



The Bellwether

Leading Local Efforts to Improve the Nation's Oral Health

A Newsletter of the
American Association
for Community
Dental Programs

Issue No. 9

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News from the President Judy Gelinas

Welcome to the ninth edition of *The Bellwether*, the American Association for Community Dental Programs' (AACDP's) award-winning publication.

I am honored to be serving as AACDP's president, since Myron Allukian Jr. passed the gavel to me at the end of AACDP's symposium in April. When I attended

my first National Oral Health Conference (NOHC) over 10 years ago, I

was delighted to be with the public

health community, my "peeps," and especially to be part of this group. I found the membership meetings down

to earth, just like the association's purpose—to support

the efforts of those with an interest in serving the oral health

needs of vulnerable populations at the community level.

Since then, AACDP has grown from a small, determined group to a well-organized association with over 750 members and an active executive board. However, I'm pleased that it has not lost its practical and straightforward flavor.

Others, too, seem to be attracted by these qualities; we experienced record attendance at the annual AACDP symposium this spring. We expected about 20 to attend the Saturday afternoon "Nuts and Bolts" presentation and were amazed at the turnout of over 65 for this participant-driven session on how to sustain community oral health programs. And the room was packed for our all-day Sunday lineup of presentations by distinguished speakers. In total, we had over 200 participants attending our annual symposium. If you were one of this year's attendees, please take a few minutes to give us your feedback by responding to the survey you received via e-mail. If you were not able to attend this year but hope to do so in the future, please contact us with suggestions for presentations that would help you in your grassroots work.

Recently AACDP has supported two issues: the retention of Milwaukee City water fluoridation (threatened by an imminent vote of the city's alderman)





and the allocation of funding for “Alternate Dental Health Demonstration Projects” in the FY’13 Health Appropriation Bill that went to hearing on June 12, 2012. Thanks to Harris Contos quickly drafting our support letters, we spoke for AACDP’s membership and the health of the populations we serve.

Of course, advocacy must have a strong voice. I am pleased that AACDP understands this and has met with the Association of State and Territorial Dental Directors’ executive board and Wayne Cottam, president of the National Network for Oral Health Access (NNOHA). We began discussing possible joint efforts and agreed to keep communication open between AACDP and each of these two groups.

To move forward with our continued efforts to support community oral health programs, we need your help. If you are not a member, please join, and consider contributing your ideas and knowledge by keeping in touch with us. ■

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>.

AACDP Symposium

AACDP's annual symposium was held on April 28–29, 2012, preceding the National Oral Health Conference, in Milwaukee, WI. Over 110 participants received current information on a wide range of topics, including sustaining programs, federal initiatives, oral health care for older adults, medical-dental collaborations, and dental therapist initiatives. The W. K. Kellogg Foundation and the DentaQuest Foundation generously provided support for the symposium. In addition, special thanks to Sydney McKenzie, Nevada Department of Health and Human Services, for providing photographs of the symposium.

The Nuts and Bolts (and a Few Screws) of Sustaining Community Oral Health Programs

During this interactive session, participants discussed issues and offered strategies for sustaining community oral health programs. Afterwards, Wayne Cottam (NNOHA) and Greg Nycz (Family Health Center of Marshfield) served as reactors to the information that participants shared.

Welcome and President's Message

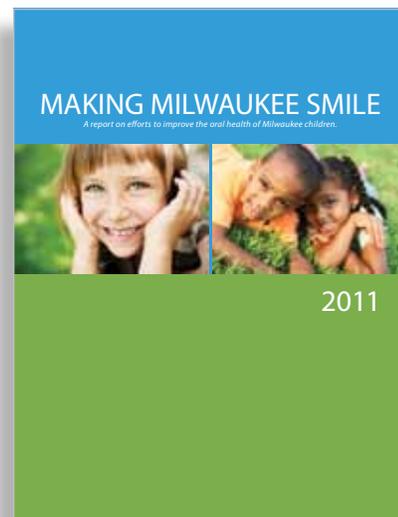
Myron Allukian Jr. (AACDP president) welcomed participants to the symposium and provided an overview of recent activities.

