

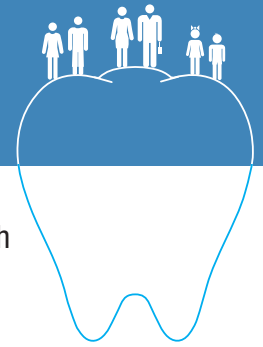
ORAL HEALTH

IN ASIAN AMERICANS, NATIVE HAWAIIANS,
AND PACIFIC ISLANDERS 2013-2018



Poor oral health is a leading disparity in Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NH/PIs), and has been identified as a top priority among AA and NH/PI community members. Lack of knowledge around proper tooth brushing and flossing, smoking, poor dietary choices, and limited access to dental insurance are major barriers for improved oral health in AAs and NH/PIs. In this report, we focus on having received a dental visit in the past year.

ACKNOWLEDGEMENTS



This report was supported by the National Institutes of Health (NIH) National Institute on Minority Health and Health Disparities (NIMHD) Award Number U54MD000538. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIHMD.

We would like to thank the NYU Center for the Study of Asian American Health (CSAAH) National Advisory Committee on Research (NAC) for their contributions to the report and continued guidance and support of our health disparities research efforts:

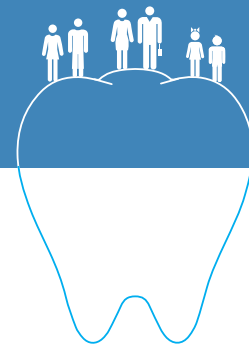
- Therese R. Rodriguez, CEO, Apicha Community Health Center
- Layal Rabat, Programs Director, Asian Pacific Community in Action
- Chaiwon Kim, President & CEO, Center for Pan Asian Community Services
- Mary Lee-Wong, President, Chinese American Medical Society
- Andrea Caracostis, CEO, HOPE Clinic
- Vasundhara Kalasapudi, Executive Director, India Home
- Mary Joy Garcia-Dia, Former Chairman, Kalusugan Coalition
- Sheri-Ann Daniels, Executive Director, Papa Ola Lōkahi
- Linda Lee, Executive Director, Korean Community Services of Metropolitan NY
- O. Fahina Tavake-Pasi, Executive Director, National Tongan American Society
- Mary Anne Foo, Executive Director, Orange County Asian Pacific Islander Community Alliance
- Hardayal Singh, Executive Director, UNITED SIKHS

We would like to thank the following local and state health departments who contributed to the research summarized in this report, including the:

- New York City Department of Health and Mental Hygiene for guidance on the results, specifically Amber Levanon Seligson, Fangtao (Tony) He, and Nneka Lundy De La Cruz;
- California Health Interview Survey, UCLA Center for Health Policy and Research for help with data acquisition, specifically Ninez Ponce, Riti Shimkhada, and Andrew Juhnke;
- Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, specifically Megha D. Shah, Amy S. Lightstone, Yajun Du, Ming H. Lee, Monica Rosales, and Yan Cui;
- Arizona Department of Health Service Bureau of Public Health Statistics;
- Texas Department of State Health Services, Bureau of Public Health Statistics;
- Utah Department of Health, Office of Health Disparities for guidance on the results, specifically Lynne MacLeod, Anna Dillingham, and Dulce Diez;
- Chicago Department of Public Health, who disclaims responsibility for any analysis, interpretations, or conclusions; and
- Georgia Department of Public Health.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the state and local health departments.

ABOUT THE NYU CENTER FOR THE STUDY OF ASIAN AMERICAN HEALTH



The NYU Center for the Study of Asian American Health (CSAAH) is a National Institute of Health (NIH) National Institute on Minority Health and Health Disparities (NIMHD) funded Specialized Center of Excellence based in the Section for Health Equity within NYU Grossman School of Medicine's Department of Population Health at NYU Langone Health.

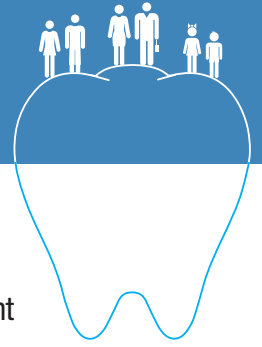
Established in 2003 through an NIH NIMHD Project EXPORT (Excellence in Partnership, Outreach, Research, and Training) Center grant, CSAAH is the only center of its kind in the country that is solely dedicated to research and evaluation on Asian American health and health disparities. CSAAH's work is guided by a population health equity framework. In close collaboration with over 75 local and national community partners, we have evolved our mission and goals to advance health disparities research within a health equity framework.

CSAAH's guiding principles are as follows:

- We believe in applying a social determinants of health approach.
- We believe in conducting research guided by multi-sectoral coalitions.
- We believe in engaging communities through community-based coalitions and advisory groups.
- We believe in performing disaggregated data collection to better represent diverse populations.
- We believe in building human and social capital to highlight community strengths.
- We believe in fostering linkages and access to care.
- We believe in strengthening organizational and community-based infrastructures through capacity-building activities.

For more information, please visit us at: <https://med.nyu.edu/asian-health>

EXECUTIVE SUMMARY



The NYU Center for the Study of Asian American Health (CSAAH) aims to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NH/PIs). Building from a series of community-engaged, community-participatory health resources and needs assessment work, we present “Oral Health in Asian Americans, Native Hawaiians, and Pacific Islanders: 2013-2018,” a report presenting AA and NH/PI oral health disparities in regional communities using local and national datasets. We aim to document visually the health disparities in preventive oral health care across disaggregated AA and NH/PI ethnicities among selected geographical areas in the United States.

To create the report, CSAAH worked with partners throughout the United States to examine available local and national datasets, presenting race/ethnicity categories with disaggregated AA and NH/PI subgroups whenever possible. CSAAH first identified U.S. regions with the largest AA and NH/PI populations, which also happen to be areas where disaggregated data on AAs and NH/PIs is readily available: New York City, California, and Hawaii. Next, CSAAH identified and included data from regional areas with growing AA or NH/PI populations, such as Arizona, Chicago, Utah, and Texas. Arizona, Utah, and Texas are regions represented in CSAAH’s National Advisory Committee (NAC) on Research, which is comprised of local and national AA or NH/PI community-based partner organizations and health centers.

The AA and NH/PI oral health report presents a visual comparison of preventive oral health care across local and national datasets that include disaggregated AAs and NH/PIs. In order to highlight racial/ethnic group differences by AA and NH/PI subgroup, we present prevalence of preventive oral health care for overall AAs and NH/PIs, as well as for each disaggregated AA or NH/PI subgroup. Results are presented for each geographical area. Detailed methodologies of each dataset are included at the end of this report.

