

# Oral Health as a Component of Public Health

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This year marks the Public Health Service's two hundredth anniversary. It was in 1798 when President John Adams signed the Act of Congress in Philadelphia that gave rise to the Marine Hospital Service. The idea behind the act was to provide for the health needs of merchant seamen. At that time in this country, the sea was extremely important for trade and security. When merchant seamen returned home after setting out to sea, they often brought illnesses with them, endangering not only their health but also the health of their families.

Since that time, the Public Health Service has grown to 50,000 employees and 6,000 members of the Commissioned Corps. Two centuries later, the driving principle remains the same: to the extent that we provide for the health needs of the most vulnerable among us, we do the most to protect the health of the nation.

This year is also the thirty-fifth anniversary of the first-ever Surgeon General's report, which was on smoking and health. That report was issued in 1963 by Surgeon General Luther Terry. Since then, there have been about fifty reports, addressing such topics as smoking, organ donation, breastfeeding, fluoride, pornography, drunk driving, and HIV/AIDS. Smoking and tobacco use, however, are clearly the most commonly addressed topics of Surgeons General, as this office continues its mission to be the "nation's voice for health."

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## The Surgeon General's Report on Oral Health

Commissioned by Secretary Donna Shalala in April 1997, this report will be the first ever of the Surgeon General on Oral Health. The charge is to define, describe, and evaluate the interactions between oral health and general health and well-being (quality of life), through the life span, in the context of changes in

the society. In short, the report is designed to improve the overall oral health of the nation. The report is currently in draft form, scheduled for public release in December 1999.

The comprehensive process for developing the report has included two rounds of extensive review processes and continual collaboration among the Office of Surgeon General Project Team, the Partnership Forum, and the Federal Coordinating Committee. We are grateful to the National Institute of Dental and Craniofacial Research (NIDCR), headed by Dr. Harold Slavkin, which has been designated as the lead agency to coordinate the preparation of this report. Dr. Caswell Evans, Jr., will serve as project director and executive editor. RADM Dushanka Kleinman will serve as Associate Executive Editor. RADM William C. Maas will also be actively involved in the production of the report.

Each member of the Federal Coordinating Committee is assigned to provide leadership and guidance to the report and to manage the extensive review process. Each committee member represents a critical program that can influence this country's oral, dental, and craniofacial health. Each member will also be instrumental in developing partnerships: public, private, and public-private.

Why is this report so critical now? With the significant progress made in this country in dental research and care delivery, tooth decay and periodontal disease are the most preventable diseases in the United States. Yet we spend nearly \$51 billion each year on dental services. More than 100 million Americans do not have access to fluoridated water. Thirty thousand Americans each year are diagnosed with oral and pharyngeal cancers. Eight thousand die each year from these preventable neoplasms—more than from cervical cancer, malignant melanoma, or Hodgkin's disease. Of the 4.2 million birth in the United States each year, craniofacial-oral-dental birth defects have a prevalence of 1.77

per 100,000 live births—resulting in health costs of \$1 billion each year to provide the comprehensive and rehabilitative care necessary to enable these children to pursue a productive life. Further, there are 8,000 babies born each year with cleft lip or palate. That’s one baby every hour of every day each year. Clearly, there is still much more to be done to meet the oral health needs of the public.

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## Oral Health and the Surgeon General’s Priorities

Just after being sworn in this past February, I along with my staff set out to develop the major areas of emphasis for my tenure as Surgeon General and Assistant Secretary for Health. We identified several evolving priorities, some of which I would like to briefly share with you this afternoon. What’s important to note is that oral health cuts across all of the priorities.

### A Healthy Start

Every child should be given the opportunity for a healthy start in life. Getting that healthy start means several things, but the oral health of young children is of utmost concern here. Early childhood caries disproportionately affect lower-income and minority children and sap their energies and attention. Healthy People 2000 reports that more than half of second graders still experience cavities. In addition, tooth decay affects at least eight times more children than asthma. The NIDR has estimated that fifty-one million school hours are lost annually due to dental-related illness.

### Promoting Healthy Lifestyles

We are committed to the promotion of healthy lifestyles. Oral health provides a perfect example of how we can promote healthy lifestyles. When it comes to oral health, a healthy lifestyle means brushing, flossing, and eating right. It means avoiding the use of tobacco products and alcohol, both of which have a substantial influence on oral health. It means educating patients so that they realize that the healthy choices they make can result in a great benefit in their oral health.

## Improving Access to Care

Communicating with the American people about the health care system must include how best to access it for themselves and their families. Today’s health care system must evolve into a community health system that is accessible to all, and access to dental care is a necessary element to improved oral health for individuals. But not all segments of the population have sufficient access to care. As we search for a community health system that works, we must be mindful that managed care alone is neither the answer to our health systems problem nor the villain that we make it out to be. We need a system that better balances prevention, on the one hand, with medical intervention, on the other. And we need more investment in community-based prevention.

The new CHIP program, intended to expand health care access for more than eleven million low-income children, will allow for greater levels of access to dental services as well. Currently, only one of five Medicaid-eligible children receives dental services annually.

## Improving Mental Health

No priority has generated as much interest and enthusiasm as this one on mental health. We must remove the stigma that surrounds mental health in this nation. We know that poor oral health is linked to social isolation and that people can become despondent over their appearance. Further, poor oral health and physical appearance can also be responsible for unemployment and underemployment and affect individuals, their families, their communities, and society at large.

Beginning this Thursday, HHS, particularly the Substance Abuse and Mental Health Services Administration (SAMSHA) and the Health Services Research Association (HSRA), will be hosting the first conference on suicide prevention. And in the next year or so, we anticipate a Surgeon General’s report on mental health.

## Global Health

Global health is an issue of growing concern for all nations. We cannot protect the health of the American people unless we think globally. It takes an individual a mere twenty-four to thirty-six hours to travel around the globe, increasing significantly the threat of outbreaks of disease across borders and seas in a matter of moments. As we approach the twenty-first century, our efforts will be focused on maintaining a system of global health and surveillance, particularly with regard to these three areas: 1) coordinating the national response to emerging infectious diseases, 2) leading the national response to health consequences of bioterrorism, and 3) promoting the safety and availability of the nation's food and blood supply.

## Eliminating Disparities

Overriding all of these topics is eliminating disparities in health. About a week after I was sworn in, President Clinton unveiled his Initiative on Race and Health. For all of the medical breakthroughs in the past century, we still see significant disparities in the medical conditions of racial groups in this country. What we have done through this initiative is to make a commitment—really for the first time in this nation's history—to eliminate some of the health disparities that exist between minority and majority populations by 2010.

Consider that:

- African-American children exhibit twice as much untreated decay as white children.

- African-American and Mexican-American adults exhibit higher prevalence of periodontal disease than white adults.
- African-American and Mexican-American children are three times more likely than whites to have occlusal sealant in their permanent dentition.
- More than three-fourths of tooth decay present in the permanent teeth of children and adolescents is found in a very small portion (one-fourth) of these children between five and seventeen years of age.

Public health is not a zero sum game. Everybody gains when we improve the health of the most vulnerable among us.

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## Next Steps

Where do we go from here? We must make public health work like it's never worked before. We need to develop and implement a more balanced research agenda—one that invests all components of the public health approach, from surveillance, analysis of risk factors, and prevention strategies to community program implementation and health services research. The Institute of Medicine has done a thorough job in developing twenty-two recommendations for ensuring the future of dental education. Now it's up to all of us to implement those recommendations to make that future bright.