

CHAPTER 1 INTRODUCTION

1.1. ORAL HEALTH AND THIS REPORT

Although oral health care is integral to overall health, it is not typically awarded the same priority as basic medical care (Allukian. 2008). Access to care and ability to obtain and keep dental insurance are some of the leading economic causes of oral health disparities in the United States (CDC. 2009). Socioeconomic characteristics and cultural values also contribute to oral health disparities, particularly in regions like Appalachia (Behringer, et al. 2007).

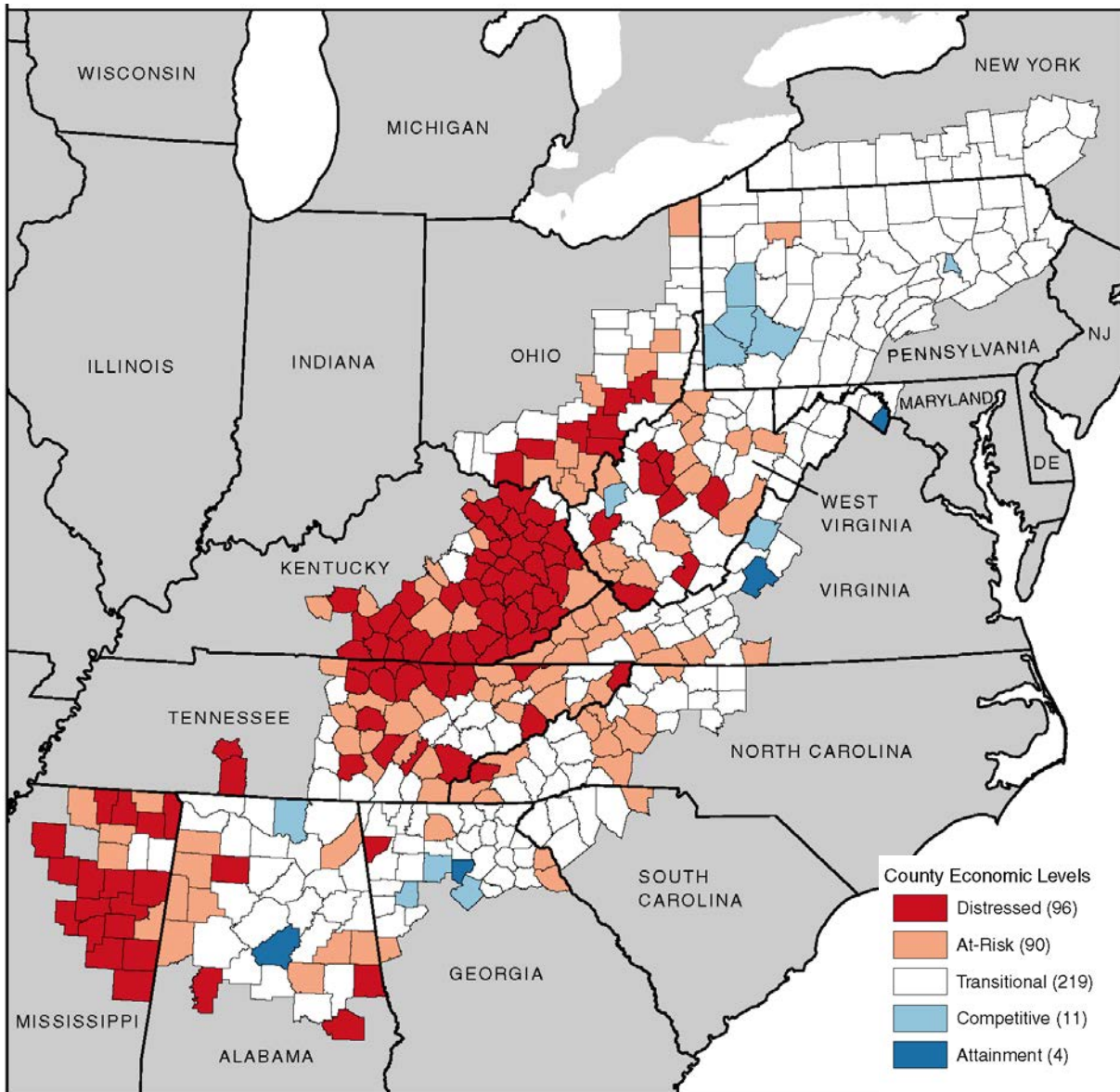
There are many practices in place to help reduce oral health disparities, such as community water fluoridation, application of dental sealants, smoking cessation programs, disease prevention efforts and increased awareness of the importance of proper oral hygiene, like brushing and flossing. Despite the positive impact of preventive methods, oral health disparities still exist (CDC. 2009). Many oral health indicators correlate positively with socioeconomic measures of income and education, as well as measures of race, ethnicity and age (CDC. 2009). Behringer, et al. (2007) compiled a list of general characteristics that set the Appalachian Region apart from the rest of the United States, many of which contribute to oral health disparities in the region. Chief among these characteristics are high levels of poverty, low levels of health insurance coverage and the rural nature of the region, which limit access to health care of any sort (Behringer, et al. 2007).

This study was funded by the Appalachian Regional Commission (ARC) in order to analyze disparities in oral health status and access to oral health care in the Appalachian Region. It also examines relationships between oral health disparities and socioeconomic status indicators. The data and analyses included in this report compare the Appalachian and non-Appalachian metropolitan and non-metropolitan areas, as well as the Appalachian Region, to the rest of the country. Comparisons at the county level within the Appalachian Region are included where data were available. The purpose of this report is to allow for increased understanding of oral health disparities and their contributing factors, and aid efforts to develop targeted interventions to reduce these disparities in Appalachia.

1.2 THE APPALACHIAN REGION AND THE ARC

ARC was instituted by the federal government in 1965, with the objective to promote economic and social growth in the Appalachian Region. As shown in Figure 2, the region extends from southern New York to northeast Mississippi and includes 420 counties in 13 states. Other states in the region include all of West Virginia and portions of Alabama, Georgia, Kentucky, Maryland, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee and Virginia. Of the 420 counties, 82 were designated “economically distressed” in 2011. According to the ARC (2009), approximately 24.8 million people resided in the region.

FIGURE 2 – COUNTY ECONOMIC STATUS IN APPALACHIA, FY 2012



The Appalachian Regional Commission uses an index-based county economic classification system to identify and monitor the economic status of Appalachian counties.

Map Created: March 2011.
Data Sources: U.S. Bureau of Labor Statistics, LAUS, 2007-2009;
U.S. Bureau of Economic Analysis, REIS, 2008;
U.S. Census Bureau, American Community Survey, 2005-2009.



Source: Appalachian Regional Commission. www.arc.gov.

1.3 ORGANIZATION OF THE REPORT

This report is presented in seven chapters, followed by supporting appendices. Chapters 2 through 4 address three measures of oral health in the Appalachian Region and compare them with the rest of the United States. Chapter 2 examines three major indicators of oral health, and discusses socioeconomic status as it relates to oral health disparities. Chapter 3 assesses characteristics of and trends in the oral health workforce, the effects of changes to the professional responsibilities of dental hygienists, and the challenges the dental community faces to meet the needs of the population. Chapter 4 reviews oral health insurance coverage, both state-sponsored and private-payer. Chapter 5 identifies best practices in state oral health policies. Chapter 6 summarizes the findings and makes recommendations for Appalachian Regional Commission interventions to improve oral health. In Chapter 7, references cited in the report are listed alphabetically, by author. Appendices contain the synthetic statistical analyses and survey materials.