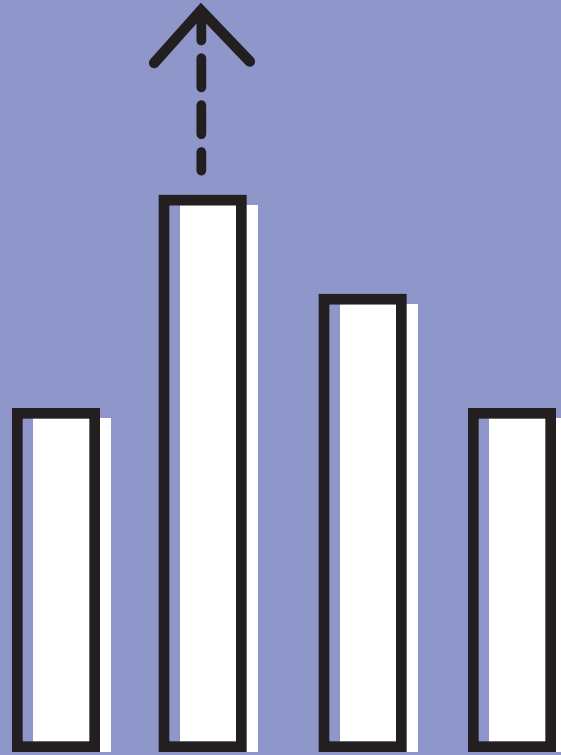
Key findings highlight differences in preventive oral health care by racial/ethnic subgroup. Across geographical areas, Whites had the highest prevalence of dental screening in the past year, while Blacks and Hispanics had the lowest prevalence. While AAs often had a high prevalence of dental screening in the past year, similar to White subgroups, disaggregated AA and NH/PI subgroups reveal a different story. In general, NH/PI groups were often lower than the overall prevalence, and disaggregated AA groups often showed low rates of dental screenings. National data found an overall prevalence of 63.2% among U.S. adults, but a prevalence of 54.3% among NH/PIs. Among NYC adults, overall prevalence was 60.0% (47.2% among AAs and NH/PIs and 43.8% among Chinese). LA County had a lower prevalence than overall California (59.3% vs. 70.4%), and prevalence of dental screening in the past year was lowest among South Asians (45.6%) and Hispanics (50.1%), compared to 59.5% among all AAs. In Chicago, overall prevalence was 61.5%, and 62.0% among AAs (49.4% among Chinese). Arizona and Texas both had higher prevalence among overall AAs, and lower among Asian Indians, while in Hawaii, NH/PI groups had the lowest prevalence of dental screening in the past year. Findings reveal hidden disparities that exist for AAs and NH/PIs when data is disaggregated.

Suggested Citation:

Wyatt LC, Kranick J, Elfassy T, Kwon SC, Min DK, Wong JA, Trinh-Shevrin C, Yi SS. Oral Health in Asian Americans, Native Hawaiians, and Pacific Islanders: 2012-2018. 2021.

For more information, please contact:

Dr. Stella S. Yi, PhD, MPH
NYU Center for the Study of Asian American Health
Email: stella.yi@nyulangone.org



DATA TABLES

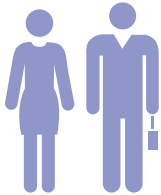


VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The National Health Interview Survey (NHIS) is an annual nationwide in-person household interview survey conducted in English and Spanish. The adult sample is representative of U.S. adults ages 18 and up.

ADULTS (18+)



National Health Interview Survey 2014-2018

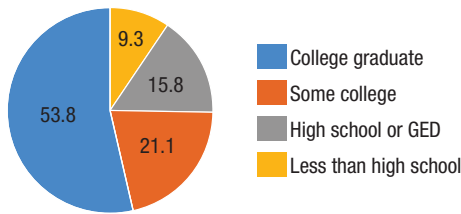
	%	95% CI
Overall	63.2%	62.7-63.7
Non-Hispanic White	67.4%	66.8-67.9
Non-Hispanic Black	57.1%	55.8-58.3
Hispanic	53.8%	52.7-54.9
American Indian/ Alaska Native	55.9%	52.0-59.7
Asian	65.0%	63.4-66.6
Chinese	67.4%	64.1-70.5
Filipino	68.5%	65.3-71.4
Asian Indian	65.3%	62.3-68.2
NH/PI (2014 only)	54.3%	50.2-58.4
Other/Multiracial	54.3%	50.2-58.4



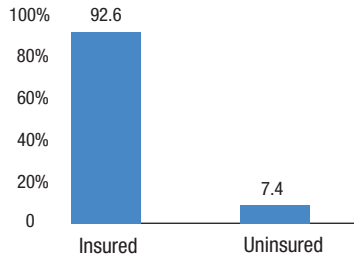
VISITED A DENTIST IN THE PAST YEAR

Demographics of Asian adults in NHIS, 2014-2018

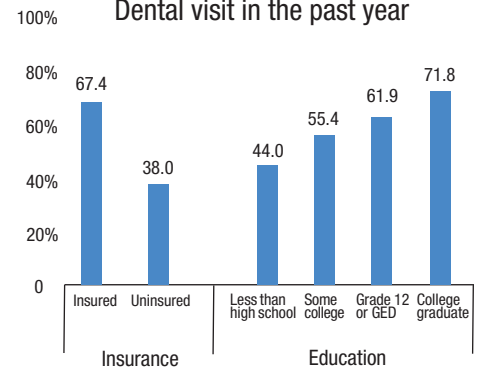
Education level



Insurance status

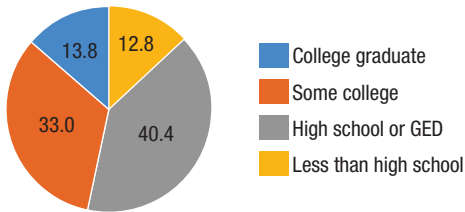


Dental visit in the past year

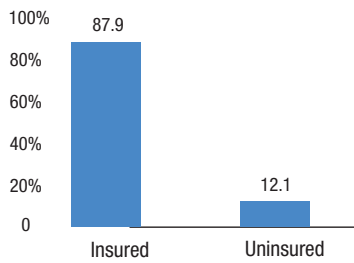


Demographics of NH/PI adults in NHIS, 2014

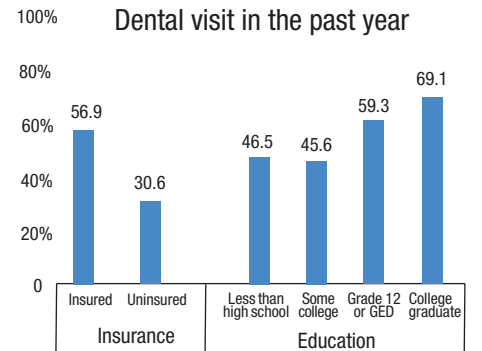
Education level



Insurance status



Dental visit in the past year





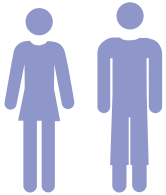
VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The National Health Interview Survey (NHIS) is an annual nationwide in-person household interview survey conducted in English and Spanish. This sample is representative of U.S. adolescents ages 12 to 17.

