

January 17, 2019

Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2030
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Room LL-100
Rockville, MD 20852

To Whom It May Concern:

On behalf of our 163,000 dentist members, we are pleased to comment on the proposed Core, Developmental, and Research objectives for Healthy People 2030. We offer these comments in response your Federal Register notice of November 27, 2018 (83 FR 60876).

Healthy People is a decennial campaign to identify the most significant preventable threats to health and to establish national goals to reduce those threats. It is used to prioritize the investment of public, private and nonprofit health resources over the coming decade.

We are pleased that the Committee chose to retain oral health as a separate and distinct topic area for Healthy People 2030. Oral health has been a focus of Healthy People since its inception in 1990 and its inclusion has inspired dynamic and highly effective collaborations involving the private sector, the public health community, government, philanthropy and our medical colleagues.

We also applaud the Committee for acknowledging the role oral health plays in several other topical areas, including access to health services and educational and community-based programs.

We recognize the Committee's desire to consolidate the large number of objectives and sub-objectives in the previous iteration, Healthy People 2020. We urge you to consider the value many of the potentially abandoned objectives have had in mobilizing the oral health community in the areas of cancer, diabetes, older adults, public health infrastructure and tobacco use.

Enclosed you will find our suggested additions, revisions and general observations about the currently proposed objectives. We are particularly interested in reducing the incidence of oropharyngeal cancer and increasing the proportion of children who have access to a dental home. We respectfully ask you to consider these during your deliberations.

The last iteration of Healthy People was the first time that oral health was acknowledged as a leading health indicator. It reflected the dramatic shift in the way people viewed oral health—as a part of overall health and well-being. By continuing this focus in Healthy People 2030, the Committee will continue inspiring remedies to what former United States Surgeon General David Satcher referred to as the “silent epidemic” of untreated oral disease in America.

Secretary's Advisory Committee on Healthy People 2030

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Thank you for providing us the opportunity to comment. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or burns@ada.org.

Sincerely,

/s/

Jeffrey M. Cole, D.D.S., M.B.A., F.A.G.D
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/s/

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Proposed Objectives for Healthy People 2020 Suggested Additions, Revisions and General Observations

January 17, 2019

The American Dental Association is pleased to suggest the following additions, revisions and general observations about the Core, Developmental and Research objectives proposed for Healthy People 2030.

Summary

The ADA urges you to retain the following four objectives from Healthy People 2020:

- Retain 2020 objective [D-8](#), which calls for an increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination.
- Retain 2020 objective [OA-7.4](#), which calls for an increase in the proportion of dentists with geriatric certification.
- Retain 2020 objective [TU-9.3](#), which calls for an increase in tobacco screening in dental care settings.
- Retain 2020 objective [TU-10.3](#), which calls for an increase in tobacco cessation counseling in dental care settings.

The ADA also urges you to add six new objectives for 2030:

- [C-2030-NEW](#)—Reduce the oral cancer death rate.
- [C-2030-NEW](#)—Reduce the incidence of oropharyngeal cancer.
- [ECBP-2030-NEW](#)—Increase the number of community-based organizations providing population-based primary preventive *dental* services.
- [MICH-2030-NEW](#)—Increase the proportion of children who have access to a *dental* home.
- [OA-2030-NEW](#)—Increase the proportion of older adults in long-term care facilities who have access to regular oral health assessments and treatment.
- [OH-2030-NEW](#)—Reduce the number of emergency department visits for dental pain.

Finally, the ADA urges you to amend 2030 objective [OH-2030-05](#) by singling out three distinct age groups: (1) adults aged 45 to 64 years, (2) adults aged 65-74 years (as is currently in 2020 objective [OH-4.2](#)) and (3) adults aged 75 years and older.

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AHS (Access to Health Services)

The ADA supports the Committee’s proposed Core objective [AHS-2030-02](#), which calls for an increase in the proportion of persons with dental insurance. This objective is identical to Healthy People 2020 objective [AHS-1.2](#).

We also support proposed Core objective [AHS-2030-06](#), which calls for a reduction in the proportion of persons who are unable to obtain or delay in obtaining necessary dental care. This objective is identical to Healthy People 2020 objective [AHS-6.3](#).

C (Cancer)

C-2030-NEW

Reduce the oral cancer death rate.

