



# ORAL HEALTH OHIO

Healthy Mouths > Healthy People > Strong Communities

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SGR Team  
NIH/NIDCR, 31 Center Drive  
Room 5B55  
Bethesda, MD 20892

Submitted electronically: [NIDCR-SGROH@nidcr.nih.gov](mailto:NIDCR-SGROH@nidcr.nih.gov)

Thank you for the opportunity to provide comments on the forthcoming Surgeon General's Report (SGR) on Oral Health. Oral Health Ohio (OHO) is a coalition of statewide partners who educate and advocate to improve our state's oral and overall health.

The perception that oral health *is* general health is imperative to influencing policy, systems and changing consumer behavior. To change perceptions, preventative oral health must move beyond the dental office into the community. Recommendations include:

1. Integrate oral screenings in medical training programs, particularly primary care. Bi-directional referrals between the dental and medical community is an effective prevention intervention.
2. Train primary care providers to include oropharyngeal cancers as part of the HPV discussion. HPV related oropharyngeal cancers have surpassed HPV related cervical cancers.
3. Train oral health providers how to discuss the relationship between oral health and systemic health with their patients.
4. Expand HPV vaccination to the dental office.
5. Funding for innovative pilot initiatives to train non-oral health providers in preventative oral health measures. For example, training of pharmacists to apply dental sealants, placing hygienists in OBGYN offices.
  - a. OHO is partnering with home health agencies in rural counties on a pilot initiative to include oral health into home health care training as a preventative measure with older adults living in the community.

*Advocating & Educating to Improve Oral Health.*



Oral Health Ohio (OHO) is deeply committed to approaching its work through an equity lens. The oral health of older adults is an equity issue. The lack of a dental benefit in the Medicare program compromises the health and well-being of the millions of older adults who cannot afford private dental insurance. Inclusion of a dental benefit in Medicare is an objective of OHO's strategic plan. *It is imperative that the new SGR urge policymakers to pass legislation to include a dental benefit in Part B of the Medicare program.* Other equity issues that impact the oral health of older adults include:

1. More than half of all states do not conduct a Basic Screening Survey (BSS) of Older Adults (ASTDD). Resources for conducting surveillance predominantly go toward children. OHO is funding a BSS of Older Adults in Ohio in 2019.
2. Aging demographics: By 2030, all baby boomers will be older than age 65. This will expand the size of the older population so that 1 in every 5 residents will be retirement age. In Ohio, residents 60-plus years of age is growing 20 times faster than the overall population (US Census Bureau, Ohio Department of Aging).
3. Stakeholders working with older adult's consistently report that the oral health is not valued or a priority.
4. While oral care is a federal requirement among residents living in long-term care facilities it is not valued (systemic relationship to health not understood), routinely provided or enforced.
5. Access to dental care is the number one unmet healthcare need for low-income adults in Ohio. (Ohio Medical Assessment Survey). It is particularly dire for seniors on limited incomes. Left untreated, an unhealthy mouth can lead to increased risk of other health problems including diabetes, stroke, and heart disease.

Thank you for your time and consideration.

Susan Lawson, Chair  
Oral Health Ohio

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