found a significant reduction in dental caries in the population; this intervention has been recognized as one of the top ten greatest achievements in public health in the 20<sup>th</sup> century<sup>12</sup>.

Currently in Kent County, 97% of the more than 502,000 residents served by public water systems are served by a fluoridated water system<sup>13</sup>. While fluoride exists in most water sources to some level, Kent County residents with private wells need to have their water tested to determine the fluoride concentration<sup>14</sup>. The recommended level of fluoride in drinking water is 0.7 mg/L.

<sup>11</sup> Arnold, F. A., Jr, Dean, H. T., Jay, P., & Knutson, J. W. (1956). Effect of fluoridated public water supplies on dental caries prevalence. *Public health reports (Washington, D.C. : 1896)*, 71(7), 652–658.

<sup>12</sup> Ten Great Public Health Achievements -- United States, 1900-1999. (1999, April 2). *MMWR*, 48(12), 241-243.

<sup>13</sup> Centers for Disease Control and Prevention. (2019). Fluoridation Status Report. In *My Water's Fluoride*. Retrieved from [https://nccd.cdc.gov/DOH\\_MWF/Reports/FIStatus\\_Rpt.aspx](https://nccd.cdc.gov/DOH_MWF/Reports/FIStatus_Rpt.aspx)

<sup>14</sup> Centers for Disease Control and Prevention. (2013, July). Private Wells. In *Community Water Fluoridation*. Retrieved from <https://www.cdc.gov/fluoridation/faqs/wellwater.htm>

These word clouds represent common words and phrases from the open-ended survey questions. The quotes were selected to represent a variety of experiences expressed by survey respondents.

[illegible]

- Insurance
- Cost
- Transportation
- Public dental centers
- Finding a dentist
- Dental complications
- Finding time
- Clinic location

[illegible]

- Insurance/ money
- Daily care
- Oral health products
- Good mental health
- Motivation
- Dental care
- Diet



### 3. What makes it hard for you to have good oral health?



#### Major Categories:

- No dental care
- Cost
- Insurance
- Diet
- Poor oral health
- Poor mental health
- Barriers to daily care
- Quality of care
- Time

### 4. Is there anything else about your oral health experience that you would like to share?

"Not having insurance for dental work at a young age caused me to neglect the dentist, due to not being able to afford care. Now that I have insurance through an employer, I'm making up for the time I did not have dental insurance, so there are problems from earlier on in my life."

"I went for an extraction and infection about a year ago and it was supposed to only cost a little bit, but after the quote I could not do it. I now have a half-broken tooth with constant pain in my mouth and no way to take care of it."

"Why is dental care considered different or separate from health care?"

"The dentist did not seem to know or care that having gastric by-pass surgery changes things. He has not kept up on changes in his field."

"I stopped going to the hygienist I was seeing because they were pushing me to schedule a cleaning before my insurance would cover another one. I have not yet found another because I know the waits are super long and it makes it hard to plan."

# 2019 KENT COUNTY ORAL HEALTH EXAM OLDER ADULTS AGES 60+ YEARS

## OPEN-ENDED QUESTIONS

### 1. Please describe barriers to oral health or access to dental care.

"My husband and I are both in our seventies and have several missing teeth and the remaining are in very poor condition. Our teeth hurt us, we struggle with eating meat or hard foods and we do not have the financial means to pay for extractions and dentures. We borrow money month to month from our kids just to get through with our normal (very minimal) expenses. We are not living the life of retirement that we always dreamed and though we need dental work done we simply have put it off due to the financial burden."

"Paying for new dentures out-of-pocket was a challenge, since there is no coverage for this. And because I have severe osteoporosis I wanted to be sure of the dentist I went to (their reputation and follow-up services)."

"I do not have any barriers because I still work, but most people over 65 do not have dental insurance and do not keep up their twice-a-year visits because it is a cost out of pocket. We should add a dental coverage to Medicare."

"Currently I have dental insurance through employer plan. I expect I will be paying out of pocket for dental care when I retire a year from now."

"Real barrier is the cost. I'm still working so I can take care of things right now; but when I retire that will be another story."

### 2. What helps you to have good oral health?

good oral care  
regular dental visits  
brushing  
good nutrition  
good genes  
flossing  
dental insurance

care about appearance  
oral dental water pic  
good nutrition  
insurance  
access  
parents fear  
good genes  
parentalistic  
past problems  
electric toothbrush  
oral rinse  
brushing regularly  
ability to pay  
access to a dentist

#### Major Categories:

- Routine
- Parents' example
- Insurance
- Oral health products
- Nutrition
- Motivation
- Access

### 3. What makes it hard for you to have good oral health?

"The procedures I need as I age are much more expensive."

"I did not visit a dentist in the last 30 years."

"Can be cost prohibitive so there is more time between dental visits."

"Dementia."

"My genes and no fluoride as a kid."

### 4. Is there anything else about your oral health experience that you would like to share?

"Patients know best at times. I was refused to have multiple lower extractions, to have full dentures. Instead I had 1-2 teeth extracted at a time and kept having to have teeth added to partial. This was horribly expensive, and I ended up with a full lower denture anyhow. Dentists should have known, with osteoporosis and metal/stress on lower teeth that were left I would have had lower dentures eventually no matter what teeth dentists tried to save."

"It's been a positive experience to have had the same dentist and hygienist most of my adult life. I'm in the middle of switching to someone different now because I will be moving. I hope that will be as positive of an experience."

"My teeth weren't properly cared for as a youth because of my parents' inability to afford professional care regularly."

"We need to continue to support oral health for seniors."

"We need national healthcare for everybody."

