SUMMARY OF THE SEVENTH LEADERSHIP COLLOQUIUM

DEVELOPING THE ALLIANCE FRAMEWORK FOR ACTION

U.S. National Oral Health Alliance | April 7-8, 2014 St. Louis, Missouri
U.S. NATIONAL ORAL HEALTH ALLIANCE

What are we going to do, in the short and the long term, both individually and collectively, to assure optimal oral health through prevention and treatment for underserved people?

Founded as a not-for-profit organization, the U.S. National Oral Health Alliance provides a platform for a diverse network of stakeholders to forge common ground in order to harness opportunities and create viable solutions for improved oral health through prevention and treatment for vulnerable populations across our country.

The Alliance welcomes partners to focus and align efforts to assure optimal oral health for all and build on collective strengths for more effective impact.

Visit: USAllianceForOralHealth.org

Presented at the Seventh Leadership Colloquium, the “Emerging Framework for Action” holds promise to move the country forward in addressing oral health issues. The underlying objective of the framework, Healthy Individuals and Communities, is to ensure oral health for all children, adults, and families. The framework represents the collective wisdom of more than 500 people who attended six multi-day leadership colloquia over the past two years for the purpose of answering the question, “What are we going to do in the short and in the long term both individually and collectively, to assure optimal oral health through prevention and treatment for underserved people?”
EXECUTIVE SUMMARY

It is time for individuals and organizations to join together and share leadership for the benefit of many, many more people....

The Seventh Leadership Colloquium in St. Louis, Missouri focused on what it will take to drive systems change in a timely way to ensure access to oral health for all people in this country—many of whom have little to no access today. Convened by the U.S. National Oral Health Alliance (the Alliance), this colloquium brought together participants from across the country to build upon the body of work generated from the first six colloquia as represented in six sets of “unifying messages” (see page 36). From the discussions, a set of strategies emerged that support progress. Our shared objective is to ensure a system that supports Healthy Individuals and Communities.

Building Upon Trust and Common Ground

The Alliance is a vital, growing organization with national significance, positioned to influence oral health access for all people in this country. The potential of the Alliance’s proposed Emerging Framework for Action can be realized only through a wide range of interwoven initiatives, programs, investments, collaborations, and opportunities to build on common ground—across a nationwide network of individuals, communities, and organizational entities:

- **EMPOWER through Oral Health Awareness and Literacy**
  As oral health advocates increasingly use common language to network and support common goals, the more effectively we can invest in the right resources at the right time to have the greatest impact across the United States. The Alliance encourages all individuals and organizations to use the Emerging Framework for Action in conjunction with the wide range of media at their disposal to tell stories about oral health to colleagues, constituents, and partners. Together, we can engage people across the country to build access to oral

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health for all. How can we work together in new and effective ways to encourage Healthy Individuals and Communities across the country? What are the obstacles to this growth and where do we currently see success?

• **SHIFT to an Integrated Model for Prevention and Oral Healthcare Delivery**
Align oral healthcare models with prevention. National healthcare reforms are encouraging the development of integrated care delivery systems that bring together many partners working toward prevention for a greater impact on individuals and communities. Reach out to consumers, parents, educators, community centers, church leaders, and other public entities to strengthen prevention as a health priority. Prevention provides the opportunity to have community-based, culturally competent conversations with many voices. Create an integrated prevention model that is fiscally viable to support the oral health of all people.

• **ENSURE a Diverse, Collaborative, and Oral Health Competent Workforce**
The oral health workforce is evolving. The expanding focus on prevention among students and practitioners across a wide range of disciplines will benefit individuals, families, and communities. Increasingly, cross-professional and collaborative healthcare teams are setting new expectations for oral health, including its impact on overall health. Patients benefit from the collaboration of diverse healthcare providers, their support staff, and community-enabling organizations. The potential for improved oral health is significant.

• **ATTEND to Data-Driven Policies, Financing, and Reimbursement Models**
After setting shared objectives and goals, align incentives, measures, and outcomes in order to reach positive results. Move from volume-based incentives where providers are paid by the procedure toward a value-driven system where the focus is on health outcomes. Design that system to reimburse all parties for their contributions to achieving a demonstrable healthy population. Having data available does not necessarily mean that appropriate information about access or action is being gathered or used. How can we best utilize data to inform and drive progress? What additional information is needed to strengthen the health of individuals, families, and communities throughout the country?

The U.S. National Oral Health Alliance offers this framework as a catalyst to align efforts for advocates to work together to improve oral health. Through collaboration, we can focus more efficiently on new ways to achieve Healthy Individuals and Communities.
CALL TO ACTION
BUILD MOMENTUM ACROSS THE COUNTRY

Individually and together, we have the opportunity to make oral health a critical part of our nation’s understanding of health.

Colloquium participants identified ways to build visibility for Alliance priorities. Among colleagues and communities across the country, we must engage the public in making oral health a fundamental component of Healthy Individuals and Communities. We are guided in these conversations by the six sets of unifying messages (page 36) generated from the first six Alliance Colloquia.

Communication and Social Media Ideas from the Colloquium Participants

See page 26 for ideas shared by Colloquium participants about how to become engaged in Building Momentum Across the Country through communication, social media, and outreach.

I Spread the word widely about the Alliance and its mission for oral health for all people.

II Engage people and organizations across the country to focus on oral health for all. Reach a wide range of people through communication, stories, and outreach.

III Build a wider oral health conversation and increase momentum.

IV Expand online forums and communities.

IV Escalate momentum and engagement.
“Consider the meaningful journey we have made together these past few years. In the first six colloquia, about 500 people focused on priorities to support oral health for all. As participants at prior colloquia, most of us helped shape the agenda for this Seventh Colloquium. Together, we created six sets of unifying messages from which the U.S. National Oral Health Alliance developed today’s agenda. Over the next two days, these unifying messages will unfold into a framework that will drive future actions of the Alliance.”
As many of you know, the Alliance Board of Directors was formed after the Access to Care Summit in 2009. We are grateful that the American Dental Association brought us together initially. Over the past five years, the Alliance has worked to deliver on its mission for access to oral health care. From the beginning, the Kellogg Foundation has supported us on our journey to common ground. Two areas of Kellogg’s focus that align with our Alliance mission include the welfare of children and racial justice.

Though each of us may bring different perspectives to the colloquium, together we acknowledge the change under way for oral health. A whole nation is depending on the work and progress of the Alliance. Our shared responsibility and the willingness of all here to align in this experience based on common ground, is remarkable. Thank you for the work that you do on behalf of so many individuals, families, and communities across the United States.

Throughout the time that I have been involved in oral health, and before, while in public health service, I have known individuals who step forward to take on responsibilities that affect all of us. With that in mind, I want to say ‘thank you’ to Deputy Administrator Marcia Brand for joining us today by video to share her passion and long-time commitment to improving access to good oral health care for all.”

**Progress We Have Made and the Opportunity for the Future**

**Marcia Brand, PhD**

Deputy Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services

“As I have said before, the U.S. National Alliance for Oral Health is my preferred affinity group. Like all of you, I am passionate about improving access to good oral health care in this country. The next three years will be pivotal for oral health. A number of factors drive my belief:

- Children’s Health Insurance Program (CHIP) and Medicaid coverage for kids supported through the Affordable Care Act will increase families’ awareness of and demand for oral health care.
- Baby boomers will age into Medicare and find their oral health coverage very limited. These are folks who have a history of demanding their rights. They protested the Vietnam War and promoted equal rights for women. They are a powerful force for change. And they have teeth.
- We see an increase in the number of hospitals that find uncompensated oral health care provided in their emergency rooms to be a huge problem. Hospitals are developing creative strategies to address this in partnership with safety net and other providers.
- I am encouraged by the great work being done by Anita Glicken, Judy Haber, and many others to promote medical and dental collaboration. As other non-dental providers become advocates for good oral health, and provide appropriate screening and referral, we will begin to mainstream the integration of oral health.

