Healthy People 2020 identifies nationwide health improvement rates, increasing awareness of determinants of health and engaging multiple sectors to improve policy and practice.\(^1\) A focus on preventable disease, health equity, and health behaviors across the lifespan provides a framework for physician assistant (PA) practice. This begs the question: Are we adequately preparing our PA students to meet this challenge?

If we ask our students to name the most common hidden threat to overall health, they may answer with responses including pandemics or general nutrition. These answers reflect their experience with a PA curricula based on the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Standards, National Commission on Certification of Physician Assistants (NCCPA) board exam templates, and American Academy of Physician Assistants (AAPA) professional priorities, information that hangs on the scaffold of national competencies for the PA profession.

We educate the next generation of providers based on these principles and markers, which are largely based on measures of past and current practice. Through our curricula we communicate important information that shapes student thinking, goals, and clinical focus. It is here they learn about familiar chronic diseases like diabetes, stroke, coronary artery disease, and obesity. During this pivotal time, we also help inspire these students to pay attention to important clinical public health issues of the future and to act as advocates in a health care system in desperate need of reform.

Why is it, then, that we often miss the most common chronic disease of early childhood, one that the World Health Organization identifies as a global health problem affecting developing and industrialized countries, including our own? How many of us stop to consider that we may be failing to teach our students about a major cause of health care disparities or how to diagnose and treat a disease that is proven to be easily affected by cost-effective preventive care?

Is it possible that the language we use to define our health professions has clouded and fragmented our understanding of primary care, leaving us to assume that someone else will examine important parts of the physical exam we may overlook?

A story... In 2007, 12-year old Diamonte Driver died when an infection from an abscessed tooth spread to his brain. Although in many states, Medicaid now covers PA and MD billing for oral health screening and prevention, including fluoride varnish, often PAs are unaware of this fact or the status of available funding for their practice. For patients like Diamonte, well child check-ups of the mouth are incomplete and overlook the potential systemic effect of infection and disease.

Some facts...

- Tooth decay is the most common chronic disease in early childhood, five times more common than asthma; unlike asthma, it is entirely preventable.
- Decay starts early in life and progresses quickly; if left untreated, decay in baby teeth can lead to infection in the face and head; if untreated, it may cause death.
- Prevention (screening, counseling regarding diet and oral care habits, fluoride varnish application) is cost-effective: Full-mouth restoration in a hospital operating room costs $6000–$10,000; fluoride varnish application costs 75 cents. Medicaid (Washington State) spends $40 million on fillings/year.
- Health care disparities are increasing in young children; while the general population has decay rates averaging about 25% of the population, this rises to 50% in low income children. Yet, 89% of poor children have some source of medical care.
- Dental treatment during pregnancy is safe; the best way to improve infant oral health is to improve maternal oral health as cavity-causing bacteria, oral care, and dietary habits are all passed from mother/caregiver to child.
- Chronic periodontitis is linked via inflammation to several other chronic diseases: diabetes, stroke, coronary artery disease, adverse pregnancy outcomes, obesity and lower respiratory disease.
- Saliva is important to tooth health. Many adult medications have “dry mouth” as a side effect — putting...
teeth at risk of demineralization and cavities. Saliva substitutes are readily available to prevent dry mouth.

• Adults with many chronic diseases see medical providers frequently; these providers are a first point of contact for oral health problems.

A decade ago Surgeon General David Satcher released a report on oral health in America and an accompanying National Call to Action on Oral Health. To date, many of the elements of the call to action have gone unheeded. Despite increased awareness about oral health and its connection to systemic health, very little time is devoted to oral health in education and practice by primary care clinicians, including PAs. Recent literature documents that PAs’ lack of awareness and training in oral health severely hampers our ability to address this issue.

Last summer, for the first time, the profession took an important step by working together to address this critical primary care issue. Leaders from the four national PA organizations (AAPA, NCCPA, ARC-PA, Physician Assistant Education Association) joined representatives of dentistry, family medicine, and philanthropy to learn about oral health and collaborate in developing strategies to address this challenge.

Participants created common goals and organizational outcomes designed to generate system-wide impact and to raise awareness and education about oral health. Primary care principles of screening, risk assessment, and behavior change counseling are fundamental to PA practice and improve patient self-advocacy. By embracing oral health as a “low hanging fruit” of prevention with known causes and interventions that work, current and future PA providers can make a difference in their communities.

An additional goal was to determine whether the summit could serve as a vehicle for leveraging the profession’s ability to work collaboratively across our national organizations, positioning us for leadership through our ability to mobilize an entire profession to address critical threats to public health. PA students, for example, typically graduating after 2 years, can rapidly deliver new knowledge and skills to clinical practice, advancing their role as advocates in the healthcare system.

Stepping up to leadership is not an easy task; but the first step is recognizing that a delegatory model of practice does not imply that one cannot be a leader in changing the face of health care. Outcomes of the summit have drawn attention to the profession as responsive, engaged partners in public health. Following the summit, Dr. Caswell Evans, author of the US Surgeon General’s National Call to Action on Oral Health (2003), in a personal communication to medical, dental, and public health leaders across the country, noted: “In oral health, I believe PAs can make a major contribution to enhancing access to care, addressing health disparities, and providing important preventative services, especially to underserved children and their families.”

Stepping up to leadership: Why oral health? Why not?

REFERENCES