In April 2012, AACDP agreed to be listed in the American Dental Association's *Fluoridation Facts Compendium* as a national organization that recognizes the public health benefits of community water fluoridation for preventing tooth decay.

In March 2012, AACDP, along with about 40 national organizations, alliances, and campaigns, sent a letter of appreciation to Secretary Sebelius applauding the Department of Health and Human Services' first nationwide paid media campaign to educate the public about the dangers of tobacco use and its terrible toll of disease and death.

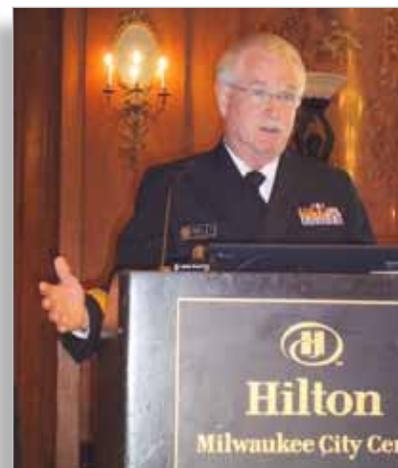
Community Oral Health Programs in Wisconsin: Making Milwaukee Smile

Matt Crespin (Children's Health Alliance of Wisconsin) provided information about this successful community-based program in Wisconsin. Recently the program examined the impact of oral health care coordination as part of existing school-based oral health programs and implemented oral health training for medical professionals. (See *Making Milwaukee Smile: A Report on Efforts to Improve the Oral Health of Milwaukee Children 2011*.)



Health Care Reform and Oral Health: What's New?

William Bailey (U.S. Public Health Service and Centers for Disease Control and Prevention [CDC]), Renée Joskow (Health Resources and Services



William Bailey

Administration), and Lynn Mouden (Centers for Medicare & Medicaid Services [CMS]) presented up-to-date information on federal oral health initiatives, programs, and policies and how they relate to health care reform in their respective agencies.

Oral Health Care for the Aging Population

In this panel on oral health for older adults, Lynn Bethel (Massachusetts Department of Public Health) and Paul Glassman (University of the Pacific School of Dentistry) discussed innovative and creative programs and policies that respond to the great unmet oral health needs of older adults, especially those at high risk. In addition, they provided information about plans for future action.



Lynn Bethel

Roundtable Sessions

Roundtable sessions (“Lunch with the Bunch”) focused on a wide variety of topics, including school-based comprehensive oral health services; dental therapists and W. K. Kellogg Foundation grants; lessons from Northwest fluoridation politics; the Price County Healthy Smiles for Seniors program, which is delivered by a dental hygienist employed through a local health department; the Maryland Oral Health Summit; I-Smile: A Horizontal Dental Home Model, which presents a new approach to the dental home; the Kyle Willis story, focusing on the circumstances of this 24-year-old’s death from a dental

infection; Institute of Medicine recommendations for improving access to oral health care for vulnerable and underserved populations; an evidence-based approach to improving the cost-effectiveness of community-based fluoride-varnish programs; and health center oral health operations for NNOHA.

Medical-Dental Collaboration to Address Avoidable Emergency Room Utilization for Dental Infections

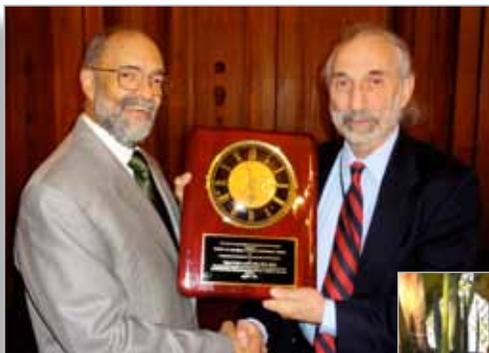
Larry Hill (CincySmiles Foundation), Laurie Barker (CDC), and Shelly Gehshan (The Pew Center on the States) shared the story of a 24-year-old father without health insurance from Cincinnati, OH, who died from a tooth infection because he couldn’t afford antibiotics to treat the infection; national and state data to monitor emergency room (ER) use for oral health problems; and an overview of the center’s findings about ER visits for children with toothaches and other avoidable oral health issues.