The general awareness of the relationship between good oral health and good physical health continues to grow. These and other factors are having a positive effect. I am pleased to know that your goal for this Seventh Leadership Colloquium is *Building on Common Ground: Creating a National Framework for Improved Oral Health*. I think that is exactly the right next step. In other colloquia, you have examined prevention, oral health literacy, care delivery, medical and dental collaboration, metrics, and financing.

Having explored these factors that impact oral health, we have an informed, cross-sector understanding of the challenges. The next step is to take what we have learned and for the Alliance to move forward aggressively to complete its mission: to harness opportunities and create viable solutions for improved
oral health, through prevention and treatment for vulnerable populations across our country.

You have identified three desired outcomes for this meeting:

• Share and apply our own knowledge, experience, and passion to chart the future.
• Build on the substantial work of the six prior colloquia: high-level messages to drive systems change and action for oral health this year.
• Build a framework to engage industry leaders, legislators, other key influencers, and the community.

The first charge, sharing and applying your collective knowledge, experience, and passion, is something this group is very good at.

The second charge, determining the high-level messages that drive change and action, will be a challenging task. If these messages were simple to identify, perhaps we would be further along than we are in achieving oral health parity. And the messages need to resonate with the public, policymakers, and providers. What convinces a policymaker to expand Medicaid in his or her state to include adult dental benefits? What and who convinces a mother to take her toddler to the dentist? The messages need to be clear, compelling, and actionable.

Ralph Fuccillo refers to the work we are doing as the ‘oral health movement.’ I agree wholeheartedly. But as I was thinking about next steps and messaging, perhaps it is time to take this from movement to a sort of metaphorical ‘demonstration’. We have all been watching television coverage of demonstrations for a number of causes at home and abroad over the years. The demonstrators always chant the same two questions: What do we want? When do we want it? The answers to these questions are almost always the same. The answer to the first question varies tremendously from democracy to equity. The answer to the second question is always now.

Our response to What do we want for oral health? has got to be straightforward and to resonate with multiple audiences. We want systems change that improves access to oral health for the underserved. And our response to ‘When do we want it?’ cannot be that we have a three-year, eight-step plan. Something has to happen now if we are going to capitalize on the passion you and other ‘demonstrators’ bring to improved access to oral health care.

What HRSA Brings

As you create messages to drive systems change and action while shaping the framework to engage the sectors, please consider how HRSA’s programs can contribute and factor us into the framework.

Because of HRSA’s mission and programs, we have a natural opportunity to model the integration of oral health care into primary care. There are three opportunities (previews) that I want to share with you.
First, soon we will release a report that outlines recommendations to facilitate the integration of oral health and primary care practice to improve the oral and overall health of vulnerable and underserved populations. The report, *Integration of Oral Health and Primary Care Practice*, focuses on promoting oral health clinical competency of frontline primary care clinicians who are well-positioned to integrate a core set of oral health competencies, to emphasize the primary care/oral health connection, and to make timely dental referrals. This HRSA report recommends a core set of oral health clinical competencies for primary care professionals and identifies three critical systems necessary for implementation: health care, health professions, and financing under the umbrella of communications.

Next, HRSA hopes to soon release a funding opportunity that will build on earlier work and promote the integration of oral health and primary care—sorry for the teaser, but that is as much as I can say today.

Finally, our Health Center Program grantees continue to deliver comprehensive, high-quality preventive and primary health care to patients regardless of their ability to pay. Today, approximately 1,300 health centers operate more than 9,200 service delivery sites that provide care to over 21 million patients in every state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

Oral health is an integral component of the primary healthcare services in HRSA’s Health Center Program. In calendar year 2012, the most recent year for which data was available, health centers employed over 3,300 dentists, 1,435 dental hygienists, and nearly 6,400 dental assistants, technicians, or aides. These health centers served approximately 4.3 million dental patients, providing almost 10.7 million oral health visits. It’s important to note: the 4.3 million oral health patients served at health centers in 2012 was up by 41 percent (an increase of 1,261,229 patients) since the start of 2009.¹ So we are a big player on the delivery side—and the natural experiment for integrating primary care and oral health.

**We plan to do even more…**

The FY 2014 Affordable Care Act Health Center Expanded Services (ES) supplemental funding opportunity will be open to current Health Center Program grantees and will support increased access to comprehensive primary healthcare services at existing health center sites, including oral health, behavioral health, pharmacy, and/or vision services. HRSA will award approximately $300 million through formula-based supplements. We expect to make these awards in September 2014. HRSA continues to focus on strengthening the dental care delivery system through its workforce programs: NHSC, training programs, state oral health grants, nursing grants that promote

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¹ Only 1 out of every 5 health center users receives dental services according to the latest 2012 UDS report. Bureau of Primary Health Care, Uniform Data System (UDS), Calendar Year 2012, UDS Reporting Instructions for Health Centers.
oral health training, and strategies developed for interprofessional training and collaboration.

Focusing for a moment on the Corps, the number of oral health providers in the National Health Service Corps (dentists and registered dental hygienists) has nearly tripled since 2008, increasing from approximately 480 to 1,300 in 2013.

• Nearly all (91 percent) are financially supported by the ACA. For many, the ACA equals insurance, but the ACA has made other significant investments in the nation’s health, like those in the Corps.
• The distribution is relatively even between those working in rural (45 percent) and urban (55 percent) communities.
• The vast majority (75 percent) are working at Federally Qualified Health Centers or look-alikes.
• Three out of every four oral healthcare providers (75 percent) are working in communities with the greatest need (HPSA score of 14 or higher).
• Nearly one out of every three oral health providers (31 percent) identifies as a racial minority.

As you continue to build your framework, keep these HRSA resources in mind. If there are additional roles that we might play, we would welcome the opportunity to partner with you. I am so hopeful that we will be able to achieve the goal of improved oral health.

What do we want? Good oral health for all. When do we want it? Now.”

National Perspective on Oral Health

Rear Admiral William Bailey, DDS, MPH
Assistant Surgeon General and Chief Dental Officer
U.S. Public Health Service

“It is an honor to be part of this colloquium. Why am I so passionately interested in the Alliance Framework for Action? Development of the framework is a critically important endeavor, a unifying and energizing step along our pathway in pursuit of improved health and enriched quality of life for individuals and families. Optimal health allows people to pursue their dreams. Whether that means living a life full of adventure, finding the love of one’s life, making a great discovery, becoming an accomplished athlete, or contributing to humanitarian efforts, it is difficult to achieve our objectives without optimal health, including oral health.

When it comes to setting a path forward, there are many insightful words of advice that may be helpful. Abraham Lincoln stressed the importance of preparation: ‘Give me six hours to chop down a tree and I will spend the first four sharpening the axe.’ Along this line of thinking, the Alliance has accomplished tremendous work in bringing together diverse stakeholders, developing the unifying messages in six major goal areas, and fostering new relationships—all of that to ‘sharpen the axe.’ For the Alliance, now is the time to pick up and wield the axe.

Dwight Eisenhower said that ‘Plans are nothing; planning is everything.’ Much of the benefit results from the planning process itself. Putting a plan on paper and allowing people to react to it often leads to further collaboration and leveraging of efforts. I have seen this happen with the HHS Oral Health Coordinating Committee where common planning has led to increased sharing of information and resources. Planning is powerful, and can lead to developments previously unimagined.

We see things differently. Individuals and organizations have unique perspectives. That is where the ‘wisdom of crowds’ comes in. All of us are better than some of us. Although we have differences, we are all connected in powerful ways. Throughout history, many people have understood this concept. Perhaps nobody stated it more eloquently than Martin Luther King, who wrote: We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whether we know it or not, we are interconnected. Dr. King knew about the value of relationships and the significance of connectivity.
We see this connectivity everywhere. From a scientific perspective, when you put two or more elements together they form compounds, some simple and some incredibly complex, such as DNA, the genetic blueprint for life. In biology, simple protozoa can be successful as organisms; however, when put together, they can form organs and systems. Instead of a one-celled organism, we may have a human being or an elephant or a whale—truly spectacular!

