



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 Myron Allukian Jr.

Long ago, Adam said to Eve, "we live in times of change." Adam and Eve might have felt quite at home today. In the coming months and years, we will likely see more changes affecting oral health and the practice of dentistry than we have seen in the preceding three decades, for the following reasons:

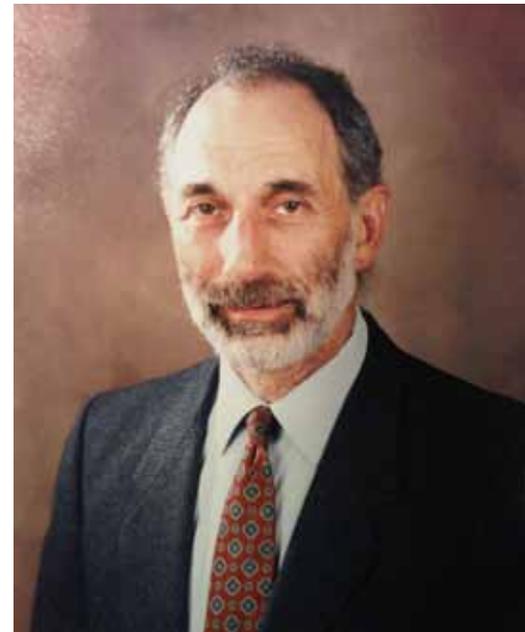
The Neglected Epidemic of Oral Diseases. Today, the neglected epidemic of oral diseases in our country is more visible to the public and to decision-makers than ever before. Disparities in oral health status and difficulty in obtaining oral health care are receiving widespread recognition and have been deemed unacceptable.

Health Care Reform. The recently passed health care reform legislation will create new opportunities for oral health. When 30 million uninsured Americans become medically insured, they will create a new demand for oral health services.

Health Care Is a Right. Health care is being recognized as a human right by more members of the public and decision makers, and this is resulting in changing laws and regulations to improve access to care. In turn, this has made oral health a higher priority and has spurred changing dental practice acts and many new initiatives.

Role of Non-Dentists. More non-dentists, individuals from other health disciplines, and lay people are becoming involved in improving access to oral health care. Those involved range from physicians to nurses, social workers, nutritionists, consumers, statewide coalitions, foundations, and national organizations.

AACDP has been on the cutting edge in informing and educating the oral health community about these changes. In 2006, AACDP was the first national organization to conduct a national forum on various modes of oral health delivery,



including delivery via dental therapists in Alaska. This year, AACDP gave the Lifetime Achievement Award to Ron Nagel, who initiated this model in Alaska.

In these changing times, AACDP will continue to work with its members and other organizations to improve oral health.

In closing, I wish to give special recognition to Maureen Oostdik, who has served as AACDP president for the past 2 years. Her leadership and her contributions to AACDP have helped to move the association forward. Thank you! ■

AACDP Annual Symposium

AACDP's annual symposium was held on April 25, 2010, preceding the National Oral Health Conference, in St. Louis, MO. There were over 125 participants, who enjoyed hearing up-to-date information about oral health and about local and national oral health programs. Participants also had an opportunity to honor Ron Nagel, who has made a difference in oral health.

Local Oral Health Programs and Issues in Missouri

Marie Peoples (Missouri Department of Health and Senior Services, Office of Primary Care and Rural Health) welcomed participants to St. Louis and provided an overview of the Missouri Oral Health Preventive Services Program. Following her presentation, **Cindy Henschmidt**, **Ann Hoffman**, and **Helene Ruddy** (also from the same organization) shared their program's challenges, solutions, and successes. Program results include additional partnerships with Head Start, WIC, and schools and increased involvement of oral health professionals serving vulnerable populations.

