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.

The Status Quo Has Lost Its Status. The November elections demonstrated that the American people are concerned about unemployment, jobs, and the economy. It is unclear whether the election results will hurt or help public health programs. The current political climate makes it even more urgent than before to educate the public and decision-makers about public health programs.

Data and Constituencies. Many public health accomplishments at the local, state, and national levels result from defining problems and solutions, establishing priorities, and identifying constituencies. It is important that public health programs have reliable data to define needs clearly and that they work with constituencies to inform policymakers about how these needs can be addressed in a cost-effective manner. Since most local and state governments are experiencing financial difficulties, it is especially critical that policymakers are made aware of their needs.

The Poor Economy, Access, Cost of Care, and Dental Practice Acts. During these difficult times, the high cost of health care means that care remains out of reach for many individuals. The strained economic climate provides an opportunity to promote changes in state practice acts to allow dental assistants and dental hygienists to expand their scope of services to promote a cost-effective and flexible work force in both the private and the public sector. Alternative primary care providers, such as dental therapists and advanced dental hygiene practitioners, as well as innovative delivery systems for schools and nursing homes, need to be explored and implemented. The challenges of this economy also provide an opportunity to promote cost-effective prevention programs, such as community water fluoridation and school prevention programs (e.g., dental sealants; fluoride tablets, mouth rinse, or varnish).

30 Days, 30 Nights. AACDP is one of 15 co-sponsoring organizations for 30 Days, 30 Nights, a national initiative stressing the importance of adult dental coverage as part of health care reform. To emphasize the need for coverage of care for adults, letters have been sent to key officials in the U.S. Department

of Health and Human Services (DHHS), and meetings have been held with these officials. We can't forget other members of the family and older adults.

The Dental Therapist Initiative. The W. K. Kellogg Foundation will invest $16 million in the Dental Therapist Initiative by 2014, working with Community Catalyst, a national nonprofit organization, to promote the use of dental therapists as part of an expanded dental team. The initiative will support community efforts in five states: Kansas, New Mexico, Ohio, Vermont, and Washington. California, Connecticut, Maine, and New Hampshire are also considering new work force models. Minnesota has changed its laws to allow the use of dental therapists. AACDP passed a resolution in 2006 supporting such initiatives. For more information, see http://www.wkkf.org or http://www.communitycatalyst.org.

AACDP Annual Symposium. AACDP is holding its annual symposium on Saturday and Sunday, April 9–10, 2011, immediately preceding the National Oral Health Conference in Pittsburgh, PA. Experts in the field will discuss the latest information on health care reform, dental work force, access to oral health care, mobile and portable oral health programs, school-based oral health programs, health care reform, and dental work force. Hope to see you at the symposium!

Wishing you a healthy, happy, and productive New Year.

The challenge is now yours! ■

To sign up to become a member of AACDP and to become a subscriber to the Community Oral Health Programs (COHP) discussion list, go to AACDP's web page at http://www.aacdp.com.

AACDP Annual Symposium

AACDP has planned another stimulating, thought-provoking, and informative program for our annual symposium in Pittsburgh, PA, on April 9–10, 2011. The program will include a presentation by the dental director from the Allegheny County Health Department (located in Pittsburgh) and a local private practicing physician; the two will describe how they developed public and nonprofit approaches to preventing and treating oral diseases.

A panel of senior federal agency personnel will discuss late-breaking topics and the impact of health care reform on local programs from the perspective of the Centers for Disease Control and Prevention, Division of Oral Health; the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau, HRSA's Bureau of Primary Health Care, and the Office of Minority Affairs. Representatives of national, state, and local organizations will discuss how health care reform and a series of initiatives are paving the way for integrating oral-disease prevention and treatment into school-based health centers in schools across the country. Last year's very popular lunchtime roundtable discussions will again be on the program.

