



# The Bellwether

Leading Local Efforts to Improve the Nation's Oral Health

A Newsletter of the  
American Association  
for Community  
Dental Programs

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## News from the President Judy Gelinas

Welcome to the summer issue of the American Association for Community Dental Programs (AACDP) newsletter. The goal of the newsletter is to provide useful and timely information.

I was pleased to meet many individuals at the 2013 AACDP Symposium in Huntsville, AL. Nearly 180 people attended the meeting, and I seized the chance to network with you and learn from your experiences. Although we all customize our programs to meet our communities' needs, each of us has strategies and resources that we share with others in the public health dentistry "biz." I sincerely hope that you will continue to share information with AACDP members by posting your questions and answers on our discussion list at [cohplists.mchgroup.org](mailto:cohplists.mchgroup.org). When you send a message to this list, almost 800 people have the opportunity to help you with a problem, give you needed resources, or benefit from your stories and lessons learned.



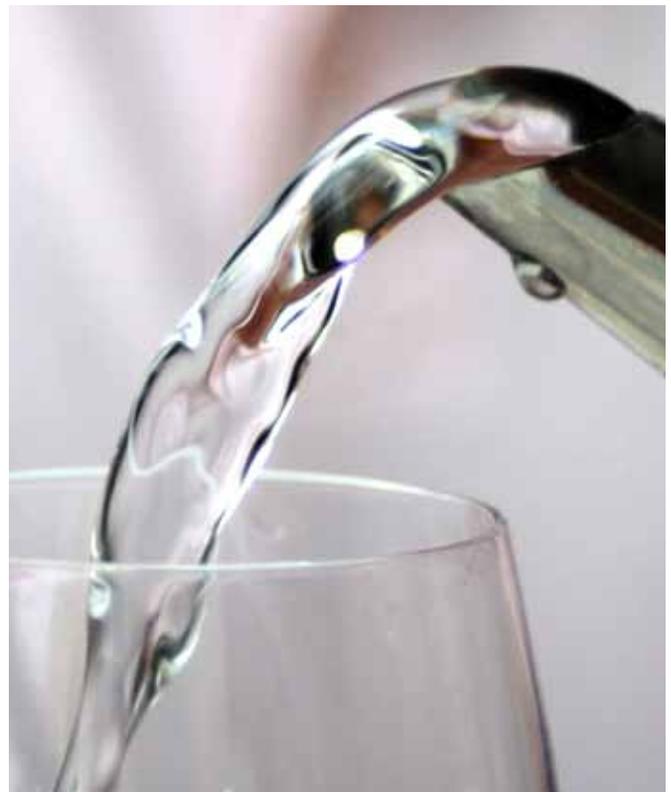
It was a privilege to stand on the stage with Steven Uranga McKane, recipient of the 10th annual AACDP Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievements in Community Dental Programs. He is an inspiration to all of us who strive to improve access to oral health care. His quiet, unassuming character belies the power of his career. Sending out the press release to the long list of organizations to which he has made contributions helped me become all the more aware of his far-reaching legacy.

During the symposium, I heard about the struggles many of you face—community-water-fluoridation battles, oral-health-literacy challenges, work force issues, and budget cuts. But what also came through was your "can do" attitude. People working in community programs are hardworking and innovative; they never let details become obstacles, and they focus on improving oral health services for all. Kudos to those on the front lines!

AACDP is delighted that the deans of the Harvard Medical School, the Harvard School of Dental Medicine, and the Harvard School of Public Health

voiced their strong support for community water fluoridation as an effective and safe public health measure for people of all ages. Their letter dated March 22, 2013, states that “numerous reputable studies over the years have consistently demonstrated that community water fluoridation is safe, effective, and practical. Fluoridation has made an enormous impact on improving the oral health of the American people.” This powerful endorsement provides support for local efforts to implement or maintain community water fluoridation. If you would like a copy of the letter, please contact us at [info@aacdp.com](mailto:info@aacdp.com).

