PROGRESS REPORT FOR: Oral Health

ON JULY 28, 1995, the U.S. Public Health Service (PHS) conducted a review of progress on HEALTHY PEOPLE 2000 objectives for Oral Health. The Director of the National Institute of Dental Research (NIDR), National Institutes of Health (NIH) and the Director of the Division of Oral Health, National Center for Preventive Services of the Centers for Disease Control and Prevention (CDC) reviewed strategies and barriers toward achievement of the year 2000 targets. They were joined for the review by invited guests from both the public and private sectors.

Dr. Slavkin, the new NIDR director, began the review by commenting that comprehensive care should include oral health. He suggested that new coalitions be built to align education, social services, and health services with oral health care. Dr. Marianos of CDC addressed initiatives to fluoridate community water supplies, prevent early childhood caries, and ensure the safety of both patients and dental workers through adherence to recommended infection control practices in the delivery system. Dr. Gift of NIH reviewed the state of oral health in the Nation and focused on the socioeconomic risk factors that pose challenges for achieving the year 2000 targets.

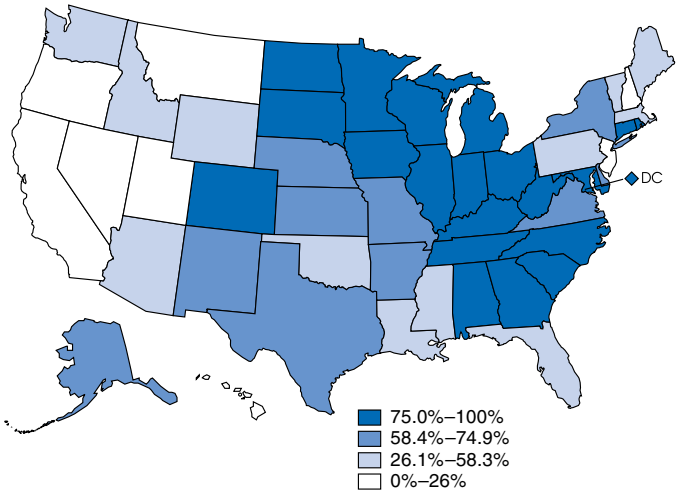
Objective 13.1 seeks to reduce dental caries. Between the 1986–87 baseline and the 1988–91 update, there has been modest change in the prevalence rates (54–52 percent) of dental caries in children. Among adolescents aged 15, dental caries has decreased over this same time period from 78 percent to 65 percent.

Objective 13.2 seeks to reduce untreated dental caries. Between the 1986–87 baseline and the 1988–91 update, there has been an apparent increase from 28 percent to 31 percent of children aged 6–8 with untreated dental caries. Special population groups—children whose parents have less than a high school education, American Indian/Alaska Native and Hispanic children—had higher rates of untreated dental caries, and that percentage increased over the past 3 years since the baseline. The percentage of adolescents aged 15 with untreated dental decay has remained at 24 percent.

Possibly the most effective strategy known to prevent dental caries is fluoridation. In this 50th year of water fluoridation, 62 percent of the people served by community water systems have optimally fluoridated water. Although new water systems have initiated fluoridation, the proportion of people receiving optimally fluoridated water remains virtually unchanged from the 1989 baseline of 61 percent. Low levels of fluoridation are found in the western States, New Jersey, and New Hampshire.

Another strategy to prevent dental caries, particularly on permanent molars, is dental sealants. Among children aged 8, the proportion having one or more dental sealants increased from 11 percent to 21 percent between 1986–87 and 1988–91. Among adolescents aged 14, the use of sealants increased from 8 to 28 percent over the same period. To reach the year 2000 target of 50 percent of children and adolescents having dental sealants requires continued efforts. One participant commented that oral health services, particularly fluorides and sealants, need to be considered as core population-based prevention services that address infectious and communicable diseases—"oral health immunizations."

Increase to 75 percent the proportion of people on public water systems served by fluoridation



Source: CDC/DOH Fluoridation Census Update, 1993

Since the publication of *Healthy People 2000*, increased attention has been given to the prevention of early childhood caries, also known as baby bottle tooth decay. One risk factor for this condition is bottle-feeding behavior. Baseline data from 1991 show that 55 percent of parents and caregivers of children aged 6–23 months reported using appropriate feeding practices—namely not giving a bottle at bedtime or giving the baby only water in a bottle at bedtime.