And, finally, AACDP will continue with what has become dental public health's provocative annual update of dental work force issues. This year's update will include presentations from Albert Yee, senior project director from the Kellogg Foundation, who will discuss the recent evaluation of Alaska's dental health aide therapist model and related Kellogg-funded activities in five states; Shelly Gehshan, director of the Pew Children's Dental Campaign, who will share new evidence relevant to dental work force issues; and Ann Battrell, executive director of the American Dental Hygienists' Association (ADHA), who will discuss ADHA's perspective on recent work force developments.

The AACDP symposium will also provide an opportunity to honor David A. Soricelli, D.D.S., M.P.H., as the recipient of the Myron Allukian Jr. Lifetime

Achievement Award for Outstanding Achievements in Community Dental Programs. Throughout his career, Dr. Soricelli has been an action-oriented public health dentist and has advocated for the underserved. In the 1960s, despite enormous opposition, he established a successful dental techno therapist program in Philadelphia, the first such program in the United States.

He also developed a unique quality-control program for oral health care. The city's oral health program subsequently became a model for the nation. Dr. Soricelli has held many important positions for the Philadelphia Department of Public Health, including director of the division of dental health, deputy health commissioner, and commissioner. ■

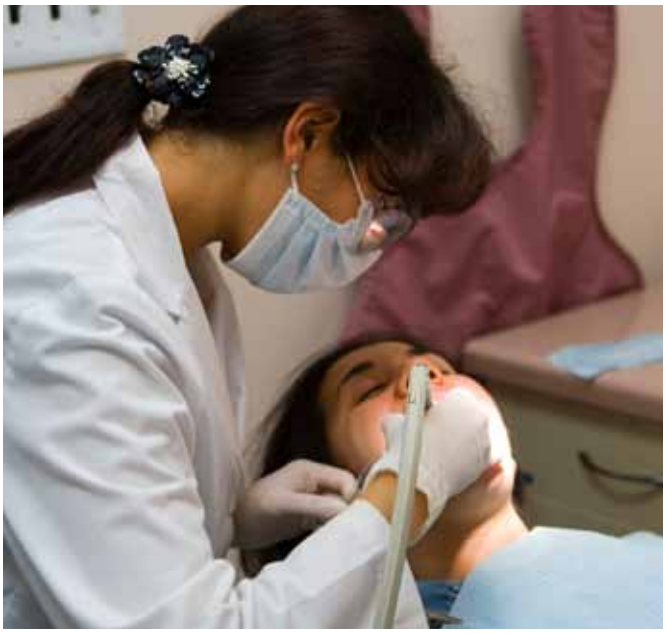
AACDP Endorses Alaska's Dental Health Aide Therapist Evaluation

In Alaska, dental health aide therapists have been providing preventive and basic oral health care to families in remote Alaska Native villages since 2006. A program evaluation conducted by RTI International of Research Triangle Park, NC, and funded by the W. K. Kellogg Foundation, the Rasmuson Foundation, and the Bethel Community Services Foundation found that dental health aide therapists in Alaska are providing safe, competent, and appropriate oral health care for underserved populations. The 2-year intensive evaluation is the first independent evaluation of its scale to assess oral health care provided by dental health aide therapists practicing in the United States.

Key findings of the evaluation include the following:

- Dental health aide therapists are technically competent to perform the procedures within their scope of work and are doing so safely and appropriately.
- Dental health aide therapists are consistently working under the general supervision of dentists.
- Dental health aide therapists are successfully treating cavities and helping to relieve pain for individuals who previously often had to wait months or travel hours to seek treatment.
- Individuals treated by dental health aide therapists are very satisfied with the care they receive.
- Dental health aide therapists are well accepted in tribal villages.

Internationally, dental health aide therapists have a long history of expanding high-quality oral health



care to children and families who are underserved as part of a comprehensive system of care managed by dentists. Dental therapy has been well established for decades in more than 50 countries, including those with advanced oral health care systems similar to the U.S. system.

In the United States, a serious shortage and maldistribution of dentists disproportionately affects families with low incomes and communities of color. A lack of affordable oral health care renders needed oral health services out of reach for nearly 50 million Americans, particularly those living in rural and underserved areas. Across the country, states are grappling with how to improve access to oral health care for these populations, and many are investigating ways to use alternative dental providers, including dental health aide therapists, to make oral health care available to those who need it most.