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

Myron Allukian Jr. presented Caswell Evans, on behalf of Timothy R. Collins, with the Myron Allukian Jr. Lifetime Achievement Award for Outstanding Achievements in Community Dental Programs. Throughout his career, Timothy R. Collins has been a tireless, patient advocate and public health dentist whose primary goal has been to prevent oral disease and improve access to oral health for those most in need. For example, from 1993 to 2008, he served as

chair of the California Fluoridation Task Force, where he was a champion for water fluoridation. He was instrumental in winning significant victories, including implementing fluoridation of the Metropolitan Water District of Southern California, which affected over 18 million people in over 90 water districts in six southern counties, implementing fluoridation of community water in Los Angeles, which affected over 3.5 million people; and securing over \$27 million in grant funds for water fluoridation in California. (See <http://www.aacd.com/awards/TimothyRCollins.html>.)



Caswell Evans and Myron Allukian Jr. (above) and Timothy R. Collins (right)



Dental Therapist Initiatives, Access, and Changing State Practice Acts

Stephanie Woods (Maniilaq Dental Clinic), Pamela Quinones (American Dental Hygienists' Association [ADHA]), David Jordan (Community Catalyst), Sarah Wovcha (Children's Dental Services), and Cathy Harding (Kansas Association for the Medically Under-served) discussed the status of the dental therapist program in Alaska, the initiatives that are taking place nationally in different states with dental therapists, activities in Kansas related to dental therapists and how the employment of dental therapists is working in Minnesota, and the ADHA perspective on mid-level providers and the role of dental hygienists. ■



Stephanie Woods

Legislative and Regulatory Update

Prepared by Harris Contos

Senate Appropriations Committee

By a vote of 16 to 14, the Senate Committee on Appropriations approved the fiscal year 2013 Labor, Health and Human Services, Education, and Related Agencies bill, which goes to the Senate for consideration as S. 3295. Oral health provisions include

- Provisions in the amount of \$32,392,000 for training in oral health care programs, the same as the

fiscal year 2012 comparable level and the budget request, with a recommendation that the general- and the pediatric-dentistry-loan-repayment programs receive \$8,000,000 each.

- Provisions in the amount of \$13,485,000 for AIDS dental services, the same amount as the fiscal year 2012 comparable level and the budget request.
- No less than \$150,000 for CDC to provide planning and technical assistance to expand joint public-private media campaigns at the national, state, and local levels to improve oral health literacy. In addition, sufficient funding has been included for CDC to convene a conference examining innovative strategies to address early childhood caries.

- An increase of \$1.452 million over the comparable fiscal year 2012 level to \$640,098,000 for the Maternal and Child Health block grant program, which provides a flexible source of funding that allows states to target their most urgent maternal and child health needs, including access to oral health care.
- Urging CMS to update Medicaid dental regulations to reflect the fact that the majority of states (34) allow dental hygienists to provide oral health care outside of a dental office without a prior examination or pre-authorization by a dentist as a means to increase access to oral health care.

Oral Health Issues Before Congress

Oral health issues that the Affordable Care Act (ACA) does not address are the subject of the Comprehensive Dental Reform Act of 2012, a bill put forth by Sen. Bernie Sanders (I-VT) and Rep. Elijah E. Cummings (D-MD). The bill's focus is to improve access to oral health care for vulnerable and underserved populations, which it seeks to accomplish through a number of measures, including comprehensive oral health care under Medicare, Medicaid, and Veteran Affairs benefits; oral health education for medical and nonhealth professionals; alternative dental health care provider demonstration programs; case-management grant programs with a particular focus on pregnant women, individuals with disabilities, and older adults; amending the Public Health Service Act to include dental therapists; increasing the number of access points to comprehensive oral health services for individuals with low incomes or who are underserved; building and expanding dental clinics in schools; and emergency room coordination related to oral health care. (See <http://www.sanders.senate.gov/newsroom/news/?id=0df20038-a394-4f67-b4b9-756e2808426e>.)

