



Center for Oral Health Systems Integration and Improvement

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

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 learning, poor school attendance, and difficulties with socialization. They are also more likely to experience oral health problems when they reach adulthood, compared with children with better oral health. These problems are even worse for children with special health care needs.
  - Receiving preventive oral health care decreases the likelihood that oral disease will become a chronic health condition.
    - Studies have established the association between oral infections—primarily periodontal infections—and diabetes, heart disease, and stroke. The effects range from increased risk for disease to increased severity of disease.
  - Poor oral health in pregnant women may be associated with adverse birth outcomes. In addition, a mother’s oral health status can influence her newborn’s oral health status.
  - It is important to develop and implement initiatives that encourage prenatal care professionals to refer pregnant women for oral health care and also to incorporate oral health messages into prenatal care.
    - These efforts increase interdisciplinary collaboration and contribute to improved health outcomes.
  - Similarly, interdisciplinary collaborative efforts encouraging health professionals to offer oral health care and early referrals to dental homes for children are critical for children’s overall health and well-being.
2. Access to evidence-based and routine oral disease prevention and education services reduces health disparities.
  - Identification of oral health as a fundamental health issue is an important strategy for reducing or eliminating oral health disparities.
  - Prevention is critical to stopping a lifetime of somatic and 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 treatment.
  - 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 use of hospital emergency departments (EDs) 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, have difficulties finding or keeping a job, or must miss work because they have an oral health problem or a medical problem that is oral health related.

3. Having 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 contribute to the opiate abuse epidemic in the country. This epidemic has resulted in tragedy for families and contributes to increasing health care costs.
  - Antibiotic resistance 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 to play in developing strategies to manage and reduce antibiotic use.
  - Lack of access to oral health care among the maternal and child health (MCH) population can lead to an increased cost to society (e.g., more ED visits; compromised employability; and worse oral health, including pain), especially if oral disease goes untreated.
  - 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.
4. Oral disease is a fixable problem if we just stay the course.
  - Practically all tooth decay is preventable if we continue to use time-tested preventive strategies that can set the MCH population on a path of good oral health for a lifetime.
    - Changing the cycle of disease with early interventions, particularly preventive interventions, for children and pregnant women will result in better health outcomes for a lifetime.

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