President's Welcome and Address
Dental Public Health: Our Journey into the 21st Century

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Welcome to San Francisco and the 61st Annual Meeting of the American Association of Public Health Dentistry. Annual meetings are special occasions. In three short days, we will all meet new colleagues, greet old friends, learn from scientific presentations and posters, and experience the city of San Francisco. More importantly, we will leave with renewed energy and vigor to apply what we have learned to improve oral health.

The theme of this year's meeting—Building Bridges for a Healthier New Millennium—is intended to focus us on the successes of the 20th century and the opportunities and challenges that we face in the 21st century. Dr. Rebecca King, AAPHD vice president and program chair, has arranged an outstanding program for us. Planning an annual meeting is no small task. Countless hours and telephone calls are required to work out logistical issues with the hotel, deal with last-minute changes in the program, review program abstracts, and sort through the many other issues that come up. We offer special thanks to Rebecca and to Drs. Francisco Ramos-Gomez, Dushanka Kleinman, and Reg Louie, who assisted in planning the annual meeting. Many others have also helped ensure the meeting's success. We thank them all for their contributions.

In the life of every association, there are changes. At our annual meeting last year, many of you helped celebrate the contributions of Helen and Joe Doherty as they retired from the National Office. This year, the National Office has relocated from Richmond, Virginia, to Portland, Oregon. I'm pleased to report that the transition is complete. Jim Toothaker and Jill Mason have begun a journey with the association that will no doubt be filled with successful annual meetings, membership growth, and unexpected surprises. If you didn't get a chance to welcome them last year, please let them know we're glad to have them with us.

The View from Here

I'm impressed with the number of current activities that will affect the dental public health community. Later in this meeting, we will hear about the status of the Surgeon General's Report on Oral Health. Many of you have been involved in developing the oral health objectives for Healthy People 2010. Recommendations for the use of fluoride to prevent and control dental caries are being prepared and will be issued in the coming months. The AAPHD's recently adopted competencies in dental public health and revised accreditation standards for dental public health residency programs will have an impact on curricula for dental public health residency programs and the accreditation process. In addition, there are changes in the health care system that will expand health services for children—through the Children's Health Insurance Program (CHIP), for example. Indeed, the role of purchasers and practitioners continues to evolve in response to changes in the organization and financing of health care services.

Research has continued to expand our knowledge about the nature of oral diseases and conditions. Rapidly evolving technology will continue to improve our ability to prevent, diagnose, and manage diseases and conditions that affect the oral cavity. And there are increasing opportunities for research that link the oral cavity back with the rest of the body.

With the backdrop of the upcoming millennium and in light of all these changes, it seems appropriate to envision what dental public health's future might look like. Predicting the future is a lot like putting all your money in the stock market. It's pretty risky business. However, the alternative isn't that attractive, either. For example, one could invest blindly in the market and hope for the best. However, most prudent investors want to know a little more about what they are investing in and what level of performance to expect. Strategic investments and balanced portfolios may maximize one's return. Unfortunately, even with sound investment strategies, unanticipated events may have a significant impact. For example, who would have predicted the Asian financial crisis? Or who would have predicted the AIDS epidemic?

Dr. Alex White

Believing that it's better to contemplate and plan for the future, even if we're wrong, I'd like to reflect on what the future of dental public health might be. I propose that four themes will guide us into the next century.

Values

First, we will be guided by our core dental public health values. A value is "a principle, standard, or quality regarded as worthwhile or desirable" (1). Values serve as guides for our journey, touchstones when we become discouraged, and yardsticks for our accomplishments. Shared values probably led us to join the association and brought us to this meeting. I conducted a nonscientific survey of

AAPHD Executive Council members just prior to this meeting and asked them what they believe to be dental public health values. Five common values emerged. First, we focus on the population rather than the individual; the community is our patient. Second, we focus on community-based efforts to promote health and prevent disease through educational programs and other interventions, rather than on efforts to treat disease once it is diagnosed. Third, we maintain a science base for decision making. Typically, this has included epidemiology and, to a lesser extent, health services research, but may also include randomized clinical trials and other studies. Fourth, we value equity. We strive to ensure that all citizens—rich or poor, majority or minority, young or old—have access to appropriate oral health services. Finally, we focus on ethics. We value ethical approaches to population-based health.

