

Access to Oral Health Care and its Role in the Burden of Untreated Dental Diseases in Rural Communities

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DESCRIPTION

Access to oral health services plays a major role in shaping the prevalence and severity of dental conditions, particularly in rural areas where the availability of dental care is often limited. The disparity in access to these services between urban and rural populations contributes significantly to the poor oral health outcomes often observed in rural communities. A variety of factors, including geographic isolation, socioeconomic challenges and limited healthcare infrastructure, make it difficult for rural populations to receive adequate oral health care. This, in turn, impacts the epidemiology of dental conditions, leading to higher rates of untreated caries, periodontal disease and oral cancers in rural populations.

One of the most significant barriers to accessing oral health services in rural areas is the shortage of dental professionals. Many rural regions experience a chronic shortage of dentists, with practitioners often concentrated in urban centers. According to the American Dental Association (ADA), approximately 20% of the U.S. population lives in rural areas, but only about 10% of dentists practice in these regions. This uneven distribution of dental professionals leads to long travel distances for rural residents seeking care, which can discourage individuals from seeking timely treatment. As a result, dental conditions in rural populations are more likely to go untreated, allowing minor problems like cavities to progress into more serious conditions, such as infections or tooth loss.

The lack of accessibility to dental care is compounded by economic factors. Rural areas tend to have lower median incomes compared to urban centers, making it harder for residents to afford both preventive and restorative dental services. Without adequate dental insurance or financial resources, many individuals in rural communities forgo regular dental check-ups or procedures, resulting in the delayed diagnosis of oral diseases. Moreover, the stigma surrounding dental health, particularly in low-income and underserved rural populations, often prevents individuals from seeking care until the condition becomes severe. This delay in seeking treatment

not only worsens the prognosis of dental diseases but also increases the overall burden on public health systems.

Additionally, rural areas face unique cultural and educational challenges that influence oral health behaviors. In many rural communities, there is a lack of oral health education, leading to poor awareness of preventive practices like brushing, flossing and routine dental visits. Rural populations may also be less likely to understand the importance of early intervention for oral health issues, leading to higher incidences of preventable diseases. Studies have shown that oral health literacy is often lower in rural communities compared to urban areas, contributing to poorer oral hygiene practices and an increased risk of conditions like tooth decay and gum disease. Furthermore, individuals living in rural areas are more likely to have diets rich in sugar and starch, which increases the risk of dental caries. The lack of fluoride in drinking water, common in some rural areas, further exacerbates this issue, as fluoride has been shown to reduce the incidence of dental caries.

The epidemiological impact of limited access to oral health services is evident in the increased prevalence of untreated dental conditions in rural populations. Dental caries, for example, is one of the most common chronic diseases in the world and is particularly prevalent in rural areas. According to the Centers for Disease Control and Prevention (CDC), the rates of untreated cavities in rural populations are higher than in urban populations, leading to significant oral health disparities. Periodontal diseases, which are linked to systemic conditions such as diabetes and heart disease, are also more prevalent in rural areas, as individuals may not receive timely treatment for gum disease. These untreated conditions not only affect individuals' quality of life but also increase the economic burden on health systems, as emergency dental care becomes necessary when conditions reach advanced stages.

Oral cancer is another serious concern in rural populations, where access to early detection and preventive measures may be limited. Rural areas often have fewer facilities for screening and diagnosing oral cancers, leading to a higher rate of diagnosis at more advanced stages. The lack of awareness of risk factors, such as tobacco use and alcohol consumption, also contributes to the

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Received: 27-Jun-2025, Manuscript No. AEDJ-25-40341; **Editor assigned:** 30-Jun-2025, PreQC No. AEDJ-25-40341 (PQ); **Reviewed:** 15-Jul -2025, QC No. AEDJ-25-40341; **Revised:** 22-Jul-2025, Manuscript No. AEDJ-25-40341 (R); **Published:** 28-Jul -2025, DOI: 10.35248/0976-156X.25.17.333

Citation: Johnson M (2025) Access to Oral Health Care and its Role in the Burden of Untreated Dental Diseases in Rural Communities . Ann Essence Dent. 17:333.

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higher incidence of oral cancers in rural communities. Without regular dental check-ups and screenings, many cases of oral cancer go undiagnosed until they have reached a critical point, making treatment more difficult and less effective.

The effects of limited access to oral health services in rural areas are not only seen in the prevalence of dental diseases but also in the long-term health consequences for these communities. Poor oral health has been linked to a range of systemic health problems, including cardiovascular disease, respiratory infections and diabetes. The untreated oral conditions that are common in rural areas can contribute to these broader health issues, exacerbating existing health disparities and increasing the overall healthcare burden.

CONCLUSION

In conclusion, the lack of access to oral health services in rural areas plays a significant role in shaping the epidemiology of

dental conditions. The geographic, economic, cultural and educational barriers faced by rural populations contribute to higher rates of untreated oral diseases, leading to poorer oral health outcomes and increasing the burden on public health systems. Addressing these disparities requires a multifaceted approach that includes improving the distribution of dental professionals, expanding access to dental insurance and financial resources, increasing oral health education and providing preventive services like community-based oral health programs. Only by addressing these systemic issues can we ensure that rural populations have the same opportunities for good oral health as those in urban areas.