SUMMARY OF THE FIRST LEADERSHIP COLLOQUIUM

MEDICAL AND DENTAL COLLABORATION

U.S. National Oral Health Alliance | November 7–8, 2011 Washington, D.C.
As part of the evaluation of the First Leadership Colloquium, Harder+Company asked participants to list three words that best described their experience. This graphic gives greater prominence to words that appeared more frequently.
EXECUTIVE SUMMARY

At the First Leadership Colloquium, the U.S. National Oral Health Alliance (“the Alliance”) brought together 125 participants from across the country to discuss the role for medical and dental collaboration in building national commitment to optimal oral health for all. Representing a range of health-related professions, the participants engaged in dialogue, generated knowledge, and created linkages for ongoing collaboration.

The colloquium framework combined small-group and whole-group discussions to address critical questions about medical and dental collaboration, and included presentations by contributors who provided particular expertise and experience to the discussion. This Summary of Proceedings provides an overview of key areas of focus, shared ideas, and a range of next steps envisioned by the participants.

Strengthening Medical and Dental Collaboration

Unifying Messages Emerging from the First Leadership Colloquium

Over the course of the two-day colloquium, the participants began to lay a foundation for medical and dental collaboration in areas of common ground. Through their discussions, which were built on trust and openness, a range of unifying messages started to emerge. Additional ideas from the participants’ discussions that helped shape these messages are provided on page 10 of this summary.

• Stay Focused on the Overall Health of the Individual. Oral health must be an essential and routine dimension of comprehensive health care for all people. Dedicate the entire health care system to the overall health of the individual. The paradigm must shift to ensure early intervention.

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?

Organizing question of the U.S. National Oral Health Alliance, formed at the 2009 Access to Dental Care Summit
• **Strengthen Interprofessional and Patient Education.** Strengthen health care through the interdisciplinary, cross-functional education of health care professionals – and others who interact with patients. Empower the public through oral health literacy education.

• **Integrate Delivery and Financing Systems.** Align effective financing systems with prevention-focused, coordinated care to yield better health. Such systems may encourage a wide range of health professionals to work together.

• **Examine the Role for Medical and Dental Records in Patient-Centered Care.** To strengthen patient-centered interdisciplinary care, coordinate medical and dental electronic health records effectively, build a common knowledge base, and strengthen communication about what works.

• **Expand the Dialogue on Oral Health.** Replicate and expand this discussion at the local, regional, and national levels. Building on common ground, expand the national platform for medical and dental collaboration.

**Directing Attention and Resources to Strengthen Medical and Dental Collaboration**

A facilitated discussion among all the colloquium participants addressed the final question: “Where should we focus our attention and resources as we move forward?” The participants shared a number of ideas, including:

• **Expand** this dialogue across the country at national, state, and local levels.

• **Strengthen** impact by drawing into the conversation a wide range of medical professionals, associations, state networks, and other valued partners.

• **Build** on the strengths of nontraditional partners, including a diversity of experience, organizational resources, and points of view.

• **Develop** a national strategic framework for oral health to guide all of our efforts.

• **Integrate and support** well-linked systems to enable greater coordination and collaboration to support interdisciplinary, preventive patient-centered care.

• **Use** the Alliance website to build connections, link in partners, continue the conversation, share information, and strengthen opportunities for collaboration.

**THE MISSION OF THE U.S. NATIONAL ORAL HEALTH ALLIANCE**

*The 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.*
KEY ROLES

Opening Address
Howard K. Koh, MD, MPH
Assistant Secretary for Health
U.S. Department of Health and Human Services

Lead Speaker
Ralph Fuccillo, MA
Founding Board Member
U.S. National Oral Health Alliance
President
DentaQuest Foundation

Colloquium Facilitator and Facilitator of the U.S. National Oral Health Alliance
Elaine Kuttner
Principal
Cambridge Concord Associates

Speakers and Officers of the Board of Directors, U.S. National Oral Health Alliance
Vincent C. Mayher, DMD, MAGD; Douglas M. Bush; and Caswell A. Evans, DDS, MPH

Table Facilitators and Members of the Board of Directors of the U.S. National Oral Health Alliance
Douglas M. Bush; Caswell A. Evans, DDS, MPH; Wendy J. Frosh; Ralph Fuccillo, MA; Leslie E. Grant, DDS; Lawrence F. Hill, DDS, MPH; Evelyn F. Ireland, CAE; Dushanka V. Kleinman, DDS, MScD; David M. Krol, MD, MPH, FAAP; William Maas, DDS, MPH; Vincent C. Mayher, DMD, MAGD; W. Ken Rich, DMD; and Lindsey A. Robinson, DDS

Individual Contributors/Presenters
Mark Deutchman, MD; Tracy Garland, MUP; Anita D. Glicken, MSW; Roderick K. King, MD, MPH; David M. Krol, MD, MPH, FAAP; W. Ken Rich, DMD; and Lindsey A. Robinson, DDS

Staff Leader and Colloquium Organizer
Nathan Ho
Program Director
U.S. National Oral Health Alliance

Conveners: The Board of Directors of the U.S. National Oral Health Alliance and Advisors
A list of the U.S. National Oral Health Alliance Board of Directors and Advisors is provided in the Appendix.