Mobile Operations

Larry Hill (CincySmiles Foundation) led a panel discussion on the target population, scope of services, contractual relationships, and viability and sustainability of mobile dental vans. The panel included **Judy Gelinis** (Ronald McDonald Care Mobile Dental Program), **Paul Schulz** (University of Minnesota School of Dentistry), and **Lt. Chuck Brucklier** (Oklahoma City Area Dental Clinical Preventive Support Center). Each presenter shared how mobile vans



were used to help address the oral health needs of the communities their organization serve.

Oral Health America

Amanda Ciatti and **Melissa Hoebel** (Oral Health America) provided an update on several of their activities, including (1) the Smiles Across America program that links local governments, businesses, and funders with health professionals and schools to help fight untreated oral disease; (2) the National Spit Tobacco Education Program, a public campaign to reduce spit tobacco; (3) Medical Dental Dialogues, an interdisciplinary approach to improve quality of care; (4) the Wisdom Tooth Project, which is addressing the oral health needs of older adults through the development of an online community; and the Campaign for Oral Health Parity, which is engaging the public to voice their oral health concerns.

Roundtable Session

A new feature of AACDP's annual symposium was a roundtable session with experts facilitating discussions on mobile dentistry models, school-based and school-linked program models, business plans for safety-net programs, *Healthy People 2020*, the dental health aide therapist program in Alaska, work force models, and other community-based programs.

Oral-Based Rapid HIV Testing in Safety-Net Programs

Jennifer Cleveland, Division of Oral Health, Centers for Disease Control and Prevention (CDC), provided an update on HIV screening in community health center oral health clinics. She reviewed current CDC recommendations, discussed the feasibility of HIV screenings in community health center dental clinics, and shared tools and models for HIV screening. **Kris Drummond**, Akron Community Health Resources, discussed integrating HIV testing and prevention efforts during routine primary care in health centers in Ohio. In addition to sharing information about how the project was implemented, she discussed what did and did not work well.

The Essentials of Infection Control in Screening, Portable and Mobile Programs

Kathy Eklund, The Forsyth Institute, provided an update on infection-control considerations for oral health services in sites using portable equipment or mobile vans. She discussed challenges in implementing infection-control practices in these settings; reviewed a draft infection-control site-assessment tool; and asked participants for feedback on the content, format, and dissemination plans for the tool.

The Latest in Dental Work Force Models and Changing State Practice Acts

Myron Allukian (consultant) led a panel presentation and discussion on dental work force models, an ongoing series of the AACDP annual session. **Shelly Gehshan** (The Pew Center on the States) shared highlights of the report *The Cost of Delay: State Dental Policies Fail One in Five Children*, and why the current work force is not sufficient. She also discussed models being considered. **Ann Battrell** (American Dental Hygienists' Association) provided an overview of the dental hygiene work force, education, and practice information and trends in state and federal policies. **Michael Scandrett** (LPaC Alliance) presented Minnesota's dental therapist law, enacted in 2009, from conception to implementation. And **Mary Williard**, University of Washington DENTEX Training Center, shared an update on the dental health aide therapist program in Alaska, including how it is addressing lack of access to care and accomplishments and lessons learned.

Ron Nagel (Alaska Native Tribal Health Consortium) and **David Jordan** (Dental Access Projects) provided their perspectives and shared their experiences on the latest dental work force models and changes in state practice acts.

Slides for most of these presentations are available on AACDP's Web site at <http://www.aacdp.com/meetings/2010.html>. ■

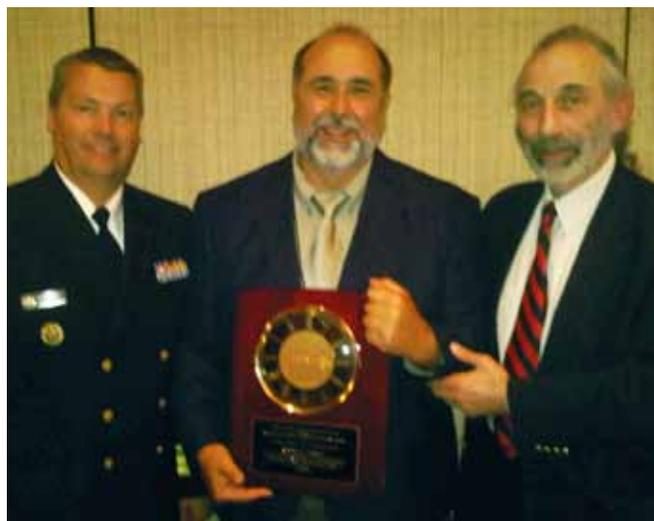
Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievement in Community Dental Programs