Federal Trade Commission Activities

Competition is a key feature of American health care policy, the premise being that competition among sellers in an open marketplace gives consumers the benefits of lower prices, higher-quality products and

services, more choices, and greater innovation. (See www.ftc.gov/ftc/about.shtm.)

The Federal Trade Commission (FTC), which is charged under the FTC Act with preventing unfair methods of competition and unfair or deceptive acts or practices in or affecting commerce, has experience dealing with issues related to competition in oral health care delivery. Recent FTC activity is summarized below. (See http://www.ftc.gov/opp/advocacy_date.shtm.)

Following an administrative complaint filed by FTC, an administrative law judge concluded that the North Carolina Dental Board blocked nondentists from providing teeth-whitening services in an unreasonable restraint of trade and using unfair methods of competition. Specifically, the complaint alleged that in reducing the availability of teeth-whitening services in North Carolina, the dental board's conduct constituted an anticompetitive conspiracy among the dentists on the board and was in violation of federal law. In addition, the board sent letters to nondentists stating that they were practicing dentistry illegally as well as to mall owners and property-management companies stating that providing teeth-whitening services in malls is illegal, a determination the board had no authority to make. The administrative law judge wrote that concerted action to exclude nondentist-provided teeth-whitening services from the market constitutes an agreement to exclude rivals, which by its nature tends to harm competition.

In another case involving the North Carolina Dental Board, FTC provided comment on North Carolina House Bill 698, which would have given the board significant new regulatory and oversight authority over dental service organizations (DSOs), which serve a variety of the nonclinical functions of a dental office, such as accounting, scheduling, and purchasing. This oversight and authority would have included exclusive authority to review and approve every DSO management agreement between any North Carolina-licensed dentist or professional entity and a management company. The FTC looked unfavorably



upon this bill, stating that the board could apply these new restrictions and oversight powers not only to eliminate entry by new DSOs into North Carolina but also to dismantle existing DSOs operating in the state by refusing to approve management agreements when they come up for renewal, and that the bill appears likely to do more harm than good.

In other comments, this time to the Maine Board of Dental Examiners, FTC wrote that dental hygienist rules proposed by the board, designed to implement a pilot project to test expanded access to oral health care in underserved areas of Maine, contain restrictions that could undermine the project's purpose and deny consumers the benefits of competition among providers of dental health services. The matter centered upon a 2-year pilot project voted on by the Maine legislature to allow independent practice dental hygienists (IPDHs) in underserved areas to take radiographs without the presence of a dentist. The board, however, proposed rules allowing IPDHs to take only bitewings and periapicals and no other types of radiographs, despite the fact that they had the education and training needed to take all these radiographs. FTC commented that the board provided no basis for its proposed rules and no evidence of safety concerns. FTC expressed concern that the proposed rules would impede the development of new arrangements for delivering oral health care services in ways contrary to the intent of the pilot project. ■

In the News

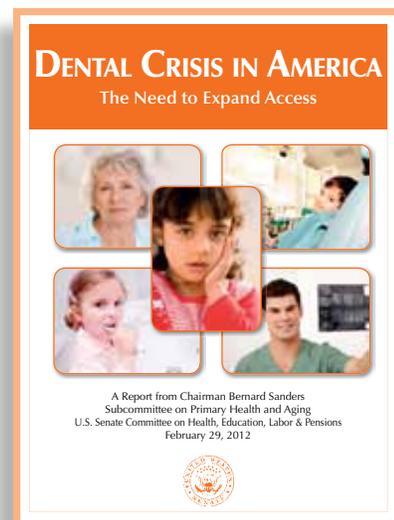
A Costly Dental Destination: Hospital Care Means States Pay Dearly

This issue brief describes the increase in the prevalence of ER visits for childhood toothaches and other avoidable oral health issues. Topics include the cost burden of oral health care services provided in the ER, increasing investments in children's oral health access and preventive oral health care, barriers to obtaining oral health care among individuals with low incomes, increasing the supply of oral health professionals, and increasing access to oral health services for children enrolled in Medicaid.

