
Improving Women's Health and Perinatal Outcomes: Snapshot of the Impact of Oral Diseases

In what ways is oral health of specific importance to women?

Oral diseases have an immense impact on the oral, general, and reproductive health of women, their quality of life, and the oral health of their children. Oral diseases and conditions are not only markers for underlying health problems, but also important determinants influencing the development and management of adverse chronic health conditions such as cardiovascular disease and diabetes.¹ In addition, research provides evidence that poor maternal oral health status contributes to the incidence of preterm birth and low birth weight^{2,3} and increases the risk of early childhood caries among offspring.⁴ While the effects on physical health are substantial, the consequences of oral diseases are also psychological, social, and economic, often resulting in diminished self-image, social isolation, and days lost from work or school.⁵

What is the oral health status of women in the United States?

Oral diseases are among the most prevalent and preventable health conditions affecting women in the United States. According to the 1988-94 National Health and Nutrition Examination Survey (NHANES III), approximately 47% of the tooth surfaces among females 18 years of age and older show signs of decay.⁶ Analysis of NHANES III data also shows that approximately 67% of females 18 years of age and older exhibit clinical signs of periodontitis.⁶ In addition to the high prevalence of dental caries and periodontal diseases, women are disproportionately affected by several chronic and disabling oral conditions including oral-facial pain and salivary gland dysfunction.⁷

What factors increase the risk of adverse oral diseases and conditions among women?

While most oral health issues are not unique to the female population, there are several gender-specific factors that place women at an increased risk for the development of dental health problems. Among the most prominent of these factors, the fluctuations in levels of estrogen and progesterone associated with puberty, pregnancy, and hormonal birth control use can exacerbate symptoms of gingivitis and promote the development and progression of periodontal diseases.⁸ Other factors contributing to the high prevalence of adverse oral diseases and conditions among women include the early onset of tobacco use; the incidence of eating disorders among adolescent and young adult aged women; the complex role patterns encountered by women throughout their life course; and the longer life expectancy women experience in comparison to men.⁹

Do women in the United States have adequate access to appropriate oral health services?

According to the National Health Interview Survey, only 68.5% of women aged 18 to 64 reported having a dental visit during the previous 12 months in 1999.¹⁰ The most commonly cited reason for the non-utilization of dental services among women is the lack of perceived need,¹¹ however, research shows that barriers to accessing care also play a significant role in the non-receipt of appropriate dental services. Estimates show that the percentage of women aged 19 to 64 unable to obtain desired dental care (12.1%) exceeds the national average (8.5%) by more than 40%. Of these women, 71.5% cite costs of care, lack of dental insurance, or the lack of a provider accepting insurance type as barriers to acquiring desired dental care.¹²

What are potential strategies for improving the oral health status of women?

- Expanding activities to increase awareness among health care providers, policymakers, and the public concerning the importance of oral health may have a beneficial impact on the provision, availability, and utilization of oral health services.
- The integration of oral health issues and dental care within the current system of health care accessed by women throughout their life course provides a greater opportunity for reducing known risk factors and providing early treatment, potentially resulting in reduced health care costs and improved oral and general health outcomes.
- The inclusion of comprehensive dental care coverage under State Medicaid plans is an integral component to ensuring that low-income women have access to needed dental services. Eligibility for such coverage should be broad enough to include the various populations of women without private sources of dental coverage.
- Increasing provider participation in serving Medicaid populations may require efforts to ensure that reimbursement rates for dental services under State Medicaid plans are sufficiently high to prevent or minimize the potential financial loss dental care providers may incur in choosing to serve low-income populations.
- Increasing the capacity of Migrant and Community Health Centers to provide dental services is an important strategy for increasing access to dental care within underserved populations.
- Adequate resources and funding are needed for building the oral health infrastructure and capacity at the state level in order to facilitate the development and implementation of effective policies and programs directed towards ensuring that women have access to needed oral disease prevention and treatment services.

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