Participants
A full list of colloquium participants is provided in the Appendix.
OPENING REMARKS

The Role of the Alliance in Addressing the Health Needs of Underserved People

Ralph Fuccillo  
Founding Board Member,  
U.S. National Oral Health Alliance  
President, DentaQuest Foundation

In welcoming the participants to this colloquium, Ralph Fuccillo spoke of the urgency to address the oral health and medical needs of underserved people across this nation: “That shared commitment to forge common ground as we work together to find new ways to solve problems has led us to new avenues for working together. We can expect momentum to grow – and we can expect wonderful progress ahead.”

Acknowledging that many people in the room participated in the 2009 Access to Dental Care Summit convened by the American Dental Association in Chicago, Mr. Fuccillo underscored the ongoing commitment to find common ground in order to address the Summit’s essential question (see sidebar, page 3).

Building Momentum to Make a Difference in People’s Lives

Howard K. Koh, MD, MPH  
Assistant Secretary for Health, U.S. Department of Health and Human Services

Selections from Dr. Koh’s remarks follow; the full synopsis of his presentation is provided in Appendix I. Prior to the colloquium, Dr. Koh announced the leading health indicators for Healthy People 2020, which for the first time included oral health.

...Our challenges are broad and ambitious when it comes to leadership in public health. No one solution will do; instead, public health leaders must come forward to say they want to make a difference. Not on their own, but rather by bringing together nontraditional partners to be enabled, mentored, and credited when things go well. I feel the stars are aligned with the U.S. National Oral Health Alliance. You who have chosen to participate in and shape this Alliance are maestros and conductors of oral health. It is important to achieve harmony in how you work together. Then when progress is made, the individuals are almost forgotten, while the progress you have made together builds momentum and makes a difference in people’s lives.

Photos: Yuriy Zalvoytsky MVP Pictureworks, Inc.
...shared commitment to forge common ground as we work together to find new ways to solve problems has led us to new avenues for working together. We can expect momentum to grow – and we can expect wonderful progress ahead.
To reach the desired objectives for oral health for all will require collaboration from all untraditional partners — starting with physicians, dentists, advocates, dental hygienists, funders, and so on. We will pool our resources to arrive at key policies that drive progress and results. Particularly important is the need and ability to bring together medical and oral health professionals. We have a need to focus on the many missed opportunities to recognize disease early. Revisit prevention, not just care. Three million children have untreated tooth decay today, representing 25 percent of the children in this country. We will need to eliminate any cultural disparities, poverty, and inequality. We have missed many opportunities to identify disease early. The Alliance provides a major opportunity to revisit the theme of prevention — not just care.

Our offices at HHS want to join with you. We have worked hard to bring in as many nontraditional partners as possible. We need your leadership and ideas, and we can pool our resources in these tough times to reach our oral health indicator goals. Together we can educate the next generation of providers, and make this an expected part of public health outcomes for today and the future...

In thanking Dr. Koh for addressing the colloquium, Ralph Fuccillo said: “We want to celebrate this moment...how we serve one another and the people of the nation.”
The Alliance’s Mission, Values, and Core Principles

Elaine Kuttner, Colloquium Facilitator
Principal, Cambridge Concord Associates

Participants came together at the colloquium embracing the shared objective of optimal oral health for all people. Elaine Kuttner introduced an approach that would be honored throughout the two days of discussion and learning, which focused on the Alliance’s mission, values, and core principles:

**Mission**
The 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.

**Values**
- Integrity and transparency
- Respectful relationships
- Creativity and innovation
- Comprehensive approaches
- Forward-looking solutions

**Core Principles**
- Trust-building
- Diverse and effective partnerships
- Shared leadership without expectation of ownership

**Six Priority Areas**
- Prevention and public health infrastructure
- Oral health literacy
- Medical and dental collaboration
- Metrics for improving oral health
- Financing models
- Strengthening the dental care delivery system
Working Norms
• Honor differences of perspective
• Build an atmosphere of trust and openness
• Always strive for common ground
• Encourage dialogue and active listening
• Consistently seek to clarify and understand other points of view
• Thoroughly explore an issue before assuming knowledge
• Promote mutually reinforcing activities and collective impact

