

May 5, 2023

Loyce Pace, MPH  
Assistant Secretary for Global Affairs  
U.S. Department of Health and Human Services  
Room 639H  
200 Independence Ave, SW  
Washington, DC 20201 USA

**Re: Stakeholder Listening Session for the G7 Health Ministers Meeting – Written Comment Submission.**

via website: [OGA.RSVP1@hhs.gov](mailto:OGA.RSVP1@hhs.gov)

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) is the leading professional community for multidisciplinary scientists who advance dental, oral, and craniofacial research. We appreciate the opportunity to share our thoughts on the priority area “Contribute to achieving more resilient, equitable and sustainable universal health coverage through strengthening health systems” that is expected to be discussed at the G7 Health Ministers’ Meeting. AADOCR recognizes and applauds the Office of Global Affairs’ (OGA) efforts toward global health diplomacy and policy to protect the health and well-being of Americans. To respond to this request for comments, AADOCR engaged its Board of Directors.

A strong health system is critical if we are to improve health outcomes and accelerate progress toward increasing access to successful health programs and reducing disparities<sup>1</sup>. Oral diseases are the most prevalent conditions affecting humanity<sup>2</sup>. Oral diseases are among the most common noncommunicable diseases worldwide, affecting an estimated 3.5 billion people<sup>2</sup> – representing nearly half of the global population. Oral health is essential to a person's overall health and well-being and there are strong associations between oral health and overall general health<sup>3</sup>. In all countries, the poor and disadvantaged population groups are heavily affected by a high burden of oral disease compared to well-off people<sup>4</sup>. Yet, oral health coverage is often separated from the rest of the health care delivery systems in many countries. Health systems without oral health fail on the health system performance dimensions of equity, quality, responsiveness, efficiency, and resilience. Therefore, universal health coverage (UHC) cannot be universal without oral health<sup>5</sup>.

Evidence supports strengthening the integration of oral health into UHC<sup>6</sup>. Oral disease can present at any stage of the life course. The unequal distribution of oral health personnel and the absence of appropriate facilities in many countries means disadvantaged communities have limited or no access to primary oral health care<sup>7</sup>.

Consequently, persons (across the life course) may seek emergency treatment in tertiary care facilities or outside the health system<sup>7</sup> further exacerbating the economic burden of these diseases. **AADOOCR supports efforts to integrate oral health into UHC by i). integrating essential oral health services and the basic package of oral care, ii). creating an oral health workforce geared towards population health needs and the social determinants of health and iii). financial protection and inclusion of dental care coverage in health insurance packages, as well as expanding fiscal space for oral health care**<sup>8</sup>. Such coordinated action will focus oral health policy and planning beyond just a conventional model of restorative dentistry towards a preventive model of care that promotes oral health and is integrated into health systems at all levels.

Strengthening health systems requires integrating oral health in primary health care and creating a new oral health workforce model that is responsive to population needs. It is important to note, that in several regions, primary health care is mainly provided by nurses<sup>9,10</sup>. However, during basic training in nursing schools, educational preparation to address oral health needs is limited across nursing career curricula<sup>11</sup>. Consequently, it will be challenging to successfully incorporate oral health into primary health care practices. Therefore, the main activities of primary care that may be mainly aimed at the mother-child binomial, will continue to lack oral health promotion and education, which is essential during child development. Therefore, **AADOOCR supports bolstering the oral health global strategy, with a call for the integration of oral health prevention and the basic description of oral health problems during the life course within the nursing career curriculum.**

In late 2021, the US Preventive Services Task Force recommended primary care clinicians apply fluoride varnish in children younger than five to prevent cavities and prescribe oral fluoride supplementation for children six months and older whose water supply does not contain enough fluoride<sup>12</sup>. This recommendation recognizes the importance of oral health within the youngest subset of our population. This recommendation also drives states to allow medical assistants to apply fluoride varnish as well as the coverage requirements for Affordable Care Act compliant health plans<sup>13</sup>. Therefore, **AADOOCR supports the OGA to issue a call for similar health care policies across all countries to encourage the incorporation of basic oral health services within health systems to increase equity and accessibility.**

AADOOCR appreciates the opportunity to provide comments in advance of the G7 Health Ministers meeting regarding the priority area “Contribute to achieving more resilient, equitable and sustainable universal health coverage through strengthening health systems”. AADOOCR stands ready to work with the Office of Global Affairs to flesh out mechanisms through which the health systems may be strengthened through the integration of research driven oral health care within universal health coverage.

