

Transforming Oral Health: An Analysis Of Public Policies Worldwide

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Abstract:

Summary: The objective of this scientific literature review article was to prepare a scientific literature review article on public policy management in oral health in health establishments, where written information was analyzed through scientific articles and with descriptive design. This article was worked on based on the following sources of information: Wos, Proquest and Scienci direct, being a conglomerate of 40 articles indexed in English and Spanish. These information documents were analyzed according to the selection and inclusion criteria determined such as the year of seniority and relevant information, so information was collected from scientific articles during the period 2019-20223. Where scientific evidence and comparisons of public policies in oral health were analyzed, which has allowed us to know and have a better understanding of issues regarding the management of public policies, serving as a source of knowledge for different areas of our society. The analysis of these sources allowed us to examine scientific evidence and make comparisons on public policies in oral health, which has enriched understanding and provided a deeper perspective on the management of these policies. This work becomes a valuable source of knowledge for various sectors of our society. Thus, the present literature review offers a complete and updated vision of how public policies are influencing and transforming oral care in health centers. The careful selection of articles from a recent period, in English and Spanish, guarantees a wide and varied coverage of perspectives and findings in this field. This study not only enriches the understanding of public policy management in the field of oral health, but also serves as a fundamental resource to inform and guide future policies and practices in the health sector. In this way, it contributes significantly to the existing literature, providing a solid basis for future research and health policy decision-making.

Key words: Oral health, public policy, decision-making, public management

I. INTRODUCTION

In the public management of oral health, there is a lack of design of an adequate strategic plan, which prioritizes the investment of a long-term budget in public health programs and transforms the pathways of implementation to help those who need it most to access oral health services. Stennett & Tsakos (2022) highlight that the COVID-19 pandemic has

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exacerbated international inequalities in oral health, underscoring the need to prioritize investment in public health programs and transform service delivery methods to improve access, especially for those most in need.

Therefore, it is essential that oral health policies are designed and implemented taking into account the cultural, economic and social specificities of each country.

The case of Brazil, as pointed out by Amorim et al (2019), illustrates how a well-implemented policy can significantly improve the management and delivery of oral health services, since the launch of the National Oral Health Policy, the number of oral health services increased from 20.5% in 2003 to 52.1% in 2018, indicating the great expansion of the oral health service in Brazil. The National Oral Health Policy proposed a regular protocol to evaluate the quality and care of the service provided, where the implementation of the evaluation process in primary care was consolidated through a primary care plan, improving the administrative management of public hospitals.

This implies that oral health strategies should not only focus on expanding access and improving the quality of service, but also on addressing the social and economic determinants that influence oral health.

Lapuente & Van de Walle (2020) In order to develop adequate public policy management in oral health, it is important to develop governance, where the purpose is to be able to ensure that an organization or association fulfills its general purpose, achieves the expected results for people, and operates effectively, efficiently and ethically.

In this perspective, Duangthip et al (2021) demonstrate that effective strategies that include oral health policies and guidelines are required to optimize people's oral health, and it is essential to develop risk assessment campaigns, a control plan and an oral health prevention regimen in a meticulous way

The management of public policies related to oral health dates back to conceptual models of the early 1980s – based on the International Classification of Impairments, Disabilities and Handicaps (ICDM) – and has experienced rapid growth since the mid-1990s. Since that time, various public management policies have been designed and implemented regarding oral disorders that affect functioning, improving the well-being of patients (Kranz et al., 2019).

In this perspective, policies must be inclusive, accessible and adapted to local expectations and regulations, thus ensuring a comprehensive and effective approach to oral health management.

For Murillo & Agudelo (2019), social-economic policies are sectoral plans for oral health, which depend on the conditions of the country of origin and the country of destination, which should influence general health conditions.

In the same way, the World Health Organization (WHO) mentions that it is important for each country to apply different policies according to the oral health problem it faces, where the perception of quality of service is improved and favorable results can be obtained in people, so it is important that the policies that are developed are related to expectations and standards.

In this perspective, the WHO underlines the importance of adapting oral health policies to the specific problems and needs of each country, seeking to improve the perception of the quality of the service and achieve positive results in the population.

Based on this, the general objective is to determine the impact of public policies on the oral health of various health facilities.

