

President's Welcome and Address

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What a delight it is to welcome you to the 62nd annual meeting of the American Association of Public Health Dentistry in Honolulu, Hawaii! We are convening on the beautiful island of Oahu, home to about 80 percent of our youngest state's population and appropriately known as the "Gathering Place." Although we virtually "gather" throughout the year, the time we spend together at annual meetings permits us to share our scientific findings, programmatic best practices, ideas, and friendships in a more personal way.

Public health work depends and thrives upon active and effective teamwork. This year's theme, "Improving the Public's Health Through Partnerships," highlights this critical factor in the program's content and in its development. Through her apt leadership, Dr. Kimberly McFarland, our vice-president and program chair, led the creation of a rich program that reflects the input we received from you last year. Her wonderful team included Dr. Mark Greer, Dr. Jim Toothaker, Ms. Jill Mason, Dr. Rebecca King, Dr. Scott Tomar, Dr. Howard Field, Ms. Candace Jones, Dr. Denise Fedele, and many others (mentioned in the program book). Dr. Alice Horowitz has taken us to a new level with the development of a preconference workshop and we are eager to learn how this pilot activity is received. Our long-standing partnerships with the American Board of Dental Public Health, American Dental Hygienists' Association, Health Resources and Services Administration, and our sponsors and exhibitors continue to add a special element to our meeting as they do each year. My deepest appreciation and gratitude goes to all annual program speakers, moderators, and contributors for your support, enthusiasm, efforts, and creativity.

Transitions appear to be a constant for AAPHD. With them we grow, learn, and reassess where we have been and where we are going. In 2000



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we will begin a new time of year for our annual meeting. The AAPHD portion of the transition team, led effectively by Dr. Rebecca King, president-elect, is contributing to a rapidly evolving program to be held in Chicago in early May 2000. This change also brings with it a new and exciting partnership with the American Association of State and Territorial Dental Directors. At the Town Meeting you will receive an update on these and many other activities.

We are fortunate to be living at a time of such excitement and opportunity and to be alive at the turn of the century and turn of the millennium. We also are fortunate to have had relatives as role models who showed us how to embrace change while still maintaining core values of society. My grandparents and parents had an aura around them for me because they had "seen it all." While my brothers and I were swept up in the midst of one movement after another with passion, I knew they had both perspective and passion.

To give some perspective to our public health passion, let me review

some of the amazing events that are about to unfold before us in the coming year. We have been given a wealth of gifts that will help raise the necessary awareness of others to the importance of and issues relating to oral health. National spotlights will shine on oral health as they never have done before. To name a few:

- The Institute of Medicine will release a report on medically necessary dental care in early winter.
- In December the surgeon general will hold a nationwide broadcast of the Healthy People 2000 oral health objectives progress review.
- In January the Healthy People 2010 health promotion and disease prevention objectives, including the oral health objectives, will be released.
- The Health Resources and Services Administration has joined with the Health Care Financing Administration to launch a major oral health initiative focused on addressing the needs of the underserved.
- The Agency for Health Care Policy and Research and the National Institute of Dental and Craniofacial Research have joined to fund a Dental, Oral and Craniofacial Evidence-based Practice Center.
- The surgeon general's Report on Oral Health will be released and his workshop and conference on oral health and children will be held in the first six months of 2000.

In addition, several current congressional bills are focused on oral health, a Government Accounting Office study on access to dental care has been launched, and the collective efforts of many dental organizations have been organized to give visibility to the surgeon general's report and oral health activities throughout the country. These activities and many others are like a fourth of July fireworks display dedicated to oral health awareness and an opportunity for oral health promotion.

This year you have given me, the other officers, and Executive Council

members the gift of concentrated thinking about AAPHD and public health dentistry—and for that we are grateful. At this time I would like to mention a few of the opportunities and challenges before us and propose some actions for your consideration.

Opportunities and Challenges

We are living in an incredible time for public health and for science and technology. In public health we are well into a phase John Ashton calls the “new public health” (1), launched in 1974 with the awakening generated by the Lalonde report. This report stressed that certain factors leading to premature death and disability could be avoided through actions aimed at our increased understanding of the interaction of environmental and behavioral factors. As a result we now are the benefactors of global and national targets and objectives that have increasingly focused upon health promotion instead of disease prevention and oral health is one of the key components.

