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**Testimony for the Health, Education, Labor and
Pensions Committee**

Hearing on

ADDRESSING UNMET NEEDS IN WOMEN'S HEALTH

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The Children's Dental Health Project

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Mr. CHAIRMAN. My name is Burton Edelstein. I am a pediatric dentist, the founder of the Children's Dental Health Project and an Associate Professor and Director of the Division of Community Health at Columbia University. The Children's Dental Health Project is a non-profit organization that assists policy makers, healthcare providers, advocates and parents in improving children's oral health and increasing their access to dental care.

On behalf of the Children's Dental Health Project, I thank you for the opportunity to bring before the Committee an issue integral to women's health, yet often unaddressed: women's oral health. Oral health is an important component of general health; a woman cannot be healthy without oral health. This was a key message of the 2000 Surgeon General's Report, "Oral Health in America", which decried the "silent epidemic" of dental and oral diseases across the U.S. Profound disparities in dental and oral disease exist in our country, particularly affecting those women without the knowledge or resources to achieve good oral health. Women living in poverty, members of racial and ethnic minorities and female heads of households face more barriers to accessing dental care than the average person and consequently suffer from more oral disease.

Unfortunately, a women's oral health can impact much more than her mouth. New research is substantiating the connection between oral health and overall health by explaining links between chronic oral health infections and systemic conditions, such as heart and lung disease and strokes. Associations between periodontal (gum) disease and diabetes have also been substantiated.

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I want to acknowledge Senator Edwards for introducing the Perinatal Dental Health Improvement Act, S. 2202. He has recognized a new area of research that shows a strong connection between maternal oral health and the health of children. Extensive laboratory, clinical and epidemiological studies show that a mother's experience with tooth decay determines their young children's risk of developing cavities. **In fact, dental caries (tooth decay) is now understood as an infectious and transmissible disease acquired by children primarily from their mothers or primary caretakers.**

Some of the newest epidemiological research findings have established an apparent connection between pregnant women's periodontal disease and premature and low birth weight birth outcomes (PLBW). A number of studies have been published since 1996, with some of the most prominent research coming from Senator Edwards's home state of North Carolina. The University of North Carolina at Chapel Hill's Center for Oral and Systemic Diseases has been a leader in this area of research and reported periodontal infection as a possible risk factor for PLBW several years ago. This discovery is exciting because of its potential for decreasing infant mortality and associated childbirth morbidity, if interventions prove to be effective.

Low birth weight associated with premature delivery is the major underlying cause of infant mortality and childhood morbidity. More than 250,000 PLBW infants are born in the United States each year. Economic consequences of PLBW now exceed \$5 billion annually. Approximately 60% of infant mortality among children without anatomic congenital defects is attributable to low birth weight. While some causes of premature birth and associated low birth weight are known and may be managed medically (e.g., asthma, cigarette smoking, bacterial vaginosis, diabetes), much of its incidence remains unexplained.

NIH reports a substantial contribution to PLBW may be attributed to infectious oral disease. This contribution is estimated to match the percentage explained by cigarette smoking. NIH-funded clinical trials are currently underway to further substantiate the connection between maternal periodontal disease and PLBW and determine the effectiveness of clinical interventions during pregnancy.

Scientific evidence about maternal oral health and tooth decay has not yet been translated into public policies and clinical practices that hold potential to reduce high costs and debilitating consequences of both dental caries and low birth weight – and that improve the health of women for their own sake. This makes Sen. Edwards leadership all the more noteworthy and is why the Children's Dental Health Project strongly encourages the Congress to move S. 2202 forward as expeditiously as possible.

S. 2202, the Perinatal Dental Health Improvement Act of 2002, establishes a competitive grant program to conduct research and demonstration projects that apply this scientific evidence about maternal and child oral health linkages. Two types of research and demonstration grants would be funded: projects related to *professional practice* and *public education*. The professional practice component of the grant would fund projects that aim to reduce the personal and maternal child health consequences of poor oral health by applying new oral health science to clinical practice through changes to professional education and practice of dentists, pediatricians, family physicians, obstetricians, nurse practitioners and other primary care providers. The public education component of the grant would fund projects designed to demonstrate improvements in public awareness and oral health practices of women of childbearing age to reduce the personal

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and maternal child health consequences of poor oral health by applying new oral health science to public education.

As the Surgeon General noted in his report “it is important that we continue further research and build the science base on oral health concerns. Such research has been at the heart of scientific advances in oral health over the past several decades. Our continued investment in research is critical to obtain new knowledge about oral health needs if improvements are to be made.” Likewise, this new knowledge gained through research must be transferred into practice to realize improvements in the health of women and their babies. The purpose of the proposed grant program is to apply the new knowledge about oral health to 1) the education of health professionals and 2) the education of the public.

Not a lot has changed since the Surgeon General issued his report. We are still experiencing a “silent epidemic” of preventable dental and oral diseases across the country. Many women still experience needless pain and suffering, complications that devastate overall health and well-being, as well as financial and social costs that diminish the quality of life at work, at school, and at home. New research has taught us much about how oral disease is acquired by children and how it impacts our children at birth. We need to transfer this new knowledge from science to practice if we expect to realize improvements in the overall health of women and their children. The Children’s Dental Health Project applauds Senator Edward’s vision in introducing the Perinatal Dental Health Improvement Act.