Placing Oral Health on the Health Care Agenda: Lessons Learned from the United States

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A symposium on *Access and Care: Towards a National Oral Health Strategy* was held May 13–15, 2004, in Toronto. The symposium's objectives were to develop key recommendations for a national oral health policy, and to identify knowledge, service and funding gaps in oral health. Dr. Dushanka Kleinman was the keynote speaker. A summary report of the symposium and selected presentations are available at http://individual.utoronto.ca/accessandcare.

The symposium on *Access and Care: Towards a National Oral Health Strategy* provides a unique opportunity to assess the current status of oral health care for Canadians and to develop options for a national oral health strategy. Taking steps to place oral health on the health care agenda is one component of such a strategy and one that the United States has experienced in a variety of ways.

Whether we are in the United States, Canada or another country, it is our responsibility to inform others of the effects of oral diseases on society and on general health and the benefits of good oral health. We know that to improve oral health a more extensive approach is required as

- oral health is integral to overall health and well-being
- dental care is a critical component of primary health care
- responsibility for oral health involves the broad-based health, social service and education communities
- both public and private health care systems must include oral health components
- all care must be science based.

Placing oral health on the health care agenda requires the commitment of people, investments in partnerships and sustainability of effective programs. The United States experience has been one of perseverance and persistence over time and there is still much more to be done. Using the emerging science base and having the right people in the right places have been major contributors. In addition, the following lessons have emerged and may serve as references for similar efforts in Canada.

Lesson 1

Getting oral health needs recognized by diverse communities of interest and, especially, putting a "personal face" on the issues stimulates interest and action.

The message is more powerful and is more likely to stimulate action when the lay public, policymakers, program directors and health care professions work together to emphasize the importance of oral health to overall health and well-being. Each group has a different imperative and audience. Together their impact is greater.

Voluntary groups attach a "personal face" to the effects of the neglect of oral disease. In the United States, such voluntary groups as Family Voices, the National Foundation for Ectodermal Dysplasias, Support for People with Oral and Head and Neck Cancer and the Sjögren's Syndrome Foundation, have played instrumental roles. They have done so by informing educators, dental and medical practitioners and legislative decision-makers about the importance of appropriate oral health care to their unique conditions and to oral health overall.

Lesson 2

The communication of the science base and the value of oral health to society at national and local levels by trusted leaders (preferably non-dental) enhances trust in and visibility of the "message."

The United States has benefited from the "bully pulpit" statements and science-based reports of the surgeon general. The oral health effects of tobacco use were included in the

Two of the speakers at the symposium: Dr. David Mock, dean of the University of Toronto's faculty of dentistry, and Dr. Patricia Main, associate professor in community dentistry at the faculty.

Minister of State (Public Health) Dr. Carolyn Bennett was one of the government representatives attending the symposium.

Dr. Kleinman acknowledged that the health promotion efforts of the United States have benefited from the role model established by Canada.

Dr. Mock discussed innovative research and programming from the perspectives of faculties and hospitals.

first surgeon general's report on smoking and health in 1964.[1] Since then, surgeon general reports on tobacco have included an assessment of oral health. In addition, oral health is included in the surgeons general reports on health promotion and disease prevention and on nutrition and in statements on water fluoridation and dental sealants. Several surgeons general have provided a critical focus on oral health within their unique areas of emphasis. For example, Surgeon General C. Everett Koop stressed that "You are not healthy without good oral health," a comment that resonated with his activities aimed at curbing the HIV/AIDS epidemic. Surgeon General Antonia C. Novello invested in oral health as a key component of her initiative aimed at having children healthy and ready to learn on entry to school.

The visibility of oral health in the United States has benefited greatly from the release of the first oral health report in 2000, *Oral Health in America: A Report of the Surgeon General*.[2] This report was commissioned by the secretary of the Department of Health and Human Services, Donna Shalala, and released by Surgeon General David Satcher. The report raised awareness of oral health, nationally and internationally. It highlighted the fact that "oral health is essential to the general health and well-being of all Americans and can be achieved. However, not all Americans are able to take that message to heart." The report described "a 'silent epidemic' of oral diseases… affecting our most vulnerable citizens — poor children, the elderly, and many members of racial and ethnic minority groups."

