

Healthy Mouths > Healthy People > Strong Communities

December 2, 2019

Ohio Senate Education Committee 1 Capitol Square Columbus, Ohio 43215

Senate Education Committee:

Thank you for the opportunity to provide written proponent testimony on SB 121, which would require certain health education standards to be adopted by the State Board of Education.

Oral Health Ohio is focused on improving the oral health of Ohio's children and families though advocacy, education and program coordination. Our work's impact means greater knowledge to create better policies, more access to oral health care and a renewed perspective of how oral health affects both overall health as well as our communities' prosperity.

Health education is integral to the primary mission of schools. It provides students with a continuum of learning experiences to develop the knowledge and skills necessary to become successful learners and health literate adults. Health literacy is a fundamental part of the school health education program and is essential to the health and wellness of each student.

Adoption of health education standards has the opportunity to influence oral health outcomes for children because a model health education program will include oral health. Oral health integrated into school health education standards has the opportunity to:

- 1. Create greater oral health literacy among a population of high-risk children
- 2. Build lifelong knowledge, skills, and habits essential to oral health
- 3. Address powerful determinants of oral disease such as family and peer influences

Dental caries (cavities) is the number one chronic condition facing children in the US. For far too many children in Ohio, untreated oral disease is a formidable barrier to lifelong health and academic success. The burden of this chronic disease is felt disproportionately among children who are minorities, from families with low incomes and children with disabilities. For these children, the daily reality is persistent dental pain, endurance of dental abscesses (infection in the mouth), inability to chew foods well, embarrassment about discolored and damaged teeth and distraction from play and learning.

According to the Ohio Department of Health, Third Grade Oral Health Screening Survey, 2013-15 found that:

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- 1. Fifty one percent of children tooth decay in their primary (baby teeth) or permanent teeth. This means that they either had a filling or crown, had a cavity that had not yet been treated, or had a tooth that had been extracted (pulled) due to decay.
- 2. Seventeen percent had cavities that had not been treated.
- 3. Ten percent reported having had a toothache in the past six months.

Health education is also a unique and separate academic discipline. It influences individual, family and societal development, knowledge, attitudes, and behavior. It seeks the improvement of individual, family and community health. Health education in schools is essential to equip students with the knowledge and skills to promote health. Students who have health knowledge and skills have better health status and as adults will be better prepared to contribute to the nation's economic competitiveness.

Acute pain from dental caries (cavities) has a strong effect on children, families and systems that is often equal to and sometimes greater than the effect of asthma. Early tooth loss caused by tooth decay can result in failure to thrive, impaired speech development and reduced self-esteem.

Adoption of health standards provides the opportunity to include oral health learner objectives in a model health education program including:

- Anatomy and physiology of the mouth
- Oral disease and how to prevent it
- Effective oral hygiene practices such as brushing, flossing and drinking fluoridated water
- The effects of tobacco, "vaping," smokeless tobacco, alcohol, and other drugs on oral health
- Diet and nutrition
- Safeguarding teeth and preventing oral injuries
- Accessing a dental home

Because oral disease is largely preventable – and costly when treatment is delayed – health education standards in elementary and secondary schools have become common denominators in reaching children at risk for oral disease.

Thank you for taking the time to review this information in support of SB 121. On behalf of Oral Health Ohio, I encourage passage of this important legislation.

Respectfully,

Marla Morse Program Director Oral Health Ohio

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