The ADA supports the Committee’s proposed Core objectives to reduce the death rates from overall cancer ([C-2030-01](#)), lung cancer ([C-2030-02](#)), breast cancer ([C-2030-04](#)), colorectal cancer ([C-2030-06](#)) and prostate cancer ([C-2030-08](#)). These objectives are identical to 2020 Core objectives [C-1](#), [C-2](#), [C-3](#), [C-9](#) and [C-7](#), respectively. We urge the Committee to add a similar Core objective calling for a reduction in the oral cancer death rate.

In 2018, oral cavity and pharyngeal cancer took the lives of an estimated 10,030 people.¹ Recent epidemiologic data suggest that approximately 3 percent of new cancers diagnosed in the U.S. each year are cancers of the oral cavity and pharynx.² The annual costs of treating head and neck cancer patients in the U.S. have been estimated to range from \$3.64 billion to \$16 billion.^{3,4}

There are many ways to influence the oral cancer death rate. One is early detection. It is difficult to identify cancerous or precancerous lesions in the oral cavity at earlier stages. We are therefore pleased that the Committee proposed Core objective [OH-2030-07](#), which calls for an increase in the proportion of oral and pharyngeal cancers detected at the earliest stage. This objective is identical to the 2020 objective [OH-6](#).

Another way to influence the oral cancer death rate is prevention. For example, tobacco users are far more likely than non-users to develop oral cancer.^{5,6} While cigarette smoking has decreased in recent years, one recent report indicated that approximately 50 percent of men (and 30 percent of women) over age 65 are former smokers.⁷ We are therefore pleased that the Committee has proposed 20 Core objectives to further reduce tobacco use in the U.S.

Together, these and other proposed objectives have the potential to further reduce the rate of oral cancer deaths in the U.S.

Progress toward reducing the oral cancer death rate can be reliably benchmarked and monitored using:

- Surveillance, Epidemiology, and End Results Program (SEER), NIH/NCI
- National Program of Cancer Registries (NPCR), CDC/NCCDPPH

Again, we urge the Committee to adopt a new objective to reduce the rate of oral cancer deaths in the U.S.

Proposed Baseline:	2.5 oral cavity cancer deaths per 100,000 population occurred in 2010 (age adjusted to the year 2000 standard population)
Proposed Target:	2.2 deaths per 100,000 population
Proposed Data Sources:	Surveillance, Epidemiology, and End Results (SEER) Program. SEER*Stat Database: Incidence-SEER 9 Regs Research Data, Nov 2013 Submission (1973-2011).

¹ Surveillance, Epidemiology, and End Results Program, National Cancer Institute. Cancer stat facts: oral cavity and pharynx cancer. <http://seer.cancer.gov/statfacts/html/oralcav.html>.

² Siegel RL, Miller KD, Jemal A. Cancer statistics, 2019. *CA Cancer J Clin*. 2019 Jan 8.

³ Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. Projections of the cost of cancer care in the United States: 2010-2020. *J Natl Cancer Inst*. 2011 Jan 19;103(2):117-28.

⁴ Wissinger E, Griebisch I, Lungershausen J, et al. The economic burden of head and neck cancer: a systematic literature review. *Pharmacoeconomics*. 2014 Sep;32(9):865-82.

⁵ American Cancer Society, Detailed Guide: Oral Cavity and Oropharyngeal Cancer, 2010.

⁶ Sturgis EM, Cinciripini PM. Trends in head and neck cancer incidence in relation to smoking prevalence. *Cancer* 2007;110(7):1429-35.

⁷ Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*. Washington, DC: U.S. Government Printing Office. August 2016.

C-2030-NEW**Reduce the incidence of oropharyngeal cancer.**

The ADA supports the Committee’s proposed Core objectives to reduce the death rates from overall cancer ([C-2030-01](#)), lung cancer ([C-2030-02](#)), breast cancer ([C-2030-04](#)), colorectal cancer ([C-2030-06](#)) and prostate cancer ([C-2030-08](#)). These objectives are identical to 2020 Core objectives [C-1](#), [C-2](#), [C-3](#), [C-9](#) and [C-7](#), respectively.

We urge the Committee to also retain 2020 Core objective [C-6](#), which calls for a reduction in the oropharyngeal cancer death rate. In fact, we ask that a retained version be modified to focus directly on reducing the *incidence* of oropharyngeal cancer (instead of the death rate). This is driven largely by the rise in oropharyngeal cancers associated with human papillomavirus (HPV).