National Health Interview Survey 2014-2018

ADOLESCENTS (12-17)



	%	95% CI
Overall	88.1%	87.4-88.7
Non-Hispanic White	90.5%	89.7-91.2
Non-Hispanic Black	86.1%	84.1-87.9
Hispanic	84.1%	82.6-85.4
American Indian/ Alaska Native	88.8%	84.0-92.4
Asian	86.8%	83.8-89.3
Chinese	85.7%	75.4-92.1
Filipino	92.0%	87.0-95.2
Asian Indian	83.1%	75.9-88.4
NH/PI (2014)	82.3%	73.3-88.7
Other/Multiracial	83.7%	75.9-89.4



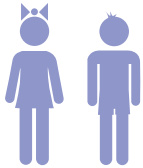
VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

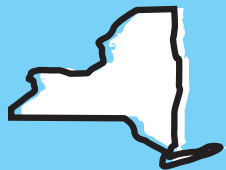
The National Health Interview Survey (NHIS) is an annual nationwide in-person household interview survey conducted in English and Spanish. The sample is representative of U.S. children ages 2 to 11.

National Health Interview Survey 2014-2018

CHILDREN (2-11)



	%	95% CI
Overall	82.5%	81.9-83.1
Non-Hispanic White	81.8%	80.9-82.6
Non-Hispanic Black	84.3%	82.6-85.8
Hispanic	83.7%	82.5-84.8
American Indian/ Alaska Native	84.3%	78.0-89.1
Asian	80.2%	77.7-82.5
Chinese	80.5%	75.5-84.7
Filipino	84.4%	79.2-88.6
Asian Indian	75.5%	70.7-79.8
NH/PI (2014)	89.0%	83.5-92.9
Other/Multiracial	78.6%	72.3-83.8

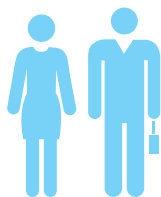


VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The New York City Community Health Survey (NYC CHS) is a telephone survey conducted in English, Spanish, Russian, and Chinese (Mandarin and Cantonese). The sample is representative of New York City adults ages 18 and up.

ADULTS
(18+)



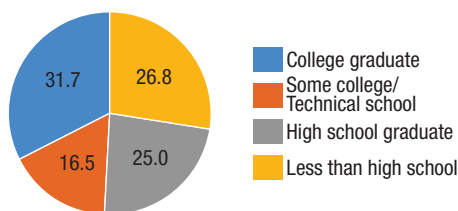
NYC Community Health Survey 2013-2014

	%	95% CI
Overall	60.0%	58.9-61.0
Non-Hispanic White	66.9%	65.1-68.8
Non-Hispanic Black	57.6%	55.5-59.8
Hispanic	58.8%	56.9-60.6
Non-Hispanic Asian/NH/PI	47.2%	44.3-50.1
Chinese	43.8%	40.2-47.5
Korean	70.0%*	56.8-80.5
Filipino	66.9%*	54.1-77.7
South Asian	51.2%	44.3-58.0
Japanese	58.2%*	43.9-71.2
Vietnamese	62.4%*	45.5-76.7
Other/Multi-racial	56.1%	48.7-63.3

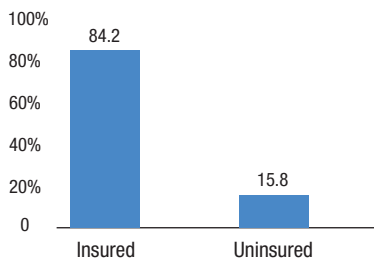
*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% Confidence Interval half-width is greater than 10 or the sample size is too small, making the estimate potentially unreliable.

Demographics of Asian and NH/PI adults in NYC CHS, 2013-2014

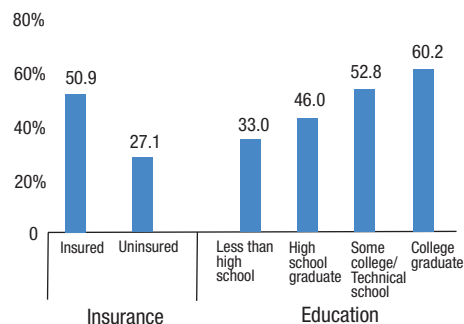
Education level

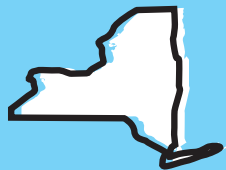


Insurance status



Dental visit in the past year





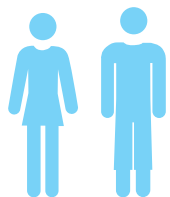
VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

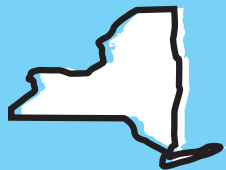
The New York City Youth Risk Behavior Survey (NYC YRBS) is a school-based survey conducted in English only. The sample is representative of New York City public high school students in grades 9 through 12.

NYC Youth Risk Behavior Survey 2017

HIGH SCHOOL STUDENTS



	%	95% CI
Overall	69.4%	66.9-71.8
White non-Latino	78.4%	75.7-80.9
Black non-Latino	63.9%	60.3-67.4
Latino	70.5%	68.3-72.7
Asian non-Latino	68.9%	63.7-73.8
Other non-Latino	70.3%	64.0-75.9

