

Mary C. George, RDH, MEd



## Public Policy and Legislation for Oral Health: A Convergence of Opportunities

### Introduction

Over a decade ago, the first-ever surgeon general's report, *Oral Health in America*, identified an oral health crisis throughout the country and termed it a "silent epidemic" of untreated dental and oral diseases. This report called for a national effort to improve oral health among Americans.<sup>1</sup> Building on this report, in 2003, a National Call to Action to Promote Oral Health urged that "oral health promotion, disease prevention and oral health care have a presence in all health policy agendas set at local, state and national levels."<sup>2</sup> These reports played significant roles in raising awareness of the importance of oral health, however, many Americans continue to experience poor oral health and are unable to access oral health care.

The critical issue of oral disease has recently returned to the attention of policy makers, health care providers and the public through initiatives designed to study and address oral health disparities, access to oral care and the prevention of oral disease. As preventive oral health professionals these initiatives provide an unprecedented opportunity for dental hygienists to contribute as frontline advocates of oral disease prevention and the promotion of oral health.

### Recent National Attention Drawn to Oral Health Issues

While oral health is integral to overall health it had not been identified as a national priority. In recent years, a chronology of events has drawn national attention to oral health issues. In 2007, the death of twelve-year old Deamonte Driver, who died after bacteria from an abscessed tooth spread to his brain, garnered national attention.<sup>3</sup> Since Driver's death, policy changes have been enacted by Congress to improve dental coverage for children. In 2009 the President signed into law the Children's Health Insurance Program Reauthorization Act that, for the first time, addressed children's oral health and dental care.<sup>4</sup>

In 2010, the Department of Health and Human Services launched Healthy People 2020, its 10-year

**Abstract:** The first surgeon general's report regarding oral health, *Oral Health in America*, called for a national effort to improve oral health among Americans and raised awareness of the importance of oral health; however, many Americans continue to experience poor oral health and are unable to access oral health care. Renewed national interest in oral health and access to oral health care through recent public policy documents and legislation presents a convergence of opportunities for the dental hygiene profession to continue to serve as a strong voice for the prevention of oral disease and the promotion of oral health for all segments of the population.

**Keywords:** public policy, legislation, access to care, oral health disparities

agenda for improving the Nation's health. For the first time, Healthy People, which is in its fourth iteration, identified oral health in its list of 12 leading health indicators (LHIs), intended to communicate a high priority health issue. The LHI for oral health will focus on the actions that can be taken toward the goal to "increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months." The agenda includes a set of 17 evidence-based oral health objectives. Several of the objectives address prevention of oral disease including increasing the proportion of: low-income children and adolescents who received any preventive dental services during the past year, school-based health centers, local health departments and Federally Qualified Health Centers with an oral health component, children and adolescents who have received dental sealants on their molar teeth, the U.S. population served by community water systems with optimally fluoride water, and the proportion of adults who receive preventive interventions in the dental office.<sup>5</sup>

Signed into law in 2010, a goal of the Patient Protection and Affordable Care Act is to increase the rate of health insurance coverage for Americans and reduce the overall costs of health care. The act contains a number of provisions that provide the potential to improve oral health. An important provision is the requirement that qualified health plans sold in health insurance exchanges must cover a set of essential health benefits that includes oral health benefits for children. The legislation also contains provisions which have the potential for improving oral health including, among others, the creation of a 5-year national public health campaign for prevention of oral disease, the expansion of school-based dental sealant programs

and school based health clinics, the development of demonstration projects for the training of alternative dental health care providers to support underserved communities, and the development of cooperative agreements with the Centers for Disease Control and Prevention to improve the oral health infrastructure of states and territories.<sup>6</sup>

In 2011, the Institute of Medicine released 2 reports. These reports, *Advancing Oral Health in America* and *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, provide a clear direction for ensuring that every American, and especially vulnerable children and families, has access to oral care. Among the changes envisioned by these reports which effect practitioners are: an integrated delivery system that provides quality oral health care to vulnerable and underserved people, the development of oral health literacy initiatives aimed at individuals, communities and health care professionals, the creation of a diverse workforce that is competent and authorized to serve vulnerable and underserved populations across the life cycle, the amendment of existing state laws, including dental practice acts to maximize access to oral health care, the development of a core set of competencies for non-dental health professionals, the promotion and monitoring of both clinical and community evidence-based preventive services in oral health, and an increase in the diversity and improvement of the cultural competence of the workforce providing oral care.<sup>7,8</sup>

### **Implications for the Dental Hygiene Profession**

The Basic Beliefs stated in the ADHA Code of Ethics guide the practice of dental hygiene and states: "The services we provide contribute to the health and well-being of society; our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health; individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health; dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers; all people should have access to health care, including oral health care; and, we are individually responsible for our actions and the quality of care we provide."<sup>9</sup> Each of these beliefs is closely aligned with national initiatives and legislation centered on access to care for vulnerable and underserved populations and for the prevention of oral disease.

