

Dental and Oral Health Factsheet

Although oral health is an important component to general health, many people in the United States go without appropriate oral and dental health services.

Prevalence: It is estimated that millions of people in the U.S. experience dental problems, periodontal diseases, and cleft lip and cleft palate, resulting in needless pain and suffering; difficulty in speaking, chewing, and swallowing; increased costs of care; loss of self-esteem; decreased economic productivity through lost work and school days; and, in extreme cases, death due to poor oral health. Serious diseases such as oral and pharyngeal cancers, which primarily affect those over the age of 55, result in significant illnesses and disfigurement associated with treatment, substantial cost, and more than 8,000 deaths every year (Healthy People 2010 Oral Health).

Barriers to Care: Barriers to oral healthcare include cost; lack of dental insurance, public programs, or providers from underserved racial and ethnic groups; and fear of dental visits. Furthermore, some people with limited health literacy may not be able to find or understand information and services available to them.

Additional barriers exist for lesbians and women who partner with women, including systematic bias in health insurance and public entitlements, which routinely fail to cover gay and lesbian partners or to provide reimbursement for procedures of particular relevance to LGBT populations.

Risk Factors: The initiation and progression of periodontal infections are affected by systemic factors and habits, including tobacco use, uncontrolled diabetes, stress, and genetic factors.

Such oral health risk factors are alarming, especially for women who partner with women. A growing number of studies have described the risk profile for lesbians and women who partner with women and have documented higher rates of smoking, obesity, and alcohol consumption (Solarz, 2000).

Further risk factors exist for racial and ethnic minorities and persons with less education. Discrepancies are evident both in childhood dental care, where Hispanic and African American children receive less preventive care than their white counterparts, and in adulthood. National surveys have reinforced these findings, including the Medical Expenditure Panel Survey in 1996 which indicated that approximately only 44% of the population over the age of two had visited a dentist in the past year. When broken down by race further discrepancies can be seen, with 50% of non-Hispanic whites, 30% of Hispanics, and 27% of non-Hispanic blacks having a yearly visit. In addition, while 55% of those with some college had a visit during the previous year, this was true of only 24% of those with less than a high school education.

Among those with oral and pharyngeal cancers, the 5-year survival rate is lower for African Americans than whites (34% vs. 56%). Education also plays a part in oral cancer screening, as people with high school educations and lower are less likely than their college-educated peers to have had an oral cancer examination in the past year (Healthy People 2010 Oral Health).

References:

Healthy People 2010: Oral Health.

<http://healthypeople.gov/document/HTML/Volume2/21Oral.htm>

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