Healthy People 2020 Leading Health Indicators: Oral Health

Overview

Oral diseases ranging from dental caries (cavities) to oral cancers cause pain and disability for millions of Americans. The impact of these diseases does not stop at the mouth and teeth. A growing body of evidence has linked oral health—particularly periodontal (gum) disease—to several chronic diseases, including diabetes, heart disease, and stroke. These conditions may be prevented, in part, by regular visits to the dentist.

Progress in Numbers*

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Status Leading Health Topic and Indicator: Oral Health Baseline (Year) Most Recent (Year) Target Progress Toward Target Movement Away From Baseline

- OH-7 Persons who visited the dentist in the past year (age adjusted, percent, 2+ years) 44.5% (2007) 41.8% (2011) 49.0% — 6.1%
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Progress in Words

**OH-7: Persons visiting the dentist**

- From 2007 to 2011, the percentage of persons aged 2 years and older who had a dental visit in the past 12 months decreased about 6 percent, from 44.5 percent (age adjusted) to 41.8 percent.

- This objective is moving away from the Healthy People 2020 target of 49.0 percent.

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* Discrepancies between healthypeople.gov and data in this report may exist due to the timing of data uploads. Data for the measures shown in this report are current as of May 2014.
Healthy People 2020 Leading Health Indicators:
Oral Health

Progress in Pictures

Poor oral health has serious consequences, including painful, disabling, and costly oral diseases — many of which may be prevented with regular visits to the dentist. However, many Americans do not have access to regular dental care due to social determinants such as education level and economic stability. Addressing these social determinants is key in reducing health disparities and improving the health of all Americans.

Persons Without a Dental Visit in the Past Year by Education, 2011

In 2011, the rate for those with less than a high school education was nearly twice that of the population with at least some college education (age adjusted).

45.4% at least some college (age adjusted)
83.2% less than high school (age adjusted)

HEALTHY PEOPLE 2020 TARGETS

Children, Adolescents, and Adults Who Visited the Dentist in the Past Year

In 2011, 41.8% of persons age 2 and older had a dental visit in the past 12 months (age adjusted).

41.8% 2011
49.0% 2020 TARGET

17% increase needed

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.

NOTES (from page 1)

1 Target met or exceeded
2 Movement is toward the target and is:
   – Statistically significant when measures of variability are available** – OR –
   – 10% or more of the targeted change when measures of variability are unavailable**
3 Objective demonstrates little or no detectable change, because either:
   – Movement toward/away from the target is not statistically significant when measures of variability are available** – OR –
   – Movement is toward the target but the objective has achieved less than 10% of the targeted change when measures of variability are unavailable** – OR –
   – Movement is away from the target but the objective has moved less than 10% relative to its baseline when measures of variability are unavailable** – OR –
   – No change between baseline and most recent data point
4 Movement is away from the target and is:
   – Statistically significant when measures of variability are available** – OR –
   – 10% or more relative to the baseline when measures of variability are unavailable**
5 For objectives moving toward their targets, progress is measured as the percent of targeted change achieved, quantified as follows:
   Percent of targeted change achieved = \( \frac{\text{Most recent value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100. \)
6 For objectives moving away from their baselines (and, therefore, their targets), progress is measured as the magnitude of the percent change from baseline, quantified as follows:
   Magnitude of percent change from baseline = \( \frac{\text{Most recent value} - \text{Baseline value}}{\text{Baseline value}} \times 100. \)

** When measures of variability are available, statistical significance of the percent of targeted change achieved or the magnitude of the percent change from baseline is assessed at the 0.05 level using a one-sided test. When measures of variability are unavailable, the percent of targeted change achieved and the percent change from baseline are assessed only for their magnitude (e.g., <10% or ≥10%).

DATA SOURCES

OH-7 Medical Expenditure Panel Survey (MEPS), AHRQ

May 2014