II. THEORETICAL FRAMEWORK

In Brazil, Cruz et al. (2019) investigated the possible factors associated with the management of public policies in the health service of Minas Gerais, Brazil, and their implications for oral health indicators. A descriptive analysis of the variables was

performed, followed by bivariate analyses between the independent variables and the dependent variable using Pearson's chi-square test. The independent variables selected for multivariate logistic regression were statistically significant at $p < 0.20$. In the final model, significant effects were identified for variables with $p < 0.05$. SPSS 23 statistical software was used. The organizational model of the oral health service formed through the implementation of modality II oral health teams had a positive influence on the inclusion of policies in the public health service of Minas Gerais, with an improvement in the oral health indicators of the municipalities in terms of care capacity.

In a similar perspective, Gómez et al. (2022) its objective was to evaluate the management of oral health policies applied in the years 2014-2016, the study was a mixed analysis where the results of a national intervention program were evaluated. Eleven stakeholders involved in the provision of oral health services (hygiene, treatment) to older people were interviewed, including two residential directors, four section directors, two nurses/carers and three dentists. The interviews were semi-structured, conducted in person at the residences or by telephone. To guide the interviews, a questionnaire developed along the domains and the model of Capacities, Opportunities and Motivations that influence Behaviors were used. In addition, 860 responses were collected from a questionnaire analysis. We identified 19 barriers, facilitators and conflicting issues related to capabilities, 34 to opportunities and 24 to motivation. All stakeholders confirmed that lack of access to professional dental care is a major constraint preventing better oral health. In our interviews, the lack of dentists willing to treat patients in these facilities was the most discussed barrier to improving the oral health of nursing home residents. Surveys showed that dentists highlighted the need for better incentives and facilities to provide oral health care at these institutions. So the designed model focused on more staff training, better financial incentives for dentists, and greater cooperation between the two stakeholders when designing interventions to address the oral health of nursing home residents in Germany

A study in Australia according to the authors Ingram et al. (2021) analyzed the development of the implementation of oral health policy management, the results of oral health research, showed us that within a public management the application of policies helped to control chronic diseases and improve the quality of life of affected people. To determine and identify policy impact, we analyzed five national policies with 268 individual references to organizational policies or documents ($n = 179$), peer-reviewed research ($n = 74$), gray literature ($n = 12$), or non-identifiable ($n = 3$).

Lyu, W., & Wehby, GL (2022) the effects of the COVID- pandemic in the United States, led to early restrictions in public management on access to oral health care, for the study using information from the National Survey of Children's Health, the authors compared various measures of children's oral health management and oral health care use at the beginning of the year. the pandemic in 2020 with 1 year earlier. Logistic regression models (multinomial or binary) were estimated, adjusting for several covariates of children and households and state fixed effects. To better understand, similar comparisons were made for 2019 relative to 2018 to assess pre-pandemic trends. The results showed, children in 2020 had 16% (relative risk index, 0.84; 95% CI, 0.75 to 0.93) less likely to have excellent dental health as perceived by parents and 75% (relative risk ratio, 1.75; 95% CI, 1.14 to 2.67) more likely to have poor dental health than in 2019. A deficiency in children's oral health management and access to care was observed early in the COVID-19 pandemic. To this end, it was recommended to measure the level of quality of care through the results of policies, where it is evident that oral health indicators have not been standardized, this

because there is no control of compliance with the activities of dental staff, evidencing that mostly due to the pandemic it has not been possible to comply with the support protocols during the process of quality of care.

(Olszewska et al., 2021) They carried out a research in which they compared data obtained from the National Regional Health Fund (NFZ) related to the public management of the oral health of children from 0 to 18 years of age in the Wielkopolska region, the analysis revealed differences in the profile of the clinical situations represented by the emergency cases and the protocols of attention of the pandemic. Future implications suggest that dental prophylactic procedures be included in pandemic protocols and even that dental services be limited to a form of urgent treatment. New approaches and treatment models in the control of the infectious spread of the disease must be implemented in the management of children's oral health in this pandemic period. The number of pediatric dental cases was low. In addition, the analysis revealed differences in the profile of the clinical situations represented by emergency cases and pandemic care protocols. Therefore, it was recommended to carry out new public management policies in the development of oral health.