It is hard not to marvel at the vast and rapid evolution of our scientific knowledge, information technology, and engineering capacity. The potential uses of the human genome, the wonders of biomimetics, and the science fiction-like capacity of gene therapy and gene therapeutics are amazing. Well over 100 craniofacial genes have been identified, and the mapping of the genomes of *Streptococcus mutans*, *Candida albicans*, and several periodontal pathogens are underway. Success has been achieved in using gene therapy to repair damaged salivary glands in rats. We are seeing the capacity of tissue engineering using growth factors and bone morphogenic proteins to regenerate lost or damaged tissues of the oral cavity. The application of plantabodies to stimulate passive immunity against dental caries and the development of enhanced imaging and laser technologies are providing us with new approaches to disease prevention, diagnosis, and treatment. The oral, dental, and craniofacial health world is very much a part of this whirlwind genetic, environmental, behavioral revolution.

At the same time as the opportunities and excitement surround us, we are faced with the reality of addressing the current needs of disadvantaged and special populations using the tools we have today. Whether it is the

ravages of dental caries, head injuries, oral cancer, or other conditions—immediate and short-term solutions are needed to address the current disparities in disease, access to care, health care delivery, reimbursement, and health literacy. Our infrastructure in public health, education, and research is lacking in resources and numbers of personnel. We know the care system is not designed to meet the increased understanding of oral and systemic health and disease. We know that continual work is needed to raise the consciousness of most individuals and policy makers that oral health really matters.

We each know that our challenge is to strive for ever-evasive balances between addressing today's problems versus pursuing tomorrow's promises. And we are trying to do it all. As a team of public health experts, our collective thinking, planning, and efforts can be harnessed so that the public will benefit. We need to critically look at how we can achieve a balance between efforts using today's interventions to address current population health needs versus efforts directed toward the development of public health applications of the many science and technology promises for tomorrow. Similarly, we need to determine to balance efforts directed toward public health dentistry infrastructure needs and efforts directed toward the infrastructure needs of dentistry and of public health. How can we blend our national and international efforts? What do we need to do to address the many ethical, social, and legal implications of our health system and our new and emerging scientific advances?

Proposed Actions

Last year Alex White presented four strong themes to guide us into the next century: values, competencies, science, and collaborations (2). This year I would like to share a few additional thoughts for your consideration as we embark upon our annual meeting and look toward the turn of the century. I refer to these as the five Ps.

Put the “Public” Back into Public Health Dentistry

First, let us put the “public” back into public health dentistry at the national level. The public is our guide. We all know and value its role. We

listen to and involve the public in our local and state programs and specialized functions. As a national organization we need to work with voluntary and patient groups at all levels. We have continued to work with the National Alliance for Oral Health, but we need to do more. Several organizations blend public and professional participation. We can learn from them. Let us invite patient advocacy and broad-based organizations like the faith community to join us next year in Chicago.

Invest in People, Our Most Valuable Resource

Second, we need to reassess the extent and degree of our investment in people. People are the key to critical ongoing replenishment and revival of an organization and specialty group. This is not just a plea for enhancing our membership—though that is important. Let us work strategically to attract and retain individuals from different disciplines to think and act with us. We have a lot to gain from individuals and organizations with such expertise as preventive medicine, health law, health promotion, ethics, nutrition, and genetics. We have a lot to gain from the inquisitive minds of young public healthers (pipeline) and our investment in mentoring them is critical. We have a lot to learn from those who bring multicultural and multinational visions. And, we only can benefit from investing in the development of those of us who have been in public health for a while. Kristine Gebbie proposed emerging elements of a core continuing education curriculum for all public health professionals (3). We would benefit from updating ourselves in the proposed topics: public health values, history, and methods; epidemiology, quality assurance, and economics; informatics; communication; cultural competence; team building and organizational effectiveness; strategic thinking and planning; advocacy, politics, and policy development; and external coalition building and mobilization. Also, we have done a good job of focusing upon the competencies and residency programs for the American Dental Association-recognized dental public health specialty. However, it is time to address what we should be doing about the competencies and programmatic needs of our other

members.