Two operative words, opportunity – implying a set of circumstances that makes it possible to act, and proactive - taking the initiative by acting rather than reacting, can guide the dental hygiene profession in responding to the attention being given to oral health in this country. Potential approaches for each dental hygiene professional to consider include:

- Becoming a driving force in developing and supporting community-wide public education programs to provide culturally competent information on oral diseases, effective preventive interventions, and how to access oral care
- Working to amend existing state laws, including practice acts, to maximize access to oral health care
- Embracing and participating in the national public health campaign for prevention of oral disease
- Increasing recruitment efforts of students into dental hygiene programs from under-represented populations
- Promoting school- based sealant and health clinics
- Initiating research on oral health disparities, best practices in oral health care and ways to change: oral health behaviors, the provision of oral health care in non-traditional settings, oral health literacy, public health policy, alternative models of delivery and supporting the NDHRA's research initiatives on health promotion/disease prevention, health services research, professional education and development and clinical dental hygiene care
- Assisting in the development of a core set of oral health competencies for nondental health care professionals
- Participating in interprofessional approaches to the prevention and treatment of oral disease

As a professional organization representing dental hygiene, the ADHA has long been involved in advocacy efforts with policy makers, stakeholders, the public and others to promote state and federal policies that increase the availability and improve access to oral health care. The renewed national interest in oral health and access to oral health care presents a convergence of opportunities for the dental hygiene profession to continue to serve as a strong voice for the prevention of oral disease and the promotion of oral health for all segments of the population.

*Mary C. George, RHS, MEd, is an Associate Professor Emeritus, the University of North Carolina at Chapel Hill School of Dentistry.*

## References

---

1. U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000.
2. U.S. Department of Health and Human Services. A National Call to Action to Promote Oral Health. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, and the National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03- 5303. 2003.
3. Otto, M. For Want of a Dentist. The Washington Post [Internet]. 2007 [cited 2013 May 3]. Available from: <http://www.washingtonpost.com/wp-dyn/content/article/2007/02/27/AR2007022702116.html>
4. President Signs Bill Expanding Dental Care Coverage in Health Insurance Program for Low-income Children. Children's Dental Health Project [Internet]. 2009 [cited 2013 May 3]. Available from: [http://www.cdhp.org/press\\_release/president\\_signs\\_bill\\_expanding\\_dental\\_care\\_coverage\\_health\\_insurance\\_program\\_low\\_incom](http://www.cdhp.org/press_release/president_signs_bill_expanding_dental_care_coverage_health_insurance_program_low_incom)
5. Healthy People 2020 Oral Health. U.S. Department of Health and Human Services [Internet]. [cited 2013 May 3]. Available from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>
6. Fauteux, N. What Lies Ahead for Health Reform. May 2013 BDE, Vol 46, Issue 5. ADEA [Internet]. [cited 2013 May 3]. Available from: [http://info.adea.org/BDE/Publications/Volume\\_46/Issue\\_5/What\\_Lies\\_Ahead\\_for\\_Health\\_Reform/](http://info.adea.org/BDE/Publications/Volume_46/Issue_5/What_Lies_Ahead_for_Health_Reform/)
7. Institute of Medicine and National Research Council. 2011. Advancing Oral Health in America. Washington, DC: The National Academies Press.
8. Institute of Medicine and National Research Council. 2011. Improving Access to Oral Care for Vulnerable and Underserved Populations. Washington, DC: The National Academies Press.
9. Bylaws and Code of Ethics. ADHA [Internet]. 2012 [cited 2013 May 3]. Available from: [http://www.adha.org/resources-docs/7611\\_Bylaws\\_and\\_Code\\_of\\_Ethics.pdf](http://www.adha.org/resources-docs/7611_Bylaws_and_Code_of_Ethics.pdf)