To find ways to support programs and move community efforts forward, we need your involvement. If you are not a member of AACDP, please join the organization by completing the membership form on AACDP’s website at <http://www.aacdp.com> and contributing your ideas and knowledge by keeping in touch with us. ■



Please consider sharing the work that you do in your local community work with our members. Do you have an accomplishment, innovative program, or client story to tell us about? AACDP is “all about you” and wants to celebrate your experiences and learn from them. Submit your article, vignette, or photos to [info@aacdp.com](mailto:info@aacdp.com).



## AACDP Symposium

AACDP’s annual symposium was held on April 22–24, 2013, preceding the National Oral Health Conference, in Huntsville, AL. Almost 180 participants received up-to-date information on a wide range of topics, including oral health literacy, access to oral health care, community water fluoridation, and the role of dental therapists.

### *Nuts and Bolts: Oral Health Literacy*

During this interactive session, participants received an update on oral health literacy and its impact on health outcomes. Alice Horowitz (School of Public Health, University of Maryland, College Park) and Scott Wolpin (Choptank Community Health Systems) explained what a health literacy environmental scan is and how such scans are performed. Dr. Wolpin shared his views on the scans’ pros and cons.

## Welcome

Judy Gelinas (AACDP president) welcomed participants to the symposium, provided an overview of recent activities, and introduced members of the AACDP executive committee. In addition, Robert Meador Jr. (Alabama Department of Public Health, Oral Health Branch) welcomed participants to Alabama and shared information about local sights, culture, and food to enjoy while attending the conference.

## Oral Health Access Programs in Alabama

Pam Clasgens (Health Establishments at Local Schools) discussed oral health care provided via school-based and school-linked programs in Huntsville, AL, and how the program has been sustained using volunteers and paid staff.

## Safety Net Patient-Centered Health Care Homes—Where Is Oral Health?

In this session on the role of oral health in safety-net patient-centered health care homes, Paul Glassman (University of the Pacific School of Dentistry) discussed transformations in health care in general and in the safety net in particular. He focused on changes in the delivery, coordination, payment, and accountability of care with the advent of medical homes and accountable care organizations. In addition, he described trends in clinical models, financial incentives, quality measures, work force needs, and



*Pictured: Paul Glassman, speaker, and Harris Contos, moderator*

methods of coordinating care; how new models of care are being implemented across multiple care settings; and the impact of these changes on oral health service provision and on oral health professionals.

## Fighting for Fluoridation Nationally and Locally

Matt Crespin (Children's Health Alliance of Wisconsin), Matt Jacob (Pew Center for the States), and Mel Rader (Upstream Public Health) offered insights into lessons learned in the battle to support community water fluoridation, to preserve fluoridation in Milwaukee, WI, and to promote fluoridation in Portland, OR.



*Pictured: Myron Allukian Jr., moderator, and Matt Crespin, Matt Jacob, and Mel Rader, speakers*

To sign up to become a member of AACDP at no cost and to subscribe to the Community Oral Health Programs (COHP) discussion list, go to AACDP's web page at <http://www.aacdp.com>.



## Roundtable Sessions

Roundtable sessions (“Lunch with the Bunch”) focused on a wide variety of topics, including the dental work force campaign, benefits and challenges of integrating dental therapists into the dental team, oral health and accountable care organizations (ACOs), oral health literacy, community water fluoridation activities, promoting cultural and linguistic competency skills among oral health professionals through E-learning, and the U.S. National Oral Health Alliance: a platform for forging common ground in oral health.



*Pictured: Lew Lampiris, speaker*

## Nonprofit and for-Profit Models for Improving Access to Oral Health Care

During this panel presentation, Lee Maynard (Prev MED), Marcy Borofsky (Mobile Dentists), and Jeffrey Parker (Sarrell Dental Center) discussed for-profit and nonprofit models for oral-health-care delivery and demonstrated how providing care to individuals with low incomes can be both effective and sustainable.