Ron Nagel received the Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievement in Community Dental Programs at AACDP's annual symposium on April 25, 2010, in St. Louis.

Chris Halliday, Chief Dental Officer, U.S. Public Health Service, and Director, Indian Health Service Dental Program, described Dr. Nagel's dedication to promoting oral health and better access to oral health care for American Indians and Alaska Natives in the 22 years that Dr. Nagel worked for the Indian Health Service.

Dr. Nagel initiated the Alaska dental health therapist program and helped make it a reality. He was known for his high standards and his integrity. He worked tirelessly to improve access to oral health care for a population with oral disease rates of 2.5 times the national average; these individuals live in a rural area of 600,000 square miles with no roads, no electricity, no running water, and no dentists. Dr. Nagel devoted himself to making oral health services available for this neglected population, despite opposition by organized dentistry at the state and national levels. Since the implementation of the dental therapist program in Alaska, Minnesota became the first state to pass legislation allowing dental therapists to perform certain oral health services, and the program has changed the national debate over the dental work force.

AACDP is a national organization that represents community oral health programs in city and county



health departments as well as community-based oral health programs. There are over 2,900 city and county health departments in the United States.

AACDP's Lifetime Achievement Award in Community Dental Programs was first awarded to Myron Allukian Jr. To commemorate Dr. Allukian Jr.'s many outstanding contributions to oral health at the local, state, and national levels, this award has been named in his honor. It is presented to an individual who has had outstanding lifetime achievement in community programs to improve oral health.

The recipients of this award are as follows:

- 2004 Myron Allukian Jr., D.D.S., M.P.H.**
Boston, MA
- 2005 Robert Dumbaugh, D.D.S., M.P.H.**
West Palm Beach, FL
- 2006 Larry Hill, D.D.S., M.P.H.**
Cincinnati, OH
- 2007 Major W. Tappan, D.D.S., M.P.H.**
Denver, CO
- 2008 Jared Fine, D.D.S., M.P.H.**
Alameda County, CA
- 2009 Susan M. Sanzi-Schaedel, R.D.H., M.P.H.**
Multnomah County, OR
- 2010 Ron J. Nagel, D.D.S., M.P.H.**
Indian Health Service, AK ■

Member Spotlight

Scott Wolpin, AACDP member, was honored as a community hero by the Maryland Dental Action Coalition during Maryland's Oral Health Heroes celebration on June 4, 2010, in Baltimore, MD. Dr. Wolpin has demonstrated his commitment to improving access to oral health services on Maryland's Eastern Shore for the past 20 years by developing and sustaining a model of a comprehensive, community approach to oral health. This model has been used to provide oral health services to thousands of children without insurance, those enrolled in Medicaid, and



those in local migrant camp settings. Dr. Wolpin has also been recognized nationally for establishing a model comprehensive school-based oral health program that ensures a dental home for school-age children in the region. Whether as the dental director for the Choptank Community Health Systems in Federalsburg, MD, the president of the Eastern Shore Dental Society, or the president of the Association of Clinicians for the Underserved, Dr. Wolpin has served as a lifelong advocate and voice for the oral health needs of underserved populations. ■

Oral Health Aspects of the Health Care Reform Legislation, P.L. 111-148

Adapted from the Pew Children's Dental Campaign (<http://www.pewcenteronthestates.org/dental>) and from a review of HR 3590

By Harris Contos

Several elements of oral health care are included in the Patient Protection and Affordable Care Act (the recently enacted health care reform legislation); however, the familiar issue of “authorized” as distinct from “appropriated” or “funded” is also evident. There is no requirement that an authorized program receive an appropriation. P.L. 111-148 serves as an authorization bill for oral health programs. Advocacy will still be required to obtain funding.