(Amorim et al., 2020) In which the impact of Donabedian's process structure model was analyzed to improve the performance of public oral health services in Brazil, the model managed to improve the quality of health care. Secondary data from a national program obtained through interviews and observation in 2013/2014 were analyzed. Performance indicators were First Scheduled Dental Appointment (FDA) Coverage ($<$ or \geq mean) and Ratio of Completed Treatments to First Scheduled Dental Appointments (TC/FDA) ($<$ 1 or \geq 1). The structure was evaluated by the sum of the instruments, equipment and supplies available. Latent class analyses were used to identify similar groups, grouped according to the work process, which are assigned after the planning of actions, training, promotion of talks and intersectoral activities that improve comprehensive health care. The model generated better consolidated action planning and better structural conditions were associated with better performance. A higher frequency of TC/FDA was observed \geq 1 between the application of management policies with consolidated comprehensive health care and those that perform telehealth where structural conditions and the work process are improved had a better performance.

Regarding the conceptual description of public management policies, Liu & Geva-May (2021) mentions that public management policies are applied by different governments that respond to a given problem. In addition, public policies address the application of various guidelines that oppose social challenges, seeking to generate effective and sustainable solutions. These guidelines include strategies and programs specifically designed to improve the social, economic, and cultural conditions of communities. In doing so, public policies play a crucial role in promoting social welfare, equity, and justice, addressing critical issues such as education, health, employment, and sustainable development. Public policies address the application of various guidelines that oppose social challenges, seeking to generate effective and sustainable solutions. These guidelines include strategies and programs specifically designed to improve the social, economic, and cultural conditions of communities. In doing so, public policies play a crucial role in promoting social welfare, equity, and justice, addressing critical issues such as education, health, employment, and sustainable development (Leite et al., 2021). These social problems are those that threaten the well-being and prosperity of the population, i.e., health care, education, housing, and employment (Castanho et al., 2020).

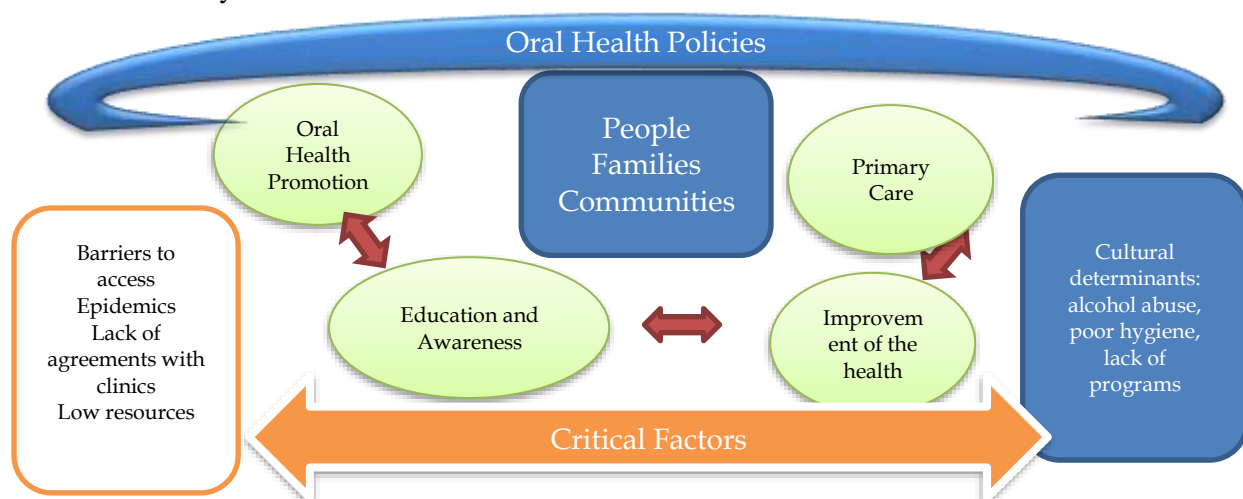
Liu & Geva-May (2021) and Leite et al. (2021) highlight that public management policies are fundamental tools used by governments to address specific problems. These policies include the implementation of a variety of guidelines and strategies aimed at addressing

social challenges, highlighting the importance and diversity of approaches needed in public management to respond effectively to the needs and problems of society.

Management policies in oral health are underpinned by economic, ethical, and social concerns in public health (Bastani et al., 2021). Therefore, different contingency measures have been adopted in the design of public management policies to improve health, designing various technical programs aimed at improving primary care, based on topics such as interventions, hygiene, and disease prevention (Riad et al., 2022; Su et al., 2022).

