



Importance of Oral Health

Call for increased awareness of the importance of oral health...

Adopted by the SOPHE Board of Trustees

May 13, 2020

Whereas, oral health is an integral part of an individual's overall health and well-being. Poor oral health can affect individuals at all life stages, from infancy to older adulthood (California Department of Public Health [CDPH], 2018).

Whereas, dental disease is largely preventable and treatable (Centers for Disease Control and Prevention [CDC], 2016).

Whereas, several population groups including children from low-income families, older adults (age 65 and older), racial and ethnic minorities, low-income pregnant women, people with special health care needs, and people living in rural or remote communities struggle to gain access to quality dental care (Bersell, 2017).

Whereas, untreated tooth decay and periodontal diseases lead to unnecessary pain, infection, and tooth loss. They also contribute to poor quality of life, poor health outcomes, and share common risk factors with other medical conditions such as diabetes, heart disease and poor reproductive/ birth outcomes (Hartnett et al., 2016; Kudiyirickal & Pappachan, 2014; Mathews et al., 2016).

Whereas, there are numerous barriers to receiving dental care such as cost, lack of dental insurance, lack of providers in low-income areas, low oral health literacy, fear, transportation issues, and perceptions about dental care (Bersell, 2017).

Whereas, in the United States, 1 in 5 children, aged 6 – 11 years, have at least one untreated cavity (CDC, 2018). Twenty-seven percent of low-income adolescents in the United States will have untreated dental cavity (Griffin et. al, 2016). One in 4 adults are living with untreated cavities (CDC, 2019). Tooth decay is the most common chronic childhood disease –more common than asthma or hay fever (CDPH, 2018).

Whereas, the CDC recommends the promotion of community water fluoridation to reduce cavities as it is one of the greatest public health achievements of the 20th century (CDC, 2019a). People living in communities with fluoridated water have 25% fewer cavities than those living in communities without fluoridated water, and it is cost-effective (CDC, 2019a).

Whereas, promotion of school-based sealant programs to prevent cavities is also recommended by the CDC, as untreated cavities can lead to other health issues (CDC, 2019b; Griffin et al., 2016). Through application of dental sealants in school settings for low-income children that would not normally

receive preventive dental care, tooth decay can be prevented in a cost-effective manner (Griffin et al., 2016).

Therefore, be it resolved, the Society for Public Health Education, Inc. (SOPHE) shall:

1. Collaborate with diverse organizations (Association of State and Territorial Dental Directors, American Board of Dental Public Health, or American Association for Dental Research) that are already in the field of oral health to advocate for favorable policies at national, state and local government levels to ensure at-risk and vulnerable populations have access to information to achieve optimal oral health.
2. Promote integration of oral health systems and other medical and social service support systems through one yearly webinar targeting oral health and non-oral health professionals to increase knowledge and awareness of oral health.
3. Enhance awareness of oral health and promote the dissemination of evidence-based oral health information by presenting on the topic of oral health at chapter and national meetings.
4. Develop an oral health toolkit for national, state and local organizations to provide oral health resources and information to public.
5. Provide health education specialists in the field with oral health resources to create programs and campaigns to increase awareness of the importance of oral health.
6. Provide health education specialists and other professionals in the field with trainings and developmental opportunities that increase awareness about the importance of oral health.
7. Advocate for oral health at the federal, state, and local government levels and to assure at-risk and vulnerable populations have access to information to achieve optimal oral health.

References

- Bersell, C. H. (2017). Access to Oral Health Care: A National Crisis and Call for Reform. *Journal of Dental Hygiene*, 91(1), 6-14.
- California Department of Public Health [CDPH]. (2018). Status of Oral Health in California: Oral Disease burden and Prevention. Sacramento.
- Centers for Disease Control and Prevention. (2018). *Hygiene-related diseases*. Retrieved from https://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html
- Centers for Disease Control and Prevention [CDC]. (2019a). *Community water fluoridation*. <https://www.cdc.gov/fluoridation/index.html>
- Centers for Disease Control and Prevention [CDC]. (2019b). *Dental sealants*. https://www.cdc.gov/oralhealth/dental_sealant_program/index.htm
- Griffin, S., Naavaal, S., Scherrer, C., Griffin, P. M., Harris, K., & Chattopadhyay, S. (2016). School-based dental sealant programs prevent cavities and are cost-effective. *Health Affairs*, 35(12), 2233-2240. doi:10.1377/hlthaff.2016.0839.
- Hartnett, E., Haber, J., Krainovich-Miller, B., Bella, A., Vasilyeva, A., & Kessler, J. L. (2016). Oral health in pregnancy. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 45, 565-573.
- Kudiyirickal, M. J. & Pappachan, J. M. (2014). Diabetes mellitus and oral health. *Endocrine*, 49, 27-34.
- Mathews, M. J., Mathews, E. H., & Mathews, G. E. (2016) Oral health and coronary heart disease. *BioMed Central Journal*, 16(1), 122. doi:10.1186/s12903-016-0316-7