

July 26,2024

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.rsvp@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. AADOCR is the largest division of the International Association for Dental, Oral, and Craniofacial Research (IADR), that maintains official relations with the World Health Organization (WHO). We appreciate the opportunity to share our thoughts on the priority areas “Health systems strengthening, Prevention and healthy aging, and Addressing urgent challenges to health, which could benefit from G7 engagement” that is expected to be discussed at the upcoming Group of Seven (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 disparities¹. Oral diseases are the most prevalent conditions affecting humanity². Oral diseases are among the most common noncommunicable diseases (NCDs) worldwide, affecting an estimated 3.5 billion people² – representing nearly half of the global population. Oral health is essential to a person’s well-being with effects on overall general health³. In all countries, the poor and disadvantaged populations are heavily affected by a high burden of oral disease compared to well-off people⁴. Yet, oral health coverage is often separated from the rest of the health care delivery systems in many countries. Health systems without the inclusion of oral health fail on the performance dimensions of equity, quality, responsiveness, efficiency, and resilience.

G7 nations as Member States of the WHO have acknowledged the importance of the integration of oral health into health care systems and universal health coverage (UHC) through their adoption of the [Global Oral Health Resolution](#) in 2021, the [Global Strategy](#)

[on Oral Health](#) in 2022, and more recently the [Global Oral Health Action plan](#) (GOHAP). The GOHAP is a critical step in the implementation of both the resolution on oral health and its strategy. The GOHAP provides two overarching global targets by 2030: (i). 80% of the global population is entitled to essential oral health care service and (ii). the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10%. It also calls for actions specific to the six strategic objectives of the global strategy including but not limited to developing and implementing national oral health policies, strategies, or action plans; sustained dedicated oral health budgets, strategic partnerships for oral health, strengthening health emergency preparedness and response, intensified upstream health promotion and prevention approaches; policies and regulations to limit the intake of free sugars, alcohol, and tobacco; optimizing the use of fluoride - inclusive of community water fluoridation; fostering innovative oral health workforce models; strengthening oral health information systems; and prioritizing oral health research of public health interest. **AADOOCR supports G7 nations calling for the urgent implementation of the GOHAP and its monitoring plan** as universal health coverage (UHC) cannot be universal without oral health⁵.

Furthermore, as the number of persons with oral diseases surpasses all other NCDs combined⁶ and as poor oral health has been linked to various systemic conditions including cardiovascular disease, diabetes, and respiratory infections⁷, implementation of the GOHAP would be critical to ensure we address and achieve the objectives of the [Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013 – 2030](#). Considering the impending fourth High-level Meeting of the United Nations General Assembly (HLM4) in 2025 intended to set a vision to prevent and control NCDs towards 2030 and 2050, **AADOOCR supports G7 nations to call for sustained and consistent inclusion of oral health within any developed NCD framework and action plan**. Subsequently, it is important that these frameworks include oral health education and promotion initiatives as core components of its developed action plan.

Evidence supports strengthening the integration of oral health into UHC⁸. 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 mean disadvantaged communities have limited or no access to primary oral health care⁹. Consequently, persons (across the life course) may seek emergency treatment in tertiary care facilities or outside the health system⁹ further exacerbating the economic burden of these diseases. **AADOOCR supports efforts to integrate oral health into UHC by i) incorporating essential oral health services and the basic package of oral care, ii) creating an oral health workforce geared towards population health needs and social determinants of health and iii) proving financial protection and inclusion of dental care coverage in health insurance packages, as well as expanding fiscal space for oral health care**¹⁰. 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 and other non-physician health workers (NPHWs)^{11,12, 13}. However, during basic training in nursing schools, educational preparation to address oral health needs is limited across nursing career curricula¹⁴. 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, **AADOCR 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 curriculum for all primary healthcare providers.**

The aging population presents unique challenges and considerations when it comes to overall health and therefore oral health is not excluded. As people age, they are more susceptible to dental problems such as cavities, tooth loss, gum disease, dry mouth (xerostomia), and oral cancer¹⁵. These issues can be exacerbated by factors like medications, chronic diseases, and reduced mobility affecting oral hygiene practices¹⁵. Edentulism (complete tooth loss) and irregular dental care are important predictors of cognitive decline¹⁶. Studies have shown a longitudinal association between oral health, functional decline, Alzheimer's Disease and frailty^{17,18}. Consequently, maintaining good oral hygiene including regular dental care throughout life appears to be important for maintaining oral and cognitive health. Many older adults face barriers to accessing dental care, such as financial constraints, lack of transportation, and limited availability of dental services tailored to their needs (e.g., mobility issues, cognitive decline)¹⁹. Therefore, **AADOCR urges governments and healthcare systems to prioritize oral health initiatives tailored to older adults, including policies that improve access to affordable dental care and support research into effective oral health interventions for aging populations.** Early detection and intervention can prevent more serious oral health issues. Therefore, **AADOCR supports the promotion of preventive measures such as regular dental check-ups, fluoride treatments (both individual and professional methods), and oral hygiene education among the aging population including to those within care / living support facilities.** Educating older adults, caregivers, and healthcare providers about the importance of oral health in the aging population is also essential²⁰. **AADOCR also supports increased education and awareness efforts to include promoting proper brushing and flossing techniques, recognizing signs of oral health problems, and**

understanding the link between oral health and overall well-being. Addressing these aspects can help improve the quality of life and overall health outcomes for older adults by ensuring they maintain good oral health as they age.

