

Rationale for Including Oral Health in the Title V 5-Year Needs Assessment

This handout lists reasons why including oral health in the Title V 5-year needs assessment is important. Pertinent information from the handout can be used as talking points or included in written communication from the oral health program director or staff to the MCH director or Title V coordinator.

1. Oral health is a vital component of overall health and well-being.

- Tooth decay is the #1 chronic disease of childhood in America. Children with poor oral health may experience difficulties with eating and learning, poor school attendance, and difficulties with socialization. These problems are even worse for children with special health care needs.
- Poor oral health in pregnant women may be associated with adverse birth outcomes. Improving pregnant women's oral health helps prevent complications resulting from oral disease during pregnancy and potentially reduces preterm and low-birthweight deliveries and decreases the incidence of dental caries in children.
- A mother's oral health status is a strong predictor of her child's oral health status. Cavity-causing bacteria is passed in saliva from parent to child by sharing cups and spoons. Mothers usually take care of children's health, and they can influence children's oral health by following good oral hygiene and eating practices.
- Receiving preventive oral health care decreases the likelihood that oral disease will become a chronic health condition.

2. Studies have established the association between oral infections—primarily periodontal infections—and diabetes, heart disease, and stroke. The effects of oral infections range from increased risk for disease to increased severity of disease. Oral disease is a preventable or manageable problem.

- Practically all tooth decay is preventable if preventive strategies, such as brushing twice a day with fluoride toothpaste, cleaning between teeth daily with floss or an interdental cleaner, eating nutritious foods, and limiting snacking between meals, are practiced.
- Promoting policy, system, and environmental changes, such as instituting toothbrushing in early care and education programs, promoting community water fluoridation, and promoting the application of fluorides and/or dental sealants in school dental programs, significantly contributes to better health outcomes for life and reduces health care costs.
- Developing and implementing initiatives to encourage prenatal care professionals to incorporate oral health messages about the importance and safety of oral health care into prenatal care and refer pregnant women for oral health care can contribute to improved health outcomes.
- Encouraging health professionals to provide preventive oral health care (e.g., fluoride varnish application), education, and referrals for children to dental offices for follow-up care as early as when first tooth erupts or by their first birthday, whichever comes first, is critical for children's overall health and well-being.

3. Access to evidence-based or -informed oral disease prevention and education services reduces health disparities.

- Identifying oral health as a fundamental health issue is an important strategy for reducing or eliminating oral health disparities. As such, the strategy should be based on a defined population-based need.
- Prevention is critical to stopping a lifetime of oral disease, especially for children and pregnant women from families with low incomes who are less likely than those from families with higher incomes to visit a dentist for care. Also important is the timely provision of education about oral disease to families, especially those with young children.
- Most children who receive treatment for oral disease, such as fillings and extractions, experience new cavities within 2 years, largely because the underlying disease was not addressed through preventive oral health care.
- Lack of access to preventive oral health care, especially for children and pregnant women from families with low incomes, could increase hospital emergency department (ED) use for toothaches and other non-traumatic oral health problems. Productivity for adults who experience a lifetime of oral disease is undermined if they suffer pain at work or must miss work because they have an oral health problem or a medical problem that is oral health related.

4. Good oral health reduces health care costs and is an investment for the future.

- Toothache is the most common type of orofacial (mouth, jaw, and face) pain and is one of the most common reasons that individuals seek oral health care in EDs, which is costly.
- Pain from toothaches contributes to the opiate-abuse epidemic in the United States. This epidemic has resulted in tragedy for families and contributes to increasing health care costs.
- Antibiotic-resistant infection is an increasingly serious public health threat. Antibiotics may be prescribed when they are not necessary, and taking antibiotics when they are not needed can lead to adverse health events, contributing to increased health care costs and costly and unnecessary ED visits. Dentists prescribe approximately 10 percent of antibiotics for patients in outpatient settings, making them one of the biggest prescribers of antibiotics in these settings. Dentists have an important role in developing strategies to manage and reduce antibiotic use.
- Lack of access to oral health care among the maternal and child health population can lead to an increased cost to society (e.g., more ED visits, compromised employability, worse oral health, pain), especially if oral disease goes untreated. This is especially true for children and adults with special health care needs.
- Attending to a pregnant woman's oral health needs has a long-standing positive effect on the health of the woman and her child; a mother's overall health is generally a good predictor of the child's risk for oral disease.

Cite as

National Maternal and Child Oral Health Resource Center, Association of State and Territorial Dental Directors. 2024. *Rationale for Including Oral Health in the Title V 5-Year Needs Assessment*. Washington, DC: National Maternal and Child Oral Health Resource Center.

Rationale for Including Oral Health in the Title V 5-Year Needs Assessment
© 2024 by National Maternal and Child Oral Health Resource Center, Georgetown University

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an annual award totaling \$1,475,000 with no funding from nongovernmental sources. Its contents are the responsibility of solely the authors and do not necessarily represent the official view of HRSA, HHS, or the U.S. government.

Permission is given to save and print this publication and to forward it, in its entirety, to others. Requests for permission to use all or part of the information contained in this publication in other ways should be sent to the e-mail address below.

National Maternal and Child Oral Health Resource Center
Georgetown University
E-mail: OHRCinfo@georgetown.edu

