The Bellwether

Leading Local Efforts to Improve the Nation's Oral Health

A Newsletter of the American Association for Community Dental Programs

Issue No. 4

July 2009

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News from the Chair

The American Association for Community Dental Program's (AACDP's) annual meeting was held on April 19, 2009, in Portland, OR, preceding the 2009 National Oral Health Conference (NOHC). Turnout for the meeting was strong. There were over 120 attendees, 20 of whom registered on-site. Portland was at its best for visitors, with pleasant temperatures and sunny days (no rain!).

Portland and Multnomah County Dental Programs

Local dental director **Alyssa Franzen** (Multnomah County Health Department) welcomed participants to Portland and provided a demographic overview of the area. She outlined the oral health services that the health department provides in schools, correctional facilities, managed care programs, and other community-based settings. Portland is the largest nonfluoridated city in the country; fortunately, however, the health department has strong school-based fluoride-varnish and dental-sealant programs.

American Dental Association Access to Care Summit

Steve Geiermann (American Dental Association [ADA]) led a panel discussion to provide perspectives on ADA's Access to Care Summit, held on March 23–25, 2009, in Chicago, IL, to create a common vision toward improving the oral health of underserved populations. Steve provided information about events leading up to the summit, **Larry Hill** (CincySmiles Foundation) presented information about the summit, and **Lindsey Robinson** (ADA) talked about possible next steps. The summit was attended by about 150 stakeholders from nonprofit groups, government agencies, and private industry.

Building Capacity to End the Problem of Lack of Access to Oral Health Care

Greg Nycz (Marshfield Clinics) described a promising model that effectively integrates general health and oral health services to provide patient-centered care. Mr. Nycz offered examples of how patient outcomes improved with better oral-systemic interrelationships; data showed increases in access to care in rural parts of the state.

New Zealand School Dental Nurse Program: How It Operates

Marie Rogers (consultant) outlined the roles and responsibilities in the daily operations of New Zealand's school dental program, which many consider a model of access to care for children.

Update on National, Regional, and Local Efforts for Head Start Dental Compliance

John Rossetti (consultant), **Mark Doherty** (Denta Quest Institute), **Kathy Geurink** (consultant), and **Jan Connelly** and **Jim Crall** (American Academy of Pediatric Dentistry) offered insights into how various efforts are helping Head Start programs increase the percentage of children with completed examinations and treatment plans.

The Dental Home Concept: What Is it? A Discussion

Burton Edelstein (Columbia University) and **Bob Russell** (Iowa Department of Public Health) explored, with input from the audience, whether a dental home can be creatively designed to better fit within a system of care.

Children's Health Insurance Program Update

Burton Edelstein provided an overview of recent legislation, which includes specific oral health provisions. This is a dynamic time at both the federal and state levels because of the Children's Health Insurance Program Reauthorization Act.

Oral Health Workforce and the Access to Care Crisis: Institute of Medicine Workshop Highlights

Myron Allukian Jr. (consultant) led a discussion in which **Tracy Harris** (Institute of Medicine [IOM]) provided a summary of the recent IOM workshop, and professional organization representatives **Margaret Snow** (Association of State and Territorial Dental Directors [ASTDD]), **Diann Bomkamp** (American Dental Hygienists' Association [ADHA]), and **Mark Greer** (American Association of Public Health Dentistry) shared their perspectives.

Business Meeting

Highlights of AACDP's business meeting, held on April 21, 2009, include the following:

Meeting participants elected **Myron Allukian Jr.** as chair-elect (to become chair in 2011) and also elected executive committee members for the upcoming year. Officers include **Maureen Oostdik** (chair) and **Myron Allukian Jr.** (chair-elect); executive committee members include **Georgia Fischer, Judy Gelinas, Carrie Gould, Laura Gushue, Katrina Holt, Sue Klemm, Nancy Rublee,** and **Scott Wolpin. Larry Hill** continues to serve as executive director and **Jackie Campbell Brumley** as secretary/treasurer, in appointed positions.

The executive committee is working to update the AACDP bylaws and will have a draft posted to the AACDP Web site shortly. ■

Pictured (from left): Myron Allukian Jr., Susan Sanzi-Schaedel, Robert Isman, and Alyssa Franzen

Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievements in Community Dental Programs

Susan Sanzi-Schaedel, R.D.H., M.P.H., received the 2009 Myron Allukian Jr. Lifetime Achievement Award from AACDP for outstanding contributions in community dental programs. The award was presented by **Myron Allukian Jr.** with comments by **Robert Isman,** former dental director at Multnomah County Health Department in Portland, OR, and by **Alyssa Franzen,** current dental director at Multnomah County Health Department. The award reads "For her many lifetime contributions to community and school-based prevention and treatment programs in Multnomah County, Oregon, and the mentoring, collaboration, and leadership she offered to many others in community dental programs."

