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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Myron Allukian Jr.

Tough Times Call for Creative Leadership for a Better Future

AACDP's Leadership Efforts

The American Association for Community Dental Programs (AACDP) has a long history of working to improve America's oral health. Given the turbulent times, the organization's leadership role has assumed even greater importance of late. In recent months, our nation has witnessed another tragic death resulting from untreated oral disease. Lottery dental care is on the rise, and dental practice acts are changing. The American people are concerned about the economy, jobs, health care, and the country's future. In response, AACDP is striving to be ever more creative in its efforts to help ensure that all Americans enjoy the best possible oral health.

In September 2011, AACDP signed a letter to Kathleen Sebelius, Secretary of the Department of Health and Human Services (DHHS), recommending that the Patient Protection and Affordable Care Act of 2010 (ACA) include dental coverage and preventive services that reflect current guidelines and specifications.

In October 2011, AACDP supported the Kansas Registered Dental Practitioner (RDP) Bill. The bill addresses access to oral health care, especially for individuals living in rural areas, and the shortage of dentists in Kansas. If passed,

AACDP Annual Symposium—Save the Date!

AACDP will hold its annual symposium on Saturday and Sunday, April 28–29, 2012, in Milwaukee, WI. Speakers at the symposium will present information on oral health program sustainability, dental sealant programs, federal initiatives, older adult and nursing home care, school-based health centers, oral health literacy, fluoride-delivery options, dental homes, dental therapists, and work force initiatives. (See AACDP Annual Symposium—Save the Date! on page 7.)

it will allow an RDP, a mid-level dental provider, to perform certain tasks currently performed only by dentists. An RDP is a hybrid between an Alaskan dental health aide therapist and a dental hygienist. (See The Kansas Registered Dental Practitioner Bill on page 3.)

The Centers for Disease Control and Prevention (CDC) has reversed its decision to downgrade its Division of Oral Health to a branch. This is good news for oral health in general and for the dental public health infrastructure in particular. We would like to extend thanks to everyone who shared comments with DHHS and CDC about this organizational restructuring. Your involvement was instrumental in effecting the reversal.

AACDP is continuously working with other public health, oral health, and health organizations to promote better oral health at the local, state, and national levels. We encourage members to look for ways to support each other to further the goal of improving oral health.

A Death Resulting from an Oral Infection

In August 2011, a 24-year-old unemployed man without insurance in Cincinnati, OH, died from an infection that originated in his mouth. His infection could have been treated routinely in a dental office. When the pain became unbearable, he went to an emergency room for treatment, where he was prescribed pain medication and an antibiotic. He couldn't afford both, so he chose the pain medication. The tooth infection spread, causing his brain to swell, and he died.

Lottery Dental Care

Is access to oral health care so limited that only "a lucky few" can receive treatment? In North Carolina, lottery winners were able to obtain free dental care. Entrants had a 1 in 10 chance of "winning" care. The safety net clinic director stated that "we could be open 24 hours a day and treat nothing but toothaches. The demand far exceeds the supply."

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.**

Fluoridation Hearing—Is Fluoride a Carcinogen?

On October 12–13, 2011, the California Environmental Protection Agency, the lead agency for the implementation of the Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65), held a hearing to determine whether fluoride as used in fluoridated water is a potential carcinogen. After hearing testimony from anti-fluoridationists, oral health professionals, and health professionals, the Carcinogen Identification Committee (a committee of qualified experts) voted unanimously not to list fluoride as a carcinogen. (See Food and Drug Administration Determines That Fluoride Is Not a Carcinogen on page 3.)

Wishing you a healthy, happy holiday season and a productive New Year! ■

Myron Allukian Jr.

