



**TO:** Martin J. Vincent, Office of the Associate Director for Policy,  
Centers for Disease Control and Prevention

**FROM:** Colin Reusch, Director of Policy, Children's Dental Health Project

**DATE:** November 1, 2018

**RE:** Surgeon General's Call to Action: Community Health and Prosperity -  
Docket No. CDC-2018-0082

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The Children's Dental Health Project (CDHP) is pleased to comment on the Surgeon General's Call to Action on Community Health and Prosperity. As a national policy institute, CDHP's vision is that no family should be held back from their dreams because of dental disease. With this vision in mind, we are encouraged that the Surgeon General is seeking to underscore the impact of chronic diseases on the prosperity and success of families and communities. We applaud the Surgeon General's recognition that health and prosperity are inextricably linked and that traditional clinical interventions alone are insufficient to address the host of factors that continue to hold many Americans back. In developing this Call to Action initiative, we urge CDC and the Surgeon General to incorporate oral health as a key issue that requires increased attention to social determinants of health and plays an important role in community prosperity and family success across the lifespan.

While rates of tooth decay have declined among young children, dental caries remains the most common chronic condition of early childhood.<sup>1</sup> Moreover, untreated dental disease continues to impact working-age adults<sup>2</sup> and remains an issue of equity, disproportionately affecting people of color and low-wage families.<sup>3</sup> Yet, while the prevalence of dental disease and oral health disparities are well established, what's less often discussed are the connections between oral health and the socio-economic factors that drive overall health and well-being.

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<sup>1</sup> National Center for Health Statistics (2018, April). Prevalence of Total and Untreated Dental Caries Among Youth: United States, 2015–2016. Available at: <https://www.cdc.gov/nchs/data/databriefs/db307.pdf>.

<sup>2</sup> American Dental Association Health Policy Institute (2017, June). Untreated Caries Rates Falling Among Low-Income Children. Available at: [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic\\_0617\\_2.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0617_2.pdf?la=en).

<sup>3</sup> American Dental Association Health Policy Institute (2017, June). Racial Disparities in Untreated Caries Narrowing for Children. Available at: [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic\\_0617\\_1.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0617_1.pdf?la=en).

### **Educational achievement & attendance:**

It goes without saying that chronic illness can be a barrier to learning for many children, keeping them out of school and preventing them from actively participating in the classroom or even engaging in extracurricular activities. While the profile of tooth decay in children as a public health issue has increased since the 2000 Surgeon General's Report, it still remains a silent epidemic, especially when considered in the context of school children whose pain may not be visible or evident but whose academic performance is impeded nonetheless.

Dental pain can, in fact, prevent children from learning and succeeding academically. Children with toothaches or other oral health problems are much more likely to miss school compared to their healthier peers.<sup>4</sup> A study of disadvantaged children in Los Angeles found that students with dental pain were six times more likely to miss school and four times more likely to earn lower grade point averages than their peers without dental problems.<sup>5</sup> Consequently, oral health-related school absences can have a ripple effect on parents, causing them to miss work or school.<sup>6</sup>

### **Employment and Economic Success**

Both dental pain and aesthetics can impede a parent or caregiver's ability to seek or maintain the kind of job they need to support their family. Three in 10 low-wage adults overall, and 60 percent of low-wage adults who lack dental coverage, report that the appearance of their mouth and teeth affects their ability to interview for a job.<sup>7,8</sup> But finding and affording the care one needs can be a struggle; across income categories, dental care poses a greater financial barrier to Americans than mental health, prescription drugs or other health needs.<sup>9</sup>

Existing socio-economic disparities are exacerbated by barriers to good oral health. Working women who grew up with healthier teeth earned 4.5 percent higher wages, compared to their

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<sup>4</sup> Jackson, S.L., Vann, W.F., Kotch, J.B., Pahel, B.T., Lee, J.Y. (2011, October). Impact of poor oral health on children's school attendance and performance. *American Journal of Public Health*. 101(10), 1900-1906. Doi: 10.2105/AJPH.2010.200915.

