EDITORIAL

AAPHD Turns 60—Back to the Future: Whatever Became of Dental Public Health?

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In the spring of 1962, Dr. Donald Galagan, then chief of the PHS Division of Dental Health and Resources, delivered an address to the Georgia Public Health Association Meeting entitled "Whatever Became of Dental Public Health?" (1). He cautioned that whether or not someone would have reason in the future to wonder "whatever became of dental public health" depended on actions taken by public health agencies over the next few years to strengthen and expand their dental programs. His concern likely was short lived. In November 1964, Lyndon Johnson won the presidential election in a landslide and the Kennedy-Johnson Great Society programs quickly were put in place. Johnson's January 1965 presidential message—"Advancing the Nation's Health"—contained as many as 25 legislative and budgetary proposals, all of which were enacted. The legislation launched an opportunity for dental directors at all levels of government to develop and expand dental programs.

Twenty-five years before the meeting in Georgia, several state dental directors and their public health colleagues attending the American Dental Association meeting in Atlantic City gathered in the Ambassador Hotel for what was the founding meeting of the American Association of Public Health Dentistry (2). Among the attendees was Dr. R. Chester Daigleish from Utah, who would be president during the fifth year of the organization. His primary reason for being there was typical of the others. States were in the midst of rapidly expanding their dental public health programs and they desperately needed information about innovative programs. In a brief seven years beginning in 1934, the dental public health work force in state-level administrative units would expand from only eight full-time dentists in 14 states to 154 in 38 states (3). This growth was made possible by Title V of the Social Security Act passed by Congress in 1935, which for the first time provided federal funds for the establishment and conduct of state-administered programs intended to address the dental needs of children and other special population groups. The Great Depression had made it clear that government could and should do much more to help people when they were unable to pay for health care.

Title V funds were used in Utah to establish a state dental program under the direction of Dr. Daigleish. He chose to use a mobile dental clinic to bring dental care to children who lived in the outlying rural areas without resident dentists. During his trip to New Jersey, Dr. Daigleish left a young dentist named Norman Gerrie from metropolitan Chicago back in Utah to implement the program. The enterprise was untried, and the instructions to Dr. Gerrie were simple, "Begin by driving the mobile unit into Wayne County and treat children up to 14 years of age."

In only the second week on the job, Dr. Gerrie's wife, June, who served as his unpaid assistant, recorded the following account from their visit to a small town at the end of a long, unpaved road, 120 miles from the nearest dentist (4):

> Upon reaching Hanksville, we went over to a tiny two-room schoolhouse which housed two teachers and 45 students. We examined teeth and took a chair outside behind the schoolhouse where we did extractions. Brave little youngsters, but how they did swear!

Another state dental director at this initial meeting of the association, Dr. Ernest A. Branch from North Carolina, administrated a school-based program using portable equipment that benefited from these same federal funds. He had his own performance measure of the impact of the school dentists hired with these funds. According to him, program success could be measured by the size of the circle of blood at the bottom of the schoolhouse steps put there by program recipients as they left the building after being treated. The larger the circle, the more productive the dentist!

The fledgling AAPHD was envisioned as a means to share program experiences such as the ones in Utah and North Carolina, and to learn from their successes and failures. During its 60 years, the AAPHD has met its original charter; its membership has opposed programs that appeared to be against the best interests of the public and provided support for those that promised more efficient or effective ways of providing dental benefits. Through its actions, it has protected the interests of dental public health agencies, programs, and personnel; advanced the practice of dental public health beyond rudimentary treatment programs and "circle of blood" preformance indicators; and thus contributed positively to the public's oral health.

The legislation of the mid-1930s provided the stimulus for the modern era of public health dentistry and the development of the association itself; that of the mid-1960s provided much-needed revitalization of dental public health and the association. Now some 30 years later, we are at another critical juncture in dental public health. The landscape for public health is being reshaped before our very eyes. Many activities essential to the public's health that traditionally have been the responsibility of health departments now are being subsumed by other entities. Hospitals, for-profit companies, and other community organizations are providing public health services. The recently released update of "The Future of Public Health" suggests that among the key forces contributing to this trend and shaping the future of public health are the rise of organized

health care delivery systems including managed care, the movement to reinvent government, and the public's expectations that government will have reduced responsibilities (5). The expanding involvement of these nongovernmental entities in public health activities can have a positive effect on the number and type of health services available to the public. The health care system is only a subset of activities within a larger social support system needed for community health, and as more entities become working partners in addressing societal problems, the greater the likelihood that we can make progress toward resolving them. But often those entities taking on public health responsibilities have priorities other than health promotion, disease prevention, and health outcomes. Some do not have the knowledge and skills necessary to provide population-oriented services. Public health departments have to retain and meet their responsibilities in ensuring that appropriate community health goals are established, that progress is being made toward them, and that population-based preventive services are delivered.

Dental public health is not well prepared to assume its role in this new, complex world. Many programs are seriously underdeveloped and undersupported. Nearly one-half of state health agencies are affected by dwindling oral health expenditures or a total lack of such expenditures. Oral health expenditures represent less than 1 percent of all public health expenditures, averaging out to only about 38 cents per person each year (6). The dental public health infrastructure needed to protect the public's oral health through assurances that essential public health functions are being performed, whether by public or private agencies, is not universally in place.

Unless those who follow should have cause to wonder "whatever became of dental public health?," the AAPHD should enthusiastically and strongly come to the fore in its support of dental public health programs as it has done successfully so many times in its history. Its wisdom of 60 years can provide leadership in this redefinition of public health dentistry in the interest of protecting the oral health of the public.

References

1. Galagan DJ. Whatever became of dental public health? Public Health Dent 1962; 22:82-90.
2. Easlick KA. The story of dental public health, variety United States. Ann Arbor, MI: University of Michigan, 1979.
3. Salzmann JA. Effective provision of dental service to population groups. J Am Coll Dent 1944;11:280-94.
4. Gerrie NF, Gerrie J. Two WASPS in the beehive. Bethesda, MD.
5. Soto MA, Dievler A, Abel C, eds. Healthy communities: new partnerships in the future of public health. Washington, DC: National Academy Press, 1996.
6. Lockwood SA, Malvitz DM. Trends in state agency oral health and public health expenditures. Am J Public Health 1995; 85:1266-8.

FUTURE AAPHD ANNUAL MEETING DATES

October 15–17, 1997.....Washington, DC
October 21–23, 1998....San Francisco, CA
October 6–8, 1999.....Honolulu, HI
October 25–27, 2000.....Chicago, IL