

# Behavior Modification Strategies to Improve Oral and General Health Policy Statement

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There exists a wide range of strategies to modify behavior for the purpose of improving the public's health. Immunization programs, seat belts, helmet laws, and no-smoking areas are examples of these strategies. Designed to protect people from dangerous or risky behaviors for their "own good," they were established to ensure the public-as-a-whole remains healthy – thereby saving the public-as-a-whole the cost of caring for unhealthy individuals.

Awareness that poor nutritional practices contribute to dental caries, obesity, diabetes, osteoporosis, as well as other diseases in children and adults, and concern over the resulting individual and societal health implications, have produced a wide range of proposals to modify these behaviors. Through previous policy, the California Dental Association has affirmed the importance of oral health to general health, concurring with the findings of the 2000 report of the U.S. Surgeon General that "oral health is integral to general health and is essential to the overall health and well being of all individuals." In recognition of this essential link, CDA supports the following behavior modification strategies to improve public health:

1. First consideration should be given to:
  - a. Disclosure of nutritional information, including the impact on health resulting from excessive consumption,
  - b. Restrictions on the marketing and availability of products of low nutritional value and high sugar/calorie content, especially to children while their care is entrusted to public and private entities.
2. Secondary consideration should be given to:
  - a. Marketplace interventions, such as product-specific taxation
  - b. Publicly-funded educational campaigns.
- 3) In general, less restrictive remedies should be considered before more restrictive remedies are supported.
- 4) Whenever public funds will be generated by a legislative remedy, CDA should pursue directing any appropriate portion of these funds toward oral health.

(Approved by the CDA House of Delegates, November 2006, per CDA House Resolution 17RC-2006H)