<sup>5</sup> Seirawan, H., Faust, Sh. Mulligan, R. (2012, September). The impact of oral health on the academic performance of disadvantaged children. *American Journal of Public Health*. 102(9), 1729-1732. Doi: 10.2105/AJPH.2011.300478.

<sup>6</sup> Ribeiro GL, Gomes MC, de Lima KC, et al (2015). Work Absenteeism by Parents Because of Oral Conditions in Preschool Children. *International Dental Journal*, 65(6):331-7.

<sup>7</sup> American Dental Association Health Policy Institute. (2015). Oral health and well-being in the United States. Available at:

[https://www.ada.org/~media/ADA/Science%2520and%2520Research/HPI/OralHealthWell-Being-StateFacts/US-Oral-Health-Well-Being.pdf?la%3Den&sa=D&ust=1530704653686000&usg=AFQjCNH4wW-EYNVKeO3jSHFeuAUo3IG1\\_Q](https://www.ada.org/~media/ADA/Science%2520and%2520Research/HPI/OralHealthWell-Being-StateFacts/US-Oral-Health-Well-Being.pdf?la%3Den&sa=D&ust=1530704653686000&usg=AFQjCNH4wW-EYNVKeO3jSHFeuAUo3IG1_Q).

<sup>8</sup> American Dental Association Health Policy Institute. (2018). Oral health and well-being among Medicaid adults by type of Medicaid dental benefit. Available at:

[https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic\\_0518\\_1.pdf?la=en](https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0518_1.pdf?la=en).

<sup>9</sup> Vujcic, M., Buchmueller, T., & Klein, R. (2016, Dec.). Dental care presents the highest level of financial barriers, compared to other types of health services. *Health Affairs*, 35(12), 2176-2182. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0800>.

peers with worse dental health.<sup>10</sup> The implications are huge considering that nearly two-thirds of U.S. mothers are primary, sole, or co-breadwinners for their families, and black mothers are even more likely to be primary or sole income-earners for their households. Improving women's oral health is crucial to their household prosperity as 64 percent of mothers overall and 71 percent of African-American mothers are the sole or primary breadwinners for their families.<sup>11</sup>

### **Mental Health, Toxic Stress, and Trauma**

In and of itself, poor oral health can impact mental health and quality of life across the lifespan. Oral health problems can contribute to depressive conditions among older adults, who are often essential caregivers within the family unit.<sup>12,13</sup> While we know that dental aesthetics can affect confidence in working age adults, the social/emotional impact may be even more profound for adolescents and young adults.

A recent study of Rhode Island teens found that more than one in five high school students felt self-conscious or embarrassed as a result of their teeth or mouth, and the emotional consequences of poor oral health were even more pronounced for female students. Moreover the study revealed that negative feelings about one's oral health was strongly associated with feelings of sadness and hopelessness and, moreover, that students who were embarrassed about their teeth were more likely to have suicidal thoughts. Both oral health and mental health are associated with income, and students from families with lower socioeconomic status are more likely to suffer from poorer outcomes on both fronts.<sup>14</sup>

The links between oral health and mental health are bi-directional. Poor oral health and mental health conditions often go hand-in-hand. Studies show that individuals struggling with substance abuse or who have a history of severe mental illness often have greater unmet dental needs.<sup>15</sup> Researchers suggest the need for cross-cutting approaches such as oral health screenings and referrals by primary care and mental health providers, in addition to substance abuse screenings by dental professionals.<sup>16</sup> Such touchpoints may exist as part of social programs or

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<sup>10</sup> Glied, S., & Neidell, M. (2010). The economic value of teeth. *The Journal of Human Resources*, 45(2), 468-496. Retrieved from: [https://www.jstor.org/stable/25703463?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/25703463?seq=1#page_scan_tab_contents).

