Surgeon General's Report on Oral Health

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I recently issued the first-ever Surgeon General's report on oral health. This is the 51st Surgeon General's report issued since 1964, when Luther Terry issued his landmark report on tobacco and health. These reports have helped frame the science on vital health issues in a way that has helped educate, motivate, and mobilize the public to more effectively deal with these issues. It is my hope that this report will have a similar impact.

When we speak of oral health, we are talking about more than healthy teeth. We are talking about all of the mouth, including the gums, the hard and soft palates, the tongue, the lips, the chewing muscles, the jaws—in short, all of the oral tissues and structures that allow us to speak and smile, to smell, taste, touch, chew and swallow, and to convey a world of feelings through facial expressions.

Oral health also means being free of oral-facial pain conditions, oral and pharyngeal cancers, soft tissue lesions, birth defects such as cleft lip and palate, and a host of other conditions.

We have also found that oral health is integral to overall health. New research is pointing to associations between chronic oral infections and heart and lung diseases, stroke, low birthweight, and premature births. Associations between periodontal disease and diabetes have long been noted. Oral health must be a critical component in the provision of health care, and in the design of community health education programs.

In terms of the oral health of our country, there is good news and bad news. The good news is that there have been dramatic improvements in oral health over the last 50 years. Great progress has been made in understanding the common oral diseases, such as tooth decay and gum diseases. Today, most middle-aged and younger Americans expect to retain their natural teeth over their lifetimes.

The bad news is that we still see a "silent epidemic" of dental and oral diseases across the country. Many of us still experience needless pain and suffering, as well as financial and social costs that diminish the quality of life at work, at school, and at home.

Some examples:

- Tooth decay is currently the single most common chronic childhood disease—five times more common than asthma and seven times more common than hay fever;
- Oral and pharyngeal cancers are diagnosed in about 30,000 Americans each year, and 8,000 people die annually from these diseases;
- Nearly one in four Americans ages 65 to 74 have severe periodontal disease;
- Oral clefts are one of the most common birth defects in the United States, with an approximate prevalence rate of 1 per 1,000 births.

Another concern is that not all Americans are achieving the same degree of oral health. Although safe and effective means exist of maintaining oral health for a majority of Americans, this report illustrates profound disparities. Among those suffering the worst oral health are poor Americans, especially children and the elderly. Members of minority racial and ethnic groups also experience a disproportionate level of oral health problems. And people with disabilities and complex health conditions are at greater risk for oral diseases that, in turn, further complicate their health status.

Major barriers to oral health include lack of dental insurance or the inability to pay out of pocket, as well as other access factors such as a lack of transportation or an inability to take time off work to seek care. While about 44 million Americans lack medical insurance, about 108 million lack dental insurance. Only 60 percent of baby boomers receive dental insurance through their employers, while most older workers lose their dental insurance at retirement. Meanwhile, uninsured children are 2.5 times