Similarly, as individuals, professional organizations, agencies, foundations, and so on, we are capable of remarkable achievements. But the potential exists to do so much more when we come together to work on a common goal—a common good. At this Alliance colloquium, we have that opportunity to work together to develop a Framework for Action to advance oral health for people across the nation. Let’s get busy.

Consider how each of us here today—and our colleagues beyond this colloquium—can work together to develop a pathway forward. Following the principles of ‘collective impact,’ we can develop a common agenda, align our efforts with reinforcing activities, and jointly monitor progress. The Alliance Framework for Action is a concept whose time has come. Now is the time, and we are the people. Working together, we can achieve our common objectives and improve the health of America. As Japanese poet Ryunosuke Satoro so aptly stated, \textit{Individually, we are one drop. Together, we are an ocean.}

\begin{quote}
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— Rear Admiral William Bailey, DDS, MPH
\end{quote}
Elaine Kuttner  
Colloquium Facilitator  
Principal, Cambridge Concord Associates

“Consider the journey we are taking together. Many individuals who have joined us at this colloquium have participated in one or more earlier colloquia. Equally wonderful, many individuals here today have not participated previously. Yet at this colloquium, every one of us will contribute to our capacity to develop the Alliance Framework for Action. We will share knowledge, experiences, and points of view to envision what framework is needed to drive progress. Together we will respect the Alliance platform for trust and common ground.

At this Seventh Colloquium, our focus is how to make oral health happen for people across the United States. Taking into consideration the ‘unifying messages’ created by more than 500 participants in the first six colloquia, as well as interviews with a range of people about the intent of the messages, a small working group interviewed people with knowledge in different areas—while also revisiting the context of each colloquium. A set of themes emerged, which was rendered visually in the diagram: Emerging Framework for Action—Healthy Individuals and Communities. (See inside front cover). Healthy individuals and communities are at the core of this thinking.

At the close of each colloquium, people ask, what is next? The response always is: It is up to us. Working together—and drawing in many, many more individuals to join us—we will shape the future of the Alliance…and the future of oral health in this country.”

Building the Will for Change

Ralph Fuccillo

“Martin Luther King said about social movements: You don’t have to lead a movement. You just have to be ready in the moment. That requires a readiness to engage with others who are trying too. Let me share a few tough challenges that I experienced over the years. You may find similarities in the work you have done.

Disabilities movement. In considering ‘physical access,’ think about the advocates whose work helped all of us. Imagine a wheelchair-bound person facing a curb knowing she could not go farther without the help of others. People, including the elderly and those with physical handicaps, fought for their right to easy access. Now, curb-cuts also help people with bicycles and carriages. Typically, it is the determination of people most affected by the issues that creates policies and drives change. Yet, the rest of us benefit too.

AIDS movement. Sometimes political will and public policy can get in the way of implementing evidence-based strategies. Remember what it was like to gain access to politicians to discuss the need to ‘not use used needles’? Consider what parts of evidence-based strategies are being enacted today. A recent issue of Health Affairs focused on HIV and jails. One area discussed is current research to prevent HIV.

Healthcare movement. In contemplating the Affordable Care Act, consider the history of health care in this country. The year 1904 saw one of the first proposals for health care for all. Since then, we have

Working in small groups, participants shared a range of recommendations about what is needed to convince others. Examples include:

Determine whom you need to reach and prepare yourself to connect to that target audience. Help individuals understand the situation and relate to the cause. Always respect the opinions of others. Share personal stories about how the issues affect you, your family, and your community. Listen to the range of points-of-view. Stay goal directed; know your limitations; and understand the objectives of your opponents. Draw together like-minded individuals who can make the case stronger; and create situations to educate others, while encouraging others to work toward shared goals and trusting relationships. In the face of roadblocks, change the action steps rather than pulling back on the goals.

Three Components of the Alliance Framework for Action

Jane S. Grover, DDS, MPH
Director, Council on Access, Prevention and Interprofessional Relations American Dental Association

Shift to an Integrated Model for Prevention and Oral Healthcare Delivery

“Two weeks before my fifth birthday, my mother took me to the dentist and I had my teeth cleaned. The people were very nice to me. The office smelled great. And my teeth were polished. At the end of the appointment, my dentist took out a box of rings and said: ‘Pick out a ring, Janie’. I was hooked as a young patient to like the dental office.

Twenty years later, as a recent graduate of the University of Michigan School of Dentistry, I had lunch with my dentist. Talk about full circle; from patient to colleague is an amazing path.
I have realized since then that prevention is more than 'prevention.' It is the direction of someone's destiny. That sounds pretty profound, but when preventive services are rendered, you are quite possibly directing someone's destiny. This is not just about the service, and not just about the procedure. Instead, it is about the effect you have on that person.

In November 2013, the American Dental Association started a Prevention Summit. We discussed how to develop a ‘framework for action’ representative of a period in time, and we included strategies for sustainability and accountability. Prevention at this moment in time is not just an opportunity for the dental profession. It is so much more. It is an opportunity to have a community-based, culturally competent conversation with more voices joining in than just the usual suspects. For example, finances have to be included for an ‘integrated model for prevention’ that helps define the dentistry of so many people.

An integrated model with many partners has a deeper, longer effect. I saw this every day at the health center I was at for 12 years. The more messages sent to people from different voices at different levels, the better the results. Many parents viewed preventive programs at the health center as a passport to a better life for themselves and their children.

Science has a voice and is part of the foundation. Prevention today is about a one-year-old child having an early preventive visit with the dentist or physician. People care about what will happen to the health of that child. Prevention is about nurse practitioners and physician assistants who see something in a mouth and know what conversation must happen next. The living laboratory of a prevention model is all around us. The potential is here in this room for prevention to move out of a silo and become part of an integrated model to help direct health and healthy choices.

Today’s workforce is evolving and will be better than in the past. Dental and medical students have classes together today. Prevention is ‘cooked at a much higher temperature’ in that classroom. The health team members that assist and guide each other must be nurtured by a professional family that sets expectations and helps this team take shape. It involves developing a commitment, while laying out strategies and conversations. Such collaboration doesn't change the destinies of patients alone, but also those of dentists and the entire health team. The potential becomes far greater when we involve communities rather than act as individuals.”

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— JANE S. GROVER, DDS, MPH
Ensure a Diverse, Collaborative, and Oral Health Competent Workforce

“When we talk about workforce, keep in mind the drivers of workforce issues—

**Access to care.** We see lack of access exemplified in the increasing use of emergency rooms to treat oral conditions. Consider access to care in terms of oral health disparities among these cohorts in particular: people of color, children (though their plight is improving), the disabled, institutionalized, elderly, low income, and people living in city and rural areas. Are we delivering social justice to ensure access to oral care for all these populations?

**Lack of a system.** Because our existing system does not provide for all, we are filling those voids in ways such as these: physician assistants providing preventive care for children by using sealants, fluoride treatments, and screenings that lead to referrals to dental care.

**Link to health care.** We consider oral health inextricably linked to health. Former Surgeon General Everett Koop said that we cannot be healthy without oral health. Think about physician assistants and their four leadership and multidisciplinary oral health summits. The nursing profession generally is taking oral health to heart. At the NYU College of Dentistry, the dean is the head of oral health and nursing, which contributes to collaboration. The fields of education and training are beginning to attract more workforce colleagues into the realm of oral health. Moreover, many states, including Alaska and Minnesota, are examining workforce issues.

**Affordable Care Act.** It is difficult to know what will happen with the Affordable Care Act. Oral health generally has not been treated well in that regard. However, we will see some promise as the Accountable Care Organizations mature and are held accountable for the oral health of populations they serve. As we better understand the connections of periodontal care in reducing morbidity of patients with diabetes, we may find more accountable care organizations investing in oral health. Data is showing that the treatment needs of that population are less in terms of the severity of their condition and the related cost of care is less as well when periodontal care is provided. We may find more accountable care organizations investing in oral health. In doing so, they also may look at expanded workforce models to further reduce costs and improve care for their populations. Alternatively, oral health could be left aside entirely in the Affordable Care Act. It is my hope that the ACA does become beneficial, particularly for the oral health workforce and the expanded populations that can be served.