Food and Drug Administration Determines That Fluoride Is Not a Carcinogen

A letter from the Food and Drug Administration (FDA) states that available data do not support the conclusion that fluoride is a carcinogen and that FDA sees no reason to be concerned about fluoride in community water or in bottled water. The letter also states that cancer warnings on FDA-regulated products containing fluoride are unnecessary and would be misleading. Specifically, FDA-regulated food and drug products containing fluoride that have cancer warnings are misbranded and are in violation of federal law. This letter, which was presented at the California fluoridation hearing in October 12–13, 2011, can be used to combat allegations often used by anti-fluoridationists that FDA has never taken a position on fluoride. ■

The Kansas Registered Dental Practitioner Bill

This bill, which was heard in the Kansas State Legislature in October 2011, specifies that "registered dental practitioners shall practice in federally-designated professional workforce shortage areas, indigent health care clinics, nursing homes, Head Start programs, federal and state correctional institutions or in private practice where a certain percentage of total patient revenues are derived from Medicaid." RDPs differ from Alaskan dental health aide therapists in that RDPs also serve as dental hygienists. Services that RDPs may provide include all those provided by registered dental hygienists plus additional services, including providing fillings, preparing cavities, extracting primary teeth, and extracting already-loose permanent teeth. In addition to Alaska, Kansas, and Minnesota, at least four other states—Vermont, Ohio, New Mexico, and Washington—have dental therapist initiatives. ■

John P. Rossetti Selected to Receive Vince Hutchins Leadership Award

John P. Rossetti, D.D.S, M.P.H., was selected to receive posthumously the Vince Hutchins Leadership Award from the Association of Maternal and Child Health Programs (AMCHP). This national award honors an individual's leadership in promoting a society responsive to the needs of women, children, adolescents, and families. The award will be presented on Monday, February 13, 2012, during AMCHP's annual meeting in Washington, DC.

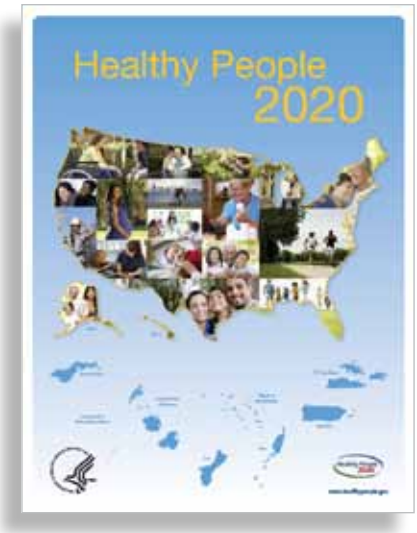
Oral Health—A *Healthy People 2020* Leading Health Indicator

Healthy People 2020, the national health objectives, contains 42 topic areas with nearly 600 objectives and 1,200 measures to determine progress toward improved health among Americans. A smaller set of *Healthy People 2020* objectives, called leading health indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them. The leading health indicators were released on October 31, 2011, at the American Public Health Association's annual meeting.

Oral health is one of these 12 high-priority health issues, which were selected and organized using health determinants and outcomes by life stages. The leading health indicators are (1) access to health services; (2) clinical preventive services; (3) environmental quality; (4) injury and violence; (5) maternal, infant, and child health; (6) mental health; (7) nutrition, physical activity, and obesity; (8) oral health; (9) reproductive and sexual health; (10) social determinants; (11) substance abuse; and (12) tobacco.

The indicators draw attention to health disparities and the determinants that affect the health of people of all ages. Strategic opportunities to improve health and quality of life are highlighted to motivate individuals, families, and communities to take action at the local, state, and national levels.

AACDP was a signatory along with 39 other dental organizations in a letter thanking Kathleen Sebelius, Secretary of DHHS, for including oral health as a leading health indicator in *Healthy People 2020*. ■



Legislation Update

Prepared by Harris Contos

Affordable Care Act Preventive Services

ACA requires health insurance plans to cover evidence-based preventive services at no cost to patients. Under the act, new prevention initiatives are funded through community transformation grants to support efforts in states and communities to reduce chronic disease. Priority areas include tobacco-free living; active living and healthy eating; evidence-based, high-quality clinical and other preventive services; and disease prevention and health promotion. Approximately $103 million in prevention funding has been awarded to 61 states and communities. These awards were distributed among state and local government agencies, tribes and territories, and state and local nonprofit organizations within 36 states, including seven tribes and one territory. For more information, see Community Transformation Grants, States and Communities at http://www.cdc.gov/communitytransformation/funds/index.htm.