Reflections on Working Together Toward Oral Health for All People
The three Alliance Board Officers, each a Founding Board Member, reflected on their own experiences in working toward optimal oral health for all people:

**Vincent C. Mayher, DMD, MAGD**
General Practitioner, Haddonfield, New Jersey
Past President of the Academy of General Dentistry
A diverse group focused on what we can do together.
“In traveling around the country and communicating with thousands of people, I learned the value of consensus through effective communication. At the 2009 ADA-convened Access to Dental Care Summit, I recognized some notable people in the field of oral health. I listened and learned. Though I had attended other productive meetings, I sometimes came away disheartened in some way. That was not the case with the Summit. We came together to seek common ground. Today, the Alliance provides a platform for collaboration where we emphasize what we have in common. If we focus on what we can do together, we are hard to ignore.”

**Douglas M. Bush**
Executive Director, Indiana Dental Association
In agreement on what matters for access to care*
Looking around this meeting room, we can see posters depicting our Alliance values, core principles, and striving for common ground. That is what this organization is about. Though we may have a tendency to seek people we agree with, that leads to a skewed view of what the world is about. Instead, I have found the Alliance refreshing. This group of people is incredibly diverse with a spectrum of opinions, yet they keep their focus on common ground. Though we disagree with each other on some matters, we are in agreement on 90 percent of what matters when it comes to access to care.”

**Caswell A. Evans, DDS, MPH**
Associate Dean for Prevention and Public Health Sciences, University of Illinois at Chicago, College of Dentistry
Bringing social justice and service to the underserved
“In this absolutely propitious moment, we have an opportunity for common ground – a new platform for discussion and sharing. Civility is important. Let’s welcome differences of opinion and approach, while finding core areas where we can be productive together. We are seeking a positive response. This is not about saying ‘no.’ Identify areas we can say ‘yes’ to as we work together. As a society, we have failed to meet the needs of the underserved. We are not talking about changing what works. Instead, how do we go about bringing social justice and service to those who are underserved?”

Shared Expectations for the Colloquium (Discussion #1)

**Discussion Questions**
Why did you choose to come to the colloquium? How can the Alliance platform – this place of common ground – contribute to the success of your own work? What do you bring to this effort that will help move it forward?

The participants shared information about their roles in the oral health and medical fields, and their expectations for the colloquium. Representative ideas from the
“report outs” from the small-group discussions illustrate
the shared commitment and expectations in the room.

• **Learn from each other.** Take this opportunity to
explore best efforts, practices, progress, and hur-
dles in other parts of the country. What approaches
and processes do others use successfully? Why do
some things work, while others do not?

• **Define optimal oral health.** Develop and agree on
a “shared definition” for optimal oral health.

• **Agree on how to work together.** Come to an under-
standing about how medical and dental professionals
can work together in tackling oral health challenges.

• **Stay focused on the patient.** With the patient
as the center of focus, discuss with other health
professionals what works and what does not
(including barriers) to increase oral health access.

• **Respect all opinions.** The colloquium provides a
“safe haven” where all can be at ease to share ideas.

• **Go beyond oral health.** In understanding the
critical value of reaching outside the traditional
oral health community, build on expectations that
progress achieved in oral health can spread to other
medical areas.

• **Focus on medical and dental providers
working together.** In recognizing the frustration
of many medical and dental providers with an
ineffective referral system, examine how to build
a more efficient system.

• **Look at partnerships.** Examine the important role
of public/private partnerships.

• **Draw attention to oral health.** Use “real-life
stories” to raise the profile of the critical need for
oral health for all.

• **Look long term.** Recognize the need and opportunity
to focus on the long-term picture.

Through their first discussion, the participants shared
their expectations for the colloquium before moving on
to explore areas of common ground for medical and
dental collaboration.

### Laying the Groundwork for Medical and Dental Collaboration (Discussion #2)

**Discussion Questions**

What challenges are we likely to encounter as we
work to align our ideas and our opportunities for
collective impact? How should we characterize
the kinds of relationships we will need to develop
in this room, and around the country, if we are to
build a successful and collaborative medical and
dental environment? Why is now a good time to do
this? Can we embrace particular opportunities?
What challenges are we likely to encounter as we
work to align our ideas and our opportunities for
collective impact?