Change is inevitable and we must embrace it. Building on the vision of the U.S. National Oral Health Alliance, we can provide leadership to improve the health of all through innovation in the delivery of oral health services.”

**Lindsey A. Robinson, DDS**

*Alliance Founding Board Member*

*Immediate Past-President California Dental Association*

Empower Through Oral Health Awareness and Literacy

“We are here together at the Seventh Leadership Colloquium to imagine a National Framework for Action. The three concentric circles of the *Emerging Framework for Action* represent the underpinnings of the emerging framework and are embedded within all six of the Alliance priority areas. This is especially and fundamentally true of oral health literacy.

If you remember back, the Alliance’s third colloquium addressed Oral Health Literacy as a Pathway to Health Equity. The six unifying messages agreed upon were:
• Develop trust together
• Direct attention to prevention
• Shift policy and financing
• Educate the public
• Connect, partner, and collaborate
• Advocate for all people

Consider three basic questions—

What do we mean? The definition of health literacy most frequently heard and quoted is by the Institute of Medicine: ‘the degree to which individuals (and this word includes healthcare providers and policymakers, not just the public) have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.’

Health literacy is not simply the ability to read. It requires a complex group of reading, listening, analytical, and decision-making skills, and the ability to apply these skills to health situations. For example, it includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, and doctors’ directions and consent forms, as well as the ability to negotiate complex healthcare systems. The key here is the ability for individuals to take action in their own best interest, but this can’t happen unless the system itself is health literate.

Why is it important? In this era of the Affordable Care Act, the time is ripe to realize fully the potential of health literacy to lower costs while improving the overall health and well-being of the population. Low levels of knowledge about oral health mean reduced emphasis on prevention, a decrease in the frequency of dental visits, and an increase in dental disease. People cannot self-manage if they don’t have a fundamental understanding that the disease can be prevented in the first place.

Low levels of oral health literacy cost society more than $70 billion a year, which goes mostly to the cost of treating the disease surgically. It is more difficult to quantify the cost in terms of human pain, suffering, and a reduction in the quality of life. For those of us who work with people or populations impacted by health disparities, we have seen the pain and suffering with our own eyes.

What is the potential? The potential is great if we take advantage of the sweet spots in the Emerging Framework for Action where the circles overlap. Building a diverse, collaborative, and oral health competent workforce has already begun. As we look around the room, several people here are fully invested in moving this forward through the National Interprofessional Initiative on Oral Health. HRSA has developed a set of oral health competencies to be employed in primary care settings that emphasize patient-centric and inter-disciplinary care. Health professionals engage the whole person versus just diagnosing and treating a disease. In this way, there is a fundamental emphasis on prevention, which applies to the overlap with the top circle: an integrated model for prevention and oral healthcare delivery.

Looking at the diagram, how do we Shift, Ensure, and Empower? How do we do this in a different way to make change sustainable? This is where the outer two circles come in, Trust and Common Ground and Data-Driven Policies, Financing, and Reimbursement Models. Recently, the Centers for Medicare & Medicaid Services released a policy announcement that Medicaid dollars could be used as payment for the services of community health workers. There is very good data to show that community health workers improve health outcomes because they come from the communities in which they work and promote health in culturally appropriate ways. People trust what they say and are more likely to act on the information they are given. This concept is in its infancy, but it’s an important beginning.

People can be empowered to become good stewards of their own oral health. We need to think more broadly in terms of creating awareness, building networks,
and sharing capacity across families, communities, other social groups, and the public and private sectors. Resources as well as policies and financing models need to be aligned to support these efforts. Health professionals and community-based entities can help people achieve positive health outcomes by directing the skills they possess to find, understand, evaluate, communicate, and use information to make informed decisions about their health. Most of us have heard the quote by Goethe: Knowing is not enough; we must apply. Willing is not enough; we must do. The very middle of the three concentric circles is the target where we must apply and do.”

Discussion #2
Questions – Values, Norms, and Culture

Time and again throughout the colloquia, people spoke to the need for a culture shift to support change on many fronts. What values and norms embedded deeply in our culture today—in ourselves, our families and communities, our policymakers, professionals, and leaders across the country—will shift as we move forward with this framework? Presented below is a range of ideas put forth by the participants to drive a culture shift.

Value Oral Health and Overall Health Together

Good oral health is essential to healthy lives and communities. Oral diseases can be prevented. To promote oral health, consider the needs, values, and preferences of individuals, families, and communities. Use the best available evidence from practitioners and other resources to strengthen oral health and overall health.

Take ownership of oral health. Working together, drive a significant U.S. cultural shift to value oral health. Education, employment, family life, and community must be tied inextricably to ensure personal wellness for all. Educate physicians and dentists to widen their purview in understanding oral health as it relates to overall health and well-being.

Engrain Personal, Family, and Community Responsibility for Oral Health

Begin at home. Every individual has personal responsibility for his or her health, as well as the health of their families. Make oral health management “family-centric,” involving relatives, friends, and the wider community. Oral healthcare professionals play a vital role in helping parents make informed decisions about their children’s health.

Build oral health literacy. Educate the consumer—in schools, community centers, churches, and through local dental and medical practitioners—about how to be “mouth healthy.” Build consumer knowledge and commitment to oral health fundamentals throughout life. It is not the norm to be without teeth. Good oral health is the only option.
Widen the network to ensure social accountability for oral health for all. Create community forums to address what is needed to strengthen the oral health of individuals and families. Involve oral health and medical providers, schools, churches, community centers, and more to address issues of access and disparities. Surround communities with messages about oral health.

Change the Paradigm: Empower Providers and Patients

Oral healthcare is primary care. Empower dental and medical team members to work toward improving the oral health of individuals, families, and communities. Emphasize prevention and disease management over traditional restorative and surgical models—both of which are unsustainable approaches. Engage leaders from oral health and health communities, education, local communities, and government to envision the future.

Build a new business and financing model. Given that reimbursement today is procedure-focused, bring together the dental and medical industries, community, business, and government leaders to rethink the financing model. Educate the dental community about the viability of the changing business model. Work with the insurance industry for reimbursement methodologies that produce health rather than delivering procedures.

Encourage dental caregivers to develop interprofessional relationships. Partner with physicians, nurse practitioners, and community leaders. Seek opportunities for co-location and consultation, such as dental hygienists in pediatric offices. Highlight medical schools that are teaching their students about oral health—and dental schools that are providing a wider health purview. Acknowledge the need to include oral health in health curricula, textbooks, certification, and accreditation testing/exams.

Speak Up about Oral Health, Prevention, and Care

Build a shared understanding about oral health. At national, state, and local levels, nurture a shared perspective on oral health by dentists, pediatricians, general practitioners, obstetricians, educators, and more. Extend that understanding to local communities, across neighborhoods, in schools and community centers, churches, Head Start, WIC, and wider venues across the country.

Everyone has a right to oral health. Empower individuals, families, and communities to own oral health
people can be empowered to become good stewards of their own oral health. We must think more broadly when creating awareness, building networks, and sharing capacity across families, communities, social groupings, and the public and private sectors. Resources, policies and financing models should be aligned to support these efforts…

— LINDSEY A. ROBINSON, DDS

for themselves and their children. Prepare parents to speak up for the oral health and the overall health of their children. The determination by all individuals and families to take care of their teeth daily will reduce the burden of dental decay, disease, tooth loss, employment loss, and non-functional families.

Build a continuum of health care. Emphasize medical and dental disease prevention. Increase trust between dentists, patients, and patient advocates. Provide incentives to support prevention. Reward behavior change. Educate parents to teach children early about how to take care of their teeth. Develop an understanding that dentures at 30 is unacceptable.

