Overview
According to the Washington State Health Assessment, the rate of dental caries among third-graders in the state does not meet the Health People 2020 goal for children ages six to nine. This has broad implications for not only oral health, but general health, over the life span. The oral health content below calls out the importance of a Life Course approach to oral health in our efforts improve population health.

Oral health is inseparable from overall, systemic health. Oral diseases impact systemic health and quality of life.

In Children
Dental caries is the most common chronic disease of childhood, seven times more prevalent than asthma. Tooth decay is painful and can negatively affect a child's ability to learn, socialize, and grow.

In Adults
Periodontal diseases, in particular, can result in increased systemic bacterial exposure and increased inflammatory factors that are associated with a range of diseases and conditions such as diabetes, coronary heart diseases, stroke, arthritis, respiratory diseases, and renal diseases. Furthermore, several studies link poor oral health to metabolic syndrome, obesity, severe mental illnesses, Alzheimer’s disease, and adverse pregnancy outcomes. The most common oral diseases, dental caries and periodontal diseases, share common risk factors with chronic diseases such as diabetes, heart disease and chronic obstructive pulmonary diseases. Common risk factors including poverty, diet, hygiene, smoking, alcohol use, stress, and trauma represent significant opportunities for prevention and early intervention.

In Older Adults
Oral diseases are some of the most common chronic diseases in the older adult population. They include dental caries, periodontal disease, and oral cancers. In addition, edentulism (total loss of teeth) and side effects from the use of systemic drugs have adverse effects on oral and overall health. By 2030, U.S. Census Bureau estimates indicate that over 20% of the U.S. population, or more than 70 million people, will be age 65 or older, significantly comprised of "baby boomers" (those born between 1948 and 1964).

In Adults
Adults who are obese or overweight are more likely to develop a number of serious diseases and to die at younger ages than people who are not obese or overweight. Obesity is associated with a reduced quality of life, and with the leading causes of death in the U.S. including diabetes, heart disease, stroke, and some types of cancer.

Current Health Status
Children: Four in 10 kindergarteners and more than half of third grade children in Washington have dental caries, the disease that causes tooth decay. It is important to note that caries is a disease process. The disease is preventable, but like many chronic diseases, once established, it can only be managed with ongoing care. In other words, filling a cavity caused by the disease will not eliminate the disease.
Adults: In 2011, the Washington Hospital Association reported that dental related pain was the most common reason uninsured adults visited hospital emergency departments. Emergency departments are ill-equipped for management of dental issues, which can lead to opioid prescriptions to manage pain. Since the underlying issue is not resolved, this creates a cycle of returning visits for the individual to the emergency department.

Older Adults: Washington seniors who have incomes of $25,000 or less are among the most highly impacted by oral disease, exacerbated by their increased likelihood of being diagnosed with diabetes. They are the most likely to suffer from tooth loss, periodontal disease, tooth decay, dry mouth and mouth sensitivity. Less than half of low income seniors in Washington have any kind of dental insurance coverage, and many cite cost as the main barrier to getting needed dental care. Medicare does not cover dental care.

Current Work and Initiatives

**Oral Health Connections**: A three-year pilot in select counties to connect pregnant women and people with diabetes to ongoing dental care with integrated care coordination.

**Access to Baby and Child Dentistry**: A program that trains pediatricians in providing oral health assessments and preventive dental care for infants and young children; and provides guidance to dental providers in caring for babies and young children in the dental office setting.

**School-based dental sealant programs, health care facilities and senior center dental care**: State practice acts allow registered dental hygienists to provide preventive dental services outside the dental office—in school-based settings, in health care facilities, and in senior centers without a dentist present.

**Community water fluoridation**: The Department of Health supports community water fluoridation as safe, effective, and beneficial for all ages to reduce tooth decay. Approximately 56 percent of Washington residents on public water systems have access to optimally fluoridated drinking water.

**New provider models**: Washington State allows Dental Health Therapists, a new provider type, to provide dental care on tribal lands.

**Rural Health Centers Dental Services pilot**: The first Rural Health Center dental clinic in the state of Washington to address the needs of Medicaid patients and under and uninsured residents of rural Jefferson County. Co-located in the Sheridan Medical Office Building, which currently houses primary care and integrates with behavioral health. This model allows affordable dental services to be fully integrated into other aspects of health care.

**Tele dentistry**: Allows for patients in remote locations to be seen by a dentist in another location.

**Reducing emergency department use for non-traumatic dental conditions**: Swedish Community Specialty Clinic (SCSC) and Swedish Medical Center have developed a program for reducing emergency department use for dental pain. The attending physician will refer the dental patient for a priority early morning visit the next day at a nearby dental clinic. If the patient has complex surgical needs, an on-call dentist is consulted and can refer the patient to SCSC, which provides dental staffing and general dentistry residents to provide complex care.

Emerging Issues
Dental providers screen for oral cancers and recommend HPV vaccinations; as well as provide screening for melanoma/skin cancer lesions on the face and neck.

Oral surgeons are reducing opioid prescriptions in favor of NSAIDs for oral surgery post-op pain.

Antibiotic stewardship to reduce the problem of antibiotic resistant infections is gaining momentum in the dental field.

Health Equity Concerns
Oral disease is universally prevalent, but a number of population groups are especially vulnerable, including seniors, children, and adolescents, low-income people, minority groups, and people with special health care needs (IOM 2011).

Pregnant women have an especially difficult time getting the dental care they need, due to provider misperceptions about the safety of dental care during pregnancy: Dental care during pregnancy is safe and encouraged for a healthy mouth and baby.

The 2016 Smile Survey revealed that children of color, children whose primary language is not English, and lower income children suffer disproportionately from tooth decay.

Key Data and Sources
Healthy People 2020 Oral Health Objectives
Washington State Smile Survey 2015-2016: The report assesses the oral health status and treatment needs of children throughout the state. Results are compared with Healthy People 2020 Objectives, and the 2010 and 2005 Smile Survey results where possible. The 2016 survey results revealed that Washington's oral health policies and programs have made progress for a few indicators. However, findings also show that tooth decay is still a major concern for Washington's children.

Recommended Strategies
CDC: Strategies for Improved Population Health
Integrate dental care into primary care settings
Expand and maintain community water fluoridation systems
Expand dental sealant programs
Other strategies for increasing access to oral health include:
Implementing and evaluating activities that have an impact on health behavior
Evaluating and improving methods of monitoring oral diseases and conditions
Increasing the number of community health centers with an oral health component
Increasing the capacity of state dental health programs to provide preventive oral health services

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