Affordable Care Act, I

ACA includes significant provisions for oral health, most notably Section 5304, which authorizes the Secretary of DHHS to award 5-year grants, each in the amount of at least $4,000,000, to 15 eligible entities to establish demonstration programs to train or employ mid-level dental providers "in order to increase access to dental health care services in rural and other underserved communities."

Because of opposition from the American Dental Association and also owing to efforts earlier this year to trim federal spending, funding for these demonstration programs was eliminated.

Mid-Level Providers, I

Despite elimination of ACA funding to train and employ mid-level dental providers, states continue their efforts to train dental therapists and to add them to the work force to increase access to oral health care. Notable examples include Alaska's dental therapist program and community-led efforts in five states—Kansas, New Mexico, Ohio, Vermont, and Washington. Oregon is also adding an "alternative provider" pilot program, and the Maine legislature passed a bill to establish a 2-year pilot project to allow licensed independent practice dental hygienists to expose and process radiographs under protocols developed by the State of Maine Board

of Dental Examiners within dental health professional shortage areas. Further details are awaited on what changes to each state's dental practice laws are required to allow dental therapists to practice and on what developments are under way.

Affordable Care Act, II

A central tenet of the ACA is that "essential health benefits" (EHBs) must be part of insurance plans offered to individuals and small groups through state-based exchanges and in the marketplace, yet the act itself provides only broad and sometimes ambiguous and contradictory definitions of the term. As a start, in Section 1302, the act specifies 10 categories of health services to be included as essential—such as ambulatory services, hospitalization, and maternal and newborn care. Only one of these (pediatric services) explicitly mentions oral health.

The Secretary of DHHS asked the Institute of Medicine (IOM) to further define EHBs and to provide recommendations. See *Essential Health Benefits: Balancing Coverage and Costs,* a report by the IOM Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans. In undertaking its task, the committee considered four policy domains for guiding what should be included in an EHB package—economics, ethics, population-based heath, and evidence-based practice. The committee also used as references the benefits provided in typical small employer health plans and such health plans' designs.

Affordable Care Act, III

The overarching theme of *Oral Health in America: A Report of the Surgeon General,* released in 2000, which states that "oral health is integral to overall health," has yet to be embraced and actualized, and the place of oral health within the health care universe remains ambiguous. ACA calls for the Secretary of DHHS to "establish a shared savings program that promotes accountability for a patient population and coordinates items and services under parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery." (P.L. 111-148, Section 1899) This would be done through Accountable Care Organizations (ACOs).

Comprehensive Primary Care

The Centers for Medicare & Medicaid Services' (CMS's) Center for Medicare & Medicaid Innovation, through its Comprehensive Primary Care (CPC) Initiative, is responsible for defining what constitutes ACOs and what they are to do. Despite ACA's emphasis on "comprehensive primary care," there is no specific reference to oral health care in the Solicitation for the Comprehensive Primary Care Initiative.

This "orphan status" of oral health is also illustrated by an example in Massachusetts. The governor has submitted Bill H.1849, An Act to Improve the Quality of Health Care and Controlling Costs by Reforming Health Systems and Payments, to encourage "integrated care through accountable care organizations operating under a global budget." Curiously, as with the CPC initiative, the 53-page bill makes no reference to oral health. The Massachusetts Secretary of Health and Human Services suggested one explanation for this omission: "Health insurance and dental insurance are separate arrangements among patients, payors, and employers and that represents a complication for integrating care and having the entity be 'accountable' for the care." (Personal correspondence with Judy Ann Bigby, Secretary, Massachusetts Department of Health and Human Services.)

Mid-Level Providers, II

The Federal Trade Commission (FTC) focuses on unfair methods of competition, including competition in health care, and the Office of Policy Planning, Bureau of Competition, has made a number of "advocacy filings" relating to proposed restrictions on mid-level medical and dental providers. For example, the Georgia Board of Dentistry proposed amendments to require the indirect supervision of a dentist for dental hygienists performing permitted treatments at approved facilities, such as dental

Hurdles to integrating oral health care into overall health care remain.

sealant application and fluoride treatment, which dental hygienists have heretofore been allowed to perform without such supervision.