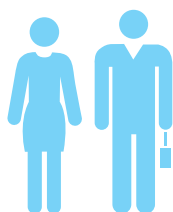


VISITED A DENTIST IN THE PAST YEAR

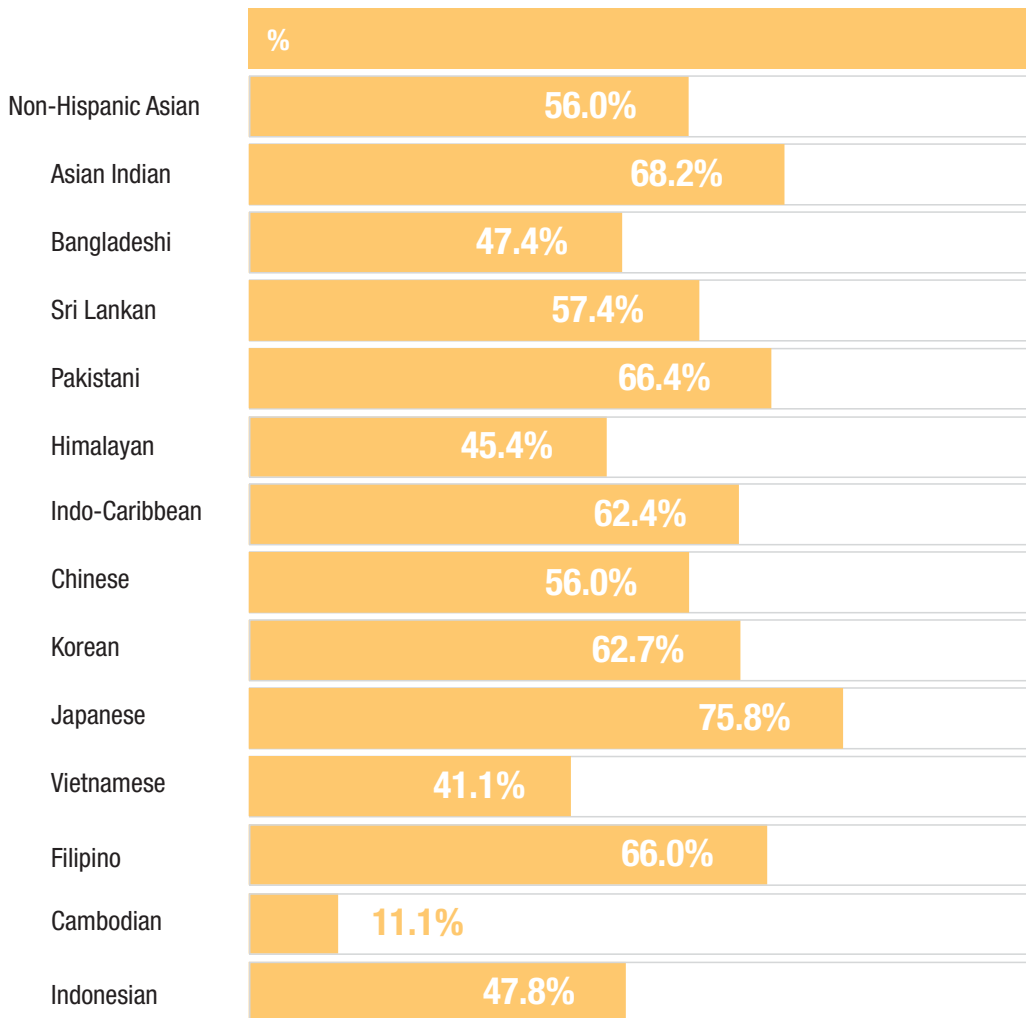
ABOUT THE SURVEY

The New York City Community Health Resources and Needs Assessment (NYC CHRNA) is a telephone survey conducted in English, Spanish, Russian, and Chinese (Mandarin and Cantonese). The sample is representative of New York City adults ages 18 and up.

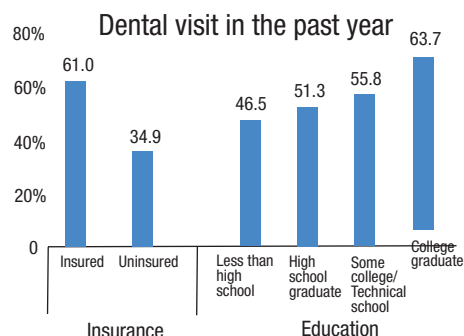
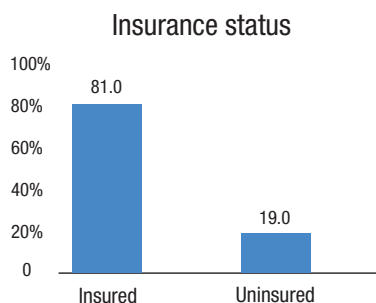
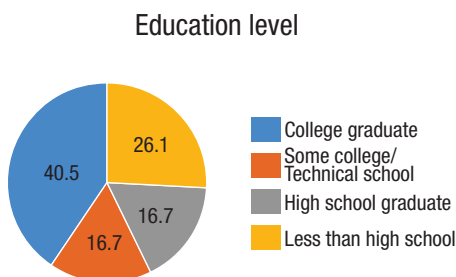
ADULTS (18+)



NYC Community Health Resources and Needs Assessment 2013-2016



Demographics of Asian adults in NYC CHRNA, 2013-2016





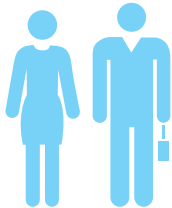
VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The California Health Interview Survey (CHIS) is a telephone survey conducted in English, Spanish, Chinese (Mandarin and Cantonese), Korean, Tagalog, and Vietnamese. The sample is representative of California adults as a whole and includes individuals ages 18 and up.

California Health Interview Survey 2013-2014 and 2017-2018

ADULTS
(18+)



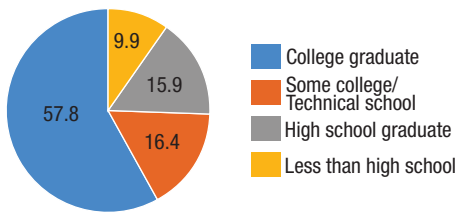
	%	95% CI
Overall	70.2%	69.2-71.2
Non-Hispanic White	75.3%	74.1-76.4
Non-Hispanic African American	68.8%	60.2-76.3
Hispanic	63.4%	61.9-65.0
Native American/ Alaskan Native	68.0%	54.9-78.8
Non-Hispanic Asian	72.3%	66.6-77.4
Chinese	64.4%	55.7-72.3
Korean	69.7%	50.7-83.7
Japanese	86.0%*	68.1-94.7
Filipino	78.2%	69.0-85.3
South Asian	74.1%	64.2-82.0
Vietnamese	76.8%*	39.8-94.3
Other Asian	74.0%	65.5-81.1
Non-Hispanic NH/PI	71.9%	61.3-80.6
Two or more races	69.6%	65.2-73.7



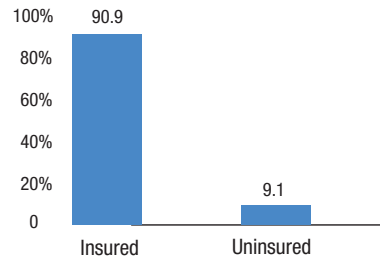
VISITED A DENTIST IN THE PAST YEAR

Demographics of Asian adults in CHIS, 2013-2014 and 2017-2018

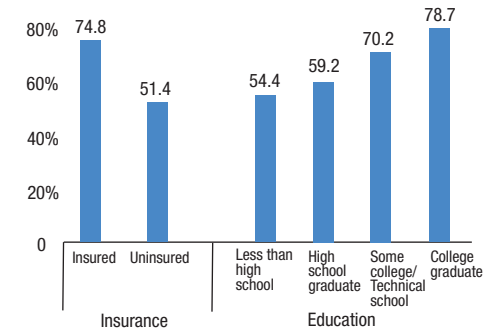
Education level



Insurance status

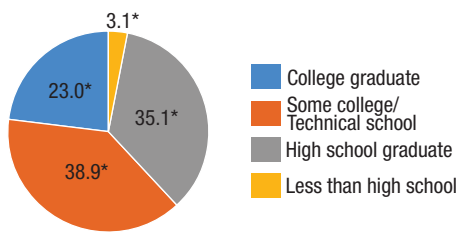


Dental visit in the past year

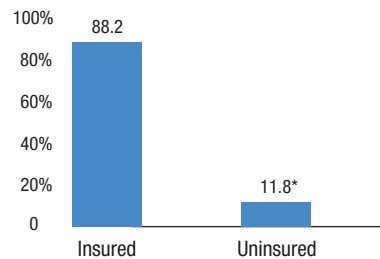


Demographics of NH/PI adults in CHIS, 2013-2014 and 2017-2018

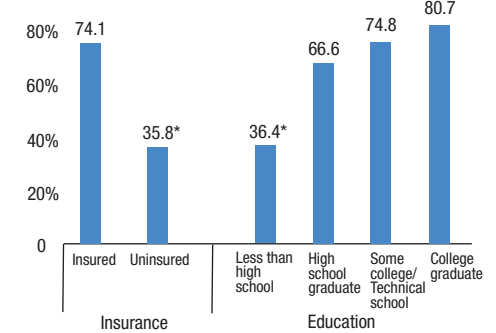
Education level



Insurance status



Dental visit in the past year



*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% Confidence Interval half-width is greater than 10 or the sample size is too small, making the estimate potentially unreliable.