# 2019 KENT COUNTY ORAL HEALTH EXAM

## CALL TO ACTION

An oral health improvement plan is currently being developed to provide solutions to the barriers and challenges identified by our community members in this report. This improvement plan will contain concrete strategies and action steps to improve the oral health of Kent County residents. It is intended to be used as a strategic plan by the Coalition to guide a coordinated effort among all oral health stakeholders in our community.

The Coalition remains a neutral convener of all stakeholders in oral health. This allows for collaboration across public and private health professionals, insurance companies, community agencies, and community members. As a cohesive collective, we put each community member above and beyond any organizational goals.

Addressing oral health disparities continues to be a driving force for the Coalition. In partnership with the Kent County Health Department, the Coalition is bringing awareness to the root causes of oral health disparities and the needed systems level improvements to address them. These improvements include, but are not limited to:

- Increasing reimbursement rates to improve the number of providers that accept patients with Medicaid insurance
- Easing the administrative process of providing care to Medicaid patients to increase access to care
- Direct outreach to engage and educate community members on oral health for better overall health, understanding insurance options, and choosing a dental home
- Offering guidance to providers on culturally competent care

Since 2014, Health Net of West Michigan, the Kent County Health Department, and the Coalition have worked closely with the DentaQuest Partnership for Oral Health Advancement's national oral health movement: Oral Health 2020. This initiative grew as a response to the disparities in oral health and to address the needs of all communities across the United States.

The Coalition has received generous funding from the DentaQuest Partnership for Oral Health Advancement to address the disparities and needs in our local community. This funding has been essential to the improvements contained in this examination. Now, with the Oral Health 2020 movement drawing to a close, a new entity has been developed to continue the movement beyond 2020. The Oral Health Progress and Equity Network, or OPEN, will continue to be a national network for its members from grassroots to grassstops; however, single source funding through the DentaQuest Partnership for Oral Health Advancement is not a sustainable funding model.

The Coalition has made tremendous strides in raising awareness, increasing access, and providing education on oral health in our community through the support of the Oral Health 2020 Movement. The Coalition needs local, state, and other national supports to maintain the momentum it has gained in the last several years. The Coalition is seeking potential partnerships, funding opportunities, and fiscal contributions for 2020 and beyond to continue making strides to better the oral health of our entire community. To learn more about how you or your organization can contribute to the continued success of the Coalition, please contact us at [KCOHC@healthnetwm.org](mailto:KCOHC@healthnetwm.org) or visit our website at <https://healthnetwm.org/community-collaboration/kent-county-oral-health-coalition-kcohc/>.



# 2019 KENT COUNTY ORAL HEALTH EXAM

## APPENDIX

### PARENTS OF CHILDREN UNDER 5 YEARS

**TABLE 1. DOES YOUR CHILD HAVE ANY TEETH?**

		YES	NO
	<b>Total</b>	97.5%	2.5%
<b>AGE</b>	0 to <2 years	85.7%	14.3%
	2 to <4 years	100.0%	0.0%
	4 to 5 years	100.0%	0.0%
<b>SEX</b>	Female	97.4%	2.6%
	Male	97.6%	2.4%
<b>RACE/ ETHNICITY</b>	White	97.4%	2.6%
	Hispanic/Latino	95.0%	5.0%
<b>INCOME</b>	Less than \$20,000	100.0%	0.0%
	\$20,000 to \$59,999	96.8%	3.2%
	More than \$60,000	96.0%	4.0%

**TABLE 2. DO YOU CLEAN YOUR CHILD'S GUMS AND/OR TEETH?**

		YES	NO
	<b>Total</b>	92.6%	7.4%
<b>AGE</b>	0 to <2 years	78.6%	21.4%
	2 to <4 years	96.6%	3.4%
	4 to 5 years	94.7%	5.3%
<b>SEX</b>	Female	97.4%	2.6%
	Male	88.1%	11.9%
<b>RACE/ ETHNICITY</b>	White	97.4%	2.6%
	Hispanic/Latino	85.0%	15.0%
<b>INCOME</b>	Less than \$20,000	100.0%	0.0%
	\$20,000 to \$59,999	83.9%	16.1%
	More than \$60,000	96.0%	4.0%

**TABLE 3. DO YOU USE A TOOTHBRUSH TO CLEAN YOUR CHILD'S GUMS AND/OR TEETH?**

		YES	NO
	<b>Total</b>	95.1%	4.9%
<b>AGE</b>	0 to <2 years	71.4%	28.6%
	2 to <4 years	100.0%	3.4%
	4 to 5 years	100.0%	5.3%
<b>SEX</b>	Female	94.7%	5.3%
	Male	95.3%	4.8%
<b>RACE/ ETHNICITY</b>	White	97.4%	2.6%
	Hispanic/Latino	85.0%	15.0%
<b>INCOME</b>	Less than \$20,000	100.0%	0.0%
	\$20,000 to \$59,999	93.6%	6.4%
	More than \$60,000	92.0%	8.0%

**TABLE 4. DO YOU USE TOOTHPASTE TO CLEAN YOUR CHILD'S GUMS AND/OR TEETH?**

		YES	NO
	<b>Total</b>	93.8%	6.2%
<b>AGE</b>	0 to <2 years	64.3%	35.7%
	2 to <4 years	100.0%	0.0%
	4 to 5 years	100.0%	0.0%
<b>SEX</b>	Female	92.1%	7.9%
	Male	95.2%	4.8%
<b>RACE/ ETHNICITY</b>	White	94.7%	5.3%
	Hispanic/Latino	85.0%	15.0%
<b>INCOME</b>	Less than \$20,000	100.0%	0.0%
	\$20,000 to \$59,999	93.6%	6.4%
	More than \$60,000	88.0%	12.0%