Figure 1

Oral Health Policy Model



Source: Authors' own creation

For Stennett & Tsakos (2022), the creation of a more equitable health care system that integrates oral health requires the inclusion of public policy strategies that address the recognition of the communicable and non-communicable attributes of these oral diseases, which can accelerate the adoption and scale-up of these initiatives. Cantarutti et al., (2022) Policy development is an important public health function and is required for the promotion of oral health and improvements in people, which is why it has become a fundamental role where many countries have designed a strategic plan to improve its efficiency. For Ramphoma et al (2022) mention the importance of emphasizing that national policies are based on the political priorities of a government where they seek to inform the nation about the objectives, vision, values and policies on social challenges, where an improvement of the common good is sought.

Cross-sectoral policies and actions

Intersectoral policies and actions are aimed at health promotion and disease prevention, being recognized as an effective way to insert oral health into the general context of health and other sectors, to reduce inequalities (Mukhari-Baloyi et al., 2021). According to Molete et al. (2021), actions in cooperation with the education sector are well described, while interaction with other sectors is more complex and receives less attention. Therefore, the content of an oral health plan must be oriented and the planning of health promotion and disease prevention actions. (Puett et al., 2022).

Promoting the development of oral health promotion

With regard to the promotion of the promotion of oral health, there must be prevention policies and a treatment plan for oral diseases, which must be supported by a

comprehensive oral health policy that is integrated into the country's National Health Policy, which in turn resembles the way of working in several countries around the world (Kachwinya et al., 2022)

In this perspective, Vieira-Meyer et al (2022) describe the intended policy as a roadmap in the quest to achieve optimal oral health for the population

That is why Molete et al. (2020) say that while public policies must ensure that a country's democratic values are respected and maintained, it is equally important that these policies respond to the challenges faced by society. That is why in the various nations an oral health policy plan is based on a bill, with the aim of taking advantage of reforms that improve equitable health coverage (Den Boer et al., 2020; Vieira-Meyer et al., 2022). Therefore, Barillas & Lee (2022) mention that oral health policies help us improve the poor performance of the health system and care

The Impact of Oral Health Legislation Guidelines

The work process of oral health care is affected by the legislation of each country, where the application of these public policies seeks to give people better access to care is influenced by the social determinants of health. That is why for (Kranz et al., 2019) the delivery of health promotion strategies at the population level has shown influence in reducing the prevalence of oral diseases where disparities are sought to be reduced. Also, Quadra et., al (2023). He mentions that oral health management systems strengthen disease prevention strategies in children and adults and work better with respect to effectiveness and efficiency.

(Galvão et al., 2022) for adequate public management shows us that the management of public policies in oral health must be developed based on the requirements of universal health coverage, in which medical personnel and citizens participate, which are factors of great value to expand the change of habits and the promotion of health. (Uchida et al., 2022) Each of the models that are implemented in different countries to improve oral health management is based on the motivation of health personnel, interprofessional integration and continuous training whose characteristics are important to improve work processes through individual contribution and strengthen interpersonal relationships where its widespread implementation could place adequate profiles of oral health managers in public institutions.

III. METHODOLOGY

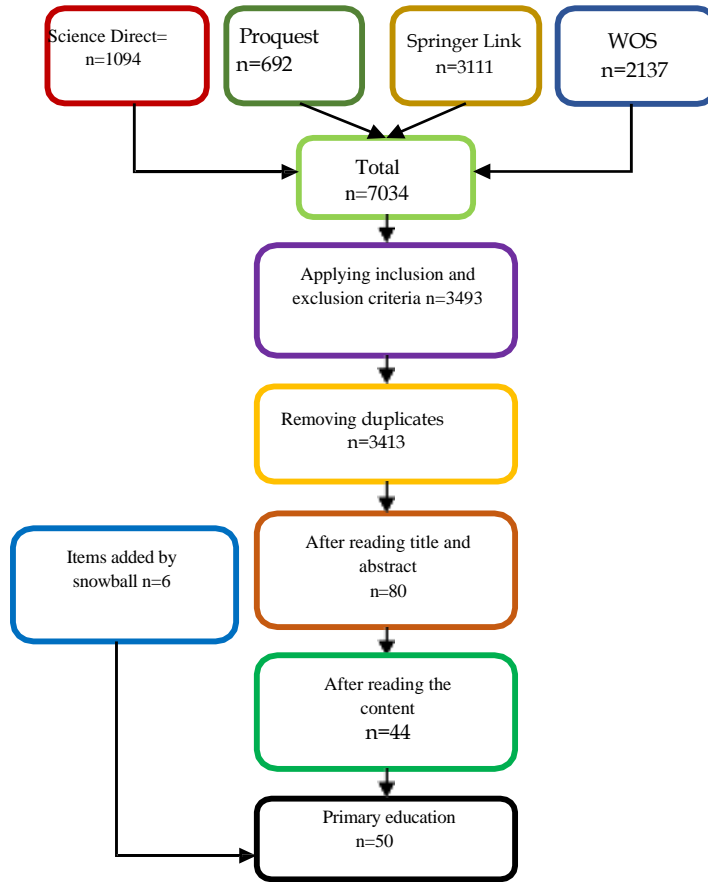
To continue with the selection of articles, the most refined filters will be applied in this way:

