DISCUSSION with DAVID SATCHER

THE FORMER U.S. SURGEON GENERAL REFLECTS ON HIS SEMINAL REPORT THAT PUT ORAL HEALTH ON THE NATIONAL AGENDA, AND THE POLICY STEPS THAT STILL NEED TO BE TAKEN

SCIENTIFIC AMERICAN: "Oral Health in America" was a landmark report. What factors compelled you to issue it?

SATCHER: I think the request from the oral health community, including dentists and others, had probably been there for many years. When I got to Washington—having come from the CDC (Centers for Disease Control and Prevention)—I was especially concerned about areas that had not been dealt with, like mental health and oral health, and obesity. So oral health was very high on our list because it had been neglected by the surgeon general's office. We tried to make it very clear that this was not about the dental profession, it was about oral health, and that oral health was everybody's business—everybody who was concerned about health and health care.

Were there specific issues around oral health that were of particular concern at that time, both to you and to the medical and dental communities? Well, one issue was disparities in health. If you go back to the "Healthy People 2010" report that we released in January 2000, we looked at two major areas. One was the quality of life of people as they get older; one of those issues was edentulousness (tooth loss). The second was the issue of disparities in health among different racial and ethnic groups. I don't think there is any area that demonstrates health disparities more than oral health—there are 108 million Americans who lack dental insurance.

Since that time, what steps have been taken toward addressing the issues outlined in the report—and how did it help mobilize efforts for better oral care and greater awareness? Both in the public and private sector, we've seen increased focus on oral health, funding programs and educating the population. The National Center for Dental and Craniofacial Research at NIH (National Institutes of Health) has now funded several Centers of Excellence on oral health research. In the private sector, the Robert Wood Johnson Foundation funded 19 dental schools to develop outreach programs into communities around them. Other foundations have also focused increased attention on oral health.

The other thing that I appreciate is that it's led to new partnerships between doctors and dentists and other oral health professionals. I think [the report] rejuvenated the field in many ways.

As more evidence comes in linking oral health to other medical conditions, what further efforts do you feel need to be taken, in either clinical practice, public education or policy? I think in all of those areas there is a need for enhanced education and communication about the magnitude of the problem of oral disease—and its significance. Especially when you begin to tie periodontal disease to low birth weight or adverse pregnancy outcomes, increased risk for diabetes or cardiovascular disease and stroke. Those are the ones where there is mounting evidence. We still don't have that definitive, long-term study because those take a long time, but more and more studies support the associations.

And I don't mean just public education. Clearly, in the future, it will be critical that medical students, dental students, nursing students and public health students be educated about the significance of oral disease as it relates to systemic disease—and about some of the things we can do to intervene.

In light of continued evidence linking oral and systemic health, is the mandate to address socioeconomic differences in oral health care access even more pressing? I think it is. Our report stated that 20 percent of the population now suffers more than 80 percent of oral health disease. About one third of the elderly, by the time they're 65, are edentulous. We know that periodontal disease is more common in African-American men in general, and that it's more common in smokers. So I think we're now in a position to begin to target populations [who are most adversely affected].

Many people without health care might go to a dentist, whereas they may not have had a medical checkup in some years. What kind of responsibility should fall on the dental profession in those cases, where perhaps they're treating a diabetic patient that also has gum disease? Well, I think diabetes is a good example, because the association with periodontal disease is probably most clear. Since we know that people with diabetes are at greater risk for oral health disease, counseling patients about being tested for diabetes [or making sure that their diabetes is under control] is important. The education about diet that dentists give is important for both the health of the mouth and for the over-