1. Items where “appropriations” are not directly at issue.

- The Medicaid income eligibility cap is to be set *no lower than* 133 percent of the federal poverty level, effective January 1, 2014. Presently, 20 states use a lower percentage beginning when a child reaches age 6.
- Children's Health Insurance Program (CHIP) funding is extended through FY2015, and authorization for the program extends through FY2019. Starting in 2016, all states will receive a 23 percent increase to the CHIP matching rate to help them cover more children under the program.
- Pediatric dental benefits are required under new state insurance exchanges, effective January 1, 2014.
- The Medicaid and CHIP Payment and Access Commission has been appropriated \$11 million in FY2010 to increase funding for the CHIP Reauthorization Act. These expansions include a study of how payment policies affect (1) children's ability to obtain services, (2) the number of health

professionals, and (3) health professionals that disproportionately serve populations with low incomes and other vulnerable populations.

- Community Health Centers and the National Health Service Corps Funds, Sec. 10503. Establishes a community health centers fund for expanded and sustained national investment in community health centers. Funding: \$700 million for FY2011, \$800 million for FY2012, \$1 billion for FY2013, \$1.6 billion for FY2014, and \$2.9 billion for FY2015. Enhanced funding for the National Health Service Corps: \$290 million for FY2011, \$295 million for FY2012, \$300 million for FY2013, \$305 million for FY2014, and \$310 million for FY2015. Funding for construction and renovation of community health centers: \$1.5 billion for FY2011 through FY2015.

2. Items that have been “authorized,” but thus far without specific “appropriations,” except where noted.

A. Prevention

- Five-year national public education campaign on oral health, Sec. 399LL. Funding: Authorized such sums as necessary.
- Demonstration grants to show effectiveness of research-based caries-management activities, Sec. 399LL-1. Funding: Authorized such sums as necessary.
- Grants for school-based dental sealant programs, Sec. 4102. Includes all 50 states, territories, and Indian tribes. Funding: Authorized such sums as necessary.
- Expanded oral health surveillance collections, Sec. 4102. Funding: Authorized such sums as necessary.
- Cooperative agreements authorized to improve oral health infrastructure, Sec. 4102 “to establish oral health leadership and program guidance, oral health data collection and interpretation (including determinants of poor oral health among vulnerable populations), a multi-dimensional delivery system for oral health, and to implement science-based programs (including dental sealants

and community water fluoridation) to improve oral health.” Funding: Authorized such sums as necessary.

B. Work Force

- Demonstrations and evaluations of alternative work force oral health providers, Sec. 5304. Begins no later than March 23, 2011. Grant funds to be used to train or employ new types of oral health professionals to increase access to oral health care services in rural and other underserved communities. Only pilot programs authorized by state law can be funded. Funding: Each of 15 grants to be at least \$4 million, total of at least \$60 million over 5 years.
- Expanded training programs in general, pediatric, and public health dentistry, Sec. 5303. Grants or contracts to dental schools, hospitals, or non-profit entities for training programs in general, pediatric, or public health dentistry. Funding: FY2010, \$30 million. For FY2011 through FY2015: Authorized such sums as necessary.
- New or expanded primary care residency programs, including dental, Sec. 5508. Funding: There is authorized to be appropriated \$25,000,000 for FY2010, \$50,000,000 for FY2011, \$50,000,000 for FY2012, and such sums as necessary for each fiscal year thereafter to carry out this section. Not more than \$5,000,000 annually may be used for technical-assistance-program grants.