First filter: Reading of title and abstract: Subject to reading and review.

Second filter: Full Text: Finally, we proceed to the complete reading and analysis of the studies that passed the first filter

Once these last refined filters have been applied, the so-called snowball technique will be used, which consists of taking into account the references found in the filtered articles, which may provide more and/or better content to the systematic review and which have not been detected by the initial search strings.

Figure 1. Selection process



IV. RESULTS AND DISCUSSION

There is a wide variety of studies where various oral health policies have been applied, for example; Brazil: The effect of public policies on oral health seeks to be a trend in reducing inequality. However, at this stage of policy implementation, it is necessary to assess how policy implementation has contributed to the maintenance of high levels of inequality in access to dental consultation and what strategies are needed to overcome this challenge (Galvão & Roncalli, 2021; Peres et al., 2019; Xiao et al., 2019).

Therefore, we can highlight that the guidelines for oral health policies consist of the quality of service, social inequalities and training programs

In a similar perspective, a study in Israel analyzed dental health based solely on political and social considerations, since, it was considered for the design of an oral health program, it is important that oral health policies and guidelines should provide dental coverage and care to the entire adult population, where the economic implications should be evaluated. and would urge the government with its responsibility for the overall health of its population (Sgan-Cohen et al., 2019)

The study showed significant challenges in the oral health of nursing home residents,

especially in accessing professional dental care.

The need for better training, financial incentives for dentists, and greater cooperation among stakeholders was identified as crucial to improving oral health in these institutions.

For Dennison & Seward (2022) Oklahoma, the oral health policy improvement strategy was analyzed based on barriers to financial access, physical access to health care, and the workforce.

It was concluded that employers face the challenge of covering dental provider positions, discovering a staffing shortage.

In addition, health policies have led to the creation of oral health insurance as an equitable strategy, complying with all levels of quality of care. So possible solutions include efforts at all levels of government, innovations, providing care that takes into account short- and long-term oral health needs and recognizes the specific needs of the population (Arsad et al., 2023; Jain et al., 2023; McAuliffe et al., 2022)

National policy analysis in Oklahoma showed that implementing oral health policy management helped manage chronic diseases and improve quality of life.

This comprehensive, evidence-based approach underscores the importance of well-structured policies and their positive impact on oral health.

In the United Kingdom, health policies regarding oral services were being reformed in order to protect and strengthen the different guidelines put into practice to reduce oral diseases, however, one of its main problems was equity, the predominance of poor areas in each of the countries generating exclusion from the care of the service (Bashirian et al., 2022; by Sam Lazaro et al., 2022).