COMMUNITY VOICES

“The fact that many Asian/NH/PI Americans in California have medical or dental insurance is misleading. Other factors such as language barriers are real challenges that community members face in going to the dentist.”

-National Advisory Committee Member, Orange County Asian Pacific Islander Community Alliance (OCAPICA)



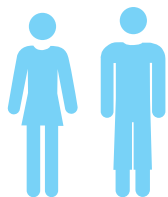
VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The California Youth Risk Behavior Survey (CA YRBS) is a school-based survey conducted in English only. The sample is representative of California public high school students in grades 9 through 12.

California Youth Risk Behavior Survey 2017

HIGH SCHOOL STUDENTS



	%	95% CI
Overall	72.7%	66.7-78.0
Non-Hispanic White	86.4%	79.2-91.4
Non-Hispanic Black	56.7%	45.8-66.9
Hispanic	67.0%	61.9-71.7
Non-Hispanic Asian	73.0%	58.2-84.0

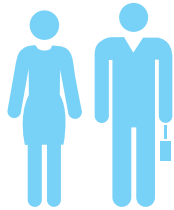


VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Los Angeles County Health Survey (LACHS) is a telephone survey conducted in English, Spanish, Chinese (Mandarin and Cantonese), Korean, and Vietnamese. The sample is representative of Los Angeles County adults as a whole.

ADULTS (18+)

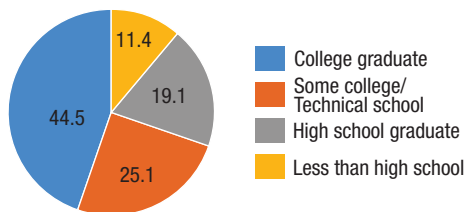


LA County Health Survey 2015

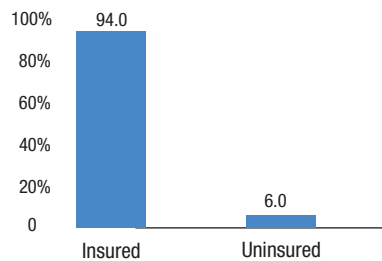
	%	95% CI
Overall	59.3%	57.8-60.9
Non-Hispanic White	73.5%	71.3-75.6
African American	54.5%	50.1-58.8
Hispanic	50.1%	47.6-52.6
American Indian/ Alaskan Native	63.2%	47.2-79.1
Asian	59.5%	55.0-64.0
Chinese	55.5%	48.3-62.7
Korean	64.9%	52.1-77.8
Filipino	68.5%	58.9-78.2
Japanese	75.5%	59.6-89.4
Vietnamese	56.4%	39.2-73.6
South Asian	45.6%	31.3-59.8

Demographics of Asian adults in LACHS, 2015

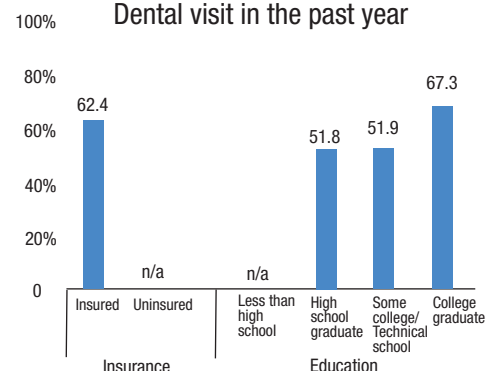
Education level



Insurance status



Dental visit in the past year



REGIONAL



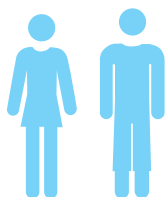
LOS ANGELES COUNTY

VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Los Angeles Youth Risk Behavior Survey (LA YRBS) is a school-based survey conducted in English only. The sample is representative of Los Angeles, California public high school students in grades 9 through 12.

HIGH SCHOOL STUDENTS



LA Youth Risk Behavior Survey 2017

	%	95% CI
Overall	71.7%	68.0-75.1
Non-Hispanic White	82.1%	72.2-89.1
Hispanic	71.7%	67.6-75.4
Non-Hispanic Asian	71.8%	59.3-81.6

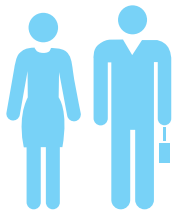


VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Health Chicago Survey (HCS) is a telephone survey conducted in English and Spanish. The sample is representative of Chicago adults as a whole.

ADULTS (18+)

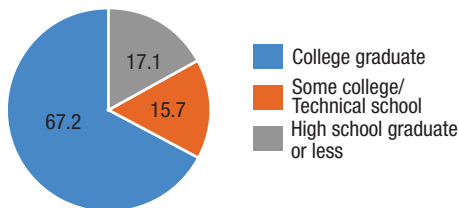


Healthy Chicago Survey 2015-2017

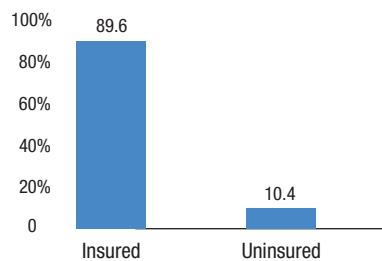
	%	95% CI
Overall	61.5%	60.1-62.9
Non-Hispanic White	75.1%	72.8-77.4
Non-Hispanic Black	51.4%	49.0-53.8
Hispanic	54.7%	51.6-57.7
Non-Hispanic Asian/ NH/PI	62.0%	55.0-68.5
Chinese	47.6%	33.3-62.3
Asian Indian	67.2%	52.1-79.4
Other/Multiracial	55.7%	46.6-64.5

Demographics of Asian adults in HCS, 2015-2017

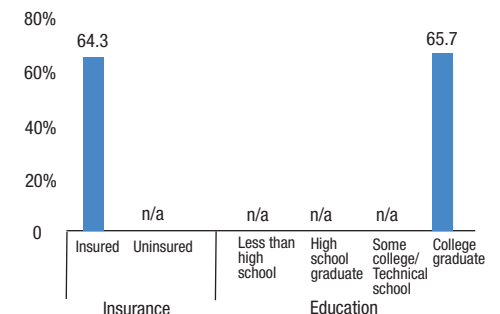
Education level



Insurance status



Dental visit in the past year



REGIONAL



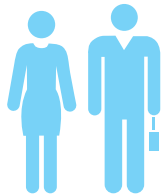
ARIZONA

VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Arizona Behavioral Risk Factor Surveillance System (AZ BRFSS) is a telephone survey conducted in English and Spanish. The sample is representative of Arizona adults as a whole.