No doubt there are other values you may think of that I didn't include here. These values have guided us since dental public health was recognized as a dental specialty. We have used these principles in developing dental public health competencies and in adopting association policy. These values make us unique in the dental community.

Competencies

Second, we will be guided by our competencies. Dental public health professionals traditionally have been defined by the settings in which we work-for example, the US Public Health Service or state and local health departments-or by the communities we serve. Often these communities are defined for us and may include, for example, the poor, the uninsured, migrant farm workers, or the incarcerated.

In the coming years, however, dental public health professionals will be defined by the population-based approaches we take to improve the oral health of communities and the competencies we employ to achieve these goals. As we move toward population-based care in such programs as CHIP, we will increasingly be guided by public health principles and values to improve the oral health of all Americans.

Many of you know that I do research in a group-model health maintenance organization. We have a defined population of about 180,000 members. In many ways, my task and the task of those who administer this program and provide clinical care are no different from what many of you face in more traditional public health settings. We plan oral health programs for our population; we select interventions and strategies for prevention and control of oral diseases and promotion of oral health; we develop resources for, implement, and manage oral health programs for populations; we incorporate ethical standards in oral health programs and activities; we evaluate and monitor our dental care delivery system; we design surveillance systems to monitor oral health; we communicate and collaborate with groups and individuals on oral health issues; we advocate for and evaluate public health policy, legislation, and regulations to protect and promote our population's oral health; we critique and synthesize scientific literature to improve clinical care; and we design and conduct population-based studies to answer oral and public health questions. These represent the recently adopted AAPHD competency objectives (2). These are what make us public health professionals.

Science

Third, we will use scientific evidence to guide us. We all have become familiar with the term "evidence-based care." Such approaches seek to identify and synthesize information that can serve as a foundation for public- and private-sector organizations to develop or decide on tools and strategies for improving health care services they provide and pay for. Dr. Arnold Relman, former editor of the *New England Journal of Medicine*, characterized this focus as the Third Revolution in health care—the Era of Assessment and Accountability (3).

Purchasers and policy makers have broadened their focus to include not only health care costs, but health outcomes as well. Broadscale efforts continue to identify the most effective and efficient ways to provide health care services; patients, employers, and other benefit purchasers increasingly demand information that details the value of their resources spent on health care. In short, they want to know: Are they getting their money's worth? Dr. Relman wrote (3):

> To provide a basis for decisions on the future funding and organization of health care, we will have to know more about the variations in performance among institutions and medical practitioners and what these may mean. We will also need to know much more about the relative costs, safety, and effectiveness of all the things physicians do or employ in the diagnosis, treatment, and prevention of disease. Armed with these facts, physicians will be in a much stronger position to advise their patients and determine the use of medical resources, payers will be better able to decide what to pay for, and the public will have a better understanding of what is available and what they want.

Our approach to dental public health practice must continue to be evidence-based. Many important questions remain unanswered, and certainly we cannot conduct a randomized clinical trial for every question. We can, however, strive to identify and incorporate the best possible evidence into our decision processes. We can seek continually to gather, in a systematic and scientific way, accurate and extensive information on the effectiveness, costs, outcomes, and cost effectiveness of the care we provide. This is our responsibility and obligation as dental professionals.

Collaboration

Finally, we will be guided by partnerships and collaborations. At last year's meeting, Skip Collins characterized collaboration as "the lifeblood of organizations" (4). Some tasks are impossible to undertake alone. Others are harder, more time-consuming, and emotionally draining. In the long term, it will be easier to achieve our goals if we can articulate a vision of the future and enlist the help of others to reach those goals.

The opportunities for partnership are significant. To date, we have not worked extensively with our clinical colleagues in other dental specialties or in general practice. I believe there are enormous possibilities if we work collaboratively with these groups to improve oral health from both an individual and population perspective. Increasingly, scientific evidence suggests an association between oral

heath and general health. As data systems improve and as linkages between medical and dental care programs become stronger, there will be numerous opportunities to work with our medical colleagues. Certainly we must continue our work with other public health professionals. We share our approaches to population-based health, and the opportunities to improve a community's health are tremendous. And we must continue to work with advocacy groups and public policy makers to ensure that dentistry and dental public health have a place at the table.

