ORAL HEALTH DISPARITIES IN WOMEN WITHIN RURAL EASTERN NORTH CAROLINA

Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Tyrrell, and Washington Counties (Region 9)

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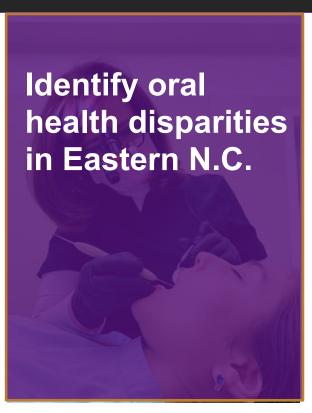
WomenNC

CSW64 / BEIJING + 25

Femtor: Dr. Margaret Gichane, RTI Global Gender Center



Research Objectives



Identify the social determinants impacting a woman's ability to care for her oral health

(e.g., socioeconomic status, transportation, education, and access to healthcare services)

Identify policy solutions to reduce oral health disparities among pregnant women



Introduction

Poor oral health in pregnant women can predispose their children to similar complications:

→ affecting future generations



Pregnancy Gingivitis increases in Region 9 due to barriers in healthcare



Methods

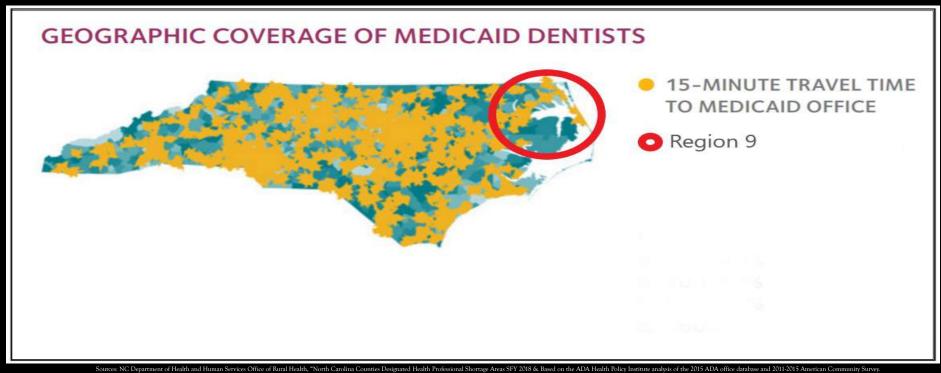
LITERATURE REVIEW

- Primary & Secondary Sources
- Focus: Region 9 Disparities
- Medicaid & Non-Medicaid Dental Offices →
 Transportation & Distance
- Number of Dentists → Provider to Patient Ratios
- Public Fluoridated Water Supply → Environmental Barriers
- Fluoride Mouth Rinse Programs → Access to Oral Health Education





Findings







Findings



of the Region 9 population served by public water systems do not receive fluoridated water



of qualified Region 9 schools
do not participate in a
Fluoride Mouth Rinse Program



Policy Recommendations

Develop a Fluoride Mouth Rinse Program for pregnant women at their OB/GYN office in Region 9, Eastern North Carolina.

When: At a woman's first prenatal visit, a medical provider instructs, demonstrates, and guides a woman in practicing a fluoride rinse.

Conduct regional educational programming and training for women and medical professionals (OB/GYNs) to become knowledgeable about oral health during pregnancy.