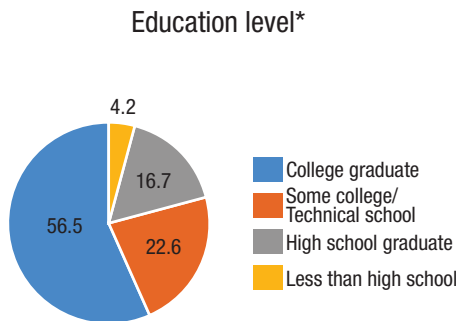
ADULTS
(18+)



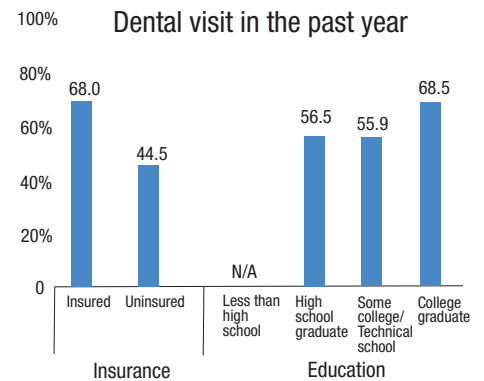
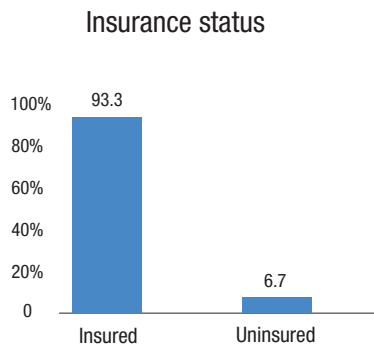
Arizona Behavioral Risk Factor Surveillance System 2014, 2016 and 2018

	%	95% CI
Overall	59.9%	58.7-61.1
Non-Hispanic White	64.9%	63.4-66.3
Non-Hispanic Black	54.6%	48.5-60.5
Hispanic	50.3%	47.6-52.9
American Indian/ Alaskan Native	53.1%	47.6-58.5
Non-Hispanic Asian	67.2%	60.0-73.7
Asian Indian	60.9%	48.5-72.1
Filipino	66.8%	48.3-81.3
Other Asian	63.3%	41.3-80.9
Non-Hispanic NH/PI	56.0%	38.4-72.2
Other/Multiracial	58.3%	51.8-64.6

Demographics of Asian and NH/PI adults in AZ BRFSS, 2014, 2016 & 2018



* Interpret with caution



COMMUNITY VOICES

“Arizona communities we surveyed have cited comfort, trust, and transparency as barriers to access to oral health. Based on our work, we’ve seen that people are willing to travel internationally for dental care, not just across the Arizona border to Mexico, but sometimes even across the Pacific Ocean due to lack of local access to affordable care.”



-National Advisory Committee Member, Asian Pacific Community in Action (APCA)

REGIONAL



GEORGIA

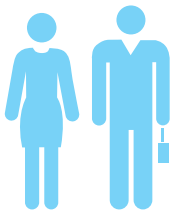
VISITED DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Georgia Behavioral Risk Factor Surveillance System (GA BRFSS) is a telephone survey conducted in English and Spanish. The sample is representative of Georgia adults as a whole.

Georgia Behavioral Risk Factor Surveillance System 2014 and 2016

ADULTS
(18+)



	%	95% CI
Overall	61.8%	60.6-63.0
White	65.9%	64.5-67.4
Black	56.0%	53.5-58.4
Hispanic	51.9%	46.6-57.1
Asian*	69.8%	60.6-77.6
Asian Indian	72.8%	59.4-83.0
American Indian/ Alaska Native	47.2%	34.1-60.8

*Includes Asian Indian, Asian

COMMUNITY VOICES

“ The API immigrant and refugee population in Atlanta is rapidly growing and a vast majority are uninsured, low income, and have limited English proficiency, making access to proper oral health care increasing difficult. CPACS Cosmo Health Center is mindful of these unique challenges and navigates these barriers every day in an effort to provide affordable and quality oral health care to this population. ”

-National Advisory Committee Member, Center for Pan Asian Community Services (CPACS)



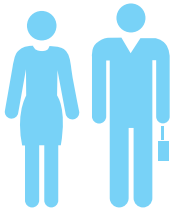
VISITED DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Hawaii Behavioral Risk Factor Surveillance System (HI BRFSS) is a telephone survey conducted in English only. The sample is representative of Hawaii adults as a whole.

Hawaii Behavioral Risk Factor Surveillance System
2014, 2016 and 2018

ADULTS
(18+)



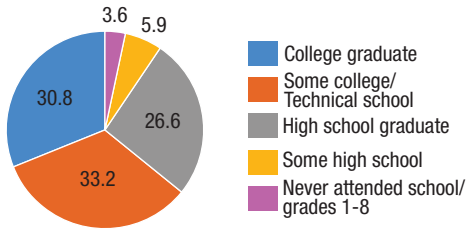
	%	95% CI
Overall	72.3%	71.4-73.1
Non-Hispanic White/Caucasian	73.8%	71.9-75.6
Non-Hispanic Black	68.6%	61.1-75.8
Hispanic	67.0%	64.1-69.8
American Indian/Alaska Native	66.9%	60.9-72.4
Non-Hispanic Asian	77.4%	76.0-78.7
Chinese	82.0%	78.4-85.1
Filipino	71.4%	69.1-73.6
Korean	75.7%	68.2-81.9
Vietnamese	71.8%	58.8-82.0
Japanese	81.2%	79.0-83.3
Other Asian	83.8%	78.0-88.2
Non-Hispanic NH/PI	61.6%	59.8-63.4
Native Hawaiian	62.3%	60.3-64.3
Guamanian or Chamorro	77.2%	67.9-84.5
Samoan	58.4%	50.0-66.4
Other Pacific Islander	57.6%	52.0-62.9
Non-Hispanic Other	66.6%	62.7-70.4



