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Oral Healthcare and Health Disparities for Women: A Brief Report

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Abstract

Poor dental health increases the risk for a myriad of systemic diseases and poor health outcomes including diabetes, and heart disease. Associations have been documented between periodontal disease diabetes, cardiovascular disease, and gastrointestinal disorders. Additionally, poor oral health has been associated with premature birth, and poor birth outcomes. Poor birth outcomes can stem from the influx of infant mortality across the US; thus significantly impacting the overall health of women. Women who come from low social economic areas, underserved populations, and underrepresented groups should be provided the necessary access to oral health care to assist with overall systemic health of women and prevent health problems such as heart disease, diabetes, premature birth, and poor birth outcomes. Overall, as a healthcare profession we must come together for the betterment of women's health and advocate overall systemic health including oral health.

Keywords: Women's health; Oral health; Health disparities

There are 47 million people in the United States (US) currently living in places where it is difficult to access health and dental care [1]. There is a particular lack of access to oral health care in the US for rural, underserved, uninsured and low-income populations; thus having a huge impact on women and pregnant women. People with low oral health literacy/knowledge are less likely to seek preventive care, comply with prescribed treatment, and maintain self-care regimens needed to control chronic diseases [2]. Therefore, women who lack access to oral health care and poor oral health literacy are at increased risk for poor systemic health outcomes.

While it is widely recognized that oral health is an indicator of and a contributor to overall health, little has been done to integrate oral and general health care. In the US, health care professionals are overwhelmingly trained in uniprofessional settings [3]. To date oral health care provision remains mostly limited to dentists and dental hygienists, with little attention from general healthcare practitioners. In an effort to broadly improve oral health, the Institute of Medicine, in its 2011 report, recommends an interdisciplinary approach to this problem, calling for training of non-dental healthcare professionals to provide oral health screening and educational information to patients without current access to dental care [4]. This has the potential to increase access to care for more patients, especially women and pregnant women that can a positive impact on the overall systemic health of both mother and child.

In a report issued in 2000, the US Surgeon General described poor oral health as our Nation's silent epidemic [4]. Despite advances in oral health prevention and intervention, dental caries remains one of the most common chronic health problems almost half of American adults have periodontal disease and only about 30% of adults aged 18 and older remain fully dentate [5-7]. Poor oral health is especially common in underserved, uninsured, and low-income adults who are highly unlikely to have dental checkups [3]. Compared to higher-income adults, low-income adults are less than half as likely to have had a dental appointment in the past year and 1.5 times more likely to have an unmet dental need [8]. These statistics are important because it is widely accepted that poor oral health is directly linked to poor systemic health. Poor dental health increases the risk for a myriad of systemic diseases and poor health outcomes including diabetes, heart disease, associations have been documented between periodontal disease, diabetes, cardiovascular disease and gastrointestinal disorders [9-11]. Additionally, poor oral health has been associated with premature birth, and poor birth outcomes [12,13]. Poor birth outcomes can stem from the influx of infant mortality across the US; thus significantly impacting the overall health of women [14]. It is imperative to address these health disparities with women tied to oral health needs especially pregnant woman to decrease infant mortality and high risk pregnancies. A potential way to address these issues is through the introduction of oral health issues, into our medical school curriculum and with our health care professionals; thus providing them with the foundation and exposure to risk factors related to infant mortality prior to entering the health care workforce [14].

In addition to a lack of access to dental care, "many individuals do not have sufficient oral health literacy to understand the importance of oral health and oral health care and do not know when or how to seek appropriate care.

Compounding the problem, physicians, nurses, and other health care professionals generally have not been educated or trained in providing basic oral health care, including the ability to recognize oral diseases or teach patients about self care" [4]. Hence, these barriers make seeing a dentist extremely difficult and unlikely for underserved and underrepresented populations. The difficulty for seeing a dentists increase for women who may be the sole provider for a family or women who are dealing with a high-risk pregnancy.

Therefore it is critical that women have access to oral health screenings to assure their overall health is maintained or to pre-screen for potential health related problems. Additionally, pregnant women should have access to routine dental visits as well serve as a potential prevention for high-risk pregnancy and decrease the risk of premature birth or infant mortality [12-14]. Furthermore, women who come from low social economic areas, underserved populations, and underrepresented groups should be provided the necessary access to oral health care to assist with overall systemic health of women and

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prevent health problems such as heart disease, diabetes, premature birth, and poor birth outcomes.

There are several key strategies that can be adopted for women have better access to oral health care:

- Visit a dentist routinely (every six months)
- Share with your primary care physician concerns about oral health concerns
- Talk with your pharmacist about current medications you routinely take some medications may impact your oral health
- If you don't have access to a dentist; there are free clinics that can provide care
- If you are pregnant you must see a dentist, if you don't have access to a dentist let your Obstetrician know and discuss best practices for oral health

Overall, as a healthcare profession we must come together for the improvement of women's health and advocate overall systemic health including oral health.

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