The Behavioral Risk Factor Surveillance System (BRFSS), administered by the Centers for Disease Control and Prevention (CDC), is a state-based, ongoing data collection program designed to measure behavioral risk factors in the adult, non-institutionalized population 18 years of age or older. In 1995, CDC approved an optional oral health module for the BRFSS to include questions related to time of last dental visit, reason for visit, loss of teeth and dental insurance coverage. The four questions are: (1) How long has it been since you last visited the dentist or a dental clinic for any reason; (2) What is the main reason you have not visited the dentist in the last year; (3) How many of your permanent teeth have been removed because of tooth decay or gum disease; and (4) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid. In Missouri, the Missouri Department of Health, Office of Surveillance, Research and Evaluation conducts the BRFSS. The state oral health program collaborated with the Office of Surveillance, Research and Evaluation to include the optional oral health module in the 1997 and 2001 BRFSS. The state oral health program paid $8,000 per question for the BRFSS to collect oral health data, which is a more cost-effective approach to collect adult risk behavior information than independently conducting a survey. If the oral health module is included in the core component of the BRFSS for alternating years, the cost for the state oral health program will be minimal. Missouri’s state oral health program has provided BRFSS oral health data to local public health agencies, the public, and other state and federal agencies. BRFSS oral health data is an important and integral part of a state-based oral health surveillance system, which is critical for formulating policy, obtaining programmatic funding, and providing a tool to measure oral health outcomes in the state. For example, Missouri has been able to identified gaps and needs by comparing the percentage of the general population who visited the dentist in the last year to the percentage of Medicaid clients who visited the dentist. This has influenced policies regarding access to care the Medicaid program. Data on the percentage without dental insurance and reason for not visiting the dentist in the last year has also been used to formulate policy.

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