A range of high-level themes began to emerge
concerning how to lay the groundwork for effective
nationwide medical and dental collaboration for

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**THE ROLE OF DISCUSSION**

In Setting a Foundation for Medical and Dental Collaboration

Throughout the colloquium, the participants
worked together in small-group and
whole-group discussions to delve into key
questions. The underlying objective of the
four discussions was to lay a foundation
for medical and dental collaboration in
areas of common ground, and to arrive at a
range of high-level messages to help shape
ongoing dialogue.
oral health, including the need to share strengths and responsibilities, open many different doors to oral health, and strengthen communication.

**Share Strengths and Responsibilities**

- **Share responsibilities for oral health**
  Oral health is essential to a healthy life. An interprofessional community of multiple disciplines is needed to ensure integrated and effective oral health care. Bring together dental, medical, nursing, community health, educators, and other professionals from diverse disciplines who can continue the integration, share responsibilities, and build on key areas of common ground.

- **Build a public conversation around critical themes**
  Arrive at a unified, overarching message that all people in this country can understand and support. The time is right – and the message is urgent and compelling – to come together. Focus on how to reach key audiences, including the public, health professionals, medical and dental communities, public policy makers, those who can assist in the community, and so many more.

- **Expand the community of partners**
  Take advantage of synergies in the growing number and expanding reach of initiatives and partnerships focused on “oral health” and “healthy mouths.” Draw these groups and individuals to the Alliance as partners who can deepen and extend the messages to wider audiences.

**Open Many Doors to Health**

- **Eliminate the paradigm that “oral health is separate”**
  Oral health must be seen by all as an essential component of overall health. Does this mean changing expectations for dentists and the dental team? Will their scope broaden? Do the same questions apply to the medical team?

- **Open multiple doors to health**
  Whatever the point of entry or exchange, medical and dental providers have the capacity to meet the needs of the public. As one example, a new movement is growing around the country for school-based health centers. The school nurse or school administrator may be the “quarterback” at the center of that team. In contrast, all too often an “emergency room” is a wrong door to oral health (though critical when the system is broken).

- **Help people navigate the system**
  Work toward a more effective system at the federal and state levels, which people can navigate more readily than they can today. Develop a common voice to support the need for third-party payers in public health programs to help underserved people to access oral health care.

- **Use technology to accelerate connections**
  Though it is often unrealistic to co-locate dental and medical services, integrated electronic health records (with appropriate access and security) will allow patients to be “in the center.” All providers would be able to access the information needed to help the patient. The “electronic health record” is a tool to strengthen and accelerate communication and coordination of services.

**Develop Highly Impactful Communication and Education**

- **Build essential skills**
  Education, community-building, and collaboration are critical for the Alliance to engage a diverse network of stakeholders focused on creating viable solutions for improved oral health.

- **Reach out to, involve, and align with many partners**
  To address the oral health needs of vulnerable individuals, access to oral health care must be a shared, multi-partner responsibility that has systems, resources, and policies in place to support it.
• **Shape the right “simple” message to reach all**  
Focus on a simple unified message that will resonate for many, including: parents and grandparents, dentists and dental hygienists, physicians, nurse practitioners, other health providers, schools and educators of all kinds, government, and more. Individual audiences should be able to recognize their unique roles in disseminating this common message.

• **Educate medical and other professional schools about oral health**  
Integrate oral health education into educational institutions, while ensuring that oral health education connects medical and dental practices.

• **Serve as a resource and strengthen collaboration via the website**  
Build the Alliance website to be a valued resource to communicate information, serve as a resource, and strengthen ongoing collaboration.

### Animating the Platform through Dialogue (Discussion #3)

**Discussion Questions**

To what extent do you have agreement on the importance of medical and dental collaboration as a mechanism to improve oral health outcomes for all? How would you describe the current direction and progress you are seeing toward greater collaboration? What are some of the factors that enable innovation in medical and dental collaboration? What tends to hinder the innovative process? Discuss the overall potential for collaboration. How might it affect such things as professional education, training, work teams, workflow, patient care, and outcomes?

Through the discussion, the colloquium participants began to shape ideas about the role of “collaboration” to help educate and draw in people to become involved in the mission of the Alliance. A range of the participants’ shared ideas are grouped by theme.

### Relationship between Oral Health and Overall Health / Well-Being

• **Effective dental and medical collaboration is a significant contributor to the overall health and welfare of individuals and society as a whole.** Such collaboration begins by educating the providers of medical and dental care and encouraging conversations among them.

• **Oral health contributes to overall health and well-being in significant ways, such as nutrition, self-esteem, and employment.** Moreover, there is an emerging understanding of the relationship between oral health and physical health. For example, evidence is stronger today than in the past about the effects of oral disease on glycemic control.

• **Coordination and integration of medical and dental healthcare are needed at multiple levels, including patient care and treatment, education and communication, and funding and policy.**

• **Local communities play an important role in achieving optimal oral health for their citizens.** Focus care where people congregate: where they live, learn, work, and play. Through community and family engagement and education, draw in and value the ideas, energy, and commitment of consumers.