## Presentation of the 2013 AACDP Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievements in Community Dental Programs

Myron Allukian Jr. presented [Steven Uranga McKane](#) with the Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievements in Community Dental Programs. Throughout his career Dr. McKane’s efforts have led to significant public



*Pictured: Myron Allukian Jr., Steven Uranga McKane (award recipient), and Judy Gelinis*

health improvements, especially for the underserved. Dr. McKane has revamped outmoded oral-health-care-delivery systems serving populations with low incomes, worked to integrate health and social services in remote locations, and launched an innovative school-based general health and oral health prevention and treatment program. He has held many prestigious positions in which he used his influence to create real change where it was most needed. For example, Dr. McKane was the first president and chief executive officer of the California Endowment, one of the largest nonprofit-to-profit conversions in the United States, where he oversaw over \$200 million in grants to improve the health of the underserved in California, including \$15 million for community water fluoridation and oral health. This was the 10th anniversary of the award. A list of all recipients and highlights of their achievements is available at <http://www.aacdp.com/awards/index.html>.

## New Dental Therapist Studies and Initiatives

This session presented a new study that addresses dental therapists, access to oral health care, and quality of care. Tera Bianchi (Children’s Alliance), Frances Kim (Dental Public Health Consultant), and Sarah Wovcha (Children’s Dental Services) discussed the use of dental therapists in nonprofit and private settings, as well as the use of dental therapists in different settings around the world. ■

# Legislative and Regulatory Update

Prepared by Harris Contos

Although the Affordable Care Act (ACA) constitutes a step in the right direction when it comes to improving access to and quality of oral health care in the United States, it remains unclear whether the act's oral-health-related provisions will actually be implemented.

The ACA contains several provisions related to oral health care. These include

- Expansion of Medicaid and maintenance of Children's Health Insurance Program (CHIP) dental coverage
- Inclusion of children's dental coverage in the Essential Health Benefits (EHBs)
- Prohibition on cost sharing for certain pediatric oral health services (e.g., oral health assessments, fluoride supplements)
- Establishment of a Prevention and Public Health Fund
- Review of dental payments by the Medicaid and CHIP Payment and Access Commission (MACPAC)
- Strengthening of the oral health infrastructure (e.g., cooperative agreements to states, National



Health and Nutrition Examination Survey, National Oral Health Surveillance System, Pregnancy Risk Assessment Monitoring System)

- Emphasis on prevention and treatment (e.g., caries management, oral health education programs, school-based dental sealant programs)
- Expansion of oral health training programs and residency programs

The provisions listed above are important, but they are essentially extensions of what currently exists (e.g., strengthening the surveillance system). Critical though this may be to improving access to oral health care, new, innovative, and responsive approaches, such as those being applied in the general health care arena, are also needed.

Those who work in public oral health are well aware of the importance of innovations in the way oral health care is delivered in this country, particularly as related to work force development and use. It is therefore worth noting that, in May 2013, the Centers for Medicare & Medicaid Innovation Center announced [Health Care Innovation Awards Round Two](#). This federal funding opportunity will fund up to \$1 billion in awards for projects that propose new payment and service-delivery models with the greatest likelihood of driving health care system transformation and delivering better outcomes for Medicare, Medicaid, and Children's Health Insurance Program (CHIP) beneficiaries.

In other words, as stated by Alice Rivlin of the Brookings Institute, who testified before the [House Subcommittee on Health](#), the reforms taking place in Medicare through the ACA are "big enough to move the whole American health delivery system away from fee-for-service reimbursement, which rewards volume of services, toward new delivery structures, which reward quality and value." It is noteworthy that the Health Care Innovation Awards Round Two makes specific mention of "children at high risk for dental disease" in one of its four categories of focus, with oral health care conceivably included in other areas, such as "models that improve the health of populations."

The ACA, apart from its widely recognized feature of universal coverage, is at heart an attempt to “bend the cost curve” in health care by encouraging new delivery structures, namely, ACOs. ACOs integrate and coordinate care, emphasizing comprehensive preventive primary care, and are both accountable financially and responsible for delivering value of care rather than volume of care. The legislation includes two provisions that refer to “innovation” in the delivery of oral health care:

- **Alternative Dental Health Care Providers:** A 15-site demonstration project to train or employ alternative dental health care providers, with each site funded at \$4 million.
- **National Healthcare Workforce Commission:** Establishment of a commission with oral health work force issues among its priorities, and whose overall purpose includes (1) developing and commissioning evaluations of education and training activities to determine whether the demand for health care workers is being met, (2) identification of barriers to improved coordination at the federal, state, and local levels and recommending ways to address such barriers; and (3) encouraging innovations to address population needs, constant changes in technology, and other environmental factors.



