About the Division of Oral Health

CDC's Division of Oral Health (DOH) provides leadership and promotes proven interventions to improve the nation's oral health.



Good oral health allows us to eat, speak, smile, and show emotions. It affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancers—cause pain and disability for millions of people in the United States.

In the United States, over half (52%) of children aged 6 to 8 years have had a cavity in their primary (baby) teeth. About 1 in 4 adults have untreated cavities. Almost half of adults over 30 show signs of gum disease.

Studies have shown that about 34 million school hours and 92 million work hours are lost yearly due to unplanned and emergency dental care, and roughly \$46 billion in productivity (2015 US dollars) is lost yearly due to untreated oral diseases.

DOH supports state and territorial oral health programs, collects data on oral diseases, develops infection prevention and control guidelines for dental settings, and trains future dental public health specialists. The division also supports strategies to advance medical-dental integration and whole-person care.

DOH analyzes data to monitor progress in meeting Healthy People 2030 <u>oral health objectives</u>, one of which is to increase use of the oral health care system.

The division maintains <u>Oral Health Data</u>, an online system that brings together information from various local, state, and national data sources, which users can export to create tables, charts, and maps.

DOH also helps state health departments collect, interpret, and share their local and state data on oral health status and the use of preventive services so they can understand where to direct their resources.

Community water fluoridation is recognized as one of 10 great public health achievements of the 20th century. Even with the widespread use of fluoride products, like toothpaste, studies have found that people living in communities with water fluoridation have about 25% fewer cavities than those without fluoridation.

DOH works with state and national partners to optimize the use of water fluoridation by training state drinking water system engineers, state oral health program staff, and public health staff. DOH created <u>Fluoridation Learning Online</u>, an interactive resource that provides thousands of water operators with training at their own pace.

The division also manages an online reporting system that helps states monitor the quality of their water fluoridation programs. The public side of this database, My Water's Fluoride, allows residents in participating states to learn the fluoride content of their public

water system.

One in five children aged 6 to 11 years has at least one untreated cavity, which can lead to problems eating, speaking, and learning. Dental sealants protect against 80% of cavities for 2 years and continue to protect against 50% of cavities for up to 4 years. Children aged 6 to 11 without sealants have almost 3 times more first molar cavities than children with sealants.

School sealant programs provide dental sealants at no charge to children who are less likely to receive private dental care. These programs provide sealants at school during the school day using mobile dental equipment. As a result, sealant use has increased substantially among children from low-income families, greatly reducing the disparity between them and children from higher-income families. However, this effective intervention remains underused; less than half of all children aged 6 to 11 have dental sealants.

DOH provides guidance to state and community programs to help them plan, set up, and evaluate school sealant programs. The division's <u>SEALS</u> application allows state and local programs to evaluate the effectiveness of their school sealant programs.

Dental health care settings must meet the same high standards for infection prevention and control as any medical setting. To help reduce the risk of disease transmission, DOH develops recommendations to guide infection prevention and control practices in all dental treatment settings.

The DOH resource, <u>Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care</u>, highlights the key recommendations that guide infection prevention practices in dental offices nationally and globally.

DOH also offers resources to promote adherence to these guidelines, including the mobile app CDC DentalCheck, fact sheets, and training materials such as Foundations: Building the Safest Dental Visit, an online, self-paced training that offers free dental continuing education credit hours to individual learners.

DOH provides 20 states and 1 territory with funds, technical assistance, and training to build strong oral health programs. This support helps recipients promote oral health, monitor oral health behaviors and problems, and conduct and evaluate prevention programs. It also helps recipients better coordinate community water fluoridation and school sealant programs and develop ways to better integrate dental and medical care at the state and local levels.

At the national level, DOH works with other chronic disease programs to promote prevention strategies designed to reduce risk factors associated with multiple chronic conditions, like gum disease.

DOH runs a Dental Public Health Residency Program, which produces skilled specialists to collaborate with their public health and dental colleagues in an array of health settings to improve oral health at the population level.

More than 209 million people, representing 72.7% of the population, are served by community water systems that provide water with enough fluoride to prevent cavities.



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Director's Bio

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Dr. Thornton-Evans leads the Division of Oral Health.

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