Nurture Partnerships

Third, we need to nurture partnerships. The positive value of partnerships can not be overstated. Partnerships are not new to AAPHD or to any of us—we create and enter into new ones for specific causes/initiatives continually in twos, threes, and more. However, we are at a point in time where we could benefit from formally leveraging our efforts with a full complement of other organizations focused on common basic core goals. I have seen references to the Joint Committee on Professional Education during the 1960s of the (then) Dental Health Section of American Public Health Association and American Association of Public Health Dentists (4). Let us consider resurrecting and expanding upon joint working groups on education, on science, on programs and policies among the family of dental public health national and international organizations to give us infrastructure and stability so that we are well positioned for special initiatives. At the same time we should forge new alliances that are strategically based. Let us also try to create some “quiet” time at our annual meetings for the work of these groups.

Promote the Public's Health

Fourth, we can do more to promote the public's health. The two words—health promotion—impart a multitude of opportunities and challenges. Let us assess how we can best ensure that dental public health is fully a part of the “new public health.” What should the blend be between our efforts to promote health and our efforts directed toward oral health promotion? How can we best partake in intersectoral activities that promote health? We may want to start by revisiting the definition of dental public health, created in 1976 (5), just two years after the Lalonde report was released. Enhancing health literacy as well as oral health literacy will be key. Health literacy, if successful, will empower individuals who have “the capacity to obtain, interpret, and understand basic health information and services, and have the competence to

use this information and these services in ways that are health enhancing” (6). What a powerful partnership with the public that would create!

Use Public Health Intelligence

Lastly, we should use our individual and collective “public health intelligence.” In our daily lives each of us has the capacity to see and act upon public health opportunities and needs in a very specific way. Public health intelligence allows us to identify enablers who would enhance our future capacity to promote health, and to take needed actions early in the continuum. This intelligence is not based on a foreseen problem; rather, it focuses on the ability to foresee the public health opportunity. For example, those of us at the National Institutes of Health may foresee the clinical research design and data needed for public health policy development, as well as the demonstration research needs to facilitate broad-based adoption. Each of you are able to see similar opportunities and needs in your own settings. Let us use AAPHD as a reservoir for documenting these timely actions to see how anticipatory, health-promoting public health education, services delivery, policy development, and research work.

Take Time to Plan (and Act) Strategically

To take advantage of the promises before us and to address the realities, we periodically need to take stock of where we are and where we are going. As an organization of multidisciplinary members strategically located in every type of public and private setting, AAPHD is uniquely qualified to organize, collaborate, invest, and take additional action on behalf of the public's health. With this concept (with the help of Caswell Evans and Burt Edelstein) the Executive Council began the process of developing a draft strategic plan this past spring for your review. Your registration materials include an insert with the draft vision, mission, and values for your comments. You will see a reaffirmation of our goals, which provide a strong base for our actions. We need your input on all of these, as well as on what you see as

both short-term and long-term priorities for the organization. In this process we also would benefit from having individuals outside our organization assess us, and we need to obtain input from the public.

An organization is a microcosm of the world around us. It can be a safe haven where like-souls can gather and garner new ideas from one another. It can be a safe place for testing and negotiating new ways of doing things. It is a forum for exploration of ideas and concepts, for calibration of approaches and theories, for building strategies, and for testing actions. However, it also is a tool for making a difference in the world around us.

On behalf of the Officers and Executive Council, I want to thank all of you for your dedication and support of the public's health. A special thanks also goes to those who have chaired and served on committees and taken time to contribute to AAPHD's mission and visibility. We need and value your involvement! Let us keep AAPHD an effective and active “gathering place” for individuals with a passion for promoting and improving upon the public's health year round. Together we have the ability to make an incredible difference. Our goals give us the structure for defining our new directions. Let us take this opportunity to make magic out of the coming 62 years as those who came before us did for the past 62 years. Thank you.

References

1. Ashton J. Institutes of public health and medical schools: grasping defeat from the jaws of victory? *J Epidemiol Community Health* 1993;47:166-8.
2. White BA. President's welcome and address. Dental public health: our journey into the 21st century. *J Public Health Dent* 1999;59:81-3.
3. Gebbie KM. The public health workforce: key to public health infrastructure. *Am J Public Health* 1999;89:660-1.
4. Young WO. Preface. In: Young WO, Striffler DF, eds. *The dentist, his practice, and his community*. Philadelphia: WB Saunders Co, 1969:xi.
5. American Dental Association, Commission on Dental Accreditation. *Requirements for advanced specialty education programs*. Rev. ed. Chicago: ADA, 1980.
6. Joint Committee on National Health Education Standards. *National health education standards for achieving health literacy*. Atlanta: American Cancer Society, 1995.