

Advancing Oral Health in America



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The U.S. surgeon general issued a landmark report in 2000, *Oral Health in America*, which described the poor oral health of our nation as a “silent epidemic.” While there have been notable improvements in the oral health of Americans, oral diseases remain prevalent across the country, posing a major challenge for the U.S. Department of Health and Human Services (HHS). These dire circumstances could be improved if HHS strengthened its commitment to oral health, made it a national priority, and partnered with other stakeholders.

In 2009, the Health Resources and Services Administration (HRSA) asked the Institute of Medicine (IOM) to assess the current oral health care system and recommend strategic actions for HHS agencies. The IOM convened a committee to explore how HHS can enhance its role as a leader in improving the oral health and oral health care of the nation.

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The Current Oral Health Picture

Dental caries, commonly known as tooth decay, is a common chronic disease in the United States and one of the most common diseases worldwide. The surgeon general’s report found tooth decay to be more than five times as common as asthma among children ages 5 to 17. Evidence shows that oral health complications may be associated with adverse pregnancy outcomes, respiratory disease, cardiovascular disease, and diabetes. For the most part, tooth decay is a highly, if not entirely, preventable disease. However, individuals and many health care professionals remain unaware of the risk factors and preventive approaches for many oral diseases, and they do not fully appreciate how

oral health affects overall health and well-being. In 2007, the consequences of poor oral health received national attention when a 12-year-old boy died from an untreated tooth infection that caused bacteria to spread to his brain. This served as a wake-up call for many Americans, including members of Congress, who began to take notice of the potential dangers of untreated oral disease.

Poor oral health can be attributed to a number of factors, including uneven and limited access to oral health care and dental coverage, lack of appropriate quality measures in oral health care, inadequate health literacy among the U.S. populace, and lack of attention to oral health among primary care providers. While access has improved over time, many people—typically those who are most vulnerable—still lack the oral health services they need. Accessing oral health care is particularly difficult for certain populations, including people whose income falls below the federal poverty level, African Americans, Latinos, and children covered by Medicaid. Dental coverage largely determines access to oral health care as well as predicts those who will seek it, but many people—older adults, for example—often do not have dental coverage. Even when individuals have dental coverage, they frequently do not receive needed services because of transportation barriers or a lack of providers who accept public insurance, among other factors.

Few quality measures are used in oral health, and there are no standards in practice to determine the overall quality of oral health care in the United States. Because quality measures do not exist, patients cannot find information to help them make decisions about their oral health care, and best practices are limited. In addition, many individuals do not have sufficient 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, includ-

ing the ability to recognize oral diseases or teach patients about self care.

The Role of HHS

HHS' efforts to improve oral health and oral health care have been wide ranging, but the priority placed on these endeavors, including financial support, has been inconsistent. Enduring areas of attention include support for community water fluoridation, research on the etiology of oral diseases, dental education, oral health financing, workforce demonstrations, oral health surveillance, and recruitment of oral health care professionals to work in underserved areas.

HHS aims to broadly reach multiple populations in need of oral health services. The department administers programs such as the Indian Health Service and Federally Qualified Health Centers, which directly provide oral health care to select populations. Through HRSA's Title V program and other initiatives, HHS provides financial support to states to develop public health programs for the delivery of oral health services and for disease monitoring and surveillance activities. The Centers for Medicare and Medicaid Services finances oral health care through Medicaid and the Children's Health Insurance Program. In fact, HHS has a great role to play in the support of the overall oral health care system.

Providing New Leadership and Direction in Oral Health

In the past, HHS has suffered from a lack of high-level accountability, coordination among its own agencies, resources, and sustained interest in oral health. In 2010, however, HHS launched an Oral Health Initiative—a cross-agency effort to improve oral health care nationwide. Echoing the 2000 surgeon general's report, the initiative conveys the message that oral health is integral to overall health.

HHS needs to have consistent messages for patients and health care professionals about the importance of oral health, but it is as critical for the department to have consistent messaging within its own organization that oral health is a priority.

To augment the recent efforts by HHS, the IOM committee recommended several approaches that HHS could take to help improve the oral health of the nation. The committee calls this set of recommendations the New Oral Health Initiative (NOHI), to distinguish it from and build upon the current initiative. In addition, the committee developed a set of organizing principles (see Organizing Principles for a New Oral Health Initiative) based on the areas in greatest need of attention as well as approaches that have the most potential for creating improvements.

To guide and evaluate the NOHI, the committee suggests that HHS use the goals of Healthy People 2020—an existing set of benchmarks for achieving better health for the country—rather than creating new goals that would be redundant. The committee stresses three key areas needed for successfully maintaining oral health as a priority issue: strong leadership, sustained interest, and the involvement of multiple stakeholders.

Conclusion

The committee's report, *Advancing Oral Health in America*, is not meant to redesign the oral health care system but instead to highlight the vital role that HHS can play in improving oral health and oral health care in the United States. NOHI can succeed if it has clearly articulated goals, is coordinated effectively and adequately funded, and has high-level accountability. HHS needs to have consistent messages for patients and health care

Organizing Principles for a New Oral Health Initiative

1. Establish high-level accountability.
2. Emphasize disease prevention and oral health promotion.
3. Improve oral health literacy and cultural competence.
4. Reduce oral health disparities.
5. Explore new models for payment and delivery of care.
6. Enhance the role of nondental health care professionals.
7. Expand oral health research and improve data collection.
8. Promote collaboration among private and public stakeholders.
9. Measure progress toward short-term and long-term goals and objectives.
10. Advance the goals and objectives of *Healthy People 2020*.



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professionals about the importance of oral health, but it is as critical for the department to have consistent messaging within its own organization that oral health is a priority. HHS has the opportunity and responsibility to bring together different sectors to effect change in oral health care. There are many reasons that HHS should seize this opportunity. However, most important is that in spite of improvement, the American people continue to suffer, often silently, from avoidable and treatable oral diseases. 

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