**TABLE 5. HOW OFTEN ARE YOUR CHILD'S GUMS AND/OR TEETH BRUSHED OR CLEANED?**

		NEVER	ONCE PER DAY	TWICE PER DAY
	<b>Total</b>	3.7%	30.9%	65.4%
<b>AGE</b>	0 to <2 years	21.4%	57.1%	21.4%
	2 to <4 years	0.0%	21.4%	78.6%
	4 to 5 years	0.0%	28.2%	71.8%
<b>SEX</b>	Female	2.6%	27.8%	69.4%
	Male	4.6%	31.8%	64.6%
<b>RACE/ETHNICITY</b>	White	2.6%	36.8%	60.5%
	Hispanic/Latino	10.0%	30.0%	60.0%
<b>INCOME</b>	Less than \$20,000	0.0%	19.2%	80.8%
	\$20,000 to \$59,999	6.7%	23.3%	70.0%
	More than \$60,000	4.0%	52.0%	44.0%

**TABLE 6. DO YOU KNOW IF YOUR CHILD IS ELIGIBLE FOR HEALTHY KIDS DENTAL?**

		YES	NO	DON'T KNOW
	<b>Total</b>	54.9%	14.6%	30.5%
<b>AGE</b>	0 to <2 years	35.7%	42.9%	21.4%
	2 to <4 years	51.7%	6.9%	41.4%
	4 to 5 years	64.1%	10.3%	25.6%
<b>SEX</b>	Female	56.8%	16.2%	27.0%
	Male	52.3%	13.6%	34.1%
<b>RACE/ETHNICITY</b>	White	35.9%	28.2%	35.9%
	Hispanic/Latino	78.9%	5.3%	15.8%
<b>INCOME</b>	Less than \$20,000	73.1%	3.8%	23.1%
	\$20,000 to \$59,999	74.2%	3.2%	22.6%
	More than \$60,000	12.0%	40.0%	48.0%

**TABLE 7. WHAT TYPE OF DENTAL INSURANCE DOES YOUR CHILD HAVE?**

		PRIVATE INSURANCE	MEDICAID	HEALTHY KIDS DENTAL	NO INSURANCE	DON'T KNOW
	<b>Total</b>	26.8%	31.7%	30.5%	7.3%	3.7%
<b>AGE</b>	0 to <2 years	35.7%	14.3%	14.3%	35.7%	0.0%
	2 to <4 years	27.6%	37.9%	27.6%	3.4%	3.4%
	4 to 5 years	23.1%	33.3%	38.5%	0.0%	5.1%
<b>SEX</b>	Female	29.7%	24.3%	35.1%	8.1%	2.7%
	Male	25.0%	38.6%	25.0%	6.8%	4.6%
<b>RACE/ETHNICITY</b>	White	53.8%	17.9%	20.5%	7.7%	0.0%
	Hispanic/Latino	0.0%	36.8%	47.4%	5.3%	10.5%
<b>INCOME</b>	Less than \$20,000	3.8%	46.2%	42.3%	0.0%	7.7%
	\$20,000 to \$59,999	3.2%	45.2%	45.2%	3.2%	3.2%
	More than \$60,000	80.0%	0.0%	0.0%	20.0%	0.0%

**TABLE 8. HAVE YOU NOTICED ANY PROBLEMS WITH YOUR CHILD'S MOUTH, GUMS, OR TEETH?**

		YES	NO	DON'T KNOW
	<b>Total</b>	12.5%	85.0%	2.5%
<b>AGE</b>	0 to <2 years	0.0%	92.9%	7.1%
	2 to <4 years	14.3%	85.7%	0.0%
	4 to 5 years	15.8%	81.6%	2.6%
<b>SEX</b>	Female	5.4%	94.6%	0.0%
	Male	19.0%	76.2%	4.8%
<b>RACE/ ETHNICITY</b>	White	7.7%	92.3%	0.0%
	Hispanic/Latino	15.0%	75.0%	10.0%
	Less than \$20,000	16.7%	83.3%	0.0%
<b>INCOME</b>	\$20,000 to \$59,999	16.1%	77.4%	6.5%
	More than \$60,000	4.0%	96.0%	0.0%

**TABLE 9. HAS YOUR CHILD HAD ANY TEETHING PROBLEMS?**

		YES	NO	DON'T KNOW
	<b>Total</b>	12.2%	85.4%	2.4%
<b>AGE</b>	0 to <2 years	7.1%	92.9%	0.0%
	2 to <4 years	10.3%	86.2%	3.5%
	4 to 5 years	15.4%	82.0%	2.6%
<b>SEX</b>	Female	5.3%	94.7%	0.0%
	Male	16.3%	79.1%	4.6%
<b>RACE/ ETHNICITY</b>	White	2.6%	94.9%	2.6%
	Hispanic/Latino	26.3%	68.4%	5.3%
	Less than \$20,000	11.1%	85.2%	3.7%
<b>INCOME</b>	\$20,000 to \$59,999	23.3%	73.3%	3.3%
	More than \$60,000	0.0%	100.0%	0.0%

**TABLE 10. DOES YOUR CHILD GRIND HIS OR HER TEETH?**

		YES	NO	DON'T KNOW
	<b>Total</b>	21.0%	69.1%	9.9%
<b>AGE</b>	0 to <2 years	21.4%	57.1%	21.4%
	2 to <4 years	24.1%	69.0%	6.9%
	4 to 5 years	18.4%	73.7%	7.9%
<b>SEX</b>	Female	18.4%	68.4%	13.2%
	Male	23.3%	69.8%	7.0%
<b>RACE/ ETHNICITY</b>	White	23.1%	64.1%	12.8%
	Hispanic/Latino	16.7%	72.2%	11.1%
	Less than \$20,000	26.9%	61.5%	11.5%
<b>INCOME</b>	\$20,000 to \$59,999	23.3%	73.3%	3.3%
	More than \$60,000	12.0%	72.0%	16.0%