These messages have been used to stimulate action. Together with many other efforts related to oral health, these messages have contributed to national, state and local actions, including development of state oral health plans, oral health campaigns, Medicaid summits focused on oral health and legislation extending oral health reimbursement.

Lesson 3

Acquisition, analysis and reporting of data to plan, monitor and evaluate health status and programs are critical. These data provide the rationale for action and permit comparisons among different health needs of the public.

The United States still has a way to go to improve national data systems and surveillance infrastructures. However, the importance of and the need for these systems were emphasized with the establishment of national objectives with measurable outcomes. These objectives were set after the release of the 1979 surgeon general's report on health promotion and disease prevention[3] and renewed every 10 years; since 1980, progress toward them has been measured every 5 years.

Setting the objectives required baseline data and the capacity to monitor changes over time. The current *Healthy People 2010* objectives specify outcomes to be assessed for multiple subpopulations. The 2010 oral health objectives focus on reducing oral diseases, delivering critical services (such as dental sealants, community water fluoridation and dental examinations) and increasing the public health dental care infrastructure.[4] In addition, numerous oral health-related objectives are included in chapters on access to quality health services, education and community-based programs, health communication, medical product safety and general public health safety. The data used to monitor progress can also be used to compare the health status of populations and health conditions. Data have been organized by state and made available on the Internet (www.cdc.gov/OralHealth/state_reports/index.htm).

Lesson 4

The development and availability of planning documents facilitate collaborations and partnerships among individuals and communities. These documents highlight common goals and contribute to extended partnerships.

The United States has benefited from multiple documents, such as *Healthy People 2010*, that provide a focus for a range of communities of interest. One recent example is *A National Call to Action to Promote Oral Health*, released in 2003 under the leadership of the Office of the Surgeon General.[5] This document brings together a framework for action from the surgeon general's oral health report and the *Healthy People 2010* oral health objectives — to promote oral health, improve quality of life and eliminate oral health disparities. Five actions are highlighted: change perceptions of oral health; overcome barriers by replicating effective programs and proven efforts; build the science base and accelerate science transfer; increase oral health workforce diversity, capacity and flexibility; and increase collaboration.

Other documents include *A Plan to Eliminate Craniofacial, Oral and Dental Health Disparities*,[6] a research agenda supported by the National Institute of Dental and Craniofacial Research; state oral health program plans, supported by the Centers for Disease Control and Prevention[7]; and the *Future of Dentistry* report,[8] supported by the American Dental Association. These and other documents provide a context for addressing oral health within such categories as biomedical and behavioral research, public health programs and health services. Each of these areas provides another venue for placing oral health on the health care agenda. At the same time, the national call to action benefits from these individual efforts and serves to support them.

Aligning with existing movements that have common elements can enlarge the circle of supporters. For example, strengthening the infrastructure for public health surveillance can increase the availability of oral health data. In addition, enhancing the capacity of individuals to "obtain, process and understand basic health information and services needed to make appropriate health decisions" will contribute to overall health literacy as well as to oral health literacy.[9]

These lessons have contributed to an expanded base of committed individuals and organizations at multiple levels working together in partnerships to address oral health needs in the United States. These partnerships are supported when data are in hand to plan strategies, assess effectiveness of programs and monitor progress. Although there are many other lessons from the United States experience, the basic steps of developing a plan of action, working to remove barriers and investing in evaluation must be part of any effort to place oral health on the health care agenda.

I know that the Canadian dental community will succeed in establishing a national oral health strategy. I must acknowledge that the health promotion efforts in the United States have benefited from the role model established by Canada with the Lalonde report,[10] the Canadian clinical preventive services task force[11,12] and so much more. I also know that those of us in the United States will learn from the course you set as a result of this symposium. ➧

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The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

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