<sup>11</sup> Glynn, S. J. (2016, December). Breadwinning mothers are increasingly the US norm. Retrieved from: <https://www.americanprogress.org/issues/women/reports/2016/12/19/295203/breadwinning-mothers-are-increasingly-the-u-s-norm/>.

<sup>12</sup> Hassel, A.J., Danner, D., Schmitt, M., Nitschke, I., Rammelsberg, P., Wahl, H.W. (2011, October). Oral health-related quality of life is linked with subjective well-being and depression in early old age. *Clinical Oral Investigations*. 15(5), 691-697. Doi: 10.1007/s00784-010-0437-3.

<sup>13</sup> Scommegna, P. (2012, March 26). More U.S. children raised by grandparents. Available at: <https://www.prb.org/us-children-grandparents/>.

<sup>14</sup> Pellegrino A, Vendetti T, Jackson T, Zwetchkenbaum S (2018, October). Oral health concerns and connections to mental health among Rhode Island high school students, 2017. *Rhode Island Medical Journal* 101(8), 56-59.

<sup>15</sup> Kisely, S., Baghaie, H., Lalloo, R., Siskind, D., Johnson, N.W. (2015, January). A systematic review and meta-analysis of the association between poor oral health and severe mental illness. *Psychosomatic Medicine*. 77(1), 83-92. Doi: 10.1097/PSY.000000000000135.

<sup>16</sup> Baghaie, H., Kisely, S., Forbes, M., Sawyer, E., Siskind, D.J. (2017, May). A systematic review and meta-analysis of the association between poor oral health and substance abuse. *Addiction*. 112(5), 765-779. Doi: 10.1111/add.13754.

community-level interventions aimed at reducing poverty and addressing other systemic barriers to success.

Oral health may also be affected by toxic stress and childhood trauma. Children who experience one or more adverse childhood experiences (ACEs) and sources of toxic stress such as poverty, homelessness, and exposure to violence are more likely to have oral health problems.<sup>17</sup> Moreover, child abuse and neglect may present or be identified through injuries to the face or oral cavity — in addition to reluctance to seek care or follow through with treatment plans. It is, therefore, important that oral health be considered when evaluating children for abuse or neglect, and dental and medical professionals may play an important role in preventing or curbing childhood trauma.<sup>18,19</sup>

### **Call to Action**

Dental diseases are, by definition, chronic diseases that have an outsized impact on overall health and well-being and whose effects are felt across the lifespan, well beyond the clinical realm. Poor oral health impacts birth outcomes, early childhood development, educational achievement, employment, and long-term earnings. Moreover, oral health is closely linked to and impacted by mental health and trauma. Numerous community-level interventions focus on one or more of these aspects of success and prosperity, but rarely is oral health a consideration. We, therefore, urge CDC and the Surgeon General to incorporate oral health as a critical factor in community prosperity deserving of greater investments by the private sector and local policymakers.

We look forward to working with you as you pursue this important initiative. Please contact Colin Reusch with any questions at: [creusch@cdhp.org](mailto:creusch@cdhp.org) or (202) 417-3595.

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<sup>17</sup> Bright, M.A., Alford, S.M., Hinojosa, M.S., Knapp, C., Fernandez-Baca, D.E. (2015, June). Adverse childhood experiences and dental health in children and adolescents. *Community Dentistry and Oral Epidemiology*. 43(3), 193-199. Doi: 10.1111/cdoe.12137.

<sup>18</sup> Fisher-Owens SA, Lukefahr JL, Tate AR, et al (2017). Oral and Dental Aspects of Child Abuse and Neglect. *Pediatrics*, 140(2).

<sup>19</sup> Bhatia SK, Maguire SA, Chadwick BL, et al (2014). Characteristics of Child Dental Neglect: A Systematic Review. *Journal of Dentistry*, 42(3):229-39.