**TABLE 11. HAS YOUR CHILD, OR ANY OF YOUR CHILDREN, HAD A CAVITY?**

		YES	NO	DON'T KNOW
	<b>Total</b>	39.0%	54.9%	6.1%
<b>AGE</b>	0 to <2 years	7.1%	85.7%	7.1%
	2 to <4 years	20.7%	75.9%	3.4%
	4 to 5 years	64.1%	28.2%	7.7%
<b>SEX</b>	Female	44.7%	55.3%	0.0%
	Male	32.6%	55.8%	11.6%
<b>RACE/ ETHNICITY</b>	White	26.3%	71.1%	2.6%
	Hispanic/Latino	60.0%	30.0%	10.0%
<b>INCOME</b>	Less than \$20,000	51.9%	40.7%	7.4%
	\$20,000 to \$59,999	46.7%	43.3%	10.0%
	More than \$60,000	16.0%	84.0%	0.0%

**TABLE 12. DOES YOUR CHILD COMPLAIN OF MOUTH PAIN?**

		YES	NO	DON'T KNOW
	<b>Total</b>	3.7%	93.9%	2.4%
<b>AGE</b>	0 to <2 years	0.0%	85.7%	14.3%
	2 to <4 years	3.4%	96.6%	0.0%
	4 to 5 years	5.1%	94.9%	0.0%
<b>SEX</b>	Female	2.7%	97.3%	0.0%
	Male	4.6%	90.9%	4.6%
<b>RACE/ ETHNICITY</b>	White	2.6%	94.9%	2.6%
	Hispanic/Latino	5.0%	90.0%	5.0%
<b>INCOME</b>	Less than \$20,000	3.8%	96.2%	0.0%
	\$20,000 to \$59,999	6.5%	90.3%	3.2%
	More than \$60,000	4.0%	96.0%	0.0%

**TABLE 13. DOES YOUR CHILD USE A PACIFIER?**

		YES	NO
	<b>Total</b>	10.8%	89.2%
<b>AGE</b>	0 to <2 years	35.7%	64.3%
	2 to <4 years	6.9%	93.1%
	4 to 5 years	5.0%	95.0%
<b>SEX</b>	Female	13.2%	86.8%
	Male	9.1%	90.9%
<b>RACE/ ETHNICITY</b>	White	15.4%	84.6%
	Hispanic/Latino	0.0%	100.0%
<b>INCOME</b>	Less than \$20,000	7.4%	92.6%
	\$20,000 to \$59,999	6.4%	93.6%
	More than \$60,000	20.0%	80.0%

**TABLE 14. DOES YOUR CHILD SUCK THEIR THUMB, FINGERS, OR THEIR TONGUE?**

		YES	NO
	<b>Total</b>	16.9%	83.1%
<b>AGE</b>	0 to <2 years	35.7%	64.3%
	2 to <4 years	10.3%	89.7%
	4 to 5 years	15.0%	85.0%
<b>SEX</b>	Female	10.5%	89.5%
	Male	22.7%	77.3%
<b>RACE/ ETHNICITY</b>	White	20.5%	79.5%
	Hispanic/Latino	20.0%	80.0%
<b>INCOME</b>	Less than \$20,000	11.1%	88.9%
	\$20,000 to \$59,999	19.4%	80.6%
	More than \$60,000	20.0%	80.0%

**TABLE 15. AT WHAT AGE DO YOU BELIEVE CHILDREN SHOULD HAVE THEIR FIRST DENTAL VISIT?**

		<b>FIRST TOOTH AND AGE 1</b>	<b>2 YEARS</b>	<b>3 YEARS OR OLDER</b>	<b>DON'T KNOW</b>
	<b>Total</b>	49.4%	24.1%	22.9%	3.6%
<b>AGE</b>	0 to <2 years	50.0%	14.3%	28.6%	7.1%
	2 to <4 years	55.2%	24.1%	17.2%	3.5%
	4 to 5 years	45.0%	27.5%	25.0%	2.5%
<b>SEX</b>	Female	52.6%	29.0%	18.4%	0.0%
	Male	45.5%	20.4%	27.3%	6.8%
<b>RACE/ ETHNICITY</b>	White	38.5%	28.2%	30.8%	2.6%
	Hispanic/Latino	60.0%	25.0%	15.0%	0.0%
	Less than \$20,000	55.6%	29.6%	14.8%	0.0%
<b>INCOME</b>	\$20,000 to \$59,999	61.3%	16.1%	16.1%	6.5%
	More than \$60,000	28.0%	28.0%	40.0%	4.0%

**TABLE 16. ON AVERAGE, WHAT DOES YOUR CHILD TYPICALLY DRINK FROM THEIR BOTTLE OR SIPPY CUP?**

		<b>JUICE</b>	<b>MILK</b>	<b>WATER</b>	<b>DON'T KNOW</b>
	<b>Total</b>	18.0%	56.0%	24.0%	2.0%
<b>AGE</b>	0 to <2 years	14.3%	64.3%	21.4%	0.0%
	2 to <4 years	14.3%	52.4%	28.6%	4.8%
	4 to 5 years	26.7%	53.3%	20.0%	0.0%
<b>SEX</b>	Female	20.0%	64.0%	16.0%	0.0%
	Male	12.5%	50.0%	33.3%	4.2%
<b>RACE/ ETHNICITY</b>	White	8.7%	56.5%	34.8%	0.0%
	Hispanic/Latino	23.1%	61.5%	15.4%	0.0%
	Less than \$20,000	35.7%	50.0%	14.3%	0.0%
<b>INCOME</b>	\$20,000 to \$59,999	21.1%	52.6%	21.1%	5.3%
	More than \$60,000	0.0%	64.7%	35.3%	0.0%