If you have any further questions, please contact Dr. Makyba Charles-Ayinde, Director of Science Policy, at [mcayinde@iadr.org](mailto:mcayinde@iadr.org).

Sincerely,

Christopher H. Fox, DMD, DMSc  
Chief Executive Officer

Alexandre Vieira, DDS, MS, PhD  
President

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<sup>1</sup>Nociti Jr FH. (2021). Systems Integration: A Key Step Toward Strengthening Oral Health. *Front. Dent. Med.* 2:704624.

<sup>2</sup>World Health Organization. (2022). Global Oral Health Status Report: Towards Universal Health Coverage for Oral Health by 2030. Retrieved from: <https://www.who.int/publications/i/item/9789240061484>. Accessed May 1 2023.

<sup>3</sup>World Health Organization. (2023). Oral Health. Retrieved from: [https://www.who.int/health-topics/oral-health#tab=tab\\_1](https://www.who.int/health-topics/oral-health#tab=tab_1). Accessed May 1 2023.

<sup>4</sup>Petersen PE. (2014). Strengthening of Oral Health Systems: Oral Health Through Primary Health Care. *Med Princ Pract.* 23 Suppl 1(Suppl 1):3-9.

<sup>5</sup>Winkelmann J, Listl S, van Ginneken E, Vassallo P, and Benzian H. (2023). Universal Health Coverage Cannot be Universal Without Oral Health. *The Lancet Public Health.* 8(1): e8-e10.

<sup>6</sup>Mathur MR, Williams DM, Reddy KS (2015). Universal health coverage a unique policy opportunity for oral health. *J Dent Res.* 2015; 94: 3S-5S

<sup>7</sup>Fisher J, Selikowitz H-S, Mathur M, and Varenne B. (2018). Strengthening Oral Health For Universal Health Coverage. *The Lancet.* 392(10151):899-901.

<sup>8</sup>Bernabé E, Masood M, Vujicic M. (2017). The Impact of Out-Of-Pocket Payments for Dental Care on Household Finances in Low and Middle Income Countries. *BMC Public Health.* 17: 109.

<sup>9</sup>DesRoches CM, Clarke S, Perloff J, O'Reilly-Jacob M, Buerhaus P. (2017). The quality of primary care provided by nurse practitioners to vulnerable Medicare beneficiaries. *Nurs Outlook.* 2017 Nov-Dec;65(6):679-688. doi: 10.1016/j.outlook.2017.06.007. Epub PMID: 28803624.

<sup>10</sup>Smolowitz J, Speakman E, Wojnar D, Whelan EM, Ulrich S, Hayes C, Wood L. (2014). Role of the registered nurse in primary health care: meeting health care needs in the 21st century. *Nurs Outlook.* 2015 Mar-Apr;63(2):130-6. doi: 10.1016/j.outlook.2014.08.004. Epub PMID: 25261382.

<sup>11</sup>Bhagat V, Hoang H, Crocombe LA, Goldberg LR. (2020). Incorporating oral health care education in undergraduate nursing curricula - a systematic review. *BMC Nurs.* 14;19:66. doi: 10.1186/s12912-020-00454-6. PMID: 32684840; PMCID: PMC7359291.

<sup>12</sup>US Preventive Services Task Force. (2021). Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions. Retrieved from:

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>. Accessed May 2 2023.

<sup>13</sup>Atkeson A and D'Alessandro M. (2022). Strengthening Oral Health in the U.S. through Integration and Workforce Development: Lessons from State and Federal Health Officials. Retrieved from: <https://nashp.org/strengthening-oral-health-in-the-u-s-through-integration-and-workforce-development-lessons-from-state-and-federal-health-officials/>. Accessed May 2 2023.