2020 Surgeon General’s Report

Oral Health in America: Advances and Challenges

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Philadelphia, PA
Major Message of 2000: Oral Health is more than healthy teeth and is integral to the general health and well-being of all Americans.

– Safe and effective measures exist to improve oral health and prevent disease.

– Health risk factors, such as tobacco use and poor dietary practices, affect oral and craniofacial health.
The 2003 Call to Action urged that we:

– Change perceptions of oral health
– Replicate effective programs
– Build the science base and accelerate science transfer
– Increase oral health workforce diversity, capacity, and flexibility
– Increase collaborations
How Has the U.S. Changed in the Last 20 Years?

- Aging of the population
- Oral health disparities
- A changing workforce
- Mental illness and substance abuse
- Health care expenditures
- Emerging public health threats
- Advances in research and technology

Source: http://sphweb.bumc.bu.edu/
U.S. Surgeon General’s Priorities

– Opioids and Addiction
– Tobacco
– Community Health and Economic Prosperity
– Health and National Security
– Emerging Public Health Threats
– Oral Health

JEROME M. ADAMS, M.D., M.P.H.
Vice Admiral, U.S. Public Health Service
Surgeon General
Message from the U.S. Surgeon General

https://youtu.be/snOxqakR2zk
A Changing World for Oral Health
How has the World Changed in 20 Years?

– Digitization of everything
  ▪ Communication
  ▪ Information/data management
  ▪ Technology

– Delivery of services
  ▪ Consolidation
  ▪ Economic efficiencies

– Demographic changes
  ▪ 1.5 billion more of us
  ▪ More diverse, more urban, older
Global Impact of Oral Disorders

– Oral Disorders are highly prevalent worldwide
  ▪ Untreated Dental Caries in permanent teeth – 1st
  ▪ Severe Periodontitis – 11th

– 3.5 billion affected

Sociodemographic Influences on Oral Health

Sociodemographic factors are significant risk indicators for poor oral health

– **Sex**
  - Men have 3 times more oropharyngeal cancer than women

– **Race/ethnicity**
  - Significant untreated dental caries disparities exist by race/ethnicity among children and working-age adults

– **Poverty**
  - Being poor increases the likelihood of increased tooth loss

– **Age**
  - Periodontitis in older adults (65+ years) is twice that of younger adults (30–44 years)
Aging of America is Critical for Oral Health

By 2035, there will be more older adults than youth in the U.S.
Greying America is Becoming More Dentate

Total population and prevalence of edentulism in U.S. adults, 65–74 years

The aging population in the United States, as in many countries, is experiencing less edentulism

Disparities Persist Despite some OH Improvements

Changes in functional dentition (≥21 teeth) of U.S. adults aged 65+ years

Geography Influences Oral Health

Percentage of adults aged 65+ years with no natural teeth (2016)

Declining Edentulism (18%), but disparities remain among lower income adults (34%)

This disproportionately affects some adults based on where they live.

Total and Severe Periodontitis in the U.S. by Sex, 2009–2014

Total periodontitis (42%) for adults age 30 and older:
- 50% (men)
- 35% (women)

Severe periodontitis (9%) for adults age 65 and older:
- 13% (men)
- 5% (women)

Sex Disparities in Oropharyngeal Cancer

Oropharyngeal cancer is now the most common HPV-associated cancer

Oral oncogenic HPV prevalence is 6.6% for men and 1.5% for women

Men have 3½ times more oropharyngeal cancer than women

Dental Care Expenditures: United States

Total inflation-adjusted dental expenditures in the United States

Percent of people who did not get selected health care services they needed in the past 12 months because of cost

Access to Professional Dental Care Affects OH

5,862 Dental Health Professional Shortage Areas (DHPSAs) affect 58 million*

Emerging Models of Care:

New Providers
- Dental Therapists
- Community OH Coordinators
- Physicians/Nurses

New Settings
- Primary Care Schools
- Teledentistry

Developing the 2020 SG’s Report on Oral Health
Guiding the 2020 Report:

The report will describe and evaluate oral health and the interaction between oral health and general health throughout the lifespan, considering advances in science, health care integration, and social influences to articulate promising new directions for improving oral health and oral health equity across communities.
Focus: The 2020 Report

“Big” questions to answer:

– Where we are now,
– Where we have made advances since 2000,
– What challenges persist since the last report,
– What new threats are emerging, and
– What are some promising new directions for research and improvement in oral health?
Development and Progress

How are We Gathering Input?

**SG Listening Session (November 2018)**
- Elicited input from more than 150 health professionals, researchers, educators, and other experts

**Overview Webinar Inviting Public Comment (January 2019)**
- More than 1,867 views
- More than 200 comments
- More than 100 suggestions of programs or activities to promote oral health

**Association of State and Territorial Dental Directors (March 2019)**
- Asked ASTDD members to share exemplary private-public partnerships for improving oral health – 19 responses to date
Using the Input to Shape Content

– Six Section Editors and 20 Associates outline and expand topics and content
– About 400 researchers and health professionals review science and practice and write text
– More than 75 experts critically read and revise
– Federal clearance procedures ensure that the standards of the Surgeon General and the U.S. Department of Health and Human Services are met
Structure of the Report: Six Sections

1. Effect of Oral Health on the Community, Overall Well-Being, and the Economy
2. Oral Health in Children and Adolescents
3. Oral Health in Working-Age and Older Adults
4. Oral Health Integration, Workforce, and Practice
5. Substance Use Disorders, the Opioid Epidemic, High-Risk Behaviors, and Mental Health
6. Emerging Technologies and Promising Science to Transform Oral Health
Effect of Oral Health on the Community, Overall Well-Being, and the Economy

— Section Editor: Robert Weyant
— Associate Editors: Carlos Quinonez, Scott Tomar, and Marko Vujicic
Section 2 of the 2020 Report

Oral Health in Children and Adolescents

– Section Editor: Paul Casamassimo

– Associate Editors: Belinda Borrelli, Margherita Fontana, Jessica Lee, and Norman Tinanoff
Section 3 of the 2020 Report

Oral Health in Working-Age Adults and Older Adults

– Section Editor: Jocelyne Feine

– Associate Editors: Eliza Chavez, Judith Jones, Linda Niessen, and Susan Reisine
Section 4 of the 2020 Report

Oral Health Integration, Workforce, and Practice

– **Section Editor:** Kathy Atchison

– **Associate Editors:** Jeff Chaffin, Jeff Fellows, and Nadeem Karimbux
Section 5 of the 2020 Report

Substance Use Disorders, the Opioid Epidemic, High-Risk Behaviors, and Mental Health

– **Section Editor:** Christian Stohler

– **Associate Editors:** Israel Agaku, Linda Fried, and Jon-Kar Zubieta
Emerging Technologies and Promising Science to Transform Oral Health

– **Section Editor:** Laurie McCauley
– **Associate Editors:** William Giannobile, Michelle Robinson, and Wenyan Shi
It is anticipated that the 2020 Report will:

– Emphasize the importance of poor *oral health* as a public health issue
– Reinforce the importance of *oral health* throughout life
– Describe important contemporary issues affecting *oral health*
– Outline a vision for future research and policy directions
– Educate, encourage, and call upon all Americans to take action
Available in Fall 2020, the Surgeon General’s Report will provide:

– Information that will impact population health, the economy, national security, health professions education, and public policy
– Information providing guidance for research, education, and practice related to oral health
– Promising approaches to achieving oral health equity for our country’s diverse communities
– A road map to optimal oral health for all
Questions

E-mail to: NIDCR-SGROH@nidcr.nih.gov

Copies of the 2000 Surgeon General’s Report are available

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