Ms. Sanzi-Schaedel was director of the Multnomah County Health Department's school and community dental health programs from 1978 to 2006. She also served as a Head Start consultant to the Indian Health Service from 1991 to 1993, as well as on various local, state, and national committees. She was president of the Oregon Dental Hygienists' Association from 1986 to 1987 and a member of ADHA's Council on Public Health from 1999 to 2001. She has also been active in both the Oregon Public Health Association and the Oregon Oral Health Coalition. From 1997 to 1998 she was chair of the Oral Health Section of the American Public Health Association (APHA) and served on APHA's Action Board and Governing Council. ■

In the News

Health reform is a key issue today, and the area is rapidly evolving. This issue of *The Bellwether* provides an overview of several resources that can help AACDP members learn more about health reform as it pertains to oral health.

Statement to the U.S. Senate Finance Committee on Health Reform Policy Options. On May 22, 2009, Larry Hill, AACDP's executive director, presented the following (abridged) statement to the U.S. Senate Finance Committee on Health Reform Policy Options:

"I present this response on behalf of the American Association for Community Dental Programs' 400-member organizations from across the country that are committed to addressing the issues of oral disease prevention and access to care. These programs include county and city health departments, community health centers, independent nonprofit community-based organizations, and faith-based organizations.

Having reviewed the work of the committee to date, it strikes us that there is conspicuous absence of any mention of oral health in the document. This is difficult to understand when over the past 5 years there have been increasing volumes of scientific research demonstrating linkages between untreated oral

infections and cardiovascular disease, adverse pregnancy outcomes, and the exacerbation of diabetes.

Historically, health care policy in this nation has ignored or relegated to secondary importance a 4-inch area of the body located only inches from the brain. This 4-inch area has all of the diseases and infections, which pose the same risks to individuals as infections that occur anywhere else. Why, we ask then, does policy continue to wish away the health problems that occur in the mouth?

In 2007, within a 2-week period, two children died from complications of untreated oral infections—cavities. The first happened just outside the beltway, which probably explains why the tragedy received media attention. The second one occurred in Mississippi and, though only 2 weeks later, is little known or mentioned. It is highly likely that there are many other such incidents that occur in lower-profile areas that either do not get reported or for which the official cause of death is listed as the condition that resulted from the uncontrolled sepsis caused by the oral infection.

For an abscess in the mouth, 110 million Americans have no insurance to cover the care. If they came to a hospital emergency room they likely would have found a physician who would not have known the cause of the infection or the appropriate treatment. In many states, if this were an adult who was covered by Medicaid (a rare situation), the only covered treatment would have been an extraction—cutting off the infection.

Local, state, and national surveys, time after time, report that when people are asked about their most pressing needs regarding access to health care, oral health care is one of the first things mentioned. For the elderly, only one in five has private dental insurance, and most have no dental coverage because, inexplicably, there is no coverage for the oral cavity in Medicare. That was a mistake of the 1960s. We need not repeat that mistake.

As you consider what should be in the plan, I ask that you consider the tens of thousands of people who are on waiting lists of health centers and other safety net dental clinics. I ask you to think of the hundreds of thousands who live in communities in which there is no safety net and who often end up with very expensive-to-treat systemic problems and even death because there are no resources for the uninsured. I ask you to think of how many people tonight will intoxicate themselves before picking up a pliers as they try to extract their own tooth. And think of the children; please think of the children who unnecessarily suffer because of a Medicaid system that allows states to take the Medicaid dollars on an empty promise of providing access to oral health care for children.

So what should be included in the package?

- There is a need for *dental public health infrastructure* at the federal, state, and local levels. This would provide the necessary expertise for developing, implementing, and evaluating community-based disease-prevention programs.
- Oral health should be included in the plan at the same level that medical care is included (i.e., *service equity*). Therefore, if the plan were to include community-based prevention, there would be community-based oral disease prevention. If urgent care is covered, then urgent oral health care is covered. If routine physicals and primary care are included, routine oral examinations and primary oral health care should be included.
- There also should be *age equity* in the program. Too often policymakers will develop medical programs for all ages and include oral health coverage for children only. Oral diseases do not recognize age as a determinant.
- The plan should include support for *community-based prevention*. Water fluoridation has been recognized as one of CDC's major prevention accomplishments. School-based dental sealant programs have been very successful in the communities in which they have existed. And today fluoride-varnish programs in early childhood and a focus on eliminating infectious oral-disease-causing bacteria in pregnant women have shown

great promise in significantly reducing oral disease among children.

- *Programs need to be funded at reasonable levels* to allow programs to operate and provide high-quality service. Although Medicaid has not been a successful response for a variety of reasons, one of the greatest problems has been underfunding in most states. The federal community health center legislation, as written, makes oral health care a "supplemental" service, sort of like satellite radio: an option. More recently HRSA has put more emphasis on oral health treatment in community health centers, which is good. What is not so good is that while there has been new funding for oral health care, it has not been adequate. There are centers today that discount medical fees up to 80 or 90 percent of usual and customary fees but are only able to discount oral health services 30 or 40 percent to make the financial model work.