Table 1 Summary of Current Oral Health Policies in Different Countries

	Country	Current Policies and Plans Oral Health	Main challenges
ASIA	Israel	One of the highlights of the policy is that low-income seniors, those who may be eligible to receive a government pension, have the ability to access public dental care services. However, it is important to note that this care is not completely free, as a co-pay is often required. This means that even though some level of financial assistance is provided, patients are still required to contribute financially.	The Australian model of public dental care for older adults, therefore, represents a balance between providing assistance to those who need it and ensuring that services are sustainable. However, co-payment can work as a measure to moderate demand and ensure that available resources are distributed efficiently. What has to do in the future represents a barrier to access to dental services, especially for those in the most vulnerable segment such as the elderly population. (Sgan-Cohen et al., 2019)
	Hong Kong	The policy of Partial Coverage of Dental Treatments by the Medical Insurance System was carried out, this policy implies that the cost of several dental treatments is not completely absorbed by the patient, but that a part of these expenses is covered by the country's health insurance system. This partial coverage ranged from basic procedures such as cleanings and fillings, to more complex treatments such as crowns, bridges and prosthetics. One of the policies that had a big impact was the design of the "free dentures" programs, especially for low-income people. These programs are typically administered by government entities or through partnerships with nonprofits and community dental clinics.	Poor knowledge about oral health, economic barriers, perception of lower priority for oral health care by people with limited resources, including older adults. Limited Resources for Dental Care The National Health Commission issued a "Healthy Oral Action Plan (2019-2025)," which advocates for older adults to pay attention to their oral health, however, complaints were found especially in the case of older adults where economic barriers, such as the cost of dental treatments, can deter many from seeking preventive care or treatment for existing dental problems. This situation is further exacerbated when older adults do not perceive oral care as an urgent or priority need, possibly due to more immediate concerns or the misconception that dental problems are an inevitable part of aging (Kong Yang et., al., 2021)
America	Brazil	Oral health policies focused on providing preventive services and dental care that	The main barriers are: Limited access to dental services: Lack of dental facilities in certain areas, especially in rural or remote

	<p>Costa Rica</p> <p>Nicaragua</p>	<p>included regular exams, such as cleaning and treatment of fluoride and sealants, becoming a vital role in the prevention of cavities and periodontal disease. An important aspect of these policies is oral rehabilitation with partial and full dentures, this service is especially relevant for older adults who have lost teeth, as dentures significantly improve the ability to chew and speak, and have a positive impact on self-esteem and quality of life.</p>	<p>areas; Shortage of dentists or trained dental staff; Lack of awareness or knowledge about the importance of dental care and how to access dental services (Foote et al., 2023).</p> <p>Regarding inefficient bureaucracy: Delays in approving necessary treatments due to tedious administrative procedures; Lack of coordination and effective communication between different entities or departments responsible for the provision of health services. Inefficient distribution of resources, which can lead to a lack of equipment, medicines, or personnel in health services (Galvão & Roncalli, 2021; Peres et al., 2019; Xiao et al., 2019).</p>
	<p>Mexico</p> <p>United States</p>	<p>In Mexico: Dental care for individuals is usually a personal economic responsibility, however, in the case of older adults approximately 29.2% of them have dental health insurance, and this proportion tends to decrease with increasing age.</p> <p>As for Medicare, a federally funded health insurance program for older adults, its coverage is limited to certain oral surgical procedures and oral soft tissue injuries that are not dental in nature.</p>	<p>Low-income older adults face multiple barriers to accessing appropriate oral health care. Among these is difficulty in transportation, which can limit your ability to reach dental clinics. The cost of dental treatments represents a significant economic barrier, and is compounded by a lack of knowledge about available financial assistance programs. Not only do these challenges impede access to essential dental care, but they can also lead to a deterioration in the quality of life and overall health of older adults. On the other hand, Medicaid offers health care coverage to low-income people, but the inclusion of dental services in this coverage is optional and varies depending on each state's funding policies. This variability in dental coverage and access underscores a significant disparity in oral health care for older adults in the U.S., highlighting the need for more inclusive and uniform policies in this area (Dennison & Seward, 2022, Arsad et al., 2023; Jain et al., 2023; McAuliffe et al., 2022)</p>
<p>Europe</p>	<p>Switzerland</p>	<p>Dental care is excluded from basic health insurance. Although there are oral health policies that benefit children and adults, the lack of inclusion of older adults in these policies highlights a neglect of this crucial demographic.</p>	<p>The country has created a patchwork of health policies that affect uniformity and equity in the delivery of oral health services. This independence between different states means that there is no unified approach or standardized coverage for dental care in basic health insurance. As a result, oral care is often left out of reach of health insurance, placing a direct financial burden on individuals. The lack of budget for the inclusion of oral health in basic health insurance perpetuates this inequality, and the consequences fall especially on those who cannot afford private dental treatments.</p>

