

Oral Health Policy Statement

POSITION

ASTHO identifies oral health as a priority and supports integrated and adequately resourced state and territorial oral health programs to improve health, eliminate disparities, and reduce costs. ASTHO developed this policy statement in collaboration with and support from the Association of State and Territorial Dental Directors, an ASTHO affiliate.

BACKGROUND

ASTHO supports federal, state, and territorial health agency (S/THA) efforts to improve the oral health of their populations and reduce health disparities by supporting and strengthening oral health programs. Oral health is a vital component of overall health and well-being, yet too many individuals continue to have poor oral health and lack access to evidence-based oral health services.^{1,2}

Tooth decay is one of the most common chronic health conditions for children and adults in the United States. Dental caries, the disease process that causes tooth decay (cavities), is the most common chronic disease in children and adolescents.³ Among working age adults, 91 percent had evidence of dental disease and 27 percent had untreated tooth decay.⁴ Furthermore, growing evidence shows that oral diseases impact overall health and quality of life, and over 100 medical conditions have oral manifestations.⁵

Oral health should be part of strategic efforts to eliminate health disparities. Social determinants of health, including income, education, cultural beliefs, and occupation, are strongly related to oral health outcomes such as tooth decay, tooth loss, and oral cancer.^{6,7} Significant oral health disparities exist: children and adolescents aged 5-19 years from low-income families are twice as likely (25%) to have tooth decay, compared with children from higher-income households (11%).⁸ Further, non-Hispanic blacks, Hispanics, American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States. Oral health disparities have significant consequences, with poor oral health impacting school attendance and socialization for children and leading to loss of productivity or difficulty finding employment for adults.^{9,10}

RECOMMENDATIONS AND RATIONALE

ASTHO recommends the following policy and system changes to improve oral health:

- Develop, establish, support, advocate for, and sustain an integrated and adequately funded oral health program infrastructure in every S/THA to meet the oral health needs of all populations and effectively integrate oral health with overall health. To support these programs, S/THAs can utilize the [Guidelines for State and Territorial Oral Health Programs](#).¹¹ Further, S/THAs should

Summary of Recommendations

- Develop, support, advocate for, and sustain an integrated and adequately funded oral health program infrastructure.
- Develop, implement, and maintain robust state- or territorial-based oral health surveillance systems.
- Link oral health promotion and disease prevention activities to evidence-based intervention strategies, such as community water fluoridation and dental sealant programs
- Increase access to preventive and restorative services by supporting increased public and private insurance coverage, supporting a robust oral health workforce, and encouraging early first dental visits and the creation of dental homes.
- Represent oral health education, prevention, and treatment as standard elements of primary care and chronic disease prevention.
- Facilitate access to evidence-based, routine oral disease prevention and culturally literate education services to improve health and reduce costs.

advocate for sustainable budgets for state and territorial oral health programs and secure diverse funding sources to build a stable, predictable base for these programs' core functions and general operations.