• **Educate health professionals and the public more widely about cultural and behavioral issues that may impact oral health outcomes.**

• **Look into the need for quality measures and diagnostic codes that can provide new information and insights about oral health.**

• **Oral health is a national imperative, tied directly to overall health.** Collaboration of many kinds is needed to strengthen the oral and medical health of people in their communities, and around the country.
Direction and Progress toward Greater Collaboration

- Medical and dental collaboration continues to build, though progress remains uneven at times. Interdisciplinary teams represent clear signs of progress as they come together to educate each other about care and behavior management. In the area of infant and child oral health, for example, communication and shared learning are growing among medical and oral health providers.

- Linkages or connections represent an essential step toward collaboration, although that is not all that is necessary. In that context, the co-location of medical and dental resources in a shared building or a nursing home represents a strong first step toward collaboration.

- As dental schools address cultural changes, the prospect of co-locating or integrating schools may encourage collaborative thinking.

- The objective for collaborative education about oral health and medical health is considered a step to move away from any remaining silos of one kind or another.

- Differences between private practice and group practice models were mentioned, including the benefits of increased coordination and collaboration among private practice providers (dental and medical).

- Communicate widely about “success stories” in medical and dental collaboration so they can become known widely and emulated.

Factors that Enable Innovation in Medical and Dental Collaboration

- Education is a critical factor to strengthen collaboration. Suggested approaches include: interprofessional curriculum and training, medical and dental students training on the same campus, and sponsoring demonstration projects that support medical and oral health collaboration.

- Widen the net for collaboration by redefining the health team. Bring together behavioral health, family support services, clinics, nutritionists, pharmacists, and others to work together.

- Illustrate the value of collaborative approaches by developing “evidence-based models,” including data and analysis in support of best practices and cost savings.

- Determine what sort of additional funding is needed to support initiatives for medical and dental collaboration.

- Effective communication of many kinds, including messaging campaigns, is necessary to enable innovation and collaboration. Identify policy efforts that will help create a congruent public message to engage and involve the consumer.

Emerging High-Level Messages (Discussion #4)

Building on the earlier discussions, the participants worked in small groups to consider what high-level messages will draw people to join efforts to expand medical and dental collaboration. Each group of participants came to agreement on three high-level messages to other people who are considering becoming involved in these efforts. The “High-Level Messages” from each group of participants are presented in Appendix II (see page 13).

Through the final discussion among all participants about their high-level themes, a range of enabling messages began to emerge. Selections from that discussion follow, grouped by theme.

Stay Focused on the Overall Health of the Individual

Oral health must become an essential and routine dimension of comprehensive health care for all people. Dedicate the entire health care system to the overall health of the individual. The paradigm must shift to ensure early intervention. Oral health services are part
of primary care, where patient care is a shared responsibility across practice areas. The right care, right time, and right place are important. Focus on prevention and disease management across the lifespan in ways that promote health, improve outcomes and quality, and contain cost.

**Strengthen Interprofessional and Patient Education**

Strengthen health care through the interdisciplinary, cross-functional education of health care professionals – and others who interact with patients. Empower the public through oral health literacy education. Fully engage and align an educated healthcare workforce, including clinical, public health, and social services. Improve oral health literacy among decision makers, medical providers, and the public. The vision for healthcare professionals to learn and work together across disciplines represents a powerful force to prevent dental disease for all.

**Integrate Delivery and Financing Systems**

Align effective financing systems with prevention-focused, coordinated care to yield better health. Such systems may encourage a wide range of health professionals to work together. Integrated health delivery systems will align oral health care and coverage. To achieve patient-centered oral health care and coverage for all, implement well-planned, “triple-aim” systems that improve the experience of care, improve the health of populations, and reduce per capita costs.1

**Examine the Role for Medical and Dental Records in Patient-Centered Care**

Coordinate medical and dental electronic health records effectively to strengthen patient-centered interdisciplinary care. Toward that end, share experiences about evidence-based best practices and guidelines in order to build a common knowledge base and strengthen communication about what works best. A successful approach requires full patient engagement.

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**Expand the Dialogue on Oral Health**

Oral health is critical to the overall health of the nation. Replicate and expand this dialogue and discussion at the local, regional, and national levels. Building on common ground, expand the national platform for medical and dental collaboration.

**Perspectives on Medical and Dental Collaboration (Invited Contributors)**

Several speakers were invited to share their perspectives from the vantage point of their experience in medical and dental collaboration. The contributors included: David Krol, Anita Glicken, Roderick King, Lindsey Robinson, Tracy Garland, Mark Deutchman, and Ken Rich. Brief excerpts follow.

