

# National Oral Health Objectives

When looking at the burden of oral disease, it is important to take into consideration the objectives developed by the nation to improve people's health; more specifically, those of the Healthy People 2010 (HP2010).

The federal Department of Health and Human Services published the first Healthy People document in 1979, and it contained objectives for the year 2000. It was developed through a broad consultation process, built on the best scientific knowledge and designed to measure public health programs over time. The Healthy People objectives can be used by states, communities, professional organizations, and others to develop programs to improve the public's health.

The overarching goals of HP2010 are to: 1) increase quality and years of healthy life, and 2) eliminate health disparities.[6] HP2010 also acknowledges that most of the activities associated with the core public health functions of assessment, assurance, and policy development occur at the state level. HP2010 includes evidence-based and cost-effective activities that can lead to better oral health, such as community water fluoridation and school-based or school-linked dental sealants programs. Table 1 shows Washington State's current progress towards the HP2010 oral health objectives.

**Table 1:** National objectives for oral health and current status in Washington State.

Oral Health Indicators	National Objectives		
	Healthy People 2010	WA State Status	Data Source and Year
<b>21.1 Dental caries experience</b>			
Young children, ages 2-4	11%	45%	Smile Survey (2005)
Children, ages 6-8	42%	59%	Smile Survey (2005)
Adolescents, age 15	51%	—	—
<b>21.2 Untreated caries</b>			
Young children, ages 2-4	9%	25%	Smile Survey (2005)
Children, ages 6-8	21%	20%*	Smile Survey (2005)
Adolescents, age 15	15%	—	—
Adults, ages 35-44	15%	—	—
<b>21.3 Adults with NO tooth loss, ages 35-44</b>	42%	71%*	BRFSS (2004)
<b>21.4 Adults who lost ALL teeth, ages 65-74</b>	20%	14%*	BRFSS (2004)
<b>21.5 Periodontal (gum) diseases</b>			
Gingivitis, ages 35-44	41%	—	—
Destructive periodontal diseases, ages 35-44	14%	—	—
<b>3.6 Oro-pharyngeal cancer death rate per 100,000 (age-adjusted)</b>	2.4	3.1%	WA Cancer Registry (2003)
<b>21.6 Oral and pharyngeal cancers detected at earliest stages</b>	50%	43%	WA Cancer Registry (2003)
<b>21.7 Oral and pharyngeal cancer exam within past 12 months, age 40+</b>	20%	—	—

Oral Health Indicators	National Objectives		
	Healthy People 2010	WA State Status	Data Source and Year
<b>21.8 Dental sealants</b> Children (1st molars), ages 6-8 Adolescents (1st & 2nd molars), age 14	50% 50%	44% ---	Smile Survey (2005) ---
<b>21.9 Population served by fluoridated water systems</b>	75%	58%	DOH Office of Drinking Water (2006)
<b>21.10 Dental visit within past 12 months</b> Children and adults ages 2+	56%	---	---
<b>21.11 Long-term care residents who use the oral health care system each year</b>	25%	---	---
<b>21.12 Low-income children and adolescents receiving preventive dental care during past 12 months, ages 0-18</b>	57%	---	---
<b>5.15 Diabetics with annual dental examinations [18+]</b>	75%	60%	BRFSS (2004)
<b>21.13 School-based health centers with oral health component, K-12</b>	---	0%	---
<b>21.14 Community-based health centers and local health departments with oral health components</b>	75%	100%* LHJs, 57% CMHCs	---
<b>21.15 System for recording and referring infants and children with cleft lip and cleft palate</b>	100% of states and District of Columbia	Yes*	---
<b>21.16 Oral health surveillance system</b>	100% of states and DC	Yes*	---
<b>21.17 Tribal, state, and local dental programs with a public health trained director</b>	100% of states and DC	10% (state and three local)	---
<b>1.8 Increase racial and ethnic representation in health professions (dentistry)</b>	a) Alaska Native: 1% b) Asian: 4% c) African American: 13% d) Latino: 12%	---	---

*Note: Sources and years in which data were collected differ for national and state data; therefore, comparisons need to be done with caution.*