

**Testimony of Dr. Bruce L. Cassis, D.D.S., MAGD
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Subcommittee on Health**

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**“Enhancing Public Health: Legislation to Protect Children and Families”
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Chairwoman Eshoo, Ranking Member Guthrie, and members of the Committee thank you for the opportunity to testify before you today. It is an honor to have the chance to talk about the importance of enhancing public health through legislation focused on oral health literacy.

My name is Dr. Bruce Cassis, and I am a general dentist from Fayetteville, West Virginia. I am testifying today on behalf of the Academy of General Dentistry (AGD), and I currently serve as the president of AGD. As part of my truth in testimony, I would like to disclose that I am a fiduciary of Cassis Dental Center, PLLC.

Founded in 1952, AGD has over 40,000 members from across the United States and is the only professional association that exclusively represents the needs and interests of general dentists. As the country’s second-largest dental association, AGD works to promote oral health to the public and to foster general dentists’ continued proficiency through quality continuing education. General dentists are the primary care dental providers that diagnose, treat, and manage a person’s overall oral health care needs from childhood to old age.

On behalf of the AGD and its member dentists, I want to reiterate our commitment to delivering quality dental care to patients of all ages and advocating for optimal oral health for all Americans throughout their lifetime. I am incredibly pleased that the Committee is highlighting the significance of oral health literacy as a component of enhancing public health.

The American Dental Association (ADA) defines oral health literacy as “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate oral health decisions.”¹ I firmly believe that oral health literacy is a vital part of the foundation for a lifetime of wellness.

Individuals with limited oral health literacy levels are at the highest risk for oral diseases and the problems related to those diseases. People with limited oral health literacy often do not recognize problematic dental conditions at an early stage and consequently are less likely to seek care for their condition.² If we can be successful in raising someone’s oral health literacy, they may be able to follow instructions from their dental care provider better, maintain the benefit of dental treatments, and look after their own oral health in the future.

Unfortunately, the public remains largely unaware of the connection between oral health and overall well-being. Oral disease left untreated can result in pain, disfigurement, loss of school and workdays, nutrition problems, expensive emergency department use for preventable dental

¹ American Dental Association. Health Literacy in Dentistry. <https://www.ada.org/en/public-programs/health-literacy-in-dentistry>

² Baskaradoss J. K. (2018). Relationship between oral health literacy and oral health status. *BMC oral health*, 18(1), 172. <https://doi.org/10.1186/s12903-018-0640-1>

conditions, and even death. Reducing the incidence of dental disease among America's children through oral health literacy needs to be embraced by schools and school systems since it can boost students' academic performance, improve their overall health, and lessen the burden of parents, caregivers, and the dental Medicaid system.

In February 2007, Deamonte Driver, a 12-year-old resident of Prince George's County, Maryland, died because of an untreated tooth infection. His tragic death led to the formation of the Maryland Dental Action Committee (MDAC) and the Maryland 5-year state oral health plan (MOHP). These efforts in Maryland focused heavily on oral health literacy and education. They provided opportunities for partners at different levels of government, academia, social service, and the private sector to work together toward the same goals and objectives.³ This tragedy underscored the need to address the devastating oral health conditions of underserved populations and integrate oral health literacy into health promotion and disease prevention efforts as a matter of policy at the local, state, and federal levels.

Increasing utilization of care requires a significant and concentrated effort toward improving oral health literacy, especially among underserved populations. Increased oral health literacy will allow Americans to see the value of dental care, ask for services when they visit their dentist, and enable communities to develop a culture of oral health as a priority that they should work to achieve.

The Silent Epidemic of Poor Oral Health Persists

Although largely preventable, oral diseases ranging from dental caries (or cavities) to oral cancers cause pain and disability for millions of Americans. The impact of these diseases does not stop at the mouth and teeth. A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke.⁴ In pregnant women, poor oral health has also been associated with premature births and low birth weight. These conditions may be prevented in part with regular visits to the dentist.

Tooth decay continues to be one of the most common chronic diseases affecting children. While significant progress has been made in reducing the rate of untreated tooth decay among school-aged children (5-19), around 13.2% of kids have untreated dental caries.⁵ If left untreated, tooth decay in children can result in difficulties related to proper nutrition, communication, and performance in school.