Citing the absence of evidence of past or future harm from current permitted practices, FTC has taken the stance that "requiring dental hygienists to provide covered services only with the indirect supervision of a dentist will likely raise the cost of these services and result in fewer persons receiving them at approved facilities," with direct impact on access to care. As other mid-level initiatives are undertaken, FTC is likely to continue to take a pro-competitive position.

Mid-Level Providers, III

A new funding initiative has the potential to impact the dental work force. The Center for Medicare & Medicaid Innovation has announced the Health Care Innovation Challenge, which will award up to $1 billion in grants to applicants who propose the most compelling new service-delivery and payment models that will drive system transformation and deliver better outcomes for Medicare, Medicaid, and State Children's Health Insurance Program beneficiaries. Applicants were encouraged to focus their proposals on high-cost, high-risk groups such as (1) populations with multiple chronic diseases, mental health or substance abuse problems, poor health owing to socioeconomic and environmental factors, multiple medical conditions, and/or high health care costs or (2) frail older adults. The objectives of the initiative are to

- Engage a broad set of innovation partners to identify and test new care-delivery and payment models that originate in the field and that produce better care, better health, and reduced cost through improvement for identified target populations.
- Identify new models of work force development and deployment and related training and education that support new models either directly or through new infrastructure activities.
- Support innovators who can rapidly deploy care-improvement models through new ventures or through the expansion of existing efforts to new patient populations, in conjunction with public- and private-sector partners.

Potential applicants must have submitted a letter of intent by December 19, 2011, to be eligible for a funding award. The objectives of the initiative suggest that it will allow for creativity and innovation in service-delivery and payment models for health care, including oral health care.

Title V Maternal and Child Health Block Services Grant

The federal government's attempts to reduce the budget deficit also manifested in the U.S. Senate Appropriations Committee approval of a $50 million cut to the Title V Maternal and Child Health Services Block Grant in the FY'12 Labor, Health and Human Services, and Educational Appropriations bill on September 21, 2011. In addition, "the bill zeroes out 15 programs totaling more than $230 million and reduces funding for dozens of others," according to the Association of Maternal and Child Health Programs. (*AMCHP Legislative Alert,* September 21, 2011.) ■

AACDP Annual Symposium—Save the Date!

Mark your calendars! AACDP has planned another great symposium that will be held on Saturday and Sunday, April 28–29, 2012, preceding the National Oral Health Conference, in Milwaukee, WI. A preliminary agenda is available on AACDP's website.

AACDP's symposium will begin on Saturday with the popular session, The Nuts and Bolts (and a Few

Screws) of Sustaining Community Oral Health Programs. Afterwards, participants are invited to network with local and state colleagues at an evening reception co-sponsored by AACDP and the Association of State and Territorial Dental Directors.

On Sunday, Myron Allukian (AACDP) will welcome participants to the symposium, highlight AACDP accomplishments during the past year, and share future plans.

Matt Crespin (Children's Health Alliance of Wisconsin) will welcome participants to Wisconsin; share findings from *Making Milwaukee Smile*, a pilot project designed to increase participation in school-based oral health programs, decrease the need for urgent care, and coordinate follow-up care; and highlight a local dental sealant program that has grown 10-fold in the past 10 years.

Hot Topics at the National Level, back by popular demand, will include presentations from oral health leaders from federal agencies, including CDC, CMS, and the Health Resources and Services Administration.

The morning will conclude with a panel presentation, Oral Health Care for an Aging Population, with Paul Glassman (University of the Pacific) and Robyn Stone (Institute for the Future of Aging), as well as Lynn Bethel (Massachusetts Department of Public Health), who will share current initiatives in Massachusetts following the release of *The Commonwealth's High Risk Senior Population: Results and Recommendations from a 2009 Statewide Oral Health Assessment*.

During lunch, participants will join roundtables for lively discussions on a variety of topics, including access to care (the dental home vs. the dental homeless), coalition building, fluoride-delivery options (community water fluoridation, fluoride varnish programs), oral health care for older adults, oral health literacy, and oral health services within school-based health centers.

