Making Oral Health a Priority

By Michelle Meadows

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Many adults, including some who are highly educated, can not remember the last time they went to the dentist. Somehow the dental checkup does not make it on the annual "to do" list, and when it does, it is usually ranked far below getting a physical exam.

But what many people do not know is that oral health is health. The condition of the mouth reflects the condition of the body and can help dental care providers identify many serious diseases. Oral health can impact our appearance, posture, sexuality, the way we talk, sing, and whistle, according to Joseph L. Henry, DDS, PhD, ScD, Professor Emeritus and Associate Dean for Faculty Affairs at Harvard University, and Dean Emeritus at Howard University.

"In many ways, our oral health affects who we are and can mean the difference between life and death."

Americans are bombarded with false media messages that the dentist's chair is usually a painful place and that looking good is what matters most—even if that means whitening our teeth but neglecting our cavities.

New parents are driven by immunization schedules but have no idea how they should care for their baby's gums. "We also hear much more about good nutrition as it relates to losing weight than we hear about good nutrition as it relates to cutting down on the sugar and acid that can decay our teeth," said Dr. Henry.

Sometimes people mistakenly assume they don't have to worry because dental caries has been all but eliminated by fluoridation of water supplies, said Dr. Henry. "But the fact is that almost half of the water supplies of this nation are not fluoridated, and dental caries occurs unnecessarily in 80 percent of children's mouths by the time they reach their 18th birthday."

Oral health is our health

Even when oral health is acknowledged, many consider it separate from their general health. But with this view can come complex, expensive, and even life-threatening emergencies.

The oral cavity is involved with three of the five important basic human senses: taste, smell, and touch. It is the beginning of the digestive system and has an important physical and chemical role in the digestive process.

Just as poor oral health can lead to poor general health, poor general health can lead to poor oral health.

For example, people with diabetes are more susceptible to oral health problems. In fact, more than 90 percent of systemic diseases have oral manifestations. Well known cases include Kaposi's sarcoma (cancer that is sometimes associated with AIDS), partoid swelling (mumps) and xerostomia (dry mouth after radiation for oral cancer).

"Probably less known is how poor oral health leads to poor general health," according to Dr. Henry. Infections in the mouth can enter the blood stream and impact major organs. One example is bacterial endocarditis, a condition in which the lining of the heart and the heart valves become inflamed. Poor mouth care can also contribute to oral cancer, any one of a variety of cancers on the lip or in the mouth. Dental health professionals are often the first to recognize the patches or sores that can signal cancer.

"In many ways, oral health affects who we are and can mean the difference between life and death," said Dr. Henry. But as with other areas of health, we can and should take steps to ensure prevention and early detection. Untreated tooth decay can lead to tooth abscess, which left untreated can result in tooth loss and serious destruction of bone in the jaw.

Gum disease, an infection of tissues that support our teeth, is a major cause of tooth loss in adults. But daily brushing and flossing can prevent it and often reverse the early stages. After age 35, three out of four adults are affected by some form of gum disease, according to the American Dental Association. Research also shows that racial and ethnic minorities and groups with low levels of education have the least knowledge of the preventive power of fluorides, dental sealants for cavities, and gum disease symptoms.

Dr. Henry's Tips for Making Oral Health a Priority:

- **Take the truth about oral health to parents and K-12 teachers.** "Who we are and what we believe begins in childhood. To end misconceptions about oral health, we must raise our children to view oral health as an integral part of their overall health."

- **Stop leaving dentistry on a rung behind medicine.** "A good colleague of mine had to fight on behalf of army dental corps professionals to make pay and benefits comparable to that of medical corps health professionals. Every time a bill comes up about raising pay or benefits for health professionals, we've had to add dentistry on because it's always left out. These are two parallel professions and should be treated as such, whether it comes to funding programs or improving insurance coverage. Most health insurance programs provide little to no dental coverage.

- **Improve education about the importance and scope of the dental profession.** "Bright students across the country turn away from dental careers because they have no idea about the lifesaving power they could hold. We need to tell them about the range of specialties, from oral and maxillofacial surgery to orthodontics. When I took general sciences classes alongside medical students, I had professors who asked why I chose dentistry. Unfortunately, they assumed all the bright students belonged on the medical track."

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- **Let us renew our commitment to the oral health profession.** "During the last 20 years, seven dental schools have closed their doors including Georgetown, Emory, and Northwestern Universities. We have learned that in order to survive, dental school faculties must show significant contributions to parent universities and surrounding communities. This lesson requires looking at the mission of the school and leading the way with cutting-edge research and technological advances in oral health."

- **Help underserved people improve self-esteem.** "Look at the mouths of 25 underserved teenagers and you will find incredible loss of teeth and poor hygiene. Ask them about their motivation to go out and get a job, and they will ask you: 'Who would hire me looking like this?' We must recognize the psychological, social, and economic impact of oral health."

- **Fund research so we can learn more about oral health.** "We do not know enough about oral health because state and federal programs are not adequately funded to study it. We especially need research on morbidity related to dentistry."

- **Make the most of recommendations from the Committee on the Future of Dental Education.** "I was privileged to be part of the Institute of Medicine's Committee on the Future of Dental Education, a group of leaders who focused on measures that can strengthen dental education. We talked with students and educators and developed 22 recommendations that should be read and responded to by every administrator, teacher, politician, regulator, and parent in this country. These recommendations, published in Dental Education at the Crossroads: Challenges and Change (1995), include better recruitment and retention of racial and ethnic minorities into oral health careers. When I was at Howard University, we had more than 65 percent of our students go on to practice dentistry in underserved areas. That's because in their 3rd and 4th years, we brought in mentor practitioners who had done the same."

Oral health is health. There's no denying this. Not in our homes and not in our policy making.

For a copy of Dental Education at the Crossroads: Challenges and Change, contact the National Academy Press at 1-800-624-6242. ❖