While the death rates for several forms of cancer have declined over the years, numerous studies have reported an increase in HPV-related oropharyngeal cancer in recent decades.¹⁻³ The rising incidence of oropharyngeal squamous cell carcinoma (OSCC) has been attributed to a 225 percent increase in HPV-related OSCC.^{1,2} Today, around 70 to 80 percent of oropharyngeal cancers in the U.S. are attributable to HPV, and the incidence is over three times higher in men.³

There are significant differences in the male and female rates and percent changes for HPV-related oropharyngeal SCC, the ADA recommends that the proposed target for this objective be tracked in both men and women. The baseline level of HPV-related OSCC, as of 2015, is 1.7 per 100,000 among females, and 8.5 per 100,000 among males.⁴

A reduction in the incidence of HPV-related oropharyngeal cancer could inform the success of proposed Core objective [IID-2030-12](#), which calls for an increase the percentage of adolescents aged 13 through 15 years who receive recommended doses of the HPV vaccine.

Progress toward reducing the incidence of oropharyngeal cancer can be reliably benchmarked and monitored through the CDC’s National Program of Cancer Registries and the National Cancer Institute’s Surveillance, Epidemiology, and End Results program.

Again, we urge the Committee to adopt a modified version of 2020 Core objective [C-6](#), which would call for a reduction in the incidence of oropharyngeal cancer. This updated objective can be achieved through expanded use of HPV vaccination, which has considerable potential to decrease the burden of oral and oropharyngeal HPV infection.

Proposed Baseline:	8.5 oropharyngeal cancer cases per 100,000 population among males occurred in 2015, and 1.7 oropharyngeal cancer cases per 100,000 population among females (age adjusted to the year 2000 standard population)
Proposed Target:	7.6 oropharyngeal cancer cases per 100,000 population among males and 1.5 oropharyngeal cancer cases per 100,000 population among females per 100,000 population
Proposed Data Sources:	National Cancer Institute. Cancer Trends Progress Report. Available at: https://progressreport.cancer.gov/end/mortality

- ¹ Chaturvedi AK, Engels EA, Anderson WF, Gillison MF. Incidence trends for human papillomavirus–related and –unrelated oral squamous cell carcinomas in the United States. *J Clin Oncol* 2008;26:612-9.
- ² Siegel RL, Miller KD, Jemal A. Cancer statistics, 2019. *CA Cancer J Clin.* 2019 Jan 8)
- ³ Simard EP. Cancers with increasing incidence trends in the United States: 1999 through 2008. *CA Cancer J Clin.* 2012 Mar-Apr;62(2):118-28. doi: 10.3322/caac.20141. Epub 2012 Jan 4.
- ⁴ Van Dyne EA, Henley SJ, Saraiya M, Thomas CC, Markowitz LE, Benard VB. Trends in Human Papillomavirus–Associated Cancers — United States, 1999–2015. *MMWR Morb Mortal Wkly Rep* 2018;67:918–924. DOI: <http://dx.doi.org/10.15585/mmwr.mm6733a2>.
- ⁵ D'Souza G, Kreimer AR, Viscidi R, et al. Case-control study of human papillomavirus and oropharyngeal cancer. *N Engl J Med* 2007;356(19):1944-56.

D (Diabetes)

The ADA urges the Committee to retain 2020 objective [D-8](#), which calls for an increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination.

ECBP (Educational and Community-Based Programs)

The ADA supports the Committee’s proposed Developmental objective [ECBP-2030-D12](#), which is identical to Healthy People 2020 objective [ECBP-18](#). This objective calls for an increase in 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.

We also support the Committee’s proposed Developmental objective [ECBP-2030-D07](#), which calls for an increase the proportion of academic institutions with health professions education programs whose prevention and population health curricula include interprofessional experiential training. This objective is nearly identical to 2020 objective [ECBP-19](#), which calls for an increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences.

ECBP-2030-NEW	Increase the number of community-based organizations providing population-based primary preventive dental services.
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The ADA supports the Committee’s proposed Developmental objective [ECBP-2030-D06](#), which calls for an increase in the number of community-based organizations providing population-based primary prevention services. This objective is identical to 2020 Core objective [ECBP-10](#).

The 2020 version also included several sub-objectives calling for increases in the number of community-based organizations providing population-based primary prevention services in several specific areas, including tobacco use ([ECBP-10.4](#)), substance abuse ([ECBP-10.5](#)), chronic disease ([ECBP-10.7](#)), nutrition ([ECBP-10.8](#)), physical activity ([ECBP-10.9](#)) and more.