**TABLE 17. DOES YOUR CHILD DRINK WELL WATER?**

		<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
	<b>Total</b>	32.9%	65.9%	1.2%
<b>AGE</b>	0 to <2 years	28.6%	71.4%	0.0%
	2 to <4 years	57.1%	42.9%	0.0%
	4 to 5 years	17.5%	80.0%	2.5%
<b>SEX</b>	Female	29.0%	71.0%	0.0%
	Male	37.2%	60.5%	2.3%
<b>RACE/ ETHNICITY</b>	White	30.8%	66.7%	2.5%
	Hispanic/Latino	10.5%	89.5%	0.0%
	Less than \$20,000	23.1%	73.1%	3.8%
<b>INCOME</b>	\$20,000 to \$59,999	45.2%	54.8%	0.0%
	More than \$60,000	28.0%	72.0%	0.0%

# ADULTS AGED 18+ YEARS

**TABLE 18. ARE YOU SATISFIED WITH THE APPEARANCE OF YOUR TEETH?**

		YES	NO	DON'T KNOW
	<b>Total</b>	53.4%	41.5%	5.1%
<b>AGE</b>	18-24 years	48.9%	44.4%	6.7%
	25-34 years	58.0%	38.7%	3.4%
	35-44 years	47.0%	47.0%	6.0%
	45-54 years	46.6%	52.1%	1.4%
	55-64 years	64.2%	28.3%	7.5%
	65+ years	55.6%	33.3%	11.1%
<b>SEX</b>	Female	49.5%	44.0%	6.5%
	Male	38.7%	54.8%	6.5%
<b>RACE/ ETHNICITY</b>	White	54.3%	42.4%	3.3%
	Black/African Amer.	46.7%	41.3%	12.0%
	Hispanic/Latino	55.9%	35.3%	8.8%
	Less than \$20,000	42.1%	50.3%	7.6%
<b>INCOME</b>	\$20,000 to \$59,999	54.7%	40.9%	4.4%
	More than \$60,000	68.8%	29.2%	2.1%

**TABLE 19. HOW WOULD YOU DESCRIBE THE CONDITION OF YOUR TEETH?**

		EXCELLENT	GOOD	FAIR	POOR
	<b>Total</b>	11.4%	41.9%	27.5%	19.1%
<b>AGE</b>	18-24 years	8.9%	37.8%	40.0%	13.3%
	25-34 years	7.8%	47.4%	28.4%	16.4%
	35-44 years	5.0%	42.5%	31.3%	21.3%
	45-54 years	12.7%	39.4%	25.4%	22.5%
	55-64 years	24.5%	35.8%	17.0%	22.6%
	65+ years	20.0%	40.0%	20.0%	20.0%
<b>SEX</b>	Female	6.2%	40.0%	32.8%	21.0%
	Male	6.6%	24.6%	36.1%	32.8%
<b>RACE/ ETHNICITY</b>	White	13.7%	44.6%	23.2%	18.5%
	Black/African Amer.	8.3%	29.2%	38.9%	23.6%
	Hispanic/Latino	6.1%	42.4%	30.3%	21.2%
	Less than \$20,000	7.2%	26.5%	31.3%	34.9%
<b>INCOME</b>	\$20,000 to \$59,999	7.5%	47.4%	33.8%	11.3%
	More than \$60,000	20.8%	61.5%	13.5%	4.2%

**TABLE 20. HOW MANY TIMES PER DAY ARE YOUR TEETH BRUSHED OR CLEANED?**

		NEVER OR <1 TIME PER DAY	1-2 TIMES PER DAY	3-4 TIMES PER DAY	5+ TIMES PER DAY
	<b>Total</b>	6.3%	84.4%	8.8%	0.5%
<b>AGE</b>	18-24 years	4.3%	91.3%	4.3%	0.0%
	25-34 years	5.0%	88.3%	5.8%	0.8%
	35-44 years	6.0%	86.7%	7.2%	0.0%
	45-54 years	6.8%	80.8%	11.0%	1.4%
	55-64 years	11.8%	78.4%	9.8%	0.0%
	65+ years	5.9%	76.5%	17.6%	0.0%
<b>SEX</b>	Female	3.5%	87.1%	9.0%	0.5%
	Male	16.7%	75.0%	6.7%	1.7%
<b>RACE/ ETHNICITY</b>	White	7.0%	84.9%	7.7%	0.4%
	Black/African Amer.	6.6%	81.6%	10.5%	1.3%
	Hispanic/Latino	2.9%	91.4%	5.7%	0.0%
<b>INCOME</b>	Less than \$20,000	10.7%	78.7%	9.5%	1.2%
	\$20,000 to \$59,999	4.4%	89.8%	5.8%	0.0%
	More than \$60,000	2.1%	89.6%	8.3%	0.0%