Dental Crisis in America: The Need to Expand Access

This report from Chairman Bernard Sanders, Subcommittee on Primary Health and Aging, U.S. Senate Committee on Health, Education, Labor & Pensions,

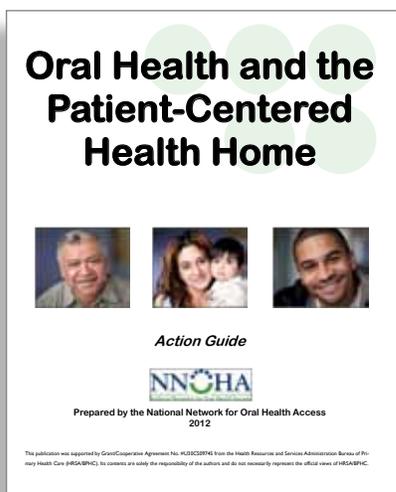
describes the burden of oral disease in the United States and the need for increased access to comprehensive preventive and restorative oral health services. Topics include barriers to accessing oral health services among children, adolescents, and adults; the continuing shortages of oral health professionals and oral health care; and the cost of untreated oral



health problems. Potential solutions are discussed; these include expanding the oral health work force, integrating oral health services, and promoting prevention and education.

Oral Health and the Patient-Centered Health Home: Action Guide

This report describes a needs assessment of health center dental directors and follow-up interviews with nine “early adopter” organizations that have made substantial progress in integrating oral health into the patient-centered health home (PCHH). Topics include characteristics and organizational factors of the early adopter health centers that facilitated medical-dental integration and the establishment of the PCHH, as well as barriers that hinder achievement. Additional topics include promising practices related to integrating oral health services into other health center services.



A Review of the Global Literature on Dental Therapists

This monograph reviews literature dating from 1932 and published in the United States that is related to the concept of introducing dental therapists into the work force. The monograph also reviews the experiences of a number of nations where the use of dental therapists could be documented with literature. The executive summary and the final summary are organized by themes, including history and distribution of dental therapists; education

and training; legislation, registration, and licensure; scope of practice and practice settings; oversight, supervision, and safety of care; access to and effectiveness of care; quality of technical care; perspectives of the dental profession; and perspectives of the public.



The Ultimate Sacrifice: Raising Money for the AAPHD Foundation

On May 2, 2012, at the NOHC luncheon, AACDP past president, Myron Allukian Jr., made the ultimate sacrifice when he was corralled into helping raise money for the AAPHD Foundation. Under enormous peer pressure, Myron agreed to have 1 inch of his ponytail cut off for each \$10,000 raised. Within about 20 minutes, more than \$21,000 dollars



Officer carrying cut ponytail to Smithsonian

had been raised. Before over 600 attendees and to rousing applause, with giant scissors and a big smile, Alice Horowitz, with assistance from Kathy Atchison, AAPHD Foundation chair, and Stephen Levy, American Board of Dental Public Health president, snipped off about 2 1/2 inches from Myron's ponytail, which she declared that she would donate to the Smithsonian. After the luncheon, Myron Allukian Jr. said he felt a little weaker but that he would try to grow the hair back by next year's NOHC, when there might be another fundraiser. Just think of it as hair today, gone tomorrow. ■

AACDP Annual Symposium— Save the Date!

Information about registering for AACDP's annual symposium will be available in spring 2013 on NOHC's website. The symposium is packed with useable information and networking opportunities geared to those working in community oral health programs! ■



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