Expand the range of players at the table. Drive collaboration among dental and medical industry leaders and practitioners, educators, payers, consumers, and government (local, state, and national), including policymakers and constituents. Align with like-minded allies. Be mindful that in efforts to address high rates of childhood obesity, there is overlap and synergy with childhood oral health. Nurture the strong voice of women advocates so that they can reinforce oral health within their communities, schools, and families. Build a commitment to everyone contributing to the shared solution.

Drive a culture shift across the country. Teach all to value oral health. Increase oral health literacy across all population sectors. Change the norms to support oral health with all that it takes. Shift from me to we to strengthen the objective for healthy people, healthy teeth. There was a time when the goal was being able to say, "Look Mom! No cavities!"

Empower consumers to strengthen oral health. Spread the word: oral health is vital for the welfare of all. Oral health is about every toddler, child, adult, and elder adult in this country…no exceptions. Reoccurrence of dental disease can no longer be considered the norm. Consumers can be caries-free. Educate the public that their good oral health should extend across their lifespan. Recognizing that some people fall behind in their knowledge about oral health, encourage individuals and families to get educated about oral health.

Build public awareness of this health epidemic. Half of the U.S. population has most of the oral disease. Insufficient education about oral health and social determinants of health owing to poverty must change to support a commitment for oral health for all people in the United States. We must move into an ‘era of accountability.’

Dental providers are in the health business. Create expectations for dentists and physicians to model community-based practice and public health options. Move away from a focus on a dental delivery practice and the dental chair as a surgical suite. Oral health provides a pathway to screen for hypertension, diabetes, abuse, and other conditions traditionally considered medical in nature. Energize a renewed focus on oral health career opportunities. Recruit professionals from underserved areas in this country.
Moving Toward Data-Driven Policies and Financial Models

A Dialogue

Fay Donohue, MA, MBA
President and Chief Executive Officer
DentaQuest

Paul Glassman, DDS, MA, MBA
Professor and Director of Community Oral Health
University of the Pacific School of Dentistry

Elaine Kuttner facilitated the discussion. In the diagram for the Emerging Framework for Action, the data and data-driven policies, financing, and reimbursement models underpin the three areas of action. Fay Donohue and Paul Glassman provided their thoughts about the data-driven circle that underpins the action items (Frist green circle around the three blue rings. See diagram on the inside front cover.)

Fay: To begin to consider oral health, it is helpful to think broadly about health and health care as two different things. Our DentaQuest Institute has a wonderful presentation about the determinants of health, including behavior, genetics, and other influences. How health is defined tends to drive some people into the delivery of health care.

So let’s talk about health care (and not health). It is helpful to remember that all the money that finances healthcare delivery ($120 billion) comes from one source: wages. Half the money comes from individuals and half from the employer. People buy insurance, pay taxes to support programs like Medicaid, or pay directly for services; and the employer pays half.

Paul: In focusing on the big picture, the healthcare system is the most important framework to consider, yet the current oral healthcare system reaches only about half the population. The part of the population that the care system reaches comprises the wealthiest and healthiest people in our society. If we agree that this is not reaching people with most of the disease, it becomes very clear that we must do something dramatically different to reach the other 50 percent of people. The major opportunity lies in determining how to get care (including education) to people who are not coming into offices and clinics. We have the opportunity now to build policies, financing, and reimbursement to reach that part of the population goal.

Elaine: This suggests the need for data on who is getting services or not, as well as data about how people get well. What is stopping that data from being used?

Paul: We need to do better at how we align incentives, measures, and outcomes so that we can move away from our volume-based incentive system to a system that is value-driven. In our volume-based system, providers get paid by the volume of procedures, or the number of visits, not by the outcome. The number of procedures or visits does not necessarily align with a focus on creating a healthy population. We must think differently and align incentives with the goals we want to achieve in order to have a healthier population in the future. We need to figure out how to incentivize providers for focusing on improving the oral health of the population. As one example, telehealth can be used to support modern prevention strategies for medical and oral health providers; however, it is not incentivized by the current oral health structure. Also, providing care management, health education, and preventive procedures is traditionally not reimbursed in proportion to the potential for improving population health.

Fay: I agree. Having a lot of data doesn’t necessarily inform us about access or action. Consider the consumer trend. Engaging and empowering the consumer is a key aspect of the green circle of the Emerging Framework for Action. Ensure that everyone who has a health plan also has access to helpful information so they can pay attention to costs and make decisions concerning their own care and that of their families. Accurate, helpful information will strengthen our health. For example, people armed with the right information
(e.g., WebMD, CMS Data Sets) can take action to find the most cost-effective care options to protect their health and that of their families. Then the information collected in accessible databases can be used for right reasons.

**Paul:** All of us will benefit by learning how to use incentive-based approaches to advance change for the oral health of the entire population—not just for those with access to a dental office or clinic. General healthcare systems are much further along this path. Twenty years ago, pay-for-performance systems in general health care started out with poor results; today they have learned many lessons and are achieving better results.

In today's oral healthcare system, some providers look at the health of the population they serve and align their incentives accordingly. However, the major driver of change will be the purchaser of services—public payers and large companies. As these purchasers see the potential to purchase more health per dollar than they currently spend for their constituents, they will want to work with systems that can deliver that value.

**Fay:** Yes. Consumers are making those choices. We are seeing employers transition from choosing the plan for all employees to giving employees a certain dollar amount and letting them choose. Consumers decide which plan—a medical plan and a dental plan—meets their needs and their budget. The public conversation, driven by the media coverage of the ACA, has focused on the public exchanges. However, we should also watch the private exchanges. The pitch is: “Come to my plan and I will keep you healthy.”

**Elaine:** What stands in the way of having systems predispose people to stay healthy? What are your recommendations?

**Paul:** It is an artificial construct to keep dental disease separate from other health diseases. If we are moving to a value-based approach to improve the general health of individuals, it will take much better integration of oral health systems with educational, social service, and general health systems.

**Elaine:** How can we introduce prevention into the oral health conversation in a greater way? That is a question to ask about all health care.

**Fay:** Behavior is a barrier to so much of what we are trying to achieve. Ultimately, the capacity to improve health is about behavior and behavior modification, which is highly complex and difficult. For example, as we work on reducing childhood obesity, we can include oral health. There is a great deal of overlap and synergy.

**Elaine:** A number of dentists and others say “we could do much more if we were reimbursed adequately.” What about that?

**Fay:** It is the chicken and the egg. In the Innovator’s Prescription, Clayton Christensen describes how everyone leaps to the reimbursement system, but that system needs a system underneath it. If we move from fee-for-service to provide you with the responsibility for oral health for the entire Los Angeles County, for example, that is not a health plan. Where is the infrastructure to support that?

**Paul:** Imagine a value-based incentive system is in place. Then imagine a health plan that competes for a contract to provide Medicaid managed care for a community by accepting responsibility to improve the oral health of the entire community. Currently, the health plan receives a contract and hires providers. But, if that plan is incentivized to improve the health of the entire population, it would then need to also enlist interprofessional teams: teachers, social workers, educators, administrators, family advocates in Head Start, and others. This could include reaching many

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people in the population using telehealth-connected teams focused on community-based prevention and early intervention activities. The result would be better care and better health at lower cost—the Triple Aim.

**Fay:** A million different plans are available across the country. If I were the head of a health plan, my biggest anxiety would be with whom to partner. Where is the group that says “we are the community?” Where is the group that says “we will go beyond two cleanings a year?” So many things have to change; not just reimbursement.

In my role, I have the opportunity to spend time in the world of venture capital. People think innovatively in that space. In the world of oral health—and health more broadly—talk about an oral health plan for the good of all. A huge percentage of the population has no benefits. Low-income adults cannot afford to access oral health care. What steps can we take? Pay attention to the innovation that will evolve over the next few years. Try new approaches. If something doesn’t work, try something else with greater promise.

**Paul:** This is a difficult ‘chicken and egg’ problem, but it can be solved. Together, we can get this done for the benefit of the health of all people across this country.