- Develop, implement, and maintain robust oral health surveillance systems that monitor oral health outcomes, access to dental care, individual risk factors, workforces, public health infrastructure, and public policies.^{12,13}
- Support access to community water fluoridation and build public awareness of how it benefits everyone in the community, regardless of age and socioeconomic status, and protects against tooth decay in populations with limited access to preventive services. Publicize the fact that people who live in communities with community water fluoridation experience 25 percent fewer cavities over a lifetime than people without access to fluoridation, contributing to better health and lowering healthcare costs.¹⁴
- Support state and territorial oral health programs to expand access to high-impact preventive services, such as by delivering dental sealants in school settings. Promote the fact that dental sealants can protect against 80 percent of cavities for two years and continue to protect against 50 percent of cavities for up to four years.¹⁵
- Encourage state policymakers to implement policies that support the establishment of dental homes to allow all individuals to access ongoing and regular patient-centered dental care.^{16,17,18} Dental homes are defined as the “ongoing relationship between the dentist and patient, inclusive of all aspects of oral healthcare[,] delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.”¹⁹ (For example, early first visits at age one or with the appearance of the first tooth for young children are an opportunity to create a dental home.)²⁰
- Increase access to preventive and restorative services by creating incentives to practice in underserved areas (defined by [HRSA-defined dental health professional shortage areas](#)), expand access to telehealth programs, and promote all licensed dental providers to practice to the full extent of their education and training.^{21,22,23,24,25,26}
- Connect oral health education, prevention, and treatment interventions with primary healthcare system activities that are evidence-based and culturally appropriate.²⁷ Examples include bringing dental and medical providers together to offer patients services such as anticipatory guidance, risk assessment, early disease identification, and bi-directional referral interventions.
- Link oral health promotion and dental disease prevention activities to chronic disease prevention, focusing on the evidence-based strategies outlined in [CDC's Four Domains of Chronic Disease Prevention](#).²⁸ Work collaboratively with stakeholders to maximize the impact of interventions to reduce risk for dental caries as well as reduce the risk of obesity and chronic diseases.²⁹
- Promote oral cancer prevention activities and build public awareness that oral cancer can be prevented by addressing common risk factors such as alcohol and tobacco use and advocate for individuals to be vaccinated against the human papillomavirus.^{30,31} Enable cancer survivorship initiatives for all cancers to address access to oral healthcare because cancer treatment often impacts oral health as well as overall well-being.³²

APPROVAL DATES

Population Health and Informatics Policy Committee review and approval: December 16, 2019

Board of Directors review and approval: February 24, 2020

Policy expires: February 28, 2023

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this policy statement.

¹ U.S. Department of Health and Human Services Oral Health Coordinating Committee. U.S. Department of Health and Human Services Oral Health Strategic Framework, 2014–2017. Public Health Reports. 2016;131(2):242-257. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4765973/>. Accessed 12-17-2019.

² Healthy People 2020. “Oral Health.” Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>. Accessed 12-17-2019.

³ CDC National Center for Emerging and Zoonotic Infectious Diseases Division of Foodborne, Waterborne, and Environmental Diseases. “Hygiene-related Diseases.” Available at https://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html. Accessed 12-17-2019.

⁴ Dye BA, Thornton-Evans G, et al. “Dental Caries and Tooth Loss in Adults in the United States, 2011–2012.” NCHS Data Brief, No. 197, May 2015. Available at <https://www.cdc.gov/nchs/data/databriefs/db197.pdf>. Accessed 12-17-2019.

⁵ Association of State and Territorial Dental Directors. “Integrating Oral Health with Primary Health Care, December 2016.” Available at <https://www.astdd.org/www/docs/integrating-oral-health-with-primary-health-care.pdf>. Accessed 12-17-2019.

⁶ CDC. “Disparities in Oral Health.” Available at https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm. Accessed 12-17-2019.

⁷ FDI World Dental Federation. “The Challenge of Oral Disease—A call for global action.” The Oral Health Atlas, Second Edition. Available at <https://www.fdiworlddental.org/resources/oral-health-atlas/oral-health-atlas-2015>. Accessed 12-17-2019.

⁸ CDC. “Children’s Oral Health.” Available at <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>. Accessed 12-17-2019.

⁹ HHS. “2000 Surgeon General’s Report on Oral Health in America.” Available at <https://www.nidcr.nih.gov/research/data-statistics/surgeon-general>. Accessed 12-17-2019.

¹⁰ CDC. “Disparities in Oral Health.” Available at https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm. Accessed 12-17-2019.

¹¹ Association of State and Territorial Dental Directors. “Guidelines for State and Territorial Oral Health Programs.” Available at <https://www.astdd.org/state-guidelines/>. Accessed 12-17-2019.

¹² Healthy People 2020. “Oral Health.” Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>. Accessed 12-17-2019.

¹³ Association of State and Territorial Dental Directors. “State-based oral health surveillance systems.” Available at <https://www.astdd.org/docs/state-based-oral-health-surveillance-systems-cste-whitepaper-oct-2013.pdf>. Accessed 12-17-2019.

¹⁴ CDC National Center for Chronic Disease Prevention and Health Promotion Division of Oral Health. “Community Water Fluoridation.” Available at <https://www.cdc.gov/fluoridation/index.html>. Accessed 12-17-2019.