We urge you to add a new sub-objective for 2030 calling for an increase in the number of community-based organizations providing population-based primary preventive *dental* services. There is currently a lack of integrated oral health within primary care settings impacting overall health outcomes.

Community-based organizations—such as local health departments, tribal health organizations, state health agencies, federally qualified health centers (FQHCs), schools, employers, nongovernment organizations and others—frequently sponsor and directly deliver primary prevention services that can lead to a lifetime of optimal oral health.

For example, children sometimes receive their first dental cleaning and oral exam (as proposed in [OH-2030-09](#)) and have the first sealants placed on their molar teeth (as proposed in and [OH-2030-10](#)) through in-school dental programs, often sponsored by a health department.

A first-time preventive visit with a dentist or community dental health coordinator, even in a school-based setting, can also increase the likelihood that a child will find a dental home, a new objective the ADA is proposing under the [Maternal, Infant, and Child Health \(MICH\)](#) topic area.

Poor oral health also impacts overall health. For example, non-ventilator acquired hospital pneumonia (NVHAP) costs millions of dollars and lives each year. CDC has now placed NVAHP in the top 10 public health concerns in the U.S. Oral health services in hospital settings have shown 75 percent reduction in NVAHP.

Progress toward achieving this objective can be reliably benchmarked and monitored using data from several sources, including:

- National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
- National Maternal and Child Oral Health Resource Center, HRSA/MCHB
- Uniform Data System (UDS), HRSA/BPHC

Again, we urge the Committee to add a new sub-objective for 2030 calling for an increase in the number of community-based organizations providing population-based primary preventive *dental* services.

HAI (Healthcare-Associated Infections)

The ADA supports the Committee's proposed Developmental objective [HAI-2030-D01](#), which calls for a reduction in inappropriate antibiotic use in outpatient settings.

IID (Immunization and Infectious Diseases)

The ADA supports the Committee's proposed Core objective [IID-2030-07](#), which calls for a reduction in tuberculosis (TB). This objective is identical to 2020 objective [IID-29](#).

We also support proposed Core objective [IID-2030-12](#), which calls for an increase in the percentage of adolescents aged 13 through 15 years who receive recommended doses of human papillomavirus (HPV) vaccine. This objective is similar to 2020 objectives [IID-11.4](#) and [IID-11.5](#), which call for an increase in females aged 13 through 15 years and males aged 13 through 15 years, respectively, who receive 2 or 3 doses of HPV vaccine as recommended.

Increasing the number of individuals who receive the HPV vaccine will help advance the new 2030 objective the ADA has proposed (under the [Cancer](#) topic) to reduce the incidence of oropharyngeal cancer.

MICH (Maternal, Infant, and Child Health)

The ADA supports the Committee's proposed 2030 objectives to improve maternal, infant and child health, including:

- [MICH-2030-08](#), which calls for an increase in the proportion of pregnant women who receive early and adequate prenatal care. This objective is identical to 2020 objective [MICH-10](#).
- [MICH-2030-09](#), which calls for an increase in abstinence from alcohol among pregnant women. This objective is identical to 2020 objective [MICH-11.1](#).
- [MICH-2030-10](#), which calls for an increase in abstinence from cigarette smoking among pregnant women. This objective is identical to 2020 objective [MICH-11.3](#).
- [MICH-2030-11](#), which calls for an increase in abstinence from illicit drugs among pregnant women. This objective is identical to 2020 objective [MICH-11.4](#).
- [MICH-2030-15](#), which calls for an increase in the proportion of infants who are breastfed exclusively through 6 months. This objective is identical to 2020 objective [MICH-21.5](#).
- [MICH-2030-D02](#), which calls for a reduction in the proportion of pregnant women who use ~~illicit~~ opioid pain relievers during pregnancy. (Opioid pain relievers are not illicit drugs when used as medically prescribed.)

<u>MICH-2030-NEW</u>	<u>Increase the proportion of children who have access to a dental home.</u>
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The ADA supports the Committee's proposed Core objective [MICH-2030-18](#), which calls for an increase in the proportion of children who have access to a medical home. This objective is identical to 2020 Core objective [MICH-30.1](#).

We urge you to add a new Core objective calling for an increase in the proportion of children who have access to a dental home.