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**One State’s Experience on the Exchange**

**Lana Hershkovitz, MPH**  
*Manager, Plan Services*  
*Maryland Health Connection*

“By way of background, our Maryland governor committed to developing a state-based exchange. Over three years, we developed specific policies about the new, innovative information technology system. Fully engaged, we spent a lot of time creating a system that works from a policy perspective. About 99 percent of people who participate have all ten essential health benefits. We have three or four carriers that embed pediatric benefits in our plan. Adults can purchase dental coverage.

October 1 arrived and our new information technology (IT) system crashed! We had no idea what was wrong. On April 1, we told our Board of Directors that it was unfixable and needed to be scrapped. All the customizations had made the system brittle. We imported software from another state system into Maryland, which did not allow us to personalize immediately, though we could add Maryland branding and law information. In the short term, we lost all the policies that we spent years customizing and putting into place.

I tell you this story to address the challenges related to the green circle of Data Driven Policies in the Emerging Framework for Action. We cannot set up policy in a vacuum. Moreover, if your IT system cannot accommodate your needs, it is a fruitless exercise. Today, we are in a different place than we thought we would be. We face a multi-year iterative process. An IT system that works is our top priority. When we are comfortable with that, we can add functionality.

We have lost some trust. People in Maryland were depending upon us and we basically let them down. Now we have to build trust again with our stakeholders. We have to regroup and learn from our experience. This will require a range of initiatives moving forward:
• Immense flexibility from insurance carriers and advocates,
• An intentional campaign from leaders of our exchange to communicate to the public about our priorities,
• A focus on developing a simple system that enables us to enroll people and follow their cases.

Success in Maryland is not what we thought it would be six months ago. Success today is regaining consumer trust and making our plan transparent. Buying on the exchange will be a pleasant experience. It will be easy for consumers to choose and see what they are purchasing so they know they are buying the right plans to meet their needs.

Our team will be successful when we have a stable IT system, move away from crisis management, and measure (through evaluation). We can acknowledge success in three or four years. In the future, we will add in the Maryland functionality elements previously developed. We are in a unique position to develop a whole new system that speaks to the importance of data-driven policies.”

Moving Forward on the Alliance Framework for Action

Effectively Overcoming Obstacles

Lack of attention and too few incentives for oral health

• Oral health illiteracy is a significant barrier as consumers have inadequate knowledge about the value of oral health and dental caries as a disease. Too few incentives are in place to support prevention.
• Oral health is not a priority for most people; it is considered elective rather than essential.
• Oral health increasingly is considered essential for children—though that message must be spread across the country. At the same time, educate people to understand that for adults too, oral health is a ‘right’ rather than a ‘privilege,’ and oral health is critical to overall health.

Psychological, cultural, and physical barriers to care

• Families and communities with little to no access to dental care often experience feelings of hopelessness in accepting the status quo. Physical barriers, such as lack of transportation to the dentist, reduce access. Tradition and culture present roadblocks for dentists, patients, payers, and institutions alike.
• The increasing number of visits to emergency rooms for dental problems speaks to the need for greater access to oral health care.
How can we eliminate the segmentation of oral health? How can we educate the community about alternatives to the traditional approach to the dentist’s role? How can we best utilize the present workforce capacity?

**Financial roadblocks and enablers**

- Families in areas of highest need often have little knowledge about or access to oral health care. Insufficient funding for oral health care in these areas is a barrier. The different payment mechanisms can cause confusion leading to inaction.

- The existing reimbursement structures support payment for procedures, but generally not for education and prevention. To address these challenges, a buy-in to the value of oral health is essential. Within organizations, those responsible for finance and human resources must buy in as well.

- How can we manage costs to be less prohibitive? Dentistry is a small business struggling to be viable. Sometimes it is difficult to make ends meet, such as with an increasing student debt load.

**Maximizing Opportunities to Drive the Framework Forward**

**Engage diverse leaders to drive significant change**

- Involve diverse stakeholders to work collaboratively in building political will and changing the status quo. Work with the federal government to acknowledge oral health officially as primary care.

- Encourage medical and dental providers to work as a team, sharing patient data and generating positive outcomes. Increase critical thinking and educational and practice models that support such collaboration.

- Refocus the dental care delivery system toward value, not volume. Support interprofessional education, and increasingly highlight the natural synergies between oral health and primary care.

**Build political will, advocacy, and trust**

- Build trust by working to ensure sustained funding for ongoing advocacy efforts. Create a national lobby of advocates that engages diverse organizations with clout, such as the American Association of Retired Persons (AARP), the National School Board Association and veterans’ organizations.

- Build on the experiences of the baby boom generation as people who have a comfort level with successful activism.

- Gather available data; share insights and information to educate policymakers.
Shape and drive a national dialogue of strong messages

- Develop simple, universal messaging about oral health with prevention at their core. Deliver care through diverse outlets across communities, states, and regions. Engage government and educational leaders to retell this story, loud and clear.
- Build a significant national dialogue around lifelong oral health as a norm. Dramatically increase effective education and communication directed at strengthening oral health and eradicating dental disease for all people through prevention.
- Encourage adults to take responsibility for their own oral health and that of their families—contributing to a strong sense of community awareness and responsibility.

Strengthen collaboration among oral health and medical health providers

- Encourage open dialogue and problem solving among oral health and medical care providers to address challenges in treating the most underserved (often also the most in need).
- Identify local and regional champions for medical and dental care collaboration. Identify opportunities to integrate dental care using a case-team approach.
- Provide incentives for private practice and public health dentistry to work together. Expect Accountable Care Organizations (ACOs) to deliver high-quality oral health care and to use healthcare dollars effectively.

Empower Oral Health Awareness and Literacy across the Country

Tell the story about ‘good oral health’

- Expand the definition of healthy to include good oral health. Good oral health can increase the potential for a healthy life. Increase public understanding about the value of good oral health for every child and adult in the United States.
- Create a sense of urgency for oral health through public messaging that is simple, clear, and understood by a wide range of people. Use science-based evidence to strengthen the messages.
- Tell the most effective stories, make them personal, and tie them to issues within your own community. Acknowledge tragedies resulting from poor oral health.

Direct nationwide attention to oral health

- Use effective messages to draw nationwide attention to oral health. Ensure the messages are readily understood as urgent by a wide range of people throughout the country.
- Develop unifying messages to use again and again across a wide range of diversified communication channels and public forums (local and national). At the same time, position specific messages to reach target audiences effectively, such as mothers.

Build political will from grassroots to Washington and back

- Identify and develop legislative champions who will nurture bipartisan support for oral health. Build solid relationships with elected officials across party, gender, race, and other profiles. Work with organizations, representing all aspects of the life-span to build political will. Expand the oral health-care component of the Affordable Care Act.

Discussion #4
Questions—Strategies, Actions, and Initiatives

The participants explored a range of potentially bold and significant strategies, actions, and initiatives that would begin to remove obstacles and lead to real progress within the Emerging Framework for Action.
• Understand the dollar cost to help people get to a state of good oral health. Determine strategies to cover the bill for oral health care for people without their own resources.
• Engage and organize constituents at the grassroots level. A white teeth smile is not a motivator for political will. Tell your story and make it personal. That will resonate. Create an oral health caucus at the state and federal levels.

**Educate families to adopt mouth healthy family behaviors**

• Help people understand their individual responsibility for good oral health: they have a choice. They have a right to healthy mouths. Teach them how to take action to achieve oral health.
• Introduce oral health and science to children at an early age. Use the best-available education and communication strategies to help children and their families understand, aspire to, practice, and celebrate good oral health.

**Utilize social media to build consumer expectations for oral health**

• Maximize the effectiveness of social networks to escalate and drive momentum. Get the message out to youth, their parents, and the community via social media to reach consumers of all ages.
• Use text message and email campaigns. Build consumer demand for and about oral health across the internet using all available options.

**Engage partner organizations in health, education, and media to spread oral health**

• Create alliances to reach specific populations, such as pregnant women, kids, and the elderly. Tie in with other movements, such as those targeting healthy moms and healthy babies, or people living with diabetes.
• Partner with other strong networks and entities with educational missions addressing the health of their constituents. Learn from the work, successes, and failures of other movements. Mobilize grassroots organizations to reach every family in this country. Involve radio and television programmers to feature messages about oral health.