¹⁵ CDC. “Dental Sealants.” Available at https://www.cdc.gov/oralhealth/dental_sealant_program/index.htm. Accessed 12-17-2019.

¹⁶ American Academy of Pediatric Dentistry. “Dental Home Concept.” Available at http://www.aapd.org/assets/1/7/nowak_dental_home_concept_jada_02.pdf. Accessed 1-8-2020.

¹⁷ Babu KL and Doddamani GM. “Dental Home: Patient Centered Dentistry.” J Int Soc Prev Community Dent. 2012 Jan-Jun; 2(1): 8-12. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3894088/>. Accessed 7-23-2018.

¹⁸ American Academy of Pediatric Dentistry. “Dental Home Definition.” Available at <https://www.aapd.org/assets/1/7/DentalHomeNeverTooEarly.pdf>. Accessed 8-28-2018.

¹⁹ American Academy of Pediatric Dentistry. “Definition of Dental Home.” Available at <https://www.aapd.org/research/oral-health-policies--recommendations/Dental-Home/>. Accessed 1-8-2020.

²⁰ American Academy of Pediatric Dentistry. “Recommendations on the Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents.”

Available at <https://www.aapd.org/research/oral-health-policies--recommendations/periodicity-of-examination-preventive-dental-services-anticipatory-guidance-counseling-and-oral-treatment-for-infants-children-and-adolescents/>. Accessed 1-8-2020.

²¹ HRSA. "Oral Health Workforce Development." Available at <https://bhw.hrsa.gov/grants/oralhealth>. Accessed 1-8-2020.

²² CMS. "Dental Care." Available at <https://www.medicaid.gov/medicaid/benefits/dental/index.html>. Accessed 1-8-2020.

²³ Centers for Health Care Strategies. "Medicaid Oral Health Performance Improvement Project Resources." Available at <https://www.chcs.org/resource/medicaid-oral-health-performance-improvement-projects/>. 1-9-2020.

²⁴ Jampani ND, Nutalapati R, Dontula BSK, et al. "Applications of teledentistry: A literature review and update." *J Int Soc Prev Community Dent*. 2011;1(2), 37-44. Available at <http://doi.org/10.4103/2231-0762.97695>. Accessed 12-17-2019.

²⁵ Association of State and Territorial Dental Directors. "Teledentistry: How Technology Can Facilitate Access to Care." Available at <https://www.astdd.org/docs/teledentistry-how-technology-can-facilitate-access-to-care-3-4-19.pdf>. Accessed 1-8-2020.

²⁶ Pew Center. "When Regulations Block Access to Oral Health Care, Children at Risk Suffer." Available at <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/08/when-regulations-block-access-to-oral-health-care-children-at-risk-suffer>. Accessed 1-8-2020.

²⁷ CDC. "Disparities in Oral Health." Available at https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm. Accessed 12-17-2019.

²⁸ CDC National Center for Chronic Disease Prevention and Health Promotion. "Four Domains of Chronic Disease Prevention." Available at <https://www.cdc.gov/chronicdisease/center/nccdphp/how.htm>. Accessed 12-17-2019.

²⁹ FDI World Dental Federation. "The Challenge of Oral Disease—A call for global action." *The Oral Health Atlas, Second Edition*. Available at <https://www.fdiworlddental.org/resources/oral-health-atlas/oral-health-atlas-2015>. Accessed 12-17-2019.

³⁰ National Cancer Institute. "Cancer Stat Facts: Oral Cavity and Pharynx Cancer." Available at <https://seer.cancer.gov/statfacts/html/oralcav.html>. Accessed 12-17-2019.

³¹ Association of State and Territorial Dental Directors. "White Paper: Human Papilloma Virus (HPV) and Oropharyngeal Cancer." Available at <https://www.astdd.org/oral-cancer-information-and-resources/>. Accessed 12-17-2019.

³² CDC Division of Cancer Prevention and Control. "Cancer Survivorship Supplement." Available at <https://www.cdc.gov/cancer/dcpc/research/articles/survivorship-supplement.htm>. Accessed 12-17-2019.