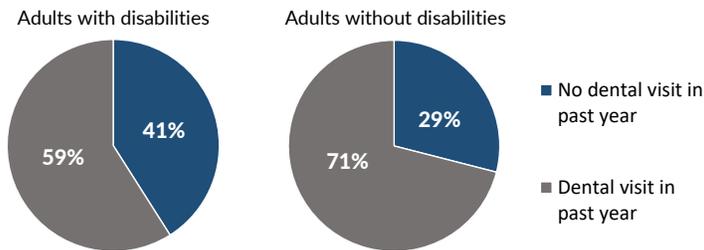


ORAL HEALTH AMONG OREGONIANS WITH DISABILITIES

Oral health is an important component of overall health. Common oral health problems include tooth decay and gum disease. Untreated oral health problems can result in pain, difficulty eating, speech problems, and reduced self-esteem and quality of life.¹ Oral health is also linked to other health issues, including heart and lung diseases and strokes.¹ Routine dental care is essential for maintaining oral health. Yet people with disabilities are not always able to get the dental care they need.

According to 2018 data from the Behavioral Risk Factor Surveillance System, 59% of adults with disabilities in Oregon had a dental visit within the past year, compared to 71% of adults without disabilities (see Figure 1).

Figure 1: Percent of Oregon Adults Who Have Had a Dental Visit in the Past Year^a



Obtaining dental care can be especially challenging for adults living in low income households. People with disabilities are far more likely than those without disabilities to be living in poverty. In 2018, 18% of Oregon adults with disabilities had an annual household income of less than \$15,000, compared to 5.5% of adults without disabilities. Adults in households with an annual income of less than \$15,000 were much less likely to have had a dental visit in the past year, compared to people in households with an annual income greater than or equal to \$15,000. Adults with low income and a

a. 2018 Oregon Behavioral Risk Factor Surveillance System data

disability were the least likely to have received dental care in the past year. (see Table 2).

Table 2. Percent of Oregon adults who had a dental visit in the past year, by disability status and income category^a

Disability Status	Annual Household Income	
	Less than \$15,000	\$15,000 or more
Disability	42.7%	61.8%
No Disability	55.5%	72.3%

Lack of routine dental checkups, cleanings, and preventative care can allow gum disease and tooth decay to advance to the point that permanent teeth fall out or must be removed. Oregon adults with disabilities are much more likely than adults without disabilities to have had at least one permanent tooth removed (60% versus 33%).

The percentage of people who have had at least one permanent tooth removed increases with age (see Table 3). That is true for adults both with and without disabilities. However, in every age group, adults with disabilities are more likely to have had a permanent tooth removed than adults without disabilities. More than two thirds of adults with disabilities have had at least one tooth removed by age 64 (see Table 3).

Table 3. Percent of Oregon adults who have had at least one permanent tooth removed, by disability status and age group^a

Disability Status	Age		
	18-44	45-64	65+
Disability	36.6%	69.0%	73.2%
No Disability	22.9%	36.9%	54.5%

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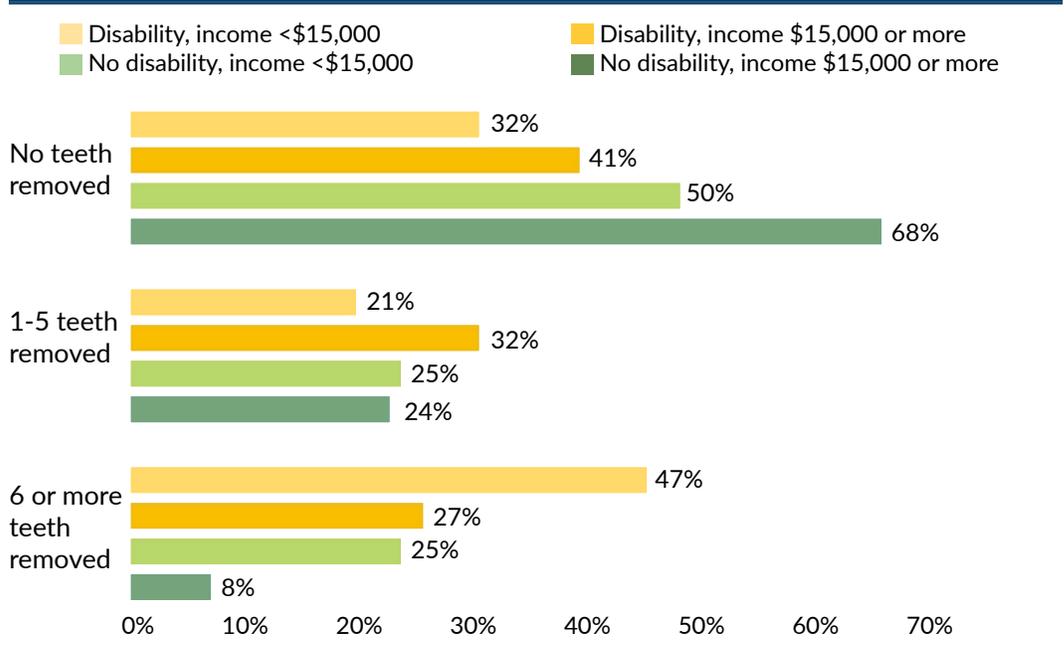
Produced by: Oregon Office on Disability and Health





Adults in low income households are more likely to have had permanent teeth removed. For adults with disabilities, those living in low income households are especially likely to have had 6 or more teeth removed (see Figure 2). This may be in part because the Oregon Health Plan (Oregon’s Medicaid program) covers tooth extractions, while coverage for root canal therapy is more limited.² A root canal is a procedure that can repair and save a badly damaged or infected tooth so it does not have to be removed. The Oregon Health Plan also does not cover sealants for adults.² Sealants can help prevent tooth decay that may develop between routine cleanings.

Figure 2: Percent of Oregon Adults Who Have Had Permanent Teeth Removed, by Disability Status and Income Level^a



For resources on oral health, please visit <https://senders2.wixsite.com/oodh/oral-health>

FOR MORE OODH DATA BRIEFS, VISIT:

<https://www.ohsu.edu/xd/research/centers-institutes/oregon-office-on-disability-and-health/data-statistics/>

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