3. Other areas where oral health is not explicitly included but would be highly relevant.

A. Prevention of Chronic Disease and Improving Public Health

Subtitle A—Modernizing Disease Prevention and Public Health Systems (p. 420 of HR 3590)

- The president shall establish a National Prevention, Health Promotion, and Public Health Council, and within that an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, the purpose of which will be to “develop policy and program recommendations



and advise the council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.” The council will develop, within 1 year, a national prevention and health-promotion strategy. (It is not entirely clear whether oral health is specifically included here as one of the “chronic diseases” to be addressed.)

- Prevention and Public Health Fund, Sec. 4002. The purpose is “to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private- and public-sector health care costs. Funding: \$500 million for FY2010, \$750 million for FY2011, \$1 billion for FY2012, \$1.25 billion for FY2013, \$1.5 billion for FY2014, \$2 billion for FY2015, and each fiscal year thereafter.
- Clinical and Community Preventive Services, Sec. 4003. Establishes a preventive services task force to review the effectiveness, appropriateness, and cost-effectiveness of preventive services to develop recommendations for the health care community. Funding: Authorized such sums as necessary.
- The Director of the Centers for Disease Control and Prevention (CDC) will convene an independent community preventive services task force to review evidence on and develop recommendations for individuals and organizations delivering population-based preventive services.

- Education and Outreach Campaign Regarding Preventive Benefits, Sec. 4004. The Secretary of the Department of Health and Human Services (DHHS) will implement a national public-private partnership for prevention and health-promotion outreach across the life span, including encouragement of healthy behaviors linked to the prevention of chronic diseases.

Subtitle B—Increasing Access to Clinical Preventive Services (p. 428 of HR 3590) Through School-Based Health Centers, Sec. 4101

- Grants for construction and equipment but not for personnel/administration of school-based health centers, with preference for those that serve a large number of children eligible for Medicaid. Funding: Appropriated \$50 million per year for FY2010 through 2013.
- \$50 million is awaiting appropriation for the operation and management of school-based health centers. Preference is given to communities with children and adolescents experiencing (1) barriers to primary health care, mental health, and substance abuse prevention and (2) those with lack of insurance, underinsurance, or enrollment in public health insurance programs. Funding: Authorized to be appropriated such sums as necessary (\$50 million) for each of FY2010 through FY2014.

Subtitle C—Creating Healthier Communities (p. 446 of HR 3590)

- Community Transformation Grants, Sec. 4201. Competitive grants awarded by DHHS through CDC for evidence-based community preventive health activities to reduce chronic disease rates, prevent development of secondary conditions, address health disparities, and develop a stronger evidence base of effective prevention programming. Funding: Authorized to be appropriated such sums as necessary for each of FY2010 through FY2014.

B. Advancing Research and Treatment for Pain Care Management, Sec. 4305

- DHHS and the Institute of Medicine to convene a conference on pain to increase the

recognition of pain as a significant public health problem.

- Secretary of DHHS to form an Interagency Pain Research Coordinating Committee.
- “Pain care” means the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.

C. Support for Prevention and Public Health Innovation

Research on optimizing the delivery of public health services, Sec. 4301. The secretary of DHHS will provide funding for research in the area of public health services and systems. ■



Save the Date!

The National Primary Oral Health Care Conference will be held on October 24–27, 2010, in Orlando, FL. Information and registration materials are available on the Web site of the National Network for Oral Health Care Access at <http://www.nnoha.org/conference/npohc.html>.

American Public Health Association’s (APHA’s) annual meeting will be held on November 6–10, 2010, in Denver, CO. Information and registration materials are available on APHA’s Web site at <http://www.apha.org/meetings>.

AACDP’s annual symposium will be held on April 10, 2011, in Pittsburgh, PA, preceding NOHC, which will be held on April 11–13, 2011, in the same city. A preliminary meeting agenda and other information will be posted to AACDP’s Web site in spring 2011. ■

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