Commentary

A call for action to improve US oral health care

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Globally, oral health has been a neglected topic given low priority compared with many other competing health problems.[1] Could this situation be about to change—is oral health at a tipping point?[2] On July 20, 2019, *The Lancet*, one of the oldest and most prestigious international medical journals, published a collection of oral health papers. Never before in the 196-year history of *The Lancet* have they devoted such a focus on oral health. The main oral health articles comprised an *Oral Health Series*: 2 detailed and comprehensive review articles on oral health written as an introduction and overview for the global medical and policy *Lancet* readership not familiar with the details of oral diseases.[3,4] In essence, the fundamental take-home message from *The Lancet* articles was to stress the global public health importance of oral diseases in terms of their prevalence, impact, and costs and of the urgent need to radically reform how oral health care is organized and delivered.

Around the world, in excess of 3.5 billion people have oral diseases; they are in fact the commonest diseases of humanity and prevalence is on the increase in many low- and middle-income countries.[3] Stark and obvious disparities in oral health exist, both between and within countries. Oral diseases disproportionally affect poorer, less educated, and vulnerable groups in society. Increasing recognition has been placed on understanding the underlying causes of oral diseases—the so-called social determinants or the broad range of economic, social, and political factors that drive oral health behaviors and ultimately cause oral diseases. In addition, the commercial strategies of the powerful and influential tobacco, alcohol, and sugar industries are seen as a major threat to oral health globally.[5] However, oral health care around the world has largely failed to tackle the burden of oral diseases and the unacceptable disparities in disease levels. To achieve significant improvements in population oral health, *The Lancet* articles have called for radical reform of how dentistry is organized and delivered around the world.[4]

Is this call for reform relevant to dentistry in the United States? The answer is unquestioningly yes. As with many low- and middle-income countries, the United States has similar policy neglect for oral health. From a public health perspective, financing of oral health care delivery in the United States is highly fragmented, providing excellent services for many while allowing many others to have poor access to needed care and chronic untreated disease. Socially disadvantaged groups such rural and urban poor, many ethnic minorities, and the institutionalized elderly are consistently at risk of being unable to access necessary dental services.[6-11]

Beyond individual misery, having large segments of a population experiencing chronic untreated oral disease is an economic drag on families and communities. School[12-14] and job performance suffer as do employability[15-17] and quality of life.[6,17-19] Looking at oral health care delivery in aggregate, the American Dental Association concluded that existing oral health care delivery system is not fit for purpose.[20] The substantial mismatch between the services provided and the services needed for many vulnerable people and communities can only be achieved through radical system level reforms of the oral health care delivery system.

A global drive for universal health coverage is now occurring, and *The Lancet* series challenges policy makers to include oral health in this effort. Whereas the problem with dental care access faced by many low- and middle-income countries is the result of inadequate numbers of dental professionals, access barriers in the United States are the result of other issues. In the United States, oral health care heavily emphasizes technical, high-cost treatments, while failing to incentivize and pay for effective clinical and population level prevention. For low-income people, dental insurance, where it exists, consists of a patchwork of underfunded public insurance programs such as Medicaid for working adults and for older adults the complete absence of dental benefits in Medicare.

What is needed for universal oral health coverage are sensible reforms to oral health care financing and practice acts that improve the availability, location, and type of oral health care services offered. There is no question that the current dentist-centered system provides important general and specialty care for most and will remain a central and necessary component of a system of care designed to provide universal coverage. But for the many who cannot access care in dental offices, there is a need to expand care delivery beyond dental offices. Through changes in practice acts and reimbursement, access to preventive and early intervention dental services can be expanded into nurseries, schools, nursing homes, worksites, medical clinics, homeless care facilities, and other community locations. Expanded access will improve care for people who may not be able to access care in any other way, while also demonstrating that oral health is central to overall health care.

When oral health care is framed as part of overall health care, it becomes more patient-centered.[21,22] Integration of medical and dental services is necessary for universal health coverage and improved population health. Movement toward value-based payments are further incentivizing early and coordinated disease prevention across health care disciplines.[23-25]

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As health care again enters the public discourse during the coming US election cycle, it provides a perfect opportunity for organized dentistry to become a vocal advocate for needed reforms aimed at improving access to care, reducing disparities, and improving population health. The challenges are many, but the way forward starts with acknowledging that oral health is health. In so doing, it makes clear that the barriers now preventing adequate investments in oral disease prevention and access to effective and equitable dental care delivery are artificial and directly contribute to the persistent epidemic in oral diseases among many marginalized groups in the United States. It also makes clear that the responsibility for reducing the burden of oral disease falls well beyond just the dental profession. All health care professionals, government at all levels, and payers of health service delivery must accept that they have an important responsibility for ensuring all Americans achieve and maintain oral health. It makes clear that oral health services are not an optional add-on service and that allowing large segments of society to experience chronic untreated oral disease is a structural failing demanding investment in new and innovative approaches to prevention and care delivery. It also implies a research agenda that focuses on population health, health services delivery, and effective implementation of current knowledge. Of course, the implied structural changes are many and none of them are easy, but all are necessary if we are to achieve a just and equitable system of health care that provides for universal coverage and eliminates the persistent inequities in oral health now experienced by nearly one-half the US population. ■

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