		<p>This challenge is exacerbated by the fact that oral health is essential not only to quality of life but also to overall health, making this obstacle a significant public health concern.</p>
	<p>United Kingdom</p>	<p>In the UK context, oral health care services for the poor are mainly provided through the publicly funded National Health Service (NHS), which ensures that a wide range of dental treatments are offered, ranging from restorative care to periodontal treatments.</p> <p>Implementing the National Institute for Health and Care Excellence (NICE) guideline on oral health in care presents a significant challenge. This guideline, focused on maintaining and improving residents' oral health, requires meticulous coordination and collaboration among diverse healthcare professionals, including caregivers and dental staff. One of the main obstacles is the lack of knowledge and specific training of nursing home staff in oral care. In addition, integrating these practices into daily care routines can be challenging, especially in residences with limited resources or with a high number of residents with special needs. This challenge is compounded by the need for regular monitoring and evaluation to ensure adherence to guidelines and continuous improvement in the quality of oral care provided (Bashirian et al., 2022; from Sam Lazaro et al., 2022).</p>

Source: Authors.

For the authors Foote et al (2023), oral health policies aim to integrate primary care and public health programs, however in countries such as Costa Rica, Guatemala, Honduras, the absence of trained dental personnel is a problem that has become more prolonged, especially in Latin America.

Where the lack of funding for jobs has managed to attract more professionals and keep them in those remote areas, where they can continue to care for their patients

The pandemic resulted in restrictions on access to oral health care, negatively impacting dental health.

The need for policies that measure and improve the quality of care, especially during health crises, to avoid deterioration in oral health was observed.

In Hong Kong Yang et., al (2021) the policy of Partial Coverage of Dental Treatments by the Medical Insurance System was realized, this policy implies that the cost of various dental treatments is not completely absorbed by the patient, but a part of these expenses is covered by the country's health insurance system. This partial coverage ranged from basic procedures such as cleanings and fillings, to more complex treatments such as crowns, bridges and prostheses

VII. CONCLUSIONS

Based on the compilation and comparison of different studies, where a management of public policies has been applied in oral health, it was observed that the development of public policies is incipient in countries in the Americas in countries such as Brazil, Costa Rica and Guatemala, since they are not properly articulated, this because there is a distance between what is formally proposed and what is executed. product to the capacity to supply instruments, equipment and supplies available for the care of oral services.

In addition, the analysis of several countries showed that the implementation and management of public policies in oral health has been continuously confronted with situations of change of political actors, which, due to the change of government, diminishes the importance and continuity of the public policies implemented, having a negative impact on the expansion of coverage to the population.

The studies showed that the lack of development of articulation strategies of the different governmental institutions, academics, and medical personnel in terms of compliance with campaigns and training of the personnel who provide the service, have constituted an obstacle in the equity and universality of oral policies

In countries such as Brazil, it was possible to demonstrate that there is a high demand for oral diseases, the lack of leadership, commitment and responsibility of dental personnel with compliance with policy guidelines has led to the lack of reaching the population with treatment actions.

The absence of information and monitoring processes influence the development of an efficient management of oral policy, so it is necessary to know the risk factors that certain populations have, according to their specific reality, being in most cases the lack of resources for the continuity of oral health campaigns or projects. Their geographical location also makes it difficult for support to arrive.

The lack of technological tools has generated dissatisfaction in both medical personnel and citizens, contributing to many people being treated privately, generating a weakness in an institutional way. In addition, the problems of countries with an economic deficit have had an impact on compliance with the policies assigned to dental health.

While it is true that many of the countries have an Oral Health Care law, which added provisions to the oral health services for adults and children, it has been shown that there is a barrier to access to involve individuals, families, community leaders, health professionals, educators and policymakers to help improve adherence to oral health guidelines.

Addressing disparities is recognized as a crucial part of improving oral health. This can be most efficient when used in a culturally sensitive framework that addresses particular concerns of specific communities. Therefore, it is recommended that the expansion of oral health coverage under Medicare and Medicaid be included along with medical and dental services based on community-based prevention. This will address barriers to access and utilization and provide education for older adults, health care providers, and the general population and generate increased oral health literacy and population awareness, and prioritization of oral health, through community-based prevention.

At the national level, oral health policies are applied based on 4 factors; measuring the level of primary oral health care in people and children and the integration of oral health into general medical care and the recognition of risk factors for oral diseases at an early age, with primary care playing the most important role.

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