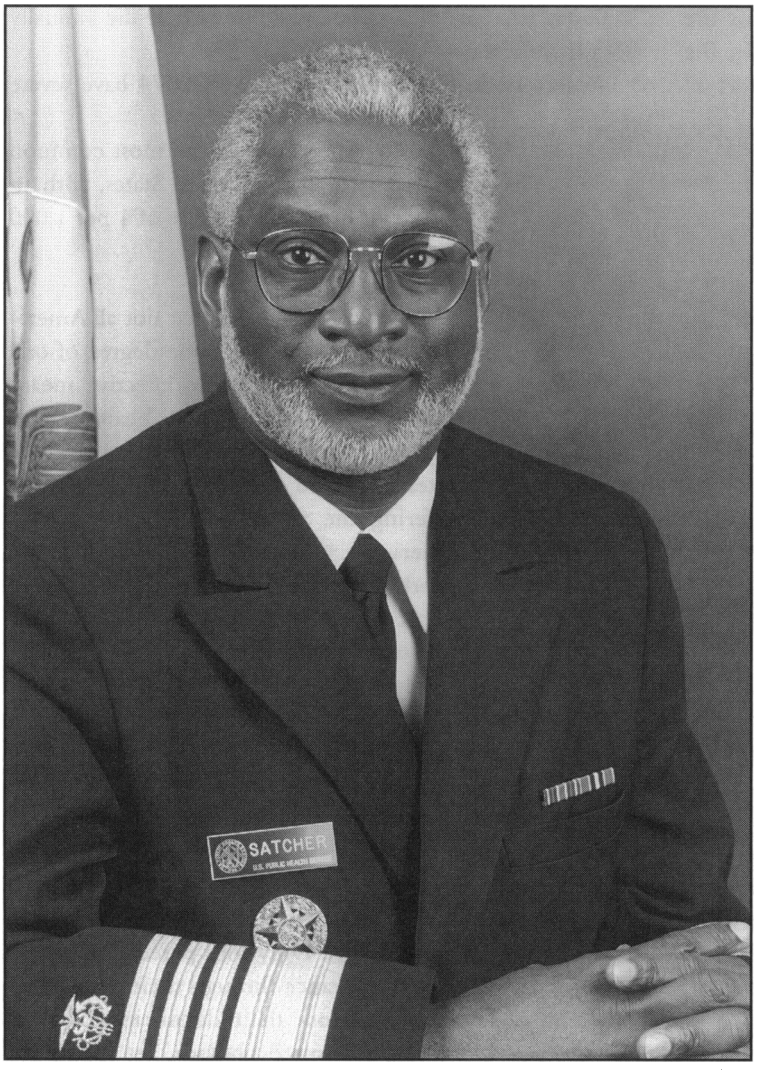
less likely to receive dental care than insured children, and children from families without dental insurance are three times as likely to have dental needs as their insured peers.

Safe and effective measures for preventing oral disease—including water fluoridation, dental sealants, proper diet, regular professional care, and cessation of tobacco use—are underused. For example, 100 million Americans do not have fluoridated water. And the smoking rate in America remains at about 23 percent, even though Surgeon Generals' report on tobacco since 1964 have established the connection between tobacco use and oral diseases.

So what can we do improve oral health in America?

First, it is important that we continue to build the science base on oral health. Research has been at the heart of scientific advances in oral health over the past several decades. Our continued investment in research is critical if improvements are to be made. There is an overall need for behavioral and clinical research, clinical trials, health services research, and community-based demonstration research. The development of risk assessment procedures for individuals and communities and of diagnostic markers to indicate whether an individual is more or less susceptible to a given disease can provide the basis for formulating risk profiles and tailoring treatment and program options accordingly.

Epidemiologic and surveillance databases for oral health and disease, health services, utilization of care, and expenditures are limited or lacking at the national, state, and local levels. Data are essential for generating research hypotheses, planning and evaluating programs, and identifying emerging public health problems. Future data collection must address differences among the sub-populations making up racial and ethnic groups. More attention must also be paid to demographic variables such as age, sex, sexual orientation, and socioeconomic factors in determining health status. Clearly, the more detailed information that is available, the better program planners can establish priorities and target interventions.



We also must build an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health. We must work to change perceptions about oral health among the general public, among policymakers, and among health providers. We must remove the barriers between people and oral health services. We must expand initiatives to prevent tobacco use, promote better dietary choices, and encourage the use of protective gear to prevent sports injuries. And we must build public-private partnerships to provide opportunities for individuals, communities, and health professionals to work together to maintain and improve the nation's oral health.

Oral Health in America: A Report of the Surgeon General can be accessed on the Web at **www.surgeongeneral.gov/library/oralhealth/**. A few weeks after its release, we held a Surgeon General's Conference on Children and Oral Health. We heard reports from public-private partnerships around the country on the remarkable efforts they have launched to improve oral health for children. Abstracts of the conference presentations are available at **www.nidcr.nih.gov/sgr/children/children.htm**.

In the past half century, we have come to recognize that the mouth is a mirror of the body, a sentinel of disease, and critical to overall health and well-being. The challenge facing us today—to help all Americans achieve oral health—demands our best efforts.