

National Oral Health Call to Action: Keynote Address at the 2003 National Oral Health Conference

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Earlier this morning I met with representatives of some of the organizations that have provided input and expressed their support for the National Call to Action. While it is impossible to thank each and every one of you who have provided input into the National Call to Action personally, I am pleased that I could at least visit with your association leaders.

I want to thank Dr. Caswell Evans for accepting the assignment to the Office of the Surgeon General to coordinate this effort. His experience as executive editor of the first "Surgeon General's Report on Oral Health" three years ago has proven to be invaluable.

Also, thanks to the National Institute of Dental and Craniofacial Research and the Centers for Disease

Control and Prevention for their support of this effort, and in particular the work of two individuals well known to you: RADM Dushanka Kleinman, our Public Health Service chief dental officer, and Retired RADM Bill Maas, who was chief dental officer when the "Surgeon General's Report on Oral Health" was released and has continued to work closely with the Office of the Surgeon General as we act to address its findings.

When I speak to audiences all over America, I tell them "We can't go it alone." As Secretary Thompson says, "We have to get out of our silos and sectors and work together." It takes partnerships to solve public health problems.

That is certainly the case for disease and injury prevention, domestic pre-

paredness, and eliminating disparities, all priorities President Bush and Secretary Thompson have asked me to focus on. It is also the case for making sure we have our oral health that is so essential to overall health.

The burden of oral infections and conditions that affect the mouth, face, and jaws is so broad and extensive that the dentists can't do it alone, the hygienists can't do it alone, surgeons can't do it alone, government agencies can't do it alone, and the average person can't do it alone. It will take all of us working together to continue to make progress in advancing the oral health of this country.

And we will need to invite and entice new partners to join us—such as social workers, school nurses, and others.

Today's National Call to Action is an important part of this administration's emphasis on prevention. Today, more than 75 percent of our health care dollars are spent on chronic diseases and conditions that are largely preventable: diabetes, obesity, heart disease, stroke, and various cancers.

I was with Secretary Thompson in Baltimore two weeks ago to help him launch his bold new initiative, "Steps to a Healthier US," which is designed to help move the nation from a disease care system to a TRUE health care system.

As we look at the broad picture of health care in this country, there are perverse incentives in our nation's health care system. We are a treatment-oriented society. We wait for people to get sick and then we spend top dollar to make them healthy again. We reward caretakers for doing extraordinary things that are very costly to save somebody who largely could have made decisions years before that would have prevented the disease or injury from occurring.

We need your help to bridge the cultural divide from a treatment society to a prevention society. I commend



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the emphasis of this Call to Action on prevention.

My purpose here today is to encourage each of you to determine what you can do to promote oral health and prevention of oral disease in your own practices, or your own employment settings, through professional and community organizations you are part of, and in your own homes. That's what this National Oral Health Call to Action is all about!

While oral health is tremendously important to all Americans, I'm sure I don't have to tell you that it is not always the focus of much attention! Americans tend to have the perception that oral health is less important than, and separate from, general health. But we must remember that the mouth is essential for so many of the day's activities, such as talking, eating, and breathing. I sincerely appreciate the focus of this report, especially in the context of a holistic prevention approach. Let's face it, prevention starts with the head. And oral health begins at birth.

Tooth decay is the single most common chronic childhood disease. Over half of children aged 5–9 years have at least one cavity or filling; by age 17 years, nearly 80 percent of our young people have had a cavity.

Unfortunately, nearly one in 600 children is born with a cleft lip or palate. Thanks to the work of so many people, we have forged technologies and techniques that can greatly reduce or eliminate the cleft and restore appearance and structure.

In addition, toothache and craniofacial disorders are common among adults. Twenty-two percent of adults in our nation report some form of orofacial pain in the past six months.

And oral and pharyngeal cancers, primarily found in the elderly, are diagnosed in about 30,000 Americans annually; 8,000 people die from these diseases each year. Poor oral health can adversely affect all aspects of life. Kids can't learn in school if they are in pain. They may have trouble eating or speaking. Adults lose work hours due to visits to the dentist to treat periodontal illnesses or to repair teeth already burdened by restorations placed many years earlier because of tooth decay.

Even our military readiness is compromised by dental problems! The Oral Health Report Card released last

week by Oral Health America states that oral health problems are a significant problem for young people attempting to enlist in military service.

And beyond enlistment, oral health problems affect deployment. I don't have figures yet for Iraq, but the Army Inspector General reported after Desert Storm that dental and medical limitations were responsible for more than 60 percent of nondeployable soldiers in that conflict.

I don't want to be the surgeon general who has to tell General Tommy Franks, sorry, the dental health of our young people is so poor that our soldiers can't keep America safe!

The goals of this Call to Action reflect those of Healthy People 2010, and in fact, reflect the priorities of the Department of Health and Human Services and my own as surgeon general: prevention, health promotion, and eliminating disparities among ethnic and racial groups.

