



American Association
for Dental Research

American Association for Dental Research Comments on Healthy People 2030 Proposed Objectives

OH-2030-01 Reduce the proportion of children and adolescents aged 3 to 19 years with lifetime tooth decay experience in their primary or permanent teeth

Comment: AADR suggests that the HP2030 Advisory Committee consider further subdividing this objective according to age. Specifically, separate dental caries objectives for younger children (age <6), older children (age 6-12) and adolescents (age 12-19) would correspond to the developmental periods of the primary, transitional and adult dentition, respectively.

The notable exclusion of children younger than age 3 years is a shortcoming of the oral health objectives. Children are susceptible to tooth decay from the age the first teeth erupt (typically, age 6 months). To begin surveillance and prevention efforts at age 3 years is far too late for children affected by tooth decay in the first 12 months of life. To the extent data are available, AADR urges the committee to include younger children in the objectives.

OH-2030-02 Reduce the proportion of children and adolescents aged 3 to 19 years with active and currently untreated tooth decay in their primary or permanent teeth

Comment: AADR suggests that HP 2030 consider further subdividing this objective according to age. Specifically, separate dental caries objectives for younger children (age <6), older children (age 6-12) and adolescents (age 12-19) would correspond to the developmental periods of the primary, transitional, and adult dentition, respectively.

The notable exclusion of children younger than age 3 years is a shortcoming of the oral health objectives. Children are susceptible to tooth decay from the age the first teeth erupt (typically, age 6 months). To begin surveillance and prevention efforts at age 3 years is far too late for children affected by tooth decay in the first 12 months of life. To the extent data are available, AADR urges HP2030 to include younger children in the objectives.

OH-2030-10 Increase the proportion of children and adolescents aged 3 to 19 who have received dental sealants on one or more of their primary or permanent molar teeth.

Comment: Objectives for sealants, in particular should be designed in recognition that first permanent molars typically erupt at age 6 years and that second permanent molars typically erupt at age 12 years.

AA DR suggests that the committee consider further subdividing this objective according to age. Specifically, separate objectives for younger children (age <6), children (age 6-12) and adolescents (age 12-19) would correspond to the developmental periods of the transitional and adult dentition, respectively.

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Recommendation for new oral health core objective

Comment: In particular, with current guidelines indicating that children should have the first dental visit by age one, or earlier at the emergence of the first tooth, HP2030 should include an objective to increase the number of children under 3 who have an appropriately-timed dental visit.

Recommendation for new oral health core objective

Comment: Reduce the oral health disparities across different racial, ethnic and socioeconomic categories.

AADR also notes the absence of any objective aimed at reducing health disparities in any of the topic areas and strongly recommends the inclusion of such an objective wherever health disparities exist.

Recommendation for new oral health research objective

Comment: Increase the use of telehealth for the management and referral for care of oral diseases, such as dental caries, periodontal disease and oral cancer, for children and adolescents in schools; residents of long-term care facilities; and residents of rural and urban areas.

AADR recommends the use of “telehealth” in this new proposed oral health research objective in recognition of the fact that the mouth is part of the body, that oral health is part of total health and to promote interprofessionalism in the care of the oral cavity.

Recommendation for new oral health research objective

Comment: Increase the proportion of adults that engage in home oral hygiene care (e.g., dental flossing and twice daily fluoridated dentifrice use).

Recommendation for new oral health research objective

Comment: Reduce the proportion of children and adults who seek care for dental conditions in hospital emergency departments.

ECBP-2030-D12 Increase the inclusion of core clinical prevention and population health content in Doctor of Dental Surgery and/or Doctor of Dental Medicine granting colleges and schools of Dentistry

Comment: AADR strongly supports the developmental objective to increase the inclusion of clinical prevention and population health in dental professional training programs. AADR recommends that the Advisory Committee consider not only doctoral-level DDS/DMD training programs but also programs for training other dental professionals, such as dental hygienists, who are well positioned to engage in chronic disease prevention when appropriately trained and empowered.

TU-2030-10 Increase the proportion of adult smokers who receive advice to quit from a health professional

Comment: AADR agrees with the goal of increasing the percentage of Americans with whom health professionals intervene with regard to smoking cessation. The guideline should not focus on “advice” but instead should refer to “intervention” as that may include interactive communications with patients, which has been established as having more positive effects on patient behavioral changes. Dental professionals can play a substantial positive role in helping their patients to quit tobacco use. AADR therefore recommends that in addition to the NHIS Cancer Control Supplement, HP2030 also consider tracking data on tobacco cessation interventions from dentists and other health professionals. Previous iterations of the Tobacco Use Supplement of the Current Population Survey (e.g., 2010-11) featured separate items for patients who receive “advice” to quit smoking from physicians compared to receiving “advice” from dentists. If such data are available in the decade ahead, HP2030 should consider tracking information disaggregated by health profession.