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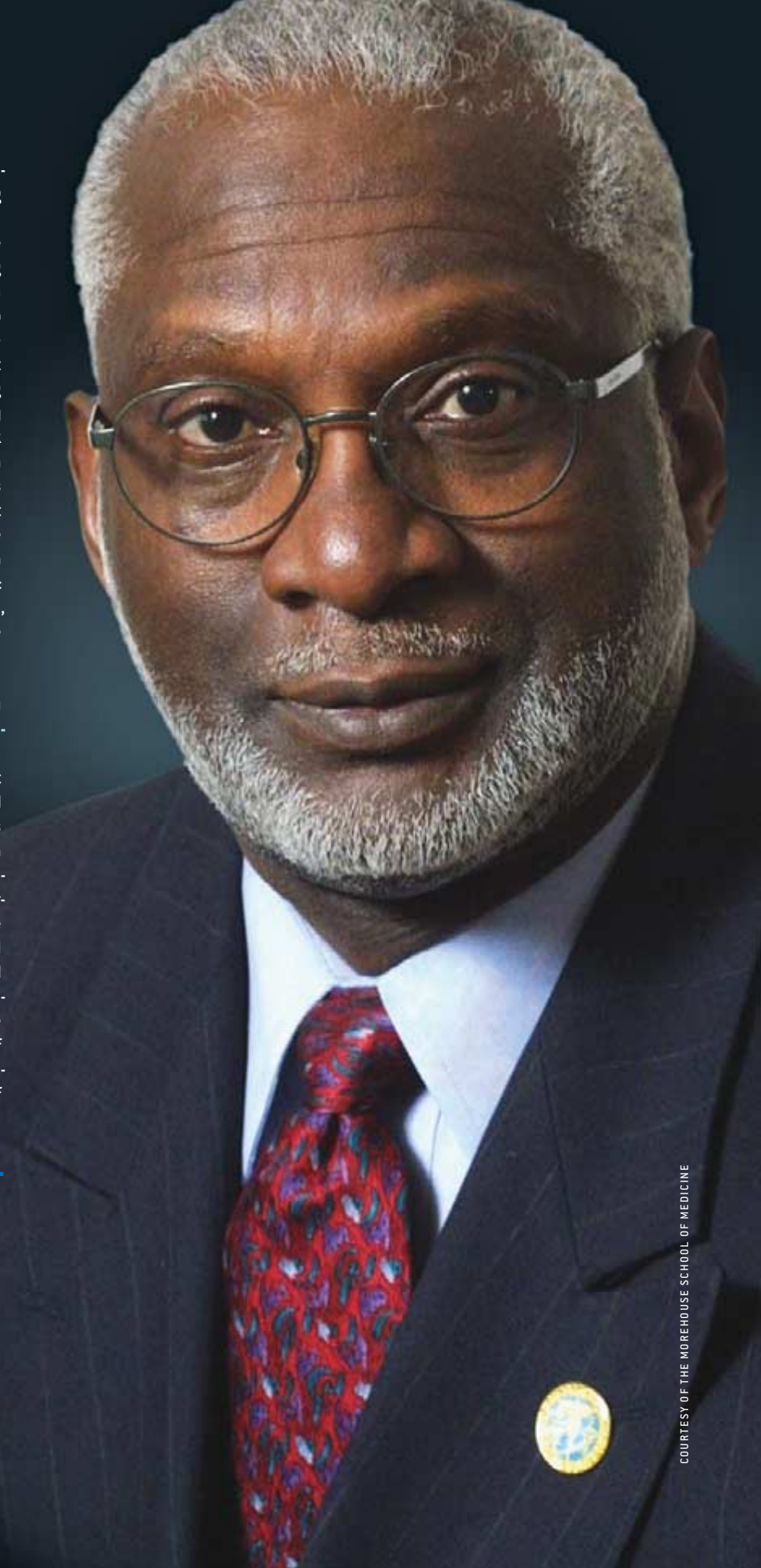
all health of a person with diabetes: increasing fruits and vegetables, and decreasing sweets, meats and calories.

Dentists, by focusing on the mouth, have an opportunity to look at what's happening to the whole person. And by partnering with the health professional, they can work to make sure that the [patient] gets the care that he or she deserves. I was thinking about the role that dentists are playing in helping people [to] quit smoking, because they focus on how their teeth and gums look when they smoke. And so, in recent years a major avenue for smoking cessation has been to get dentists involved. I think that these [medical-dental] partnerships are being forged both ways. The mouth is an important mirror and a window to the body: it's not just what is going on in the mouth, it's what's reflected in the mouth about the state of health of the body.

What other comments do you have that you think would be good for both dental professionals and the general public to hear?
The overriding message that came out of that report is the importance of access to oral health care; the fact that so many Americans don't have access to oral health care is a major concern ... and that it disproportionately impacts low income families and minorities. Hopefully, as a nation, we should be moving towards universal access to oral health, as well as health care in general. I know that there were some states that significantly increased their Medicaid coverage for oral health after our report. [But] many of those states, after they had budget problems, cut back Medicaid again, which, of course, hurt all aspects of health care.

DAVID SATCHER completed his four-year term as the 16th surgeon general of the United States in February 2002. He also served as assistant secretary for health from February 1998 to January 2001, making him only the second person in history to have held both positions simultaneously



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