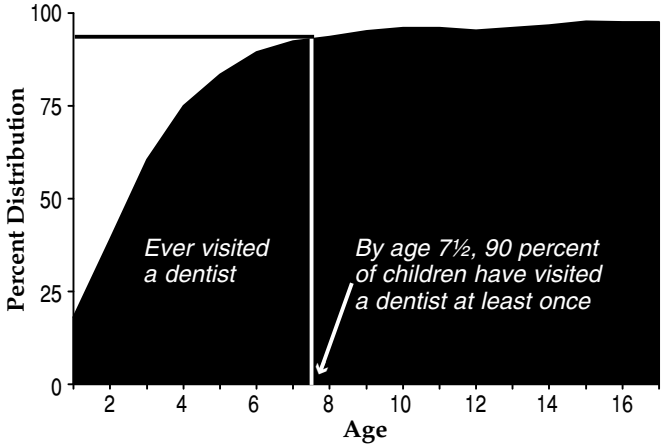
Objective 13.12 seeks to increase to at least 90 percent the proportion of children entering school who have received an oral health screening. In 1986, 66 percent of children aged 5 had visited the dentist in the past year, compared with 63 percent in 1991. This movement away from the year 2000 target is cause for concern about whether children have sufficient access to preventive dental services. When lifetime prevalence of dental visits is examined, it is not until the age of 7 that 90 percent of children have ever visited the dentist. For black children, it is not until the age of 10; for uninsured children, age 11; and for Hispanic children not until age 16 that 90 percent have ever had a dental visit.

Objective 13.3 seeks to increase the proportion of people aged 35–44 who have never lost a permanent tooth because of dental caries or periodontal disease. The 1985–86 baseline was 31 percent compared with the 1988–91 update of 32 percent. For objective

13.4, the proportion of people aged 65 and older who have lost all of their natural teeth declined from 36 percent in 1986 to 30 percent in 1993.

The discussion turned to the need to maintain focus on oral health and be diligent in encouraging and enhancing prevention at the individual, professional, and community levels. While many of the indicators of oral health demonstrate progress, lack of access to dental services, particularly for Medicaid-eligible children, is of concern. One study showed that, on average, children were enrolled in Medicaid for 3 years but had only one dental visit. A

Lifetime Prevalence of Any Use of Dental Services by Children and Adolescents Aged 2–17



Source: CDC/NCHS, National Health Interview Survey, 1989

soon-to-be-released Office of the Inspector General report on the Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program found that only one in five children were seen for dental screening services despite a program requirement that children be screened annually and followed up for dental services. Inadequate reimbursement, reluctance to treat Medicaid eligibles or young children, and cancelled appointments were cited in the study as problems. In Washington State, the ABCD Project, a partnership between the Spokane Dental Society, Spokane Health District, Medicaid program, and the University of Washington, is training some 90 dentists to see young children under age 3 and is training families on practicing good oral hygiene, keeping appointments, and behaving appropriately in the dental office.

The Assistant Secretary for Health raised a concern about the poor oral health status of American Indians. The Indian Health Service (IHS) staff responded that while there has been an increase in fluoridation in Indian communities, the biggest challenge is maintenance of systems—only 60 percent are functioning at an optimal level. While there has been progress over the past 15 years, particularly in the proportion of school-aged American Indian children who have dental sealants, there is still a gap with the total population that needs to be closed. IHS is responding with a public health focus and family-oriented services.

Participants noted major concerns about the public health infrastructure for oral health throughout the Nation. These include the lack of focus on oral health in school health education and school health services; the distribution of resources to train oral health care providers and to address oral health problems; and the lack of incentives for employment in public health settings.

The discussion turned to the risks of spit (smokeless) tobacco. A representative from Kaiser Permanente talked about a program to ensure that both medical and dental practitioners deliver the same message to their young patients. A number of professional and public education programs were mentioned. Other initiatives suggested included increasing the tax on spit tobacco and restricting accessibility to the product by minors. One participant compared the tax rates—2½ cents on a can compared with 25 cents on a pack of cigarettes—and estimated a half billion dollars in lost tax revenue a year. Higher prices as a result of taxation have been shown to be a deterrent to tobacco use by children and youth.

The discussion turned to the unmet needs of adults, including homebound and institutionalized. Root caries among older adults is becoming more common as individuals retain their teeth. More services could be provided by dental hygienists and expanded duty dental assistants if State practice acts were altered.

The progress review concluded with a summary of action items for achieving HEALTHY PEOPLE 2000 objectives. These include more effective outreach to minority and low-income people—particularly through the Medicaid program. As managed care increases in the Medicaid program, it will be important to ensure coverage of dental services, sustain enrollment, and encourage the appropriate utilization of services. PHS agencies should work with the Health Care Financing Administration to address oral health care issues in the Medicaid program. Stronger links in preschool and school health programs for oral health education and services should be created and maintained. Within PHS, the emphasis on oral health should be sustained by strengthening the professional base, by increasing training opportunities in public health dentistry, enhancing appropriate skills among a variety of health care providers in prevention of oral diseases, and providing policy guidelines, technical assistance, and resources for States and communities to pursue population-based preventive services. Prevention programs and tax policies on spit tobacco should be examined. Communication among States, communities, and the private sector on successful models of preventive activities should be enhanced. PHS should pursue national surveillance initiatives to ensure adequate information about the oral health status of Americans and support State surveillance activities. Linkages with the private sector must be sustained to ensure that the oral health status of Americans continues to improve.

Public Health Service Agencies

Agency for Health Care Policy and Research
Agency for Toxic Substances and Disease Registry
Centers for Disease Control and Prevention
Food and Drug Administration
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
Substance Abuse and Mental Health Services Administration
Office of the Surgeon General

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