**TABLE 21. DO YOU REGULARLY FLOSS OR CLEAN BETWEEN YOUR TEETH?**

		YES	NO
	<b>Total</b>	50.1%	49.9%
<b>AGE</b>	18-24 years	40.0%	60.0%
	25-34 years	43.7%	56.3%
	35-44 years	56.6%	43.4%
	45-54 years	60.6%	39.4%
	55-64 years	48.4%	51.6%
	65+ years	--	--
<b>SEX</b>	Female	56.3%	43.8%
	Male	40.7%	59.3%
<b>RACE/ ETHNICITY</b>	White	47.5%	52.5%
	Black/African Amer.	56.2%	43.8%
	Hispanic/Latino	60.6%	39.4%
<b>INCOME</b>	Less than \$20,000	46.2%	53.8%
	\$20,000 to \$59,999	54.2%	45.8%
	More than \$60,000	52.1%	47.9%

**TABLE 22. DO YOUR GUMS BLEED WHEN YOU BRUSH OR FLOSS?**

		YES	NO
	<b>Total</b>	36.1%	62.2%
<b>AGE</b>	18-24 years	42.2%	55.6%
	25-34 years	41.7%	56.7%
	35-44 years	34.9%	65.1%
	45-54 years	31.5%	65.8%
	55-64 years	19.4%	77.4%
	65+ years	--	--
<b>SEX</b>	Female	33.0%	66.0%
	Male	33.3%	61.1%
<b>RACE/ ETHNICITY</b>	White	35.3%	62.5%
	Black/African Amer.	36.1%	63.9%
	Hispanic/Latino	35.3%	64.7%
<b>INCOME</b>	Less than \$20,000	38.5%	59.0%
	\$20,000 to \$59,999	37.7%	60.7%
	More than \$60,000	28.4%	71.6%

**TABLE 23. DO YOU HAVE PARTIALS?**

		YES, A BRIDGE OR A CROWN	NO, I DO NOT HAVE PARTIALS	DON'T KNOW
	<b>Total</b>	19.0%	75.9%	5.1%
<b>AGE</b>	18-24 years	10.9%	71.7%	17.4%
	25-34 years	8.3%	87.5%	4.2%
	35-44 years	15.7%	81.9%	2.4%
	45-54 years	20.5%	75.3%	4.1%
	55-64 years	36.0%	58.0%	6.0%
	65+ years	44.4%	55.6%	0.0%
<b>SEX</b>	Female	19.0%	75.5%	5.5%
	Male	13.1%	75.4%	11.5%
<b>RACE/ ETHNICITY</b>	White	21.9%	73.7%	4.4%
	Black/African Amer.	9.3%	88.0%	2.7%
	Hispanic/Latino	22.9%	65.7%	11.4%
<b>INCOME</b>	Less than \$20,000	17.6%	75.9%	6.5%
	\$20,000 to \$59,999	18.2%	75.9%	5.8%
	More than \$60,000	21.9%	77.1%	1.0%

**TABLE 24. DO YOU CURRENTLY HAVE UNTREATED DENTAL ISSUES?**

		YES	NO	DON'T KNOW
	<b>Total</b>	41.2%	52.9%	5.9%
<b>AGE</b>	18-24 years	47.8%	41.3%	10.9%
	25-34 years	38.3%	54.2%	7.5%
	35-44 years	44.4%	50.6%	4.9%
	45-54 years	47.9%	46.6%	5.5%
	55-64 years	35.3%	62.7%	2.0%
	65+ years	30.6%	66.7%	2.8%
<b>SEX</b>	Female	44.0%	49.5%	6.5%
	Male	53.3%	35.0%	11.7%
<b>RACE/ ETHNICITY</b>	White	39.6%	55.3%	5.1%
	Black/African Amer.	41.9%	52.7%	5.4%
	Hispanic/Latino	50.0%	41.2%	8.8%
<b>INCOME</b>	Less than \$20,000	54.7%	37.6%	7.6%
	\$20,000 to \$59,999	40.4%	52.9%	6.6%
	More than \$60,000	20.8%	77.1%	2.1%



**TABLE 25. DURING THE LAST YEAR, HOW OFTEN HAVE YOU HAD PAIN OR ACHING ANYWHERE IN YOUR MOUTH?**

		VERY OFTEN	FAIRLY OFTEN	OCCASIONALLY	HARDLY EVER	NEVER
	<b>Total</b>	7.6%	8.1%	28.0%	27.3%	29.0%
<b>AGE</b>	18-24 years	4.3%	21.7%	19.6%	28.3%	26.1%
	25-34 years	10.9%	5.0%	22.7%	31.9%	29.4%
	35-44 years	6.2%	4.9%	39.5%	23.5%	25.9%
	45-54 years	4.2%	8.3%	31.9%	27.8%	27.8%
	55-64 years	9.6%	7.7%	28.8%	21.2%	32.7%
	65+ years	8.8%	8.8%	20.6%	29.4%	32.4%
<b>SEX</b>	Female	8.6%	9.1%	27.8%	25.8%	28.8%
	Male	6.6%	13.1%	31.1%	26.2%	23.0%
<b>RACE/ETHNICITY</b>	White	7.0%	8.5%	26.5%	29.0%	29.0%
	Black/African Amer.	8.0%	8.0%	32.0%	25.3%	26.7%
	Hispanic/Latino	14.7%	8.8%	23.5%	26.5%	26.5%
<b>INCOME</b>	Less than \$20,000	11.8%	13.6%	35.5%	20.1%	18.9%
	\$20,000 to \$59,999	5.9%	5.2%	25.9%	30.4%	32.6%
	More than \$60,000	3.2%	3.2%	18.9%	35.8%	38.9%

**TABLE 26. HOW OFTEN DURING THE LAST YEAR HAVE YOU HAD DIFFICULTIES DOING YOUR DAILY LIFE ACTIVITIES, USUAL JOBS OR ATTENDING SCHOOL BECAUSE OF PROBLEMS WITH YOUR TEETH, MOUTH OR DENTURES?**