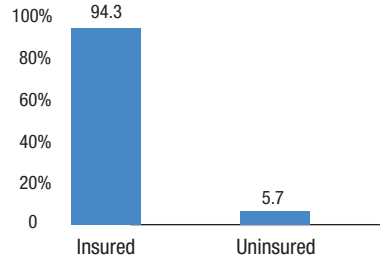
VISITED DENTIST IN THE PAST YEAR

Demographics of Asian adults in HI BRFSS, 2014, 2016 & 2018

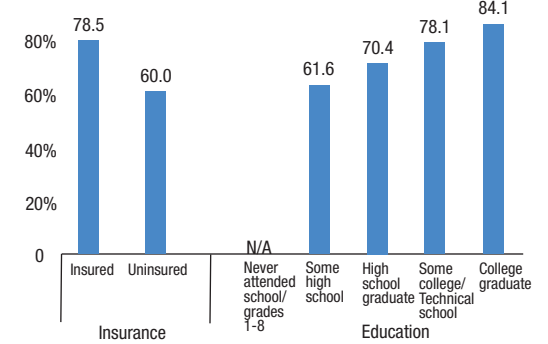
Education level



Insurance status

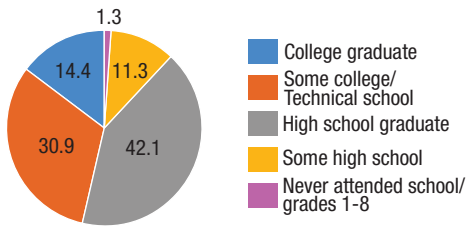


Dental visit in the past year

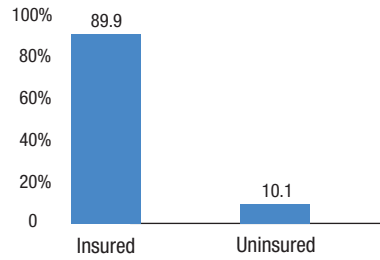


Demographics of NH/PI adults in HI BRFSS, 2014, 2016 & 2018

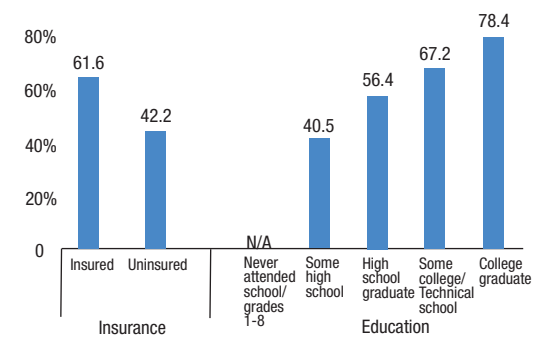
Education level



Insurance status



Dental visit in the past year





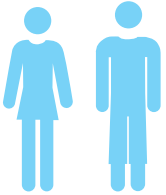
VISITED DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Hawaii Youth Risk Behavior Survey (HI YRBS) is a school-based survey conducted in English only. The sample is representative of Hawaii public high school students in grades 9 through 12.

Hawaii Youth Risk Behavior Survey 2017

HIGH SCHOOL STUDENTS



	%	95% CI
Overall	74.4%	72.9-75.9
Non-Hispanic White	81.8%	77.2-85.6
Hispanic	71.2%	68.3-73.9
Non-Hispanic Asian	77.2%	74.4-79.8
Non-Hispanic NH/PI	68.2%	65.7-70.5
Multiple Race	78.1%	75.0-80.9



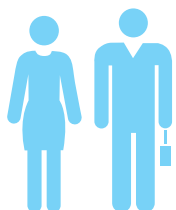
VISITED DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Texas Behavioral Risk Factor Surveillance System (TX BRFSS) is a telephone survey conducted in English and Spanish. The sample is representative of Texas adults as a whole.

Texas Behavioral Risk Factor Surveillance System 2014, 2016 and 2018

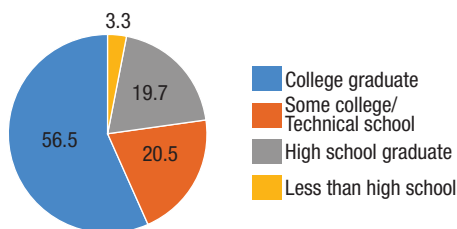
ADULTS (18+)



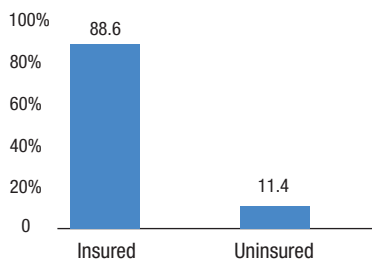
	%	95% CI
Overall	59.0%	57.7-60.4
Non-Hispanic White	64.6%	62.8-66.4
Non-Hispanic Black	59.0%	54.5-63.4
Hispanic	49.5%	46.7-52.2
American Indian/ Alaskan Native	56.4%	42.4-69.5
Non-Hispanic Asian	61.0%	52.2-69.2
Asian Indian	57.6%	42.8-71.1
Non-Hispanic NH/PI	61.4%	41.4-78.2
Other/Multiracial	54.2%	43.7-64.3

Demographics of Asian and NH/PI adults in TX BRFSS, 2014, 2016 & 2018

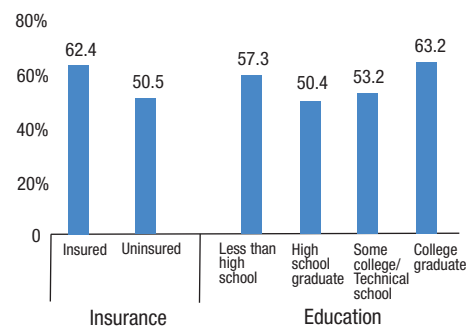
Education level



Insurance status



Dental visit in the past year



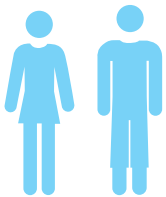


VISITED DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Texas Youth Risk Behavior Survey (TX YRBS) is a school-based survey conducted in English only. The sample is representative of Texas public high school students in grades 9 through 12.

HIGH SCHOOL STUDENTS



Texas Youth Risk Behavior Survey 2017

	%	95% CI
Overall	70.0%	66.2-73.6
Non-Hispanic White	76.0%	68.8-82.1
Hispanic	61.9%	53.7-69.5
Non-Hispanic Asian	67.9%	64.8-70.8



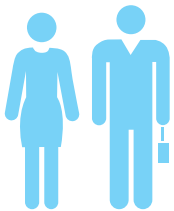
VISITED DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

The Utah Behavioral Risk Factor Surveillance System (UT BRFSS) is a telephone survey conducted in English only. The sample is representative of Utah adults as a whole.

The Utah Behavioral Risk Factor Surveillance System 2014, 2016 and 2018

ADULTS (18+)



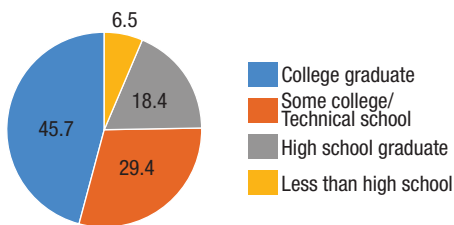
	%	95% CI
Overall	71.1%	70.4-71.7
Non-Hispanic White	73.9%	73.3-74.5
Non-Hispanic Black	61.3%	53.4-68.7
Hispanic	56.2%	53.7-58.6
Non-Hispanic Asian	65.9%	59.7-71.5
Non-Hispanic NH/PI	68.6%	59.6-76.4
American Indian or Alaska Native	62.2%	55.8-68.2
Other/Multiracial	62.7%	56.9-68.1