In summary, oral health is an integral part of total health and well-being. C. Everett Koop, former Surgeon General of the United States said, 'you're not healthy without oral health.' Thank you for the opportunity to comment."

Health Care Reform Must Include Dental Care. This article, which appeared in *Roll Call,* was written by Charles Bertolami (New York University College of Dentistry). *Roll Call,* which tracks political and legislative developments, invited Dr. Bertolami to write for its "Mission Ahead" section, in which "national thought leaders propose and debate innovative and dramatic public policy ideas." Dr. Bertolami points out that oral disease can affect anyone in the United States and usually won't abate without access to care. Available at http://www.rollcall.com/news/34231-1.html.

Oral Health Care, Not Guaranteed. Alarmed by the dismissive reference to "some oral health care" in *Healthcare, Guaranteed: A Simple, Secure Solution for America,* by Ezekiel Emanuel, Robert Isman (Medicaid/SCHIP Dental Association) wrote this letter to the author to point out that no other part of the body was as likely to be forgotten. Arguing for oral health parity, he wrote that the number of Americans (108 million) without dental insurance dwarfs the number of those who lack "health" insurance (46 million). "Too often it is the poor, the elderly, the institutionalized, the geographically isolated, and the medically, physically, or mentally compromised who are the losers in their ability to gain access to the oral health services that many of us take for granted," writes Dr. Isman. Aren't those the very groups that stand the most to gain from health care reform?" Available at http://www.medicaiddental.org/docs/Isman_Emanuel.pdf. ■

Resources

American Academy of Pediatric Dentistry Head Start Dental Home Initiative. This initiative is a partnership between the Office of Head Start and the American Academy of Pediatric Dentistry (AAPD) at the national, regional, state, and local levels to develop a national network of dentists to link children enrolled in Head Start with dental homes. Available at http://www.aapd.org/headstart.

The Dental Home: Concepts, Definitions, and Primary Care Considerations. This PowerPoint presentation by James Crall (AAPD's Head Start Dental Home Initiative) is used in the project's launch meetings held in states across the country. The presentation discusses policy and program definitions of the dental home concept. Available at http://www.aapd.org/members/headstart/files/DentalHomeLaunch.ppt.

Hawaii state launch. This launch was held in conjunction with AAPD's annual session in Honolulu, HI. Available at http://www.aapd.org/hottopics/news.asp?NEWS_ID=972.

Head Start Oral Health Project Evaluation Report: 2001–2008. This report prepared by ASTDD provides a summary of activities conducted by the association and states between 2001 and 2008 in support of Head Start oral health collaboration, as well as evaluation strategies and outcomes. Available at

http://www.astdd.org/index.php?template=head_start.html.

Protecting All Children's Teeth (PACT): A Pediatric Oral Health Training Program. This training program produced by the American Academy of Pediatrics is designed to raise awareness among pediatricians and health professionals about the importance of oral health in infants, children, and adolescents; to increase their competence in providing oral health guidance and preventive care; and to encourage a shared responsibility for oral health. The program includes the following topics: basic anatomy, oral development, screening, dental caries, preventive care, fluoride, special needs, oral habits, pathology, injury, oral findings, systemic diseases, and adolescent health. Available at http://www.aap.org/oralhealth/pact/index.cfm.

National Network for Oral Health Access (NNOHA). This organization provides assistance to centers applying for economic stimulus funds to support oral health activities. On Friday, May 1, 2009, the Health Resources and Services Administration (HRSA) released guidance for capital funding for health centers. (More information is available at http://bphc.hrsa.gov/recovery.) Oral health services are identified as a priority for economic stimulus funds. HRSA's policy requires that health centers provide for their patients' oral health care needs. NNOHA helps members direct stimulus plan funding toward oral health care. In light of the fact that an estimated 13,000,000 individuals who visit health centers lack access to oral health services, NNOHA encourages health centers to take advantage of the opportunity to secure funding that will enable them to serve these patients.

- For consultation on specific oral health plans, contact NNOHA at (303) 957-0635, or visit NNOHA's Web site at http://www.nnoha.org.
- *Guide to the Future: Using HIT to Improve Oral Health Access and Outcomes* (HIT White Paper). Available at http://www.nnoha.org/resources.html.

AACDP. AACDP's Web site offers information about the association, the annual meeting, publications, and more. The site is hosted and maintained by the National Maternal and Child Oral Health Resource Center. ■

Save the Date!

The National Primary Oral Health Care Conference will be held on November 2–4, 2009, in Nashville, TN. Information and registration materials are available on the National Network for Oral Health Care Access' Web site at http://www.nnoha.org/conference/npohc.html.

The American Public Health Association's (APHA's) annual meeting will be held on November 7–11, 2009, in Philadelphia, PA. Information and registration materials are available on APHA's Web site at http://www.apha.org/meetings.

AACDP's annual meeting will be held on April 25, 2010, in St. Louis, MO, preceding NOHC, which will be held on April 26–28, 2010, in the same city. A preliminary meeting agenda and other information will be posted to AACDP's Web site in spring 2010. ■

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