Specifically, the goals of the Call to Action are:

- to promote oral health,
- to improve quality of life, and
- to eliminate oral health disparities.

Sounds simple enough, but how do we get there? We have work to do. It will be up to those of you in this room to help make oral health care a part of all health policy agendas set at the local, state, and national levels. We must first educate the public, health professionals, and policy makers about the importance of oral health to general health and well-being at every stage of life. In addition, the oral health community must act to address the nation's overall health agenda.

The national Call to Action we are issuing today can be considered as a "map"—a way to guide our efforts on improving oral health. The Call to Action asks for your response in five Action Areas:

1. *Change perceptions of oral health.* We can no longer afford to have Americans believe oral health is separate from their general well-being. Improving the health literacy of the public, including oral health literacy, is key. Making sure other health professions are knowledgeable about oral health also is necessary.

2. *Replicate effective programs and proven efforts.* Several states are conducting innovative programs through Medicaid to increase dental coverage.

3. *Build the science base.* Biomedical and behavioral research will transform our knowledge of the prevention, diagnosis, and treatment of oral disease. But this knowledge must rapidly be turned into action for the public, providers, and community programs. We must ensure that the new science benefits all consumers, especially those who are in poorest oral health or at greatest risk.

4. *Increase oral health workforce diversity, capacity, and flexibility.* Women and minorities are underrepresented in the oral health professions, especially African Americans, Hispanics, and Native Americans. We should encourage diversity within the dental profession and culturally competent messages as part of our effort to eliminate disparities.

5. *Increase collaborations.* Disease prevention and health promotion campaigns that affect oral health—such as proper brushing and flossing and regular check-ups, as well as tobacco control, diet counseling, health education aimed at pregnant women and new mothers, and support for use of oral facial protection for sports—can lead to overall improved oral health for this nation.

This national Call to Action is aimed at organizations rather than the public at large.

What that means for you, who are the catalysts for change, is this: you have a special responsibility to carry the message to the public you serve. Use this guide. Figure out ways to make the material friendly to various segments of the public you serve. If you have a prevention message, write it in plain English, or write it in Spanish for Hispanic audiences, or whatever is appropriate. But this doesn't exempt the general public from making smart choices.

It is also important to remember the prevention message President Bush, Secretary Thompson, and I have been emphasizing all over America is as applicable for ensuring oral health as it is for avoiding other chronic conditions.

There are simple, small steps that any person can take to improve their oral health and, by extension, their overall health:

- proper brushing and flossing,
- use of fluoride rinse or toothpaste,
- regular visits to the dentist,
- healthy eating,

- limiting use of alcohol, and
- avoiding tobacco.

We know that tobacco use—whether cigarette, cigar, or smokeless tobacco—can cause various forms of oral cancer. Less well known by the public, and even by many health professionals, is that cigarette smoking is responsible for half the cases of periodontal disease in the United States. Excess sugar causes tooth decay. And, lack of folate is associated with birth defects like cleft lip and palate.

Our injury prevention message also fits for oral health. I tell children to wear their seatbelts, to wear helmets while bicycling and skateboarding, and to wear mouthguards while participating in sports. These injury prevention messages are applicable for oral and facial injuries, as well as other types of injuries.

Think of the many perspectives we have right here in this room, and the tremendous opportunity those perspectives represent for carrying the prevention message on oral health out to the public. There are dentists who may see a child as a toddler with his mother or other family member. That

is an opportunity to share the prevention message with the whole family. There are dental hygienists who spend a great deal of time with each patient and can enhance the prevention message. There are representatives from government agencies who can help design prevention materials for dissemination by their agencies that are easily accessible to the “average American.” There are policy makers who can help shape the debate on various levels to ensure that the oral health prevention perspective is heard.

Earlier I mentioned Secretary Thompson’s “Steps to a Healthier US” Prevention Summit. It was a great thrill to see so many professionals dedicated to disease and injury prevention working together. Thompson asked everyone there to be “1,000 messengers for prevention.” In that spirit, I ask all of you to be messengers for prevention of oral disease! I’m counting on you to help get the prevention message out for better oral—and overall—health.

In closing, I would like to say that I view today as a second step, but by no means the last step, in our journey

toward better oral health for America. The first step was the 2000 Surgeon General’s Report on Oral Health, which looked at the status of oral health in America. Today is the day we send our oral health force into action with specific ideas and specific charges. You are responsible for what happens next.

We are at a point in our nation’s health history when we can really make a difference. Each and every one of us has the duty and responsibility to use the tools at our disposal to effect positive change. This change can come at the national level, it can come at the state level, it can come at the community level, or it can come in our own homes. Today must be a day of change. Today must be a day when our work is a catalyst for better oral health for all Americans who need it. All of you in this room have spent the better part of your lives working toward achieving the goal of improved oral health. Today I stand with you, congratulating you on your efforts, and promising to work with you to improve the health and lives of all Americans.