**Recognizing that a Team Can Make It Happen**

David M. Krol, MD, MPH, FAAP

*Founding Board Member of the Alliance American Academy of Pediatrics*

“...Working at the nexus of change, I see time and money as the biggest barriers. When it comes time to provide a perfect curriculum for all professionals (medical doctors, physician assistants, dentists, dental hygienists, nurse practitioners, etc.): How do we fit more things of shared interest into the curriculum for medical and dental education? How can we time it so that these students and professionals can train together? Practice time is the other challenge. When I come home from a meeting and read a Bright Futures book that tells me about all of the things to do for my patients, how do I find the time to do all of that? My response is that it is not possible for me, the pediatrician, on my own; but a team can make it happen.”
Changing the Culture of Education and Practice
Anita D. Glicken, MSW
Associate Dean, Physician Assistant Studies
University of Colorado School of Medicine

“...Physician assistants (PAs) are a good match for oral health initiatives. PAs are at the front end of delivery and health care systems; they focus on prevention; and patients view PAs as trusted agents of behavior change counseling. In 2010, The National Interprofessional Initiative on Oral Health provided funding to bring together physician assistants with physicians, dentists, and public health professionals – to learn from, with, and about each other to more effectively address issues of oral health. Over two days, they built a strong shared commitment to partner to reduce dental disease and end oral health care disparities. We have seen tremendous progress in this regard across the PA profession. All four PA national organizations collectively have implemented strategic initiatives in their own areas. In the coming year, a new program will target 8,000 new PA graduates annually by providing new knowledge, skills, and attitudes to increase participation in community oral health. The challenge remains that we are changing the culture of education while still trying to change the culture of practice.”

Meeting People Where They Are
Roderick K. King, MD, MPH
Senior Faculty, Disparities Solutions Center, Massachusetts General Hospital
Instructor of Medicine, Department of Global Health and Social Medicine, Harvard Medical School

“...When looking at why oral health for certain populations is not as good as it should be, as oral health leaders, we need to ask ourselves: Are we meeting people where they are? Embedded in this question are three considerations: (1) Do we know who they are? We need to understand the community, individual lives, neighborhoods, and what they are going through. Who is the underserved population – for example, minority, elderly, children, rural, disabled, homeless, or other populations? (2) What are the actual needs for this population (not just health needs)? What are their barriers to better oral health? Often, the solutions for better oral health for vulnerable populations are through local health centers or interventions that address the social determinants of health. (3) How do we meet them there? Geographically, where are they located – rural, city, or in the neighborhood? Culturally, they may have different ways of engaging and participating to improve their oral health? Linguistically, are there unique communication barriers that need to be addressed? Ask: Am I challenging my assumptions?”

Patient Centered Through Active Intervention
Lindsey A. Robinson, DDS
Founding Board Member of the Alliance
President-Elect, California Dental Association

“...My vision for all primary care providers (medical and dental) is to recognize that dental caries is a chronic disease that can be managed appropriately with active intervention beginning by age one. Two pathways can be explored: (1) collaboration and communication between the two separate delivery systems with a soft hand-off when disease is recognized on the medical side; or (2) integration and co-location of the two delivery systems. There is potential for this to occur in a public health setting, such as a health center using EHR (electronic health records), providing medical and dental services in one building. It is possible to overcome multiple barriers by working together. On the medical side, providers need a referral network of dentists ready to provide treatment when disease is assessed, and to be reimbursed for their efforts. On the dental side, there should be general knowledge that intervention begins by age one, and knowledge about how to conduct an infant oral health exam, to provide anticipatory guidance to parents, and to look for early signs of caries. Successful state programs, such as the First Smiles Program2 in California, train general dentists in these skills. The Access to Baby and Child Dentistry (ABCD) Program3 in the state of

2. First Smiles Education and Training Program: http://www.cdafoundation.org/learn/first_smiles_education_and_training_program
The Power in Showing Up Together
Mark Deutchman, MD
Department of Family Medicine Professor,
University of Colorado at Denver
School of Medicine, School of Dental Medicine,
School of Public Health

“...There is power in showing up together. Across Colorado, we travel as teams of medical and dental professionals. At the Schools of Medicine and Dental Medicine at Colorado University, the faculty members teach in each other’s curricula through joint appointments, engendering a sense of shared responsibility. The Alliance can encourage medical and dental people to talk about shared challenges (modeling a doctor and a dentist working together). Keep the needs of patients foremost in our minds. We are in this together. Leadership will shift depending on the patient’s need for social services, restorative oral health services, and education. Identify and disseminate educational resources. If we recognize that we have shared challenges, we can buckle down and make solid progress.”