The afternoon will begin with a session on medical-dental collaboration to address avoidable emergency room utilization for dental infections. Following this session, participants will have the opportunity to honor the recipient of the Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievements in Community Dental Programs.

And, finally, AACDP will host the popular and sometimes controversial session on alternative work force, Dental Therapist Initiatives, Access, and Changing State Practice Acts, with Cathy Harding (Kansas Association for the Medically Underserved), David Jordan (Community Catalyst), Pam Quinones (American Dental Hygienists' Association), Stephanie Woods (Maniilaq Health Center, Dental Clinic, Alaska), and Sarah Wovcha (Children's Dental Services, Minnesota).

Information about registering for AACDP's annual symposium will be available in spring 2012 on the National Oral Health Conference's website. The symposium is packed with useable information and networking opportunities geared to those working in community oral health programs! ■

In the News

Local Health Department Job Losses and Program Cuts: Findings from July 2011 Survey

This report prepared by the National Association of County and City Health Officials provides survey findings from local health departments (LHDs). Between July 2010 and June 2011, about 55 percent of LHDs reduced or eliminated at least one program, and 11 percent entirely eliminated at least one program. Certain program areas were cut more than others.

Maternal and child health services: 21 percent
Other personal health services: 20 percent
Emergency preparedness: 20 percent
Other environmental health: 18 percent
Immunization: 18 percent
Population-based primary prevention: 17 percent
Chronic disease screening and/or treatment: 17 percent

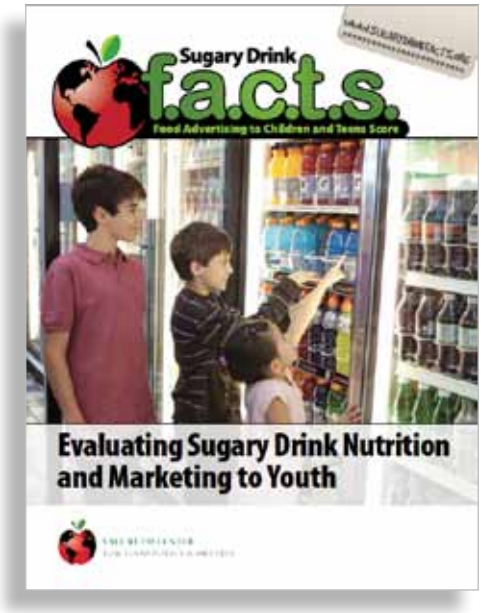
Also, during the first half of 2011, 44 percent of LHDs lost at least one employee as they collectively dropped 5,400 jobs owing to layoffs or attrition. Since 2008, LHDs have lost a total of 34,400 jobs owing to layoffs or attrition.

Promoting Access to Oral Health Care Through Public-Private Partnerships: Roles for State Oral Health Programs and Oral Health Coalitions

This report prepared by the Association of State and Territorial Dental Directors provides four examples of public-private partnerships and their community programs: Give Kids a Smile, Smiles Across America, Missions of Mercy, and Special Olympics International/Healthy Athletes Special Smiles. Discussion of how state oral health programs worked with each of these community programs is included. The examples are designed to highlight sustainable models that address access to care and health literacy, inform policymakers and other stakeholders, and raise awareness of the importance of oral health in the total health picture. The examples also illustrate how such models can be constructed to meet both business and community needs.

Sugary Drink Facts: Evaluating Sugary Drink Nutrition and Marketing to Youth

This report prepared by the Yale Rudd Center for Food Policy & Obesity documents the extent to which high-sugar drinks and energy drinks are marketed directly to children and adolescents and the impact of this marketing. The authors found that in 2010, preschoolers, children, and adolescents saw 213, 277, and 406 ads on TV, respectively, for high-sugar drinks and energy drinks, and adolescents viewed 12 percent more of these ads, compared with adults. The report also indicates that in 2010 children and adolescents frequently visited high-sugar-drink and energy-drink websites. In addition, the authors found evidence of high-sugar-drink and energy-drink marketing to black and Hispanic children and adolescents. ■



AACDP Executive Committee Members 2011–2012

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