Routine dental care is a primary care service and general and pediatric dentists are primary care clinicians. Their primary function is to provide comprehensive oral health care beginning before age one and continue doing so throughout the patient's lifetime, with appropriate referrals as necessary. Lack of access to a primary care dentist can pose serious health risks that can inhibit a child's ability to eat, speak, learn (i.e., missed school days) and live.

Early childhood caries is epidemic in this country, and early risk assessment and preventive services for young children can prevent disease.

Progress toward achieving this objective can be reliably benchmarked and monitored using:

- National Maternal and Child Oral Health Resource Center, HRSA/MCHB
- Uniform Data System (UDS), HRSA/BPHC

Again, we urge you to add a new Core objective calling for an increase in the proportion of children who have access to a dental home.

NWS (Nutrition and Weight Status)

The ADA supports the Committee's proposed 2030 objective [NWS-2030-09](#), which calls for a reduction in the consumption of calories from added sugars in the population aged 2 years and older. This objective is identical to 2020 objective [NWS-17.2](#).

OA (Older Adults)

The ADA urges the Committee to retain 2020 objective [OA-7.4](#), which calls for an increase in the proportion of dentists with geriatric certification.

<u>OA-2030-NEW</u>	<u>Increase the proportion of older adults in long-term care facilities who have access to regular oral health assessments and treatment.</u>
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The ADA urges the Committee to add a new Research objective calling for an increase the proportion of older adults in long-term care facilities who have access to regular oral health assessments and treatment.

This new objective is more targeted than 2020 objective [OA-2](#), which calls for an increase the proportion of adults aged 65 and older who are up to date on a core set of clinical preventive services. It is also more focused than the currently proposed objective [AHS-2030-08](#), which calls for an increase the proportion of adults who receive appropriate evidence-based clinical preventive services.

By the year 2030, Federal Interagency Forum on Aging-Related Statistics projects that the number of U.S. adults 65 years or older will reach 72 million, representing nearly 20 percent of the total U.S. population.¹ These individuals are at increased risk for oral health problems for a number of reasons, including dry mouth (xerostomia), which can be a side effect of multiple medications.

Beyond 2020 objective [OA-7.4](#), which calls for an increase in the proportion of dentists with geriatric certification, little is known about the proportion of older adults in long-term care facilities who have access to regular oral health assessments and treatment. Evidence-based interventions are available, but baseline data need to be developed.

We stand ready to work with you to explore how this objective can be reliably benchmarked and monitored. In the meantime, we urge you to add a new Research objective calling for an increase the proportion of older adults in long-term care facilities who have access to regular oral health assessments and treatment.

OH (Oral Health)

The ADA is pleased that the Committee proposed to retain oral health as a separate and distinct topic area for Healthy People 2030, with 11 Core objectives and one Developmental objective. Oral health has been a focus of Healthy People since its inception in 1990 and its inclusion has inspired dynamic and highly effective collaborations involving the private sector, the public health community, government, philanthropy and our medical colleagues.

The last iteration of Healthy People was the first time that oral health was acknowledged as a leading health indicator. It reflected the dramatic shift in the way people view oral health—as a part of overall health and well-being. By continuing this focus in Healthy People 2030, the Committee will continue inspiring remedies to what former United States Surgeon General David Satcher referred to as the “silent epidemic” of untreated oral disease in America.

The ADA supports all of the oral health objectives proposed for inclusion in Healthy People 2030.

