ASSESSING THE ASSOCIATION BETWEEN PAST YEAR DENTAL VISITS AND ACCESS TO ROUTINE PRIMARY HEALTH CARE: RESULTS FROM THE 2017-2020 NATIONAL HEALTH AND NUTRITIONAL EXAMINATION SURVEY

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INTRODUCTION

Routine primary healthcare (PHC) plays a vital role in promoting overall health and connecting patients to preventive services, including dental care.
Regular dental visits are critical for preventing oral health issues and managing chronic diseases linked to oral health.
However, disparities in healthcare access may influence the likelihood of individuals receiving necessary dental care.

AIM

This study aimed to provide an evidence-based foundation and a call to action to improve the integration of oral health care into primary care, given the critical linkages between oral health and many systemic diseases, both in their manifestation and treatment.
We hypothesized that access to PHC may be associated with past-year dental visits (DV). Our findings serve as a preliminary step toward developing healthcare policies that promote collaborative practices and patient-centered care in primary care settings, offering guidance for incorporating oral health services alongside PHC.

METHODS

Data from 8,745 participants ≥ 20 years in the 2017-2020 National Health and Nutritional Examination Survey (NHANES) were used for cross-sectional analysis.
Logistic regression models explored the relationship between “past-year dental visits”& access to PHC, while controlling for sex, age, race/ethnicity, educational level, and marital status. All statistical analyses were weighted and population-adjusted using Stata.

RESULTS

The study population represented 230 million US adults – 84% had access to routine PHC, and 56% had a past-year dental visit. Adults with access to routine PHC were significantly more likely to have had a past-year dental visit (*a*OR=2.62; 95%CI {2.07, 3.33}; *P*=0.000). This was true for women, the oldest adult age group, and those with the highest educational levels. Black, non-Hispanic adults were less likely to have had a past-year dental visit, even with access to routine PHC (OR=0.86; 95%CI {0.57, 0.84}; *P*=0.001).

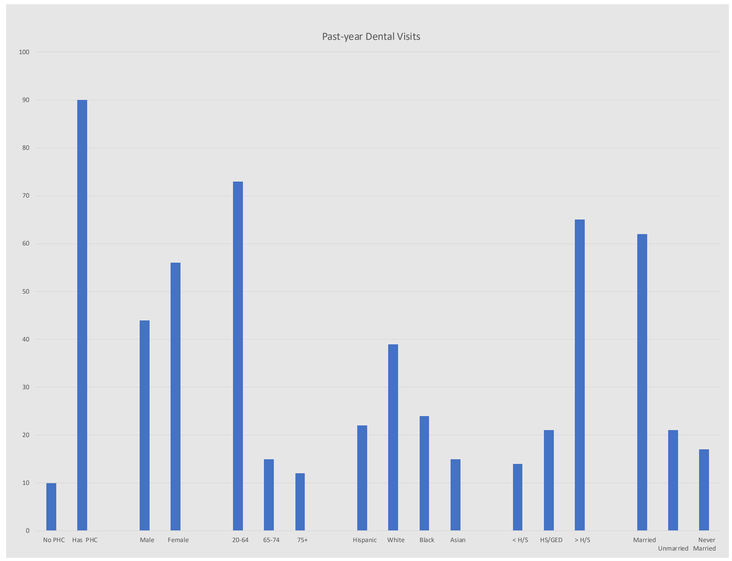

Figure 1: ***Bar Chart, Past-year Dental Visits by Predictor Variable, and other Covariates***