Focusing the Lens on Improving Public Health Outcomes
W. Ken Rich, DMD
Founding Board Member of the Alliance
Trustee, American Dental Association

“...The ADA lens involves 157,000 members. However, I don’t intend to speak for all those dentists. This is what I see through my own lens. I am proud of what the ADA does. We are involved in collaboration, including organizing the original Summit, which was commendable. In the ADA strategic plan, the third goal is to improve public health outcomes. It doesn’t say oral health outcomes. It says ‘public health outcomes’ through a strong association that collaborates with a broad spectrum of providers, including non-dental providers. That says a lot about where we are trying to go. Improving oral health and improving overall health is the real reason we are here at the colloquium. This diverse group of stakeholders and this initiative comprise one of the most positive things I have seen happen in a long time.”

Clinicians Talking with Each Other
Tracy Garland, MUP
Advisor, U.S. National Oral Health Alliance
Program Director, National Interprofessional Initiative on Oral Health

“...Dental disease prevention fits with primary care medical principles, such as screening, risk assessment and behavior change counseling. The health system fails to reach the population where dental disease is most prevalent. To effect change: think big, take the long view, look to impact large numbers of people, and do something about prevention: engage medical care providers including physicians, nurses, physician assistants, pharmacists. Two medical-dental models have evolved: collaboration where dentists work with medical providers (e.g., Carolina Dental Home Program4), and integration where preventive dental services are delivered by the primary care team as a routine part of the medical visit (such as at Group Health Cooperative5 in Seattle). Both approaches require that primary care clinicians have a fundamental understanding of the oral disease process, its causes and interventions that work; with this, medical and dental clinicians can talk with each other.”

Washington has helped improve access to preventive and restorative services for Medicaid eligible children through training and enhanced reimbursement for participating dentists. Improving the oral health of young children will require careful collaboration, creativity, patient-centered approaches, and leaving behind professional agendas.

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5. Group Health Cooperative, Seattle: http://www.ghc.org

To effect change: think big, take the long view, look to impact large numbers of people, and do something about prevention...
Where should we focus our attention and our resources as we move forward?
A Call to Continue to Build Momentum –
Directing Attention and Resources to Strengthen Medical and Dental Collaboration

A facilitated discussion among all participants addressed the final question: “Where should we focus our attention and our resources as we move forward?” The participants shared ideas including:

- Expand this dialogue across the country at national, state, and local levels.
- Strengthen impact by drawing into the conversation a wide range of medical professionals, associations, state networks, and other valued partners.
- Build on the strengths of nontraditional partners, including a diversity of experience, organizational resources, and points of view.
- Develop a national strategic framework for oral health to guide all of our efforts.
- Integrate and support well-linked systems to enable greater coordination and collaboration to support interdisciplinary, preventive, patient-centered care.
- Use the Alliance website to build connections, continue the conversation, share information, and strengthen opportunities for collaboration.

In concluding the colloquium, Elaine Kuttner thanked the participants for their involvement and for reinforcing the potential of strong and effective collaboration. Ralph Fuccillo thanked the participants for being part of this multifaceted platform built on a shared vision for oral health for all. That vision was articulated at the 2009 Access to Dental Care Summit, then carried forward by the Coordination & Communication Work-

To reach the desired objectives to achieve oral health for all will require the best collaboration from all untraditional partners – starting with physicians, dentists, advocates, dental hygienists, funders, and so on…Particularly important is the need and ability to bring together medical and oral health.

Howard K. Koh, MD, MPH
Assistant Secretary for Health
U.S. Department of Health and Human Services
group, and taken on by the Founding Board of the U.S. National Oral Health Alliance.

This journey continues as a testament to the national passion for oral health access, representing a goal that supersedes any one agenda. Mr. Fuccillo underscored the enormous power in the affirming spirit of this collective group, which has created the capacity to journey forward together: “Looking ahead and working together, we will carry this momentum forward across the country, building on the values and principles of the Alliance and the collaboration achieved at this First Leadership Colloquium.” As one approach under way to build momentum for improved access to oral health care for vulnerable people, the National Interprofessional Initiative on Oral Health (www.niioh.org) is forging common ground in the arena of medical and dental collaboration.

As the colloquium concluded, the participants shared their expectations and commitment to build on and expand the medical and dental collaboration that evolved at the colloquium.