- [OH-2030-01](#), which calls for a reduction in the proportion of children and adolescents aged 3 to 19 years with lifetime tooth decay experience in their primary or permanent teeth. This objective is similar to Healthy People 2020 objective [OH-1](#) and its sub-objectives addressing children aged 3 to 5 years ([OH-1.1](#)), 6 to 9 years ([OH-1.2](#)) and 13-15 years ([OH-1.3](#)).
- [OH-2030-02](#), which calls for a reduction in the proportion of children and adolescents aged 3 to 19 years with active and currently untreated tooth decay in their primary or permanent teeth. This objective is similar to Healthy People 2020 objective [OH-2](#) and its sub-objectives addressing children aged 3 to 5 years ([OH-2.1](#)), 6 to 9 years ([OH-2.2](#)) and 13-15 years ([OH-2.3](#)).
- [OH-2030-03](#), which calls for a reduction in the proportion of adults aged 20 to 74 with active or currently untreated tooth decay. This objective is similar to Healthy People 2020 objective [OH-3](#) and its sub-objectives addressing adults aged 35 to years ([OH-3.1](#)) and 65 to 74 years ([OH-3.2](#)).
- [OH-2030-04](#), which calls for a reduction in the proportion of adults aged 75 years and older with untreated root surface decay. This objective is similar to Healthy People 2020 objective [OH-3](#) and its sub-objective addressing adults aged 75 years and older ([OH-3.3](#)).
- [OH-2030-06](#), which calls for a reduction in the proportion of adults aged 45 and older who have moderate and severe periodontitis. This objective is similar to Healthy People 2020 objective [OH-5](#), which addressed adults aged 45 to 74 years.
- [OH-2030-07](#), which calls for an increase in the proportion of oral and pharyngeal cancers detected at the earliest stage. This objective is identical to Healthy People 2020 objective [OH-6](#).
- [OH-2030-08](#), which calls for an increase in the proportion of children, adolescents, and adults who use the oral health care system. This objective is identical to Healthy People 2020 objective [OH-7](#).

- [OH-2030-09](#), which calls for an increase in the proportion of low income youth who have a preventive dental visit. This objective is similar to Healthy People 2020 objective [OH-8](#), which calls for an increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.
- [OH-2030-10](#), which calls for an increase in 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. This objective is similar to Healthy People 2020 objective [OH-12](#) and its sub-objectives addressing children aged 3 to 5 years ([OH-12.1](#)), 6 to 9 years ([OH-12.2](#)) and 13-15 years ([OH-12.3](#)).
- [OH-2030-11](#), which calls for an increase in the proportion of the U.S. population served by community systems with optimally fluoridated water systems. This objective is identical to Healthy People 2020 objective [OH-13](#).
- [OH-2030-D01](#), which calls for an increase the number of states and the District of Columbia that have an oral and craniofacial health surveillance system. This objective is identical to Healthy People 2020 objective [OH-16](#).

OH-2030-05	Reduce the proportion of adults aged 45 and older who have lost all of their natural teeth.
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The ADA supports the Committee’s proposed Core objective [OH-2030-05](#), which calls for a reduction in the proportion of adults aged 45 and older who have lost all of their natural teeth. This objective is similar to 2020 objective [OH-4.2](#), which calls for a reduction in the proportion of adults aged 65 to 74 years who have lost all of their natural teeth.

We urge you to create several sub-objectives singling out three distinct age groups: (1) adults aged 45 to 64 years, (2) adults aged 65-74 years (as is currently in 2020 objective [OH-4.2](#)) and (3) adults aged 75 years and older.

Tiering the age groups will enable policy makers, public health officials, researchers and others to more easily target interventions based on whether the adults grew up in environments before or after certain preventive measures were in place.

For example, fluoridation of community water supplies began in 1945. Adults aged 45-64 years are far more likely to have lived in communities with fluoridated water than those aged 75 years and older. A high rate of edentulism in the younger group might suggest that their complete tooth loss is attributable to other factors (e.g., poverty, poor oral hygiene, the lack of a dental home, etc.). The data trends would lead to new questions about which public health strategies are working and which are not.

The National Health and Nutrition Examination Survey (NHANES) would continue to be the most reliable data source to measure progress toward achieving these objectives.

Again, we support the Committee’s proposed Core objective [OH-2030-05](#), which calls for a reduction in the proportion of adults aged 45 and older who have lost all of their natural teeth. We urge you to create several sub-objectives singling out three distinct age groups: (1) adults aged 45 to 64 years, (2) adults aged 65-74 years (as is currently in [OH-4.2](#)) and (3) adults aged 75 years and older.

OH-2030-NEW

Reduce the number of emergency department visits for dental pain.

The ADA urges the Committee to add a new Developmental objective calling for a reduction in the number of emergency department visits for dental pain.

The lack of appropriate dental care for people across the economic spectrum is leading to an increase in the number of non-traumatic dental-related visits to hospital emergency departments (EDs). There are more than 2 million visits every year to hospital EDs for dental pain, which cost the healthcare system \$1.7 billion annually.

While EDs can provide pain relief and treat infection, few hospitals have dentists on staff and are not able to provide comprehensive dental care. Patients are typically prescribed painkillers or antibiotics. This does not treat the underlying cause of the problem, and 39 percent of these patients return to the ED.

