

Oral Health: Dental Hygienists are Key

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In 2000, the Department of Health and Human Services, the United States Public Health Service, published "Oral Health in America: A Report of the Surgeon General."¹ This report documented the extent of oral disease in our country, the disparities in access to oral health care and the scientific evidence that demonstrated connections between oral health and systemic health. Examples of the burden of oral diseases and disorders reported included the following:¹

- Dental caries is the single most common chronic childhood disease – 5 times more common than asthma and 7 times more common than hay fever
- Over 50% of 5 to 9 year old children have at least 1 cavity or filling, and that proportion increases to 78% among 17 year olds
- Tobacco-related oral lesions are prevalent in adolescents who currently use smokeless (spit) tobacco
- Most adults show signs of periodontal or gingival diseases. Severe periodontal disease affects about 14% of adults aged 45 to 54
- About 30% of adults 65 years and older are edentulous, compared to 46% 20 years ago
- Oral and pharyngeal cancers are diagnosed in about 30,000 Americans annually – 8,000 die from these disease each year
- At any given time, 5% of Americans aged 65 and older are living in a long-term care facility where dental care is problematic

This situation becomes more pronounced when considering that many of the individuals in America either do not have access to dental care or

do not have dental insurance.

Worldwide, oral health presents a significant challenge as well. Dental caries and subsequent tooth decay and periodontal diseases are the most common oral diseases globally. Sixty to 90% of school children worldwide have dental caries. Severe periodontal disease is found in 5 to 20% of middle-aged adults. Further, the incidence of oral cancer ranges from 1 to 10 cases per 100,000 in most countries.² This situation is exacerbated by the fact that dentists are in short supply in nations that have low-to-middle income.

The challenges we face in America and worldwide are to improve oral health by reducing the burden of oral disease and creating strategies for preventing and controlling chronic disease. Recently, an editorial appeared in *Lancet* magazine discussing how oral health is a neglected area of global health, something that has traditionally registered low on the radar of national policy makers. The author cited the importance of prevention as being central to resolving this problem: "Evidence-based, simple and cost effective preventive approaches exist, but they need to be rigorously promoted and implemented. Professionally, health workers, including physicians, nurses, pediatricians and pharmacists can all deliver prevention messages about the use of fluoride and the risk factors for oral disease."³

While laudable that other health care professionals are mentioned as being an important component of prevention of oral diseases, there is no mention throughout the editorial of the role of dental hygienists in oral health disease prevention and control.

Both the World Health Organiza-

tion and the Surgeon General's Report on Oral Health stress the need to reduce risk factors associated with oral disease. Limiting intake of sugars and maintaining a well-balanced nutrition plan, promoting tobacco cessation and decreased alcohol consumption, use of optimal levels of fluoride and placement of sealants and use of protective sports and motor vehicle equipment are approaches that can effectively decrease caries, periodontal disease, oral cancer and facial injuries. Integrating oral health care into national and community health programs is a recommended strategy to reach targeted populations that are underserved.^{2,4}

These recommendations can all be accomplished by using the services of dental hygienists. The health care community at large is unaware of the value provided by dental hygienists to oral and general health. Dental hygienists must be integrated more fully into the health care system to provide a broad array of services identified to meet the needs of the public.

Dental hygienists as a group appreciate their role in prevention and control. Yet, for the rest of the health care community to value and utilize this resource, there must be greater effort expended to educate the public, other health care professionals and policy makers about the contribution dental hygienists can and do make to public health. While publishing in dental hygiene journals and magazines is important, dental hygienists should publish research related to their contributions to health delivery systems as well as the utilization and outcomes of their alternative practice models in journals and publications outside the discipline of dental hygiene. Dental hygiene profession-

al associations need to promote that dental hygienists function in a variety of settings beyond private dental offices, including school based dental clinics, hospitals, managed care organizations, community health centers, correctional institutions and nursing homes. They may work in government, sales or marketing positions, or as educators, researchers,

administrators, health policy makers, managers, consumer advocates or as consultants. Further, dental hygienists must actively seek opportunities to influence national policy makers to promote dental hygienists as the key to oral health prevention practices.

As the Lancet author notes: "Politically, commitment is needed to

integrate oral disease prevention into programmes to prevent chronic diseases and into public-health systems. Good oral health should be everybody's business."³ As dental hygienists, we need to be sure that the public, health care communities and public policy representatives know that oral disease prevention is our business.

References

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