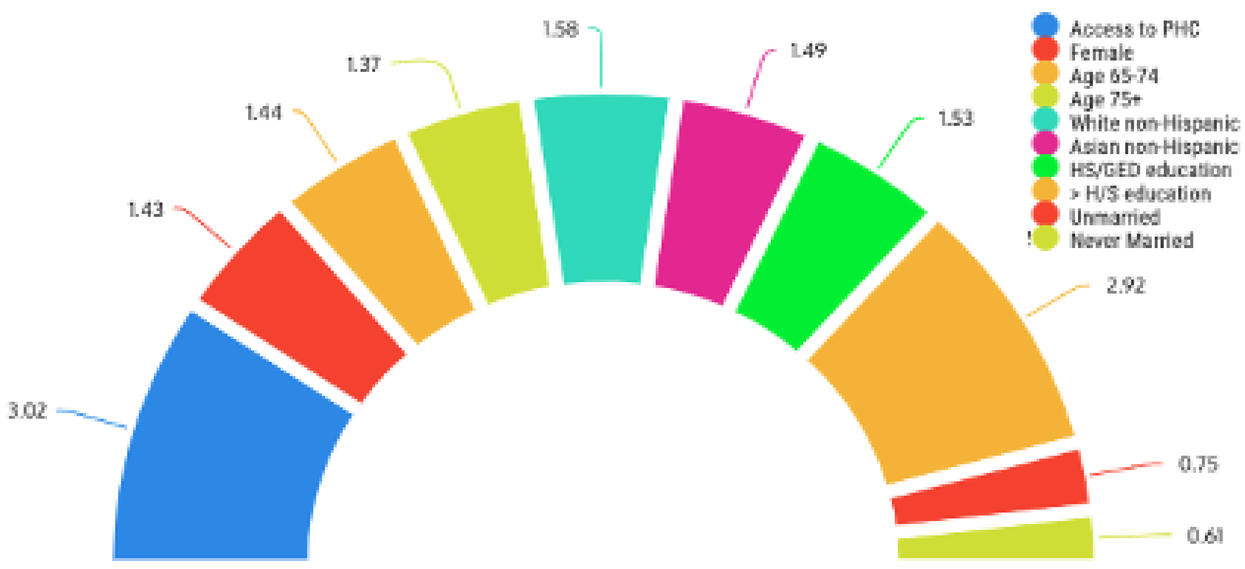

Figure 2: ***Odds Ratio for Significant Variables in Unadjusted Analysis***

RESULTS

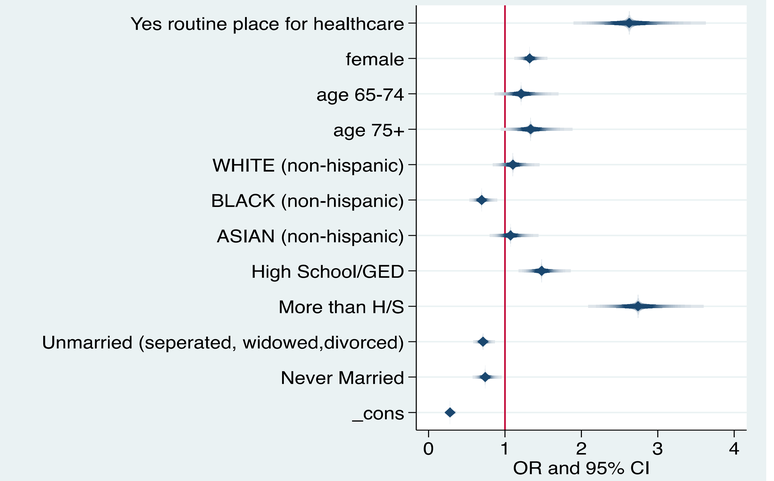

Figure 3: ***Forest Plot of Parsimonious Model Showing Adjusted Odds Ratios***

CONCLUSION

Access to routine primary healthcare increases the likelihood of an adult having a dental visit in the past year, with gender, age, and educational attainment exerting the strongest influences. While race/ethnicity had a weaker effect, Black non-Hispanic adults remained less likely to have had a dental visit despite access to routine primary care. We recommend a systems-level policy initiative that promotes integrated service delivery and expands public health insurance coverage for Black non-Hispanic individuals.

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