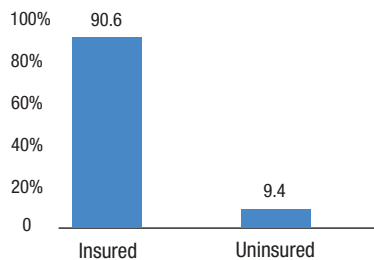
VISITED A DENTIST IN THE PAST YEAR

Demographics of Asian adults in UT BRFSS, 2014, 2016 & 2018

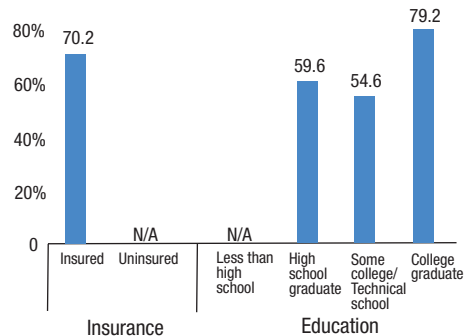
Education level



Insurance status

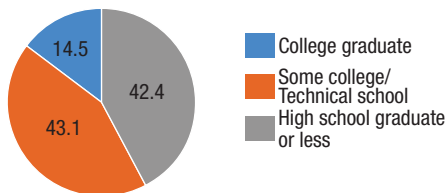


Dental visit in the past year

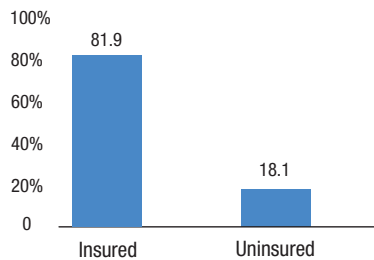


Demographics of NH/PI adults in UT BRFSS, 2014, 2016 & 2018

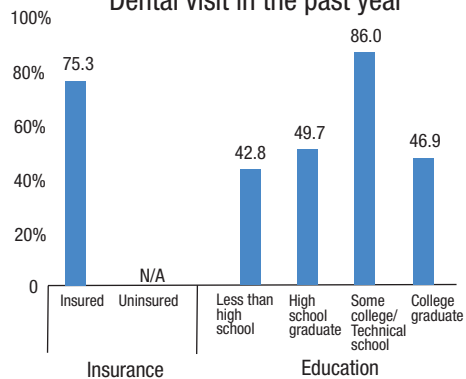
Education level



Insurance status



Dental visit in the past year



REGIONAL



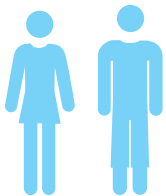
UTAH

VISITED A DENTIST IN THE PAST YEAR

ABOUT THE SURVEY

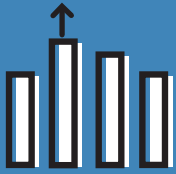
The Utah Youth Risk Behavior Survey (UT YRBS) is a school-based survey conducted in English only. The sample is representative of Utah public high school students in grades 9 through 12.

HIGH SCHOOL STUDENTS



The Utah Youth Risk Behavior Survey 2017

	%	95% CI
Overall	76.8%	71.3-81.5
Non-Hispanic White	80.1%	75.1-84.3
Hispanic	68.2%	60.0-75.3



Adults include all individuals age 18 or older

Adolescents include: National – age 12-17; California, New York City, Los Angeles – public high school students

Children include: National – age 2-11; California – age 3-11

Age-adjustment using 2000 U.S. population estimates was performed for prevalence among adults, except for Los Angeles County Health Survey, Georgia BRFSS, and NYC CHRNA, which use crude estimates. Age-adjustment was not performed for prevalence among children or adolescents.

Where noted, the estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, or the 95% confidence interval half-width is greater than 10 or the sample size is too small, making the estimate potentially unreliable. Estimate should be interpreted with caution for the following prevalence estimates: New York City adults – Korean, Filipino, Japanese, Vietnamese; and CHIS - Japanese and Vietnamese.

National Data

Regional data (adult, child, adolescent) comes from combined 2014-2018 National Health Interview Survey (NHIS) data. Prevalence of dental visit in last year was obtained using primary race (mracrpi2) or Hispanic ethnicity (origin_i). Non-Hispanic NH/PI was derived from the 2014 NH/PI specific data.

Regional Data

New York City data (adult) comes from 2013-2014 New York City Community Health Survey (NYC CHS) data, 2013-2016 Community Health Resources and Needs Assessments (CHRNA) data collected from the Center for the Study of Asian American Health, and 2017 Youth Risk Behavior Survey (YRBS) data (public high school students).

California data (adult) comes from the 2013-2014 and 2017-2018 California Health Interview Survey (CHIS), the 2015 Los Angeles County Health Survey, and 2017 YRBS data (public high school students).

Chicago data comes from the 2016 Healthy Chicago Survey.

Arizona, Texas, Hawaii and Utah data comes from combined 2014, 2016 and 2018 Behavioral Risk Factor Surveillance System (BRFSS) data.

Georgia data come from combined 2014 and 2016 BRFSS data (not age-adjusted).



Survey	Years	Languages	Methods	Availability
National Health Interview Survey (NHIS)	2014-2018	English, Spanish	Cross-sectional, yearly interviewing, conducted in-person by trained interviewers, non-institutionalized adult population)	Data available online for Chinese, Asian Indian, and Filipino subgroups and NH/PI (2014); Additional AA subgroups require special access.
New York City Community Health Survey (NYC CHS)	2013-2014	English, Spanish, Chinese, Russian	Cross-sectional, yearly interviewing, conducted over landline and cellular phones, non-institutionalized adult population	Limited data available online; Asian subgroups and combined weights available through Data Use Agreement with NYC DOHMH
New York City Community Health Resources and Needs Assessments (NYC CHRNA)	2013-2016	English, Mandarin, Korean, Japanese, Vietnamese	Cross-sectional, one survey administration, conducted in-person, community sampling strategies with venue-based approaches, adults	Data available through Data Use Agreement with NYU CSAAH
California Health Interview Survey (CHIS)	2013-14 and 2017-18	English, Spanish, Mandarin, Cantonese, Korean, Vietnamese	Cross-sectional, conducted over landline and cellular phones, interviewing on a continuous basis, non-institutionalized residential population of adults	Data available online for Chinese, Filipino, Korean, Vietnamese, and Japanese subgroups; South Asian and NHPI subgroups available on 2-year datasets with a DUA.
Los Angeles County Health Survey (LA CHS)	2015	English, Spanish, Mandarin, Cantonese, Korean, Vietnamese	Cross-sectional, conducted over landline and cellular phones, two years of data collection, population-based sample of adults	Statistician ran data and filled out tables by request
Healthy Chicago Survey (HCS)	2015-2017	English, Spanish	Cross-sectional, yearly interviewing, conducted over landline and cellular phones, non-institutionalized adult population	Limited data available online; Asian subgroups and combined weights available through Data Use Agreement
Behavioral Risk Factor Surveillance System (BRFSS)	2014, 2016 and 2018 (2014 and 2016 - Georgia)	English, Spanish	Cross-sectional, yearly interviewing, conducted over landline and cellular phones, non-institutionalized adult population	Data available online; Asian subgroups through Data Use Agreements with individual states (process differs by state); Hawaii data was queried using the Hawaii-IBIS online tool.