Innovation in the payment and delivery of care is central to the Centers for Medicare & Medicaid Services’ awards to bring about better care at lower costs. However, although the two provisions discussed above are included in the legislation, funds were not appropriated. The 15-site demonstration project succumbed to lobbying of the Senate Finance Committee and thus received no appropriations, and the National Healthcare Workforce Commission suffered a similar fate, having received no appropriations to operate since its establishment in September 2010.

As the rest of health care in the United States begins to move toward a system that rewards quality and value, obstructions to and undercutting of initiatives for innovations in oral health care call into question whether the statement from *Oral Health in America: A Report of the Surgeon General* that “oral health is integral to overall health” will ever be fully embraced. ■

## In the News

### *Falling Short: Most States Lag on Dental Sealants*

This report presents results of a nationwide survey about four indicators in state dental-caries-prevention strategies: (1) having dental sealant programs in schools where a large percentage of students are from families with low incomes, (2) allowing dental hygienists to place sealants in school-based programs without requiring a dentist’s exam, (3) regularly collecting data on the oral health of school-age children and submitting these data to a national oral health database, and (4) meeting the national

*Healthy People 2010* sealant goal. A chart summarizes state benchmarks and whether they were met.



### *Issues and Policy Options in Sustaining a Safety Net Infrastructure to Meet the Health Care Needs of Vulnerable Populations*

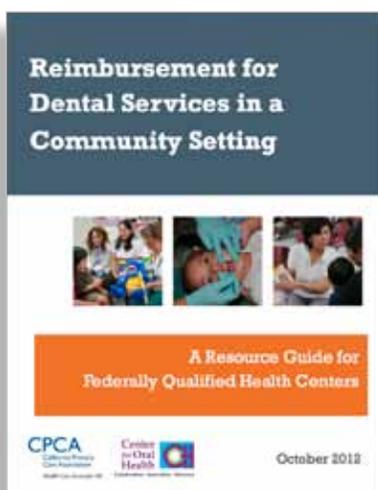
This report addresses the roles of safety net providers in implementing the ACA. Topics include safety net, clients, and predicted changes to the safety net population following ACA implementation; issues and policy options for sustaining and building the work force needed to sustain the safety net; and issues and policy options in safety net financing.

### *More State Medicaid Programs Pay for Children's Oral Health Prevention Services in Doctors' Offices*

This document provides an overview of efforts by the American Academy of Pediatrics, the Pew Children's Dental Campaign, and others to expand reimbursement to primary care health professionals for dental-caries-prevention services during well-child visits. The document presents information on state Medicaid programs reimbursing primary care health professionals for preventive oral health services in 2008 and 2012. The document also discusses procedures states cover and efforts to conduct advocacy training, develop resources, and collaborate with policymakers.

### *Reimbursement for Dental Services in a Community Setting: A Resource Guide for Federally Qualified Health Centers*

This handbook outlines guidance for health centers in California on receiving reimbursement for community-based oral health services. Topics include



the need for community-based oral health care, background and a brief history of health centers, federal expectations for community-based services, reimbursement for health centers, definitions for federally qualified health center visits, federal- and state-level scope-of-project considerations, providing services as an intermittent clinic, and federal Tort Claims Act considerations.

### *Toward a Comprehensive Health Home: Integrating the Mouth to the Body*

This document provides an overview of patient-centered medical homes, health homes, and health care homes and makes recommendations on how to further integrate and coordinate dental homes with such models. Topics include the complexity of and challenges to improving oral health, evaluation, proposed systemic changes, potential barriers, system readiness, and expected impact. ■

## AACDP Annual Symposium— Save the Date!

The next AACDP symposium will be held on April 26–27, 2014, in Fort Worth, TX. ■



## AACDP Executive Committee Members 2013–2014

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