The ADA is working with American College of Emergency Physicians (ACEP) to implement programs for moving patients with dental-related pain from the ED to the dental chair. By connecting patients with comprehensive dental care—and treating the underlying cause of their dental pain—these programs break the cycle of patients returning to the ED for more painkillers to temporarily treat the same dental problem.

ACEP has already surveyed over 1,200 of its members to identify locations with effective dental partnerships and contacts.

Progress toward achieving this objective can be reliably benchmarked and monitored using:

- Annual Survey of Emergency Department Physicians, ACEP
- National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS

Again, we urge the Committee to adopt a new Developmental objective calling for a reduction in the number of emergency department visits for dental pain.

OPIOIDS

The ADA supports the Committee’s proposed 2030 objectives to prevent opioid misuse, including:

- [OPIOID-2030-07](#), which calls for a reduction in the proportion of prescription pain reliever misuse.
- [OPIOID-2030-08](#), which calls for a reduction in the proportion of prescription pain reliever misuse initiation.
- [OPIOID-2030-10](#), which calls for a reduction in overdose deaths involving opioids among all persons.
- [OPIOID-2030-D02](#), which calls for a reduction in the rate of opioid-related emergency department visits.

SU (Substance Use Disorders)

The ADA supports the Committee's proposed 2030 objectives to prevent alcoholism, drug addiction and other substance use disorders, including:

- [SU-2030-12](#), which calls for a reduction in the past-year misuse of prescription drugs. This objective is nearly identical to 2020 objective [SA-19](#) and its sub-objective [SA-19.1](#), which is focused on pain relievers specifically.
- [SU-2030-13](#), which calls for a reduction in the proportion of people with alcohol use disorder in the past year.
- [SU-2030-15](#), which calls for a reduction in the proportion of people with an illicit drug use disorder in the past year.
- [SU-2030-D02](#), which calls for an increase in the proportion of persons who are referred for follow up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department. This objective is similar to 2020 objective [SA-10](#), which calls for an increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI).
- [SU-2030-R01](#), which calls for an increase in the proportion of adolescents who perceive great risk associated with substance abuse. This objective is identical to 2020 objective [SA-4](#). It is also peripherally related to 2020 objective [SA-3](#), which calls for an increase in the proportion of adolescents who disapprove of substance abuse.

TU (Tobacco Use)

The ADA urges the Committee to:

- Retain 2020 objective [TU-9.3](#), which calls for an increase in tobacco screening in dental care settings.
- Retain 2020 objective [TU-10.3](#), which calls for an increase in tobacco cessation counseling in dental care settings.

Otherwise, the ADA supports the Committee's proposed 2030 objectives to prevent tobacco use, including:

- [TU-2030-10](#), which calls for an increase the proportion of adult smokers who receive advice to quit from a health professional. This is similar to several 2020 objectives.

While Healthy People 2020 objective [TU-9](#) calls for an increase in tobacco screening in health care settings, objective [TU-9.3](#) calls for an increase in tobacco screening in dental care settings specifically. Again, we urge you to retain 2020 objective [TU-9.3](#) as written.

Also, while Healthy People 2020 objective [TU-10](#) calls for an increase in tobacco cessation counseling in health care settings, objective [TU-10.3](#) calls for an increase in

tobacco cessation counseling in dental care settings specifically. Again, we urge you to retain 2020 objective [TU-10.3](#) as written.

- [TU-2030-18](#), which calls for an increase the national average tax on cigarettes. This objective is similar to 2020 objective [TU-17](#), which calls for an increase in the federal and state taxes on tobacco products. [TU-17](#) also includes several sub-objectives focusing on cigarettes ([TU-17.1](#)), smokeless tobacco products ([TU-17.2](#)) and other smoked tobacco products ([TU-17.3](#)).
- [TU-2030-19](#), which calls for a reduction in the proportion of adolescents in grades 6-12 who are exposed to tobacco product marketing. This objective is identical to 2020 objective [TU-18](#). Further, [TU-18](#) contained four sub-objectives focused on Internet marketing ([TU-18.1](#)), magazines and newspapers ([TU-18.2](#)), movies and television ([TU-18.3](#)) and point-of-purchase ([TU-18.4](#))
- [TU-2030-20](#), which calls for a reduction in the number of states, the District of Columbia, and territories that establish 21 years as the minimum age for purchasing tobacco products.