		VERY OFTEN	FAIRLY OFTEN	OCCASIONALLY	HARDLY EVER	NEVER
	<b>Total</b>	2.8%	4.0%	7.5%	19.0%	66.8%
<b>AGE</b>	18-24 years	0.0%	6.8%	9.1%	27.3%	56.8%
	25-34 years	0.9%	5.2%	7.0%	14.8%	72.2%
	35-44 years	3.7%	2.4%	8.5%	25.6%	59.8%
	45-54 years	4.2%	1.4%	6.9%	23.6%	63.9%
	55-64 years	7.8%	3.9%	5.9%	13.7%	68.6%
	65+ years	0.0%	6.1%	9.1%	3.0%	81.8%
<b>SEX</b>	Female	2.6%	2.6%	9.3%	20.2%	65.3%
	Male	5.0%	6.7%	11.7%	18.3%	58.3%
<b>RACE/ETHNICITY</b>	White	2.6%	3.7%	6.7%	18.2%	68.8%
	Black/African Amer.	1.4%	4.3%	7.1%	22.9%	64.3%
	Hispanic/Latino	5.9%	2.9%	17.6%	17.6%	55.9%
<b>INCOME</b>	Less than \$20,000	5.0%	6.8%	13.7%	21.7%	52.8%
	\$20,000 to \$59,999	2.2%	2.9%	5.1%	18.4%	71.3%
	More than \$60,000	0.0%	1.1%	1.1%	15.8%	82.1%

**TABLE 27. WHAT TYPE OF DENTAL INSURANCE DO YOU HAVE?**

		PRIVATE INSURANCE	MEDICAID	MEDICARE SUPPLEMENTAL	NO DENTAL INSURANCE	DON'T KNOW
	<b>Total</b>	35.2%	32.8%	5.1%	21.8%	5.1%
<b>AGE</b>	18-24 years	32.6%	39.1%	0.0%	15.2%	13.0%
	25-34 years	35.0%	44.2%	0.0%	19.2%	1.7%
	35-44 years	32.5%	30.1%	3.6%	27.7%	6.0%
	45-54 years	41.1%	31.5%	2.7%	21.9%	2.7%
	55-64 years	39.2%	21.6%	3.9%	25.5%	9.8%
	65+ years	27.8%	13.9%	33.3%	22.2%	2.8%
<b>SEX</b>	Female	24.5%	48.0%	3.0%	20.0%	4.5%
	Male	19.4%	43.5%	6.5%	19.4%	11.3%
<b>RACE/ ETHNICITY</b>	White	41.5%	26.5%	6.2%	21.5%	4.4%
	Black/African Amer.	11.8%	65.8%	2.6%	17.1%	2.6%
	Hispanic/Latino	35.3%	14.7%	0.0%	32.4%	17.6%
<b>INCOME</b>	Less than \$20,000	4.1%	63.2%	5.8%	19.9%	7.0%
	\$20,000 to \$59,999	40.1%	19.0%	3.6%	31.4%	5.8%
	More than \$60,000	82.3%	0.0%	3.1%	13.5%	1.0%

**TABLE 28. ABOUT HOW LONG HAS IT BEEN SINCE YOU LAST VISITED A DENTIST? (INCLUDE ALL TYPES OF DENTISTS, SUCH AS ORTHODONTISTS, ORAL SURGEONS, AND ALL OTHER DENTAL SPECIALISTS, AS WELL AS DENTAL HYGIENISTS)**

		6 MONTHS OR LESS	>6 MONTHS BUT <1 YEAR AGO	>1 YEAR, BUT NOT >2 YEARS AGO	>2 YEARS, BUT NOT >3 YEARS AGO	>3 YEARS, BUT NOT >5 YEARS AGO	>5 YEARS AGO	NEVER
	<b>Total</b>	49.9%	12.5%	12.8%	5.9%	6.6%	11.1%	1.2%
<b>AGE</b>	18-24 years	41.3%	17.4%	13.0%	4.3%	8.7%	13.0%	2.2%
	25-34 years	49.2%	17.8%	13.6%	7.6%	5.9%	5.1%	0.8%
	35-44 years	43.9%	8.5%	18.3%	6.1%	12.2%	9.8%	1.2%
	45-54 years	40.8%	9.9%	14.1%	8.5%	2.8%	22.5%	1.4%
	55-64 years	59.6%	7.7%	9.6%	3.8%	5.8%	11.5%	1.9%
	65+ years	77.1%	11.4%	0.0%	0.0%	2.9%	8.6%	0.0%
<b>SEX</b>	Female	46.4%	13.3%	15.8%	5.1%	6.6%	11.7%	1.0%
	Male	21.0%	16.1%	17.7%	9.7%	9.7%	22.6%	3.2%
<b>RACE/ ETHNICITY</b>	White	52.9%	11.0%	9.9%	7.4%	7.0%	11.4%	0.4%
	Black/African Amer.	37.3%	17.3%	21.3%	4.0%	6.7%	9.3%	4.0%
	Hispanic/Latino	52.9%	20.6%	8.8%	0.0%	5.9%	11.8%	0.0%
<b>INCOME</b>	Less than \$20,000	36.3%	13.7%	16.1%	7.1%	8.9%	15.5%	2.4%
	\$20,000 to \$59,999	44.4%	16.3%	14.1%	5.9%	7.4%	11.1%	0.7%
	More than \$60,000	77.1%	6.3%	6.3%	4.2%	2.1%	4.2%	0.0%