**Shift to an Integrated Model for Prevention and Oral Healthcare Delivery**

**Incentivize prevention**

• Expand the definition of healthy to include good oral health. Good oral health can increase the potential for a healthy life. Increase public understanding about the value of good oral health for every child and adult in the United States.

**Ensure a diverse, collaborative, and oral-health-competent workforce**

• Engage the next generation of oral health professionals by providing community-based educational opportunities to balance their traditional healthcare training. Share information about the National Health Service Corps scholarship and loan repayment programs in exchange for service.
• A key objective for all oral health professionals nationwide is to understand the needs of low-income individuals and families to have access to oral health care and to assist them in making right choices about oral health. Support the utilization of an efficient dental team including “lower cost” health workers, such as community health worker models.

**Work together to strengthen overall health**

• Train nurses, nurse practitioners, nurse midwives, physician assistants, and other allied health professionals to be vehicles for sharing oral health knowledge and access as part of their wider purview. Develop and provide access to portable health records for use by all health professionals as they work collaboratively to address patients’ healthcare needs.
Data and Data-Driven Policies, Financing, and Reimbursement Models

Capture and disseminate oral health data

- Capture data in a coordinated, national database on a continuing basis and disseminate the statistical and economic analysis of this information (aggregated nationally and by state). Augment this information with associated data about the long-term implications of diet and behavior on cavities, obesity, and individual/family health. Implement universal electronic health records that support national performance standards in addressing oral health and overall health.
- Share compelling evidence-based data about oral health with lawmakers.

Develop financing models to support national objectives for oral health

- Explore funding models, such as those referenced by Marcia Brand, HRSA Deputy Administrator, in her colloquium presentation (See page 5). Expand successful financing models, such as the Healthy Kids Dental\textsuperscript{4} program utilized in Michigan.
- Use global payment to ensure that the right care is delivered at fixed prices. Global payments may also include added incentives to improve the quality of care. Utilize transparent audit practices to identify fraud, while not penalizing simple clerical errors.

Develop Public Awareness for Oral Health

Build a public presence for the Alliance

- Encourage Alliance representatives to represent oral health when broader health issues are discussed in public forums, in the media and in legislative debates.
- Promote the Alliance to those involved in oral health today and those who may be involved in the future.
- Help people understand the value in building common ground.

Educate communities about the lifelong value of oral health

- Reach out to community leaders and speak out in community conversations about the lifelong value of oral health. Use local languages to ensure easy learning for children and adults.
- Provide opportunities for Alliance members to learn about effective community training models. Provide Alliance members with talking points, readily accessible/printable fact sheets, and other resources to use in implementing oral health education across their communities.

CALL TO ACTION
Build Momentum Across the Country

Individually and together, we have the opportunity to make oral health a critical part of our nation’s understanding of health.

Colloquium participants identified ways to build visibility for Alliance priorities among colleagues and communities and ways to engage the public in making oral health a fundamental component of Healthy Individuals and Communities. We are guided in these conversations by the six sets of unifying messages (See page 36) generated from the first six Alliance Colloquia.

Communication and Social Media Ideas from the Colloquium Participants

I. Spread the word widely about the Alliance and its mission for oral health for all people

Emphasize why and how “Healthy Mouths Matter.” Approach groups that have been successful in educating the public about how and why oral health matters. What can the Alliance learn from those experiences? How can the Alliance build on their messages and outreach?

Tell the Alliance story. The right stories and messages are essential to support what the Alliance wants to achieve. Storytelling is critical. Learn from outside experts who are excellent in teaching people how to tell convincing stories. Start from a place of common ground. Collect local stories that show what we want to accomplish.

Build a two-way conversation. Use the unifying messages in meetings and conversations. Everywhere we go, talk about opportunities to strengthen oral health for individuals and families across the country.

Deploy social media to extend the reach of the Alliance. All Alliance participants can use their social media resources and public speaking opportunities to build visibility for Alliance priorities and to call attention to oral health as a fundamental component of Healthy Individuals and Communities. Involve experts in social media campaigns and a wide range of communications to engage Alliance participants, individuals, and communities in conversations. Measure and communicate the results. Adjust as needed. Extend the reach of the Alliance even farther.

II. Engage people and organizations across the country to focus on oral health for all. Reach a wide range of people through communication, stories, and outreach

Engage a wide range of leaders. Create a team of Alliance and other communication and outreach experts to drive progress. Deploy workgroups to do between-meeting work and to report back. Engage grassroots coalitions. Use webinars to keep people involved, to understand what is progressing in which areas, and to determine who else to involve in accelerating progress in specific areas.

Tap into the networks and resources of Alliance members and partners. Use demographic data to identify the best ways to communicate to specific communities. Consider focus groups to determine and evaluate the most effective approaches to use to send messages to consumers.

Learn from other highly experienced nonprofit organizations that have success in reaching similar populations. Engage a company to provide demographic data and the best means/ways to communicate to specific populations.

Encourage individual action. Build a broad base of professional experts, e.g., lawyers, communications specialists, oral health and medical health providers, community representatives, educators, etc. Engage them to develop the best approaches to reach individuals and their community leaders—to draw attention to the critical value of oral health. Begin at the grassroots level to put messages on
local sites where people visit. Partner with other alliances or organizations that have built successful outreach campaigns (e.g., childhood obesity). Share personal stories.

III. Build a wider oral health conversation and increase momentum

Significantly ramp up momentum from across a range of media—now! Take steps to research, implement, and communicate a social media strategy for the Alliance. Engage people with the experience and knowledge to implement the action plan and move forward quickly. Keep an open mind for non-traditional ways to communicate.

Engage consumers in this oral health conversation. Put out meaningful, relevant, timely information. Shape the messages and actions. Raise questions with the public. Start a consumer-driven discussion about what consumers want the new system to resemble. All of this requires staff time, resources, and strategy.

Monitor discussions. In most communities, an individual monitors the discussions, stimulates key conversations, and enforces “rules of engagement.” This requires staff time, resources, and strategy.

Share success stories. The colloquia provide opportunities to share stories. Encourage members to share stories that convey their passion for oral health access for all people in this country. Get out story after story about oral health challenges and opportunities.

Be non-traditional. Engage artists, poets, graffiti artists, and other creative people to get out the message too.

IV. Expand online forums and communities

Bring the Alliance to message boards. Become a custodian of an oral health board. Lead the discussion. Post questions to start conversations. Involve the organizations who have participated at the colloquia to lend their expertise.

Host webinar meetings. Use webinars and in person meetings to build dialogue among workgroup members. Hold a live presentation (for nearby team members who can participate in person) and a webinar (for those who can only participate virtually).

Share effective language and imagery. You know how to motivate your constituents. Develop “template” language to use with specific groups, organizations, coalitions, and partners. Share your best strategies with Alliance members. Use powerful imagery and personal stories to develop advocates.

V. Escalate momentum and engagement

Create a sense of urgency around oral health. Target the heart and the head. Caregivers and parents don’t want their loved ones to be in pain. Be bold to get that message out. It is urgent that we create public will that creates change!

(See Theory of Change by John P. Kotter and Leonard A. Schlesinger—at hbr.org/2008/07/choosing-strategies-for-change/ar/1.)
**CONCLUDING REMARKS**

**Momentum is Building**

**Caswell A. Evans, DDS, MPH**  
*Alliance Founding Board Member*  
*Associate Dean for Prevention and Public Health Sciences, University of Illinois at Chicago, College of Dentistry*

“Built on trust and common ground, the conversations, presentations, and knowledge shared at this Seventh Leadership Colloquium provide clear evidence that we are moving forward. The Emerging Framework for Action focuses our attention at the intersection of the three circles: Healthy Individuals and Communities. My personal focus always is about helping individuals at the ground level, bringing them to the table, and making decisions with them. All of us here today have an opportunity to go back to our homes across the country and share the ideas from this colloquium with others. We have a common agenda to strengthen oral health for all people.

