

AAPHD Policy Statement on Diversity

Adopted by the assembly of AAPHD members October 16, 1997, at the Annual Meeting in Washington, DC

Diversity exists anywhere there is not homogeneity or sameness. Traditionally, diversity can be defined by variables such as: ethnography (nationality, ethnicity, language, religion), demography (age, sex, place of residence), status (social, economic, educational, functional), and affiliation (formal groups as well as informal groups). To improve the oral health of all citizens, dental public health professionals must address diversity issues to promote access to oral health services for populations at risk. Improvements in oral health out-

comes can be gained by enhancing our understanding of barriers and perceptions that affect diverse populations.

The American Association of Public Health Dentistry (AAPHD) values diversity in the context of family, culture, and community and believes that to the extent possible, oral health professionals (those who seek to prevent and control dental diseases and promote oral health) should reflect the diversity of our society. AAPHD believes that diverse individuals and groups should be an important source of information about their situation,

condition, or direction. The use of the knowledge, perspectives, and skills of people from different backgrounds are essential to AAPHD's ability to achieve its goals to improve the oral health of people.

AAPHD recognizes the diversity of the American public and seeks to promote diversity in its membership. AAPHD supports the education and development of culturally sensitive oral health care workers, programs, and policies to better serve the oral health needs of all.

AAPHD Resolution on Tobacco Cessation, Prevention, and Control Relative to Cigars

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Whereas, cigar smoking can cause cancers of the oral cavity, larynx, esophagus, and lung (1) and chronic obstructive pulmonary disease (2); and

Whereas, cigars contain substantial levels of nicotine, an addictive drug (3); and

Whereas, cigar manufacturers are aggressively advertising and marketing their products and using entertainers and athletes in promotional activities (4); and

Whereas, consumption of large cigars has increased by 45 percent from 1993 through 1996 (5); and

Whereas, 27 percent of high school students in the United States have smoked cigars in the preceding year (6); and

Whereas, unlike cigarettes and smokeless tobacco products, cigar packaging contains no warnings of their potential adverse health effects (7);

Be it resolved that the American Association of Public Health Dentistry:

Calls on state and local officials to enforce laws prohibiting the sale of cigars to minors;

Calls on the federal government to mandate health warning labels on cigar packaging, advertisements, and promotional materials;

Calls on the US Food and Drug Administration to regulate the promotion, sale, and distribution of cigars and all other tobacco products;

Calls on public health programs at the federal, state, and local levels to establish prevention programs targeting cigar smoking.

References

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2. US Department of Health and Human Services. The health consequences of smoking: chronic obstructive lung dis-

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3. Henningfield JE, Hariharan M, Kozlowski LT. Nicotine content and health risks of cigars. *JAMA* 1996;276:1857-8.
4. Jones RB. Increase in US cigar consumption. Unpublished manuscript, 1997.
5. US Department of Agriculture. Tobacco situation and outlook report. Washington, DC: US Department of Agriculture, Commodity Economics Division, Economic Research Service, Apr 1997; document no TSB-238.
6. CDC. Cigar smoking among teenagers—United States, Massachusetts, and New York, 1996. *MMWR Morb Mortal Week Rep* 1997;46:433-40.
7. US Department of Health and Human Services. Reducing the health consequences of smoking: 25 years of progress—a report of the surgeon general. Rockville, MD: US Department of Health and Human Services, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1989; DHHS pub no (CDC)89-8411.