When we look at the U.S. working-age adult population (20-64), approximately one in four have untreated dental caries. Among older Americans (65+), roughly one in five has untreated decay. The Centers for Disease Control and Prevention (CDC) estimates that, on average, over 34

³ Horowitz, A.M., Kleinman, D.V., Goodman, H.S. *et al.* A Multi-level, Multi-Sector Oral Health Literacy Initiative to Reduce Oral Health Disparities and Achieve Health Equity: Early Lessons from the Maryland Model. *Curr Oral Health Rep* 3, 155–163 (2016). <https://doi.org/10.1007/s40496-016-0092-0>

⁴ U.S. Department of Health and Human Services, (2000). *Oral Health in America: A Report of the Surgeon General*. National Institute of Dental and Craniofacial Research, National Institutes of Health. Rockville, MD. <https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf>

⁵ National Center for Health Statistics (US). *Health, United States, 2019*. Hyattsville, MD: National Center for Health Statistics (US); 2021. Table 28, Untreated dental caries, by selected characteristics: United States, selected years 1988–1994 through 2015–2018. <https://www.cdc.gov/nchs/data/hus/2019/028-508.pdf>

million school hours and more than \$45 billion in productivity are lost each year because of dental emergencies requiring unplanned care.⁶

It is important to note that there are significant disparities within our country regarding tooth decay. These disparities are particularly pronounced when examining socioeconomic status, various racial/ethnic groups, and levels of educational attainment. Nearly twice as many non-Hispanic Black or Mexican American adults have untreated cavities as non-Hispanic White adults. Adults with less than a high school education are almost three times as likely to have untreated cavities as adults with at least some college education.⁷ For adults below 100% of the poverty level, 41.3% aged 20-44 and 52.1% aged 45-64 have untreated tooth decay. We see a roughly 10% reduction in the incidences of untreated caries among U.S. adults for every 100% increase above the poverty level.⁸

Utilization of the U.S. Oral Health Care System is Lagging

According to the latest data from the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality, less than half of Americans (45.7%) visited the dentist in 2018.⁹ The percentage of our population with an annual dental visit has only risen 1.7% since 2003. Between 2003 and 2018, the percentage of Americans visiting the dentist was frequently below the baseline recorded in 2003. This lack of progress on getting folks in to see the dentist is startling and cannot continue as we work to improve oral health in our nation.

Unsurprisingly, significant disparities also exist between racial/ethnic groups regarding utilization of the oral health care system. While 52% of non-Hispanic White individuals were able to visit a dental provider in 2018, only around 34% of Hispanic and non-Hispanic Black individuals saw a dentist in the same year. While the causal factors associated with these disparities are multifaceted, it is safe to assume that these lower utilization rates significantly exacerbate oral health inequality in America.

Efforts to Advance Oral Health Literacy in America

I am incredibly grateful to be here today to discuss an essential piece of legislation, the *Oral Health Literacy and Awareness Act of 2021* (H.R.4555), to help us make strides towards developing and implementing strategies to improve the oral health of American families and children. I thank Representatives Cárdenas and Bilirakis for introducing this strong bipartisan piece of legislation

AGD strongly supports this legislation alongside our allies from the dental community, including the American Dental Association, the American Academy of Dental Group Practice, the American Academy of Oral and Maxillofacial Pathology, the American Academy of Oral and

⁶ U.S. Centers for Disease Control and Prevention. *Oral Health Conditions*. Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion <https://www.cdc.gov/oralhealth/conditions/index.html>

⁷ U.S. Centers for Disease Control and Prevention. *Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016*. US Dept of Health and Human Services; 2019. <https://www.cdc.gov/oralhealth/publications/OHSR-2019-index.html>

⁸ National Center for Health Statistics (US). *Health, United States, 2019*. Hyattsville, MD: National Center for Health Statistics (US); 2021. Table 28, Untreated dental caries, by selected characteristics: United States, selected years 1988–1994 through 2015–2018. <https://www.cdc.gov/nchs/data/abus/2019/028-508.pdf>

⁹ Manski, R., Rohde, F., and Ricks, T. *Trends in the Number and Percentage of the Population with Any Dental or Medical Visits, 2003–2018*. Statistical Brief #537. October 2021. Agency for Healthcare Research and Quality, Rockville, MD. https://meps.ahrq.gov/data_files/publications/st537/stat537.pdf

Maxillofacial Radiology, the American Academy of Periodontology, the American Association for Dental, Oral, and Craniofacial Research, the American Association of Endodontists, the American Association of Oral and Maxillofacial Surgeons, the American Association of Orthodontists, the American Association of Women Dentists, the American College of Prosthodontists, the American Dental Education Association, the American Society of Dentist Anesthesiologists, the American Student Dental Association, and the Hispanic Dental Association.

