

### III. NATIONAL AND STATE OBJECTIVES ON ORAL HEALTH

*Oral Health in America: A Report of the Surgeon General (the Report)* alerted Americans to the importance of oral health in their daily lives [USDHHS 2000a]. Issued in May 2000, the report further detailed how oral health is promoted, how oral diseases and conditions are prevented and managed, and what needs and opportunities exist to enhance oral health. The report's message was that oral health is essential to general health and well-being and can be achieved. However, several barriers hinder the ability of some Americans to attain optimal oral health. The Surgeon General's report concluded with a framework for action, calling for a national oral health plan to improve quality of life and eliminate oral health disparities.

One component of an oral health plan is a set of measurable and achievable objectives on key indicators of oral disease burden, oral health promotion, and oral disease prevention. One set of national indicators was developed in November 2000 as part of *Healthy People 2010*, a document that presents a comprehensive, nationwide health promotion and disease prevention agenda [USDHHS 2000b]. *Healthy People 2010* is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Included are objectives for key structures, processes, and outcomes related to improving oral health. These objectives represent the ideas and expertise of a diverse range of individuals and organizations concerned about the nation's oral health.

The Surgeon General's report on oral health was a wake-up call, spurring policy makers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action. That call to action led a broad coalition of public and private organizations and individuals to generate *A National Call to Action to Promote Oral Health* [USDHHS 2003]. The vision of the *Call to Action* is "To advance the general health and well-being of all Americans by creating critical partnerships at all levels of society to engage in programs to promote oral health and prevent disease." The goals of the *Call to Action* reflect those of *Healthy People 2010*:

- To promote oral health
- To improve quality of life
- To eliminate oral health disparities

National objectives on oral health such as those in *Healthy People 2010* provide measurable targets for the nation, but most core public health functions of assessment, assurance, and policy development occur at the state level. The *National Call to Action to Promote Oral Health* calls for the development of plans at the state and community levels, with attention to planning, evaluation, and accountability [USDHHS 2003]. The *Healthy People 2010* oral health objectives for the nation and the current status of each indicator for the United States and for <STATE> are summarized in Table I.



**Table I. *Healthy People 2010* Oral Health Indicators, Target Levels, and Current Status in the United States and <STATE>**

<b><i>Healthy People 2010</i> Objective [Objective Number and Description]</b>	<b>Target (%)</b>	<b>National<sup>a</sup> (%)</b>	<b>&lt;STATE&gt; Status<sup>i</sup> (%)</b>
<b>21-1) Dental caries (tooth decay) experience</b>			
a) Young children, aged 2–4 years	11	23	
b) Children, aged 6–8 years	42	50	
c) Adolescents, aged 15 years	51	59	
<b>21-2) Untreated caries (tooth decay)</b>			
a) Young children, aged 2–4 years	9	20	
b) Children, aged 6–8 years	21	26	
c) Adolescents, aged 15 years	15	16	
d) Adults, aged 35–44 years	15	26	
<b>21-3) Adults with no tooth loss, aged 35–44 years</b>	42	39	
<b>21-4) Edentulous (toothless) older adults, aged 65–74 years</b>	20	25 <sup>b</sup>	
<b>21-5) Periodontal (gum) diseases, adults aged 35–44 years</b>			
a) Gingivitis, aged 35–44 years	41	48 <sup>c</sup>	
b) Destructive periodontal (gum) diseases, aged 35–44 years	14	20	
<b>3-6) Oral and pharyngeal cancer death rates reduction (per 100,000 population)</b>	2.7	3.0 <sup>d*</sup>	
<b>21-6) Oral and pharyngeal cancers detected at earliest stages, all</b>	50	35 <sup>e</sup>	
<b>21-7) Oral and pharyngeal cancer exam within past 12 months, aged 40+ years</b>	20	13 <sup>d</sup>	
<b>21-8) Dental sealants</b>			
a) Children, aged 8 years (1st molars)	50	28	
b) Adolescents (1st and 2nd molars) aged 14 years	50	14	
<b>21-9) Population served by fluoridated water systems, all</b>	75	68 <sup>b</sup>	
<b>21-10) Dental visit within past 12 months</b>			
Children and adults aged 2+ years	56	43 <sup>f</sup>	

<b>21-11) Use of oral health care system by adult residents in long-term care facilities</b>	25	19 <sup>g</sup>	
<b>21-12) Low-income children and adolescents receiving preventive dental care during past 12 months, aged 0–18 years</b>	57	31 <sup>f</sup>	
<b>21-13) School-based health centers with oral health component, K–12</b> a) Dental sealants b) Dental care	--	DNC	
<b>21-14) Community-based health centers and local health departments with oral health components, all</b>	75	61 <sup>b</sup>	
<b>21-15) System for recording and referring infants and children with cleft lip and cleft palate, all</b>	51 (all) states and District of Columbia	23 states and District of Columbia <sup>g</sup>	
<b>21-16) Oral health surveillance system, all</b>	51 (all) states and District of Columbia	0 states <sup>h</sup>	
<b>21-17) Tribal, state, and local dental programs with a public health trained director, all</b> a) state and local b) tribal and Indian Health Service	--	DNC	

Table I Sources:

U.S. Department of Health and Human Services. *Healthy People 2010, Progress Review, 2000*. Available at [www.cdc.gov/nchs/ppt/hpdata2010/focusareas/fa21.xls](http://www.cdc.gov/nchs/ppt/hpdata2010/focusareas/fa21.xls).

<These data will be updated in 2006.>

DNC = Data not collected

\*Age adjusted to the year 2000 standard population

<sup>a</sup> Data are for 1999–2000, unless otherwise noted.

<sup>b</sup> Data are for 2002.

<sup>c</sup> Data are for 1988–1994.

<sup>d</sup> Data are for 1998.

<sup>e</sup> Data are for 1996–2000.

<sup>f</sup> Data are for 2000.

<sup>g</sup> Data are for 1997.

<sup>h</sup> Data are for 1999.

<sup>i</sup> <State Data Source(s)>

Note: Teeth cleaning data are required in the burden document. Teeth cleaning is a NOHSS indicator but is not included in *Healthy People 2010*. See Part V, Section D, “Preventive Visits,” in this document.