AACDP held the first national panel on the Alaska dental health aide therapist program in 2006 and believes that this comprehensive evaluation shows once again the value of dental health aide therapists in improving access for the underserved.

A copy of the evaluation and videos depicting the Alaska dental health aide therapist program are available at http://www.wkkf.org/what-we-support/healthy-kids/dental-therapy.aspx#1. ■

New Recommendations on Fluoridation from the Department of Health and Human Services and the Environmental Protection Agency

On January 7, 2011, the U.S. Department of Health and Human Services (DHHS) and the U.S. Environmental Protection Agency (EPA) released separate proposed recommendations, one for adjusted water fluoridation and one for naturally occurring fluoride levels in communities. The primary reasons given for the proposed recommendations are that Americans have access to more sources of fluoride than they did when water fluoridation was first introduced in the United States and that the incidence of fluorosis seem to be on the rise nationally. However, the most recent study on fluorosis did not state whether the cases of fluorosis occurred in communities with fluoridated or nonfluoridated water. See the press release available at http://www.hhs.gov/news/press/2011pres/01/20110107a.html.

DHHS Proposed Recommendation. The adjusted water fluoridation recommendation would lower the recommended fluoride level to 0.7 ppm for all fluoridated communities. The current recommended level is 0.7–1.2 ppm, which was established in 1962 by the U.S. Public Health Service. DHHS is expected to publish final guidance for community water fluoridation in spring 2011.

EPA Proposed Recommendation. EPA is considering lowering the acceptable level of naturally occurring fluoride levels, which is currently 4.0 ppm or greater. EPA will not make any changes to recommendations for the current acceptable level until after the public comment and review period, which

is expected to take at least 3 years. For additional information, see *Basic Information About Fluoride in Drinking Water: Review of Fluoride Drinking Water Standard* at http://water.epa.gov/drink/contaminants/basicinformation/fluoride.cfm.

AACDP's executive committee reaffirmed its support for community water fluoridation on January 10, 2011, as a safe and cost-effective measure to prevent dental caries, a disease that affects almost everyone (see letter at http://www.aacdp.com). AACDP urges DHHS to support more comprehensive studies on fluorosis, the benefits of fluoridation, and other measures that use fluoride to prevent dental caries.

For more information on community water fluoridation, see the Centers for Disease Control and Prevention's website at http://www.cdc.gov/fluoridation (*Overview*) and http://www.cdc.gov/fluoridation/fact_sheets/cwf_qa.htm (*Community Water Fluoridation: Questions and Answers*). ■

Legislation Update

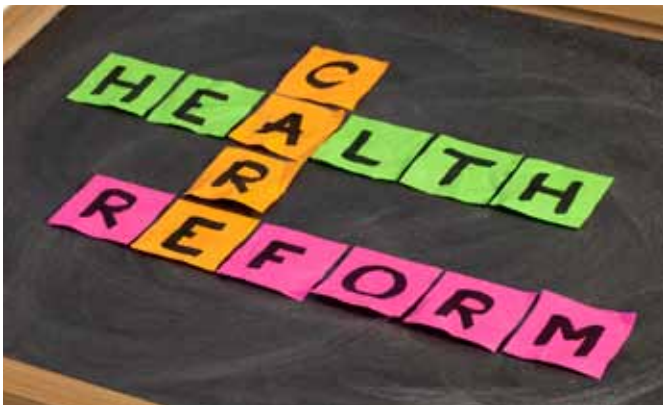
Adapted from the Pew Children's Dental Campaign
Prepared by Harris Contos

Federal Developments

It remains to be seen what will emerge during the lame duck session of Congress, at which time all unapproved funding bills, including funds for oral health, may be folded into an omnibus funding package, or the entire process may begin again from scratch.