According to the U.S. Centers for Disease Control and Prevention (CDC) “the safety and benefits of fluoride are well documented and have been reviewed comprehensively by several scientific and public health organizations. The U.S. Public Health Service; the United Kingdom's National Institute for Health Research, Centre for Reviews and Dissemination, at the University of York; and the National Health and Medical Research Council, Australia have all conducted scientific reviews by expert panels and concluded that community water fluoridation is a safe and effective way to promote good oral health and prevent decay²¹.” While over 70% of the U.S. population served by public water supplies have access to water with fluoride levels that prevent tooth decay²¹, this is not true for the rest of the G7 or most of the rest of the world. Therefore, the **AADOOCR supports the United States taking a leadership role in promoting water fluoridation as a cost-effective means of improving population oral health.**

AADOOCR supports continued financial support of the WHO by Member States.

Continued funding allows WHO to implement comprehensive health programs, including oral health, that improve overall health outcomes and reduce disease prevalence worldwide. Adequate financial support enables the development and dissemination of preventive strategies, reducing the incidence of diseases, and lowering healthcare costs in the long term. Additionally, ongoing funding fosters research into new technologies and treatments, facilitating the advancement of health practices and addressing emerging challenges. The WHO also manages and maintains a wide range of data collections related to global health and well-being as mandated by Member States²². Therefore, continued support is crucial for surveillance and the collection of reliable data on health trends, to assist policymakers in making informed, evidence-based decisions to respond to urgent health challenges. Continued investment aids in targeting vulnerable populations, addressing disparities in oral health access and outcomes inclusive of training of healthcare professionals and building local capacities to improve health services, particularly in low- and middle-income countries. Ultimately, by ensuring continued robust financial support for WHO's health initiatives, we can foster healthier communities and improve global health standards.

AADOOCR appreciates the opportunity to provide comments in advance of the G7 Health Ministers meeting regarding the priority areas “Health systems strengthening, Prevention and healthy aging, and Addressing urgent challenges to health, which could benefit from G7 engagement”. 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, define best practices for prevention and health aging, and provide science-

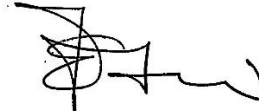
based interventions to address challenges to oral health and by extension, overall health.

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

Sincerely,



Christopher H. Fox, DMD, DMSc
Chief Executive Officer



Effie Ioannidou, DDS, MDS
President

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

²World 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 July 11, 2024.

³World Health Organization. (2023). Oral Health. Retrieved from: https://www.who.int/health-topics/oral-health#tab=tab_1. Accessed July 11, 2024.

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

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

⁶Benzian H, Daar A, and Naidoo S. (2023). Redefining the Non-communicable Disease Framework to a 6 x 6 Approach: Incorporating Oral Diseases and Sugars. *The Lancet Oral Health.* 8(11):E899-E904.

⁷Kaur S. (2023). Correlation between Oral Health and Systemic Diseases. *Int. J. Life Sci., Biotechnol, and Pharma Res.* 12(2): 2413 – 2416.

⁸Mathur MR, Williams DM, Reddy KS (2015). Universal Health Coverage a Unique Policy Opportunity for Oral Health. *J Dent Res.* 2015; 94: 3S-5S

⁹Fisher J, Selikowitz H-S, Mathur M, and Varenne B. (2018). Strengthening Oral Health for Universal Health Coverage. *The Lancet.* 392(10151):899-901.

¹⁰Bernabé E, Masood M, Vujcic 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.

¹¹DesRoches 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.* 65(6):679-688.

¹²Smolowitz J, Speakman E, Wojnar D, Whelan EM, Ulrich S, Hayes C, Wood L. (2015). Role of the Registered Nurse in Primary Health Care: Meeting Health Care Needs in the 21st Century. *Nurs Outlook.* 63(2):130-6.

¹³Dodd R, Palagyi A, Jan S, Abdel-All M, Nambiar D, Madhira P, Balane C, Tian M, Abimbola S, and Peiris D. (2019). Organisation of primary health care systems in low- and middle-income countries: review of evidence on what works and why in the Asia-Pacific region. *BMJ Global Health Suppl* 8:e001487.

¹⁴Bhagat 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.

¹⁵Leung KC-M, Chu C-H. (2023). Dental Care for Older Adults. *Int. J. Environ. Res. Public Health.* 20(1):214.

¹⁶Jones JA, Moss K, Finlayson TL, Preisser JS, and Weintraub JA. (2023). Edentulism Predicts Cognitive Decline in the US Health and Retirement Cohort Study. *J Dent Res.* 102(8)863-870.

¹⁷Hakeem FF, Bernabe E, Sabbah W. (2019). Association Between Oral Health and Frailty: A Systematic Review Of Longitudinal Studies. *Gerodontology.* 36(3):205–15.

¹⁸Kim H, Lee E, Lee SW. (2022). Association Between Oral Health and Frailty: Results from the Korea National Health and Nutrition Examination Survey. *BMC Geriatr.* 22(1):369.

¹⁹Northridge ME, Kumar A, Kaur R. (2020). Disparities in Access to Oral Health Care. *Ann. Rev. of Pub. Health.* 41: 513 - 535.

²⁰Patel J, Wallace J, Doshi M, Gadanya M, Ben Yahya I, Roseman J, Srisilapanan P. (2021). Oral Health for Healthy Ageing. *The Lancet Health Long.* 2(8): E521 – E527.

²¹CDC Scientific Statement on Community Water Fluoridation (2024) Retrieved from: <https://www.cdc.gov/fluoridation/about/statement-on-the-evidence-supporting-the-safety-and-effectiveness-of-community-water-fluoridation>. Accessed on: July 25, 2024.

²²World Health Organization. (2024). Data Collections. Retrieved from: <https://www.who.int/data/collections>. Accessed on: July 12, 2024.