**TABLE 29. DO YOU HAVE A DENTIST?**

		<b>YES</b>	<b>NO</b>
	<b>Total</b>	65.9%	34.1%
<b>AGE</b>	18-24 years	48.9%	51.1%
	25-34 years	70.6%	29.4%
	35-44 years	56.6%	43.4%
	45-54 years	63.9%	36.1%
	55-64 years	69.8%	30.2%
	65+ years	88.6%	11.4%
<b>SEX</b>	Female	64.8%	35.2%
	Male	40.3%	59.7%
<b>RACE/ ETHNICITY</b>	White	67.6%	32.4%
	Black/African Amer.	55.3%	44.7%
	Hispanic/Latino	80.0%	20.0%
<b>INCOME</b>	Less than \$20,000	49.1%	50.9%
	\$20,000 to \$59,999	68.4%	31.6%
	More than \$60,000	89.5%	10.5%

**TABLE 30. WHAT WAS THE PURPOSE OF THE MOST RECENT VISIT TO THE DENTIST?**

		<b>PREVENTION</b>	<b>OTHER</b>	<b>DON'T KNOW</b>
	<b>Total</b>	60.3%	32.6%	7.1%
<b>AGE</b>	18-24 years	67.4%	21.7%	10.9%
	25-34 years	63.3%	28.3%	8.3%
	35-44 years	65.1%	28.9%	6.0%
	45-54 years	54.3%	41.4%	4.3%
	55-64 years	45.3%	49.1%	5.7%
	65+ years	61.1%	30.6%	8.3%
<b>SEX</b>	Female	57.2%	34.3%	8.5%
	Male	42.6%	44.3%	13.1%
<b>RACE/ ETHNICITY</b>	White	59.5%	35.4%	5.1%
	Black/African Amer.	63.2%	23.7%	13.2%
	Hispanic/Latino	54.3%	37.1%	8.6%
<b>INCOME</b>	Less than \$20,000	43.4%	44.5%	12.1%
	\$20,000 to \$59,999	66.7%	28.9%	4.4%
	More than \$60,000	80.0%	17.9%	2.1%

TABLE 31. WHERE DO YOU PREFER TO GO FOR DENTAL CARE?

		PRIVATE DENTAL OFFICE	HEALTH CENTER/ COMMUNITY CLINIC	DON'T KNOW	V.A.
	<b>Total</b>	66.6%	20.5%	12.4%	0.5%
<b>AGE</b>	18-24 years	45.7%	32.6%	21.7%	0.0%
	25-34 years	67.5%	22.5%	10.0%	0.0%
	35-44 years	70.7%	15.9%	13.4%	0.0%
	45-54 years	69.4%	16.7%	12.5%	1.4%
	55-64 years	63.5%	25.0%	11.5%	0.0%
	65+ years	77.8%	11.1%	8.3%	2.8%
<b>SEX</b>	Female	55.5%	30.0%	14.5%	0.0%
	Male	49.2%	28.6%	20.6%	1.6%
<b>RACE/ ETHNICITY</b>	White	75.9%	12.0%	11.7%	0.4%
	Black/African Amer.	51.3%	32.9%	14.5%	1.3%
	Hispanic/Latino	35.3%	58.8%	5.9%	0.0%
	Less than \$20,000	47.1%	31.4%	21.5%	0.0%
<b>INCOME</b>	\$20,000 to \$59,999	70.1%	19.7%	8.8%	1.5%
	More than \$60,000	94.7%	3.2%	2.1%	0.0%

TABLE 32. HOW MANY TIMES IN THE PAST YEAR HAVE YOU VISITED THE EMERGENCY ROOM FOR A DENTAL ISSUE?

		NEVER	YES, BUT NOT IN PAST YEAR	1 TIME	2+ TIMES
	<b>Total</b>	84.3%	6.1%	3.6%	6.1%
<b>AGE</b>	18-24 years	78.3%	2.2%	8.7%	10.9%
	25-34 years	77.5%	8.3%	5.0%	9.2%
	35-44 years	81.9%	7.2%	3.6%	7.2%
	45-54 years	91.8%	5.5%	1.4%	1.4%
	55-64 years	92.5%	3.8%	1.9%	1.9%
	65+ years	91.7%	5.6%	0.0%	2.8%
<b>SEX</b>	Female	79.6%	8.5%	5.5%	6.5%
	Male	77.8%	11.1%	6.3%	4.8%
<b>RACE/ ETHNICITY</b>	White	88.4%	4.7%	3.3%	3.6%
	Black/African Amer.	71.1%	10.5%	6.6%	11.8%
	Hispanic/Latino	80.0%	2.9%	2.9%	14.3%
	Less than \$20,000	74.0%	8.7%	7.5%	9.8%
<b>INCOME</b>	\$20,000 to \$59,999	86.9%	6.6%	1.5%	5.1%
	More than \$60,000	97.9%	1.0%	0.0%	1.0%

**TABLE 33. DURING THE PAST YEAR, WAS THERE A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT GET IT AT THAT TIME?**

		<b>YES</b>	<b>NO</b>
	<b>Total</b>	31.3%	68.7%
<b>AGE</b>	18-24 years	44.4%	55.6%
	25-34 years	36.0%	64.0%
	35-44 years	36.7%	63.3%
	45-54 years	27.1%	72.9%
	55-64 years	19.6%	80.4%
	65+ years	12.5%	87.5%
<b>SEX</b>	Female	38.7%	61.3%
	Male	29.3%	70.7%
<b>RACE/ ETHNICITY</b>	White	26.6%	73.4%
	Black/African Amer.	42.0%	58.0%
	Hispanic/Latino	34.3%	65.7%
<b>INCOME</b>	Less than \$20,000	47.1%	52.9%
	\$20,000 to \$59,999	29.9%	70.1%
	More than \$60,000	9.5%	90.5%