During the coming years, increasing numbers of opportunities will emerge for dental public health professionals to become involved with other organizations, some never before imagined. Dental insurers have begun and will continue to use claims data to address important questions about the effectiveness of preventive strategies. Population-based approaches to surveillance of oral diseases through managed care organizations or work sites will become increasingly common. Entrepreneurs and other start-up companies are devising ways to prevent disease through biotechnology. Our challenge is to recognize the value of these opportunities to enhance our effectiveness in improving the public's oral health.

Successes and Challenges

In the past, we sometimes have had heated debates within dentistry about how much remains to be done to ensure adequate and appropriate oral health services for all Americans. Some argue that we have the best dental health care in the world. Our colleagues in private dental practice provide outstanding care to individuals and families throughout the United States, and we should be rightfully proud of the oral health status that most Americans enjoy. Others argue that despite these successes, many have been left behind. For some, access to primary and preventive health services can be difficult, resulting in needless pain, loss of function, and increased costs. This debate is likely to continue, fueled by changing demographics, constrained resources, and an increasingly competitive marketplace.

There is no right answer to this debate. Both positions are valid. In some ways, this debate is analogous to the perennial discussions of the glass being half full or half empty. Depending on one's perspective, things look either pretty good or pretty bad. However, too often we don't stop to debate a more fundamental question: What's in the glass? I submit that for us as dental public health professionals, the contents of the glass should reflect public health values: population-based health, a focus on prevention, an adequate science base, and equitable and ethical approaches. By focusing on the contents rather than on whether the glass is half full or half empty, our questions will become more clear, yielding a more intrinsic measure of our success. More importantly, our energies can be channeled to improve the oral health of the entire population, not just those served by public health programs or private dental practices. We can focus our efforts to answer important questions about how to prevent oral diseases and conditions. We can also begin to address questions of effectiveness and cost effectiveness of interventions aimed at diagnosing and managing the sequelae of dental caries, periodontal diseases, and tooth loss through population-based research.

This is quite an exciting journey that we're on. It's one that we'll begin without a road map or clear destination. Our dental public health values can serve as a compass for us, guiding us toward the unknown, but keeping us headed in the right direction. Our approach to population-based health and our competencies will help us navigate difficult terrain. We will need the ability to incorporate new information and a changing environment into our plan, to monitor their impact on our progress, and to evaluate the need for a new strategy. At times, we may have to retrain ourselves and develop new skills. In the end, if we are to be successful, we will reach our destination through sound approaches, preparation, and our ability to adapt and respond to a changing environment. Our efforts to understand the costs and consequences of our decisions will help us make effective and efficient decisions, ensuring the maximum return for our investment. Finally, we must decide to embark alone or with other colleagues. Where we begin may be the same, but—depending on our decision—where we end up may be very different. If we walk alone, we will not benefit from the experiences of our clinical dental and medical colleagues, or other public health professionals, who may have walked this path before us. By working collaboratively with others, we may not only advance further down our journey by avoiding dead-end trails, traversing obstacles more quickly and efficiently, and helping each other along when the going is slow, but we may also choose paths that otherwise would have been unknown to us, leading us to destinations that we never imagined possible.

The theme for this meeting—"Building Bridges for a Healthier New Millennium"—can be a starting point for us. This bridge will lead us to the future, which lies in our ability to function within a changing health care system, to define (and redefine) ourselves broadly within the context of our public health values, and to focus on diseases and conditions beyond simply preventing dental caries. We must integrate with health care delivery systems and establish public health sciences as a "basic science." And we must continue to create constituencies. I hope that this meeting will encourage each of you to continue this journey with renewed strength and enthusiasm.

It has been a real privilege for me to serve on the Executive Council and as an AAPHD officer. As an association, we've made progress on our journey during the past year. I continue to be impressed with the level of commitment and energy that each of you brings to the association. It has truly been an honor to serve as president during the past year. Thank you, and best wishes for a successful meeting.

References

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