The Emerging Framework for Action exists today in this room. The Alliance and this Framework provide us a powerful platform. We are uniquely positioned to use this platform to empower individuals, families, and communities across the country to strengthen their oral health. It provides us with a unique place to stand—on common ground. As part of the Alliance, we are not self-serving and we are not protecting a domain. We stand as a constituency focused solely on improving the oral health of all.

Where should we focus as we move forward? Consider how to use this Framework. Think about the lessons learned and intent of the Alliance in the context of the work we do every day. Present these concepts—conceived on common ground—to bring attention to the work of the Alliance taking place daily across the country.

Looking to our next steps, individually and as an Alliance, we will be advised by the discussions and the products coming from this colloquium. Thus far we have come to these colloquium tables representing ourselves as individuals, while leaving our organizational identities at the door. Though obviously we are all members of other organizations, in these colloquium halls we represent ourselves. Looking ahead, we have begun to envision steps to engage other organizations in our work and to hold smaller regional meetings around the country. As with the first seven colloquia, future meetings that engage other organizations will work to establish formal common ground among those entities as their representatives focus together on important steps in order to improve oral health for all in this country.

The future of the Alliance evolves with every colloquium. The Alliance Board of Directors recognizes that the Board itself must grow and change as we move into the future. How do we broaden our perspective? How will we engage additional or different leaders from across the country in the work of the Alliance and its Board?

The Alliance is about all of us who choose to give our time, knowledge, experience, and connections to this organization. I think the Alliance is a very special place representing a unique concept, expression, and role. The work of the Alliance is desperately needed. Here we discuss issues with a sense of civility and selflessness within a context that this is the ‘right thing to do.’ We have been successful in focusing on ‘What is the right thing to do for the entire population?’

Thank you for sharing your knowledge and experiences over these two days. We hope that you will stay active with the Alliance as we work to create viable solutions for improved oral health for all people in this country.”
All of us here today have an opportunity to go back to our homes across the country and share the ideas from this colloquium with others. We have a common agenda to strengthen oral health for all people.

— CASWELL A. EVANS, DDS, MPH
Appendix I

Proposed Strategies, Actions, and Initiatives to Drive Real Progress in One or More Areas for the Alliance Framework for Action

Working in small groups, the colloquium participants put forward a range of bold and potentially significant strategies, actions, and initiatives that over the next 2 to 3 years, would remove some of the obstacles and lead to real progress in one or more areas of the Alliance Framework for Action.

Group One
- Push for a law for oral health parity; engage legislative champions with authority.
- Create a national dialogue around the wasted dollars and wasted visits (so they can be used for needed visits).

Group Two
- Put teeth into the Affordable Care Act and expand Medicaid to all states.
- Use information to “make oral health popular” by educating and mobilizing the public, using all forms of media and grassroots outreach across generations—e.g., social networking and web-based platforms.

Group Three
- Add representatives of consumer groups to the Alliance Board.
- Use an interdisciplinary approach to integrate oral health into primary healthcare (e.g., examine success strategies in mental health and in seatbelts)—and involve education, transportation, cross-sector responsibilities.

Group Four
- Develop a list of effective evidence-based oral health policies for state use.
- Advocate for Medicaid.
- Promote a risk-based medical prevention model for oral diseases (treating oral health within medical health).

Group Five
- Expand Medicaid and Medicare oral health benefits for adults (including reforming those systems to include oral health; reforming approaches to fee for service; simplify administrative processes).
- To facilitate data-driven decision-making, mandate an interprofessional electronic health record system (that is transparent, readily shared, and used by those who can make decisions to improve health outcomes).

Group Six
- Provide early, preventive care outside the dental office; evidence at Head Start, for example, shows that brushing a child’s teeth with a fluoridated toothpaste once or twice a day reduces caries measurably.

Group Seven
- Identify congressional champions, particularly to engage female congressional leaders in the discussion.
- Revolutionize the educational system for dental, allied dental, and medical school education.
**Group Eight**
- To create a national voice for oral health, benchmark against systems that have succeeded in advocacy, such as the seatbelt movement and mental health parity.
- Work with AARP and other national advocacy organizations to identify opportunities to work together.

**Group Nine**
- Train and support community health workers to determine/understand who has access to oral health in their communities and who does not in order to widen access to oral health.
- Articulate and share a compelling data-driven argument for oral health parity.

**Group Ten**
- Educate the consumer to create demand for access to oral health.
- Create an integrated “health home”—and infiltrate those silos that exist across consumers, providers, and payers.

**Group Eleven**
- Move toward mandatory oral health education for all medical professionals and staff.
- Engage baby-boomers and consumers to support oral health access for all.

**Group Twelve**
- Develop a campaign using bold activism to direct attention to oral health in a courageous and clear manner (like the one directed at the HIV-AIDS epidemic).
- Develop a system that is transparent, readily shared, and used by those who can make decisions to improve oral health outcomes.

**Group Thirteen**
- Create a platform for evidence-based dentistry; recommend treatment based on evidence (which is important from a clinical and practical perspective) and change financing.
- Educate oral health practitioners and businesses about steps to take to ensure their patients and employees have access to quality oral health coverage.

**Group Fourteen**
- Develop an Oral Health National Summit (at the White House) as an educational forum by engaging legislators who represent us.
- Include oral health in health textbooks, not solely in separate pamphlets.
- Ensure a seamless interconnection between medical and dental records.
APPENDIX II

Participants at the Seventh Leadership Colloquium of the Alliance

Participants at the Seventh Leadership Colloquium represented a wide range of backgrounds, professions, and experience. Together, they sought to learn from each other, seek common ground, and envision shared solutions.

Blue = Alliance Founding Board Member

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APPENDIX III

Unifying Messages on the Six Alliance Priority Areas

**First Leadership Colloquium**
*Medical and Dental Collaboration*
*Washington, DC, November 7-8, 2011*
- Stay focused on the overall health of the individual
- Strengthen interprofessional and patient education
- Integrate delivery and financing systems
- Examine the role for medical and dental records in patient-centered care
- Expand the dialogue on oral health

**Second Leadership Colloquium**
*Prevention and Public Health Infrastructure*
*Chicago, IL, March 13-14, 2012*
- Create an expectation for wellness and health
- Assure a system that is equitable and just
- Engage the public and increase awareness about oral health
- Implement a financing strategy to support prevention

**Third Leadership Colloquium**
*Oral Health Literacy as a Pathway to Health Equity*
*San Francisco, CA, June 6-7, 2012*
- Develop trust together
- Direct attention to prevention
- Shift policy and financing
- Educate the public
- Connect, partner, and collaborate
- Advocate for all people

**Fourth Leadership Colloquium**
*Metrics for Improving Oral Health*
*New Orleans, LA, November 15-16, 2012*
- Create a standardized approach to gather oral health data
- Develop a national oral health plan
- Examine oral health cost, financing, and outcomes
- Use data to build a nationwide dialogue about oral health
- Provide information that helps people take action

**Fifth Leadership Colloquium**
*Financing Models*
*Atlanta, GA, April 2-3, 2013*
- Envision a framework for health financing systems that can come together nationwide to improve oral health for all people
- Develop and draw upon best available information and data to engage local, state, and national legislators who can influence and drive health systems change
- Strengthen financial and oral health literacy throughout the country
- Support medical and oral healthcare providers as they work side by side to provide interdisciplinary healthcare for underserved people
- Continue to bring together talented people with a shared commitment and interest to advance the thinking about financing to improve oral health and health access for all people

**Sixth Leadership Colloquium**
*Strengthening the Dental Care Delivery System*
*Washington, DC, June 17-18, 2013*
- Focus oral health care on prevention and wellness for individuals, families, and communities
- Move toward interprofessional, cost-effective workforce models and care delivery systems
- Transform education for a future strengthened by team-based oral health and medical care
- Empower communities to support highly effective oral healthcare systems
- Align payment and systems approaches to promote and support wellness
APPENDIX IV
U.S. National Oral Health Alliance Founding Board of Directors and Advisors

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