The *Oral Health Literacy and Awareness Act* would authorize the Health Resources and Services Administration (HRSA) to develop and test evidence-based oral health literacy strategies capable of reaching across vulnerable populations to provide oral disease prevention education through a 5-year oral health literacy campaign. This legislation is the appropriate response to the troubling findings on our nation's oral health status and oral health care system utilization.

The strategies HRSA would be directed to implement will directly improve oral health care education, including education on preventing oral diseases such as early childhood and other caries, periodontal disease, and oral cancer. The multi-year initiative would focus specifically on children, pregnant women, parents, older adults, people with disabilities, and racial and ethnic minorities.

A critical yet often overlooked challenge with health literacy messaging is that the language used is overly technical or does not resonate with its intended audiences. Fortunately, the *Oral Health Literacy and Awareness Act* specifically directs HRSA to communicate with target populations in a culturally and linguistically appropriate manner. I believe this will make a substantial difference in the effectiveness of this initiative by HRSA to increase oral health literacy.

The proposed public education campaign is innovative in its explicit focus on building an evidence base for oral health literacy and awareness strategies. A past challenge in the realm of oral health literacy has been a lack of actionable data and evidence as to how effective a message or means of delivering that message is at producing measurable outcomes. This bill would ensure those metrics are developed and documented so that Congress and the Administration can reliably evaluate this initiative as it progresses.

I believe that placing this program at HRSA will allow for a leaner and more efficient program focused on specific vulnerable populations, which are most susceptible to adverse oral health conditions. While the various HRSA divisions all have individual oral health components, this has sometimes led to siloing oral health efforts within each division. Hopefully, this program would help bring these divisions together and create a proof of concept for future, more extensive federal-level oral health literacy efforts. The smaller size of the agency will also be beneficial in facilitating oversight of the effort by the relevant Congressional committees such as this one. A final, more practical consideration for why HRSA is the ideal candidate for this initiative is that the agency received funding mandates in its appropriations for fiscal years 2019, 2020, and 2021 to develop an oral health awareness and education campaign.

HRSA has demonstrated a commitment to improving oral health among the most vulnerable populations and has historically had a robust oral health agenda. I believe their efforts to achieve this goal will be bolstered by integrating effective oral health literacy strategies. However, fundamental advances in oral health literacy must be driven by collaboration between

professional organizations, community organizations, other private entities, and governmental entities, which I hope would be facilitated as a component of this potential program at HRSA.

Ultimately, it is still crucial to recognize that a patient's awareness of the importance of their oral health is not the same as actually seeking or receiving care. We need to turn oral health literacy into healthy behaviors and patient action. Education must be coupled with addressing the psychological factors that may inhibit some from seeking oral health care. This includes:

- Helping the public understand that most prevalent dental diseases are entirely preventable, and prevention is relatively inexpensive. A prevention model encourages regular check-ups to detect problems before they become bigger, more costly difficulties.
- Ensuring that health care delivery considers cultural diversities that might affect patient perceptions.
- Establishing patient navigators within communities to provide hands-on education about oral health and provide social services, including transportation, to convert health literacy into action.

In conclusion, I would like to thank the Committee for highlighting oral health literacy as a priority public health concern, and I urge Congress to recognize that oral health literacy should be an integral part of national health policy. Advancing the *Oral Health Literacy and Awareness Act* would be a welcome step in that direction. I hope it will lead to increased funding and other practical support for oral health literacy-related education, research, and interventions at the federal level.

As Congress seeks solutions to improve our nation's oral health status, AGD, the National Advisory Committee on Health Literacy in Dentistry of the American Dental Association, and the entire dental community stand ready to work with you. The matter is complex, but there are a variety of ways to combat the current barriers to better oral health care, including oral health literacy. The bottom line is that we must remain focused on the best interests of the patient. Dentistry works best as a prevention system, with a dental team providing care from start to finish.

Thank you again for this opportunity to testify before you today.