The Senate Finance Committee has reported favorably on the following:

- Increasing the Health Resources and Services Administration's (HRSA's) State Oral Health Workforce grants by $5 million (29 percent).
- Increasing funding for dental public health training to $2 million.
- Increasing Centers for Disease Control and Prevention, Division of Oral Health, state oral health infrastructure funds by $10 million (67 percent).
- Increasing community health center (CHC) funds by $1 billion to support the expansion of primary care services in school settings. The committee directs HRSA to give priority to applications that include school-based care.
- Increasing HRSA funds by $152 million, including $47.9 million for oral health care training (this includes the increase for state grants). The committee supports states' efforts to develop licensure requirements and universities' efforts to develop curricula for advanced dental hygiene practitioners. The committee also supports programs that link oral health care and primary care training.
- The MCH Block Grant, through the Maternal and Child Health Bureau, has funds (no designated amount) to continue and expand early childhood oral health intervention and prevention programs encompassing the medical/dental interface; topical fluoride application; school- and community-based dental sealant programs; and system building with WIC, Head Start, and other programs.



Note: The Affordable Care Act (ACA) contains important language relevant to oral health, including language about demonstration grants for alternative-delivery models, school-based dental sealant programs, and a nationwide education campaign. These topics have not been included in Senate or House committee reports.

Other Developments

The secretary of DHHS announced grant awards for $320 million for primary care health professionals. Of this total, $250 million is from the Prevention and Public Health Fund (which does not include "oral health professional" as part of the definition of "primary care health professional"), and the rest is from HRSA discretionary funds from fiscal year 2010.

DHHS announced that $727 million in CHC funds from ACA has been awarded to 147 clinics for renovation and construction.

The Government Accountability Office announced the National Healthcare Workforce Committee members; however, none are oral health professionals. How well versed the named members are in oral health is not known.

Thirteen states cut Medicaid dental rates in fiscal year 2010, and seven states have initiated cuts in Medicaid dental rates in fiscal year 2011 (see http://www.kff.org/medicaid/upload/8105.pdf).

DHHS released a report that reminds us of the challenge to change the image of oral health as a secondary concern, distinct from overall health (see https://www.cms.gov/MedicaidCHIPQualPrac/Downloads/secrep.pdf). ■

In the News

Cultural Competency e-Learning Program Initiative

DHHS, Office of Minority Health, convened a meeting on December 7–10, 2010, to gain input from the Oral Health National Project Advisory Committee (NPAC) on the development of a cultural competency e-learning program for oral health professionals. Through a practitioner-driven approach, the Oral Health NPAC created a framework of suggested content, tools, and technologies that will become the program platform. This initiative is a part of DHHS's oral health initiative, Oral Health Is Integral to Overall Health, which utilizes a systems approach to develop and support programs that emphasize oral health promotion and disease prevention, increased access to oral health care, and enhancement of the oral health work force to help eliminate oral health disparities. For more information, visit http://www.thinkculturalhealth.hhs.gov.

Healthy People 2020 Launched

On December 2, 2010, DHHS launched *Healthy People 2020,* the national health objectives for health promotion and disease prevention for the United States. Oral health has been an integral component of these objectives since they were initiated in 1990. National health objectives on community water fluoridation, dental sealants, and oral cancer are

included. For more information, visit http://www.healthypeople.gov.

Fluoridation Facts

In 2008, over 195 million people in the United States (72.4 percent of the population) were on public water systems receiving fluoridated water. The *Healthy People 2010* goal was 75 percent. For a state-by-state breakdown, visit http://www.cdc.gov/fluoridation/statistics/2008stats.htm.

Local Health Department Cuts

A survey by the National Association of County and City Health Officials shows deep job losses in public health. In 2009, there were approximately 23,000 layoffs or attritions, impacting 15 percent of the local health department (LHD) work force. This affected about 46 percent of LHDs and about 73 percent of the populations in their jurisdictions. The recent health care reform law could be a positive development for LHDs and for public health, as it will make health insurance affordable to those currently uninsured and relieve some of the burden on LHDs that serve as safety-net providers. For more information, see *Local Health Department Job Losses and Program Cuts: Findings from January/February 2010 Survey* available at http://www.naccho.org/topics/.../upload/Job-Losses-and-Program-Cuts-5-10.pdf. ■

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