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6. Initiatives of the National Interprofessional Initiative on Oral Health (NIIOH) are made possible as a result of funding from the Delta-Quest Foundation, the Washington Dental Service Foundation and the Connecticut Health Foundation.
Our challenges are broad and ambitious when it comes to leadership in public health. No one solution will do; instead, public health leaders must come forward to say they want to make a difference. Not on their own, but rather by bringing together nontraditional partners to be enabled, mentored, and credited when things go well. I feel the stars are aligned with the U.S. National Oral Health Alliance. You who have chosen to participate in and shape this Alliance are maestros and conductors of oral health. It is important to achieve harmony in how you work together. Then when progress is made, the individuals are almost forgotten; while the progress you have made together builds momentum and makes a difference in people’s lives.

Leadership has fascinated me increasingly over my career. Though we talk about leadership a lot in our society, we rarely look deep into what it means. Many of the words come from business and the military. But in public health, we have a particular and ambiguous challenge – with no solution to anything in our field. For that reason, public leaders have to come forward and say, “I want to make a difference.” So many of you in this room do that brilliantly as you bring in nontraditional partners, mentor them, and give them credit when things go well. You are all maestros or conductors of oral health. And when it goes great, you are almost forgotten.

To reach the desired objectives for oral health for all will require collaboration from all untraditional partners – starting with physicians, dentists, advocates, dental hygienists, funders, and so on. We will pool our resources to arrive at key policies that drive progress and results. Particularly important is the need and ability to bring together medical and oral health professionals. We have a need to focus on the many missed opportunities to recognize disease early. Revisit prevention, not just care. Develop a system that focuses on prevention and care in oral health.

Three million children have untreated tooth decay today, representing 25 percent of the children in this country. We will need to eliminate any cultural disparities, poverty, and inequality. We have missed many opportunities to identify disease early. The Alliance provides a major opportunity to revisit the theme of prevention – not just care. Martin Luther King, Jr., once said: “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Our offices at HHS want to join with you. We have worked hard to bring in as many nontraditional partners as possible. We need your leadership and ideas, and we can pool our resources in these tough times to reach our oral health “leading indicator” goals. Together we can educate the next generation of providers, and make this an expected part of public health outcomes for today and the future. We have multiple forces involved. Given the challenges of being a public health maestro, we want to hear regularly how you are doing. And we want to say how grateful we are for time taking from your busy lives. We must keep trying to make the BEST private-public partnerships we can.
APPENDIX II

High-Level Messages to Draw People to Work Together Toward Oral Health for All

Working in small-group discussions, the participants developed three high-level messages, and identified which of their messages will be most critical (bolded below) to draw many people to work together.

**Group One**
- Oral Health is Health; everyone has a role!
- Coordinated: Right Care, Right Time (Saves Resources, Promotes Health), and Right Place
- Public (Coordination & Communication) – Providers and Patients

**Group Two**
- Integration of medical and dental electronic health records, with access (through EHR) to evidence-based best practice/guidelines to build a common knowledge base + to enhance communication
- Understand best practices for change including how changes can be made, who makes decisions, what policy levers exist, and so forth
- Improvement of oral health literacy among all medical providers and the public

**Group Three**
- Dentistry is primary care
- Evidence-based EHR as a common platform for communication
- Dental-Medical Collaboration requires coordination at all levels: Policy, Funding, Community, Education, & Care

**Group Four**
- Comprehensive patient care is a shared responsibility
- Funding is aligned with prevention-focused, coordinated care to yield better health
- Promote the real

**Group Five**
- Align oral health care and coverage in integrated delivery systems = “pay and play” together
- Engage consumer and payer voices in advocating for integration of care and coverage
- Replicate this discussion at the local, regional, and national levels, and integrate that dialogue across all levels

**Group Six**
- Oral health is an essential component of optimal health
- Education, Communication, Collaboration (ECC) is Key to oral health
- You are the center of the oral health team!

**Group Seven**
- Value and incorporate the ideas, energy, and needs of consumers through community engagement
- Focus on prevention and disease management across the span of life to contain cost and improve quality
- Create cross-functional health practice through interdisciplinary education of all health professionals

**Group Eight**
- Common Ground: Develop a national plan on Medical-Dental collaboration
- Is it time to consider dentistry as a specialty of medicine?
- Focus care where people congregate (live, work, play, and pray)
Group Nine
- Oral health is essential to the overall health of the Nation. (Oral health services are part of primary care.)
- To achieve optimum patient-centered oral health care* for all** we must redesign systems that empower the public, align incentives, improve health outcomes, and control costs. (Triple Aim) [*prevention; **total population & vulnerable populations]
- Empower the public to improve their oral health through the full engagement of a well defined, aligned, and educated workforce. (*clinical, public health, social service)

Group Ten
- Oral Health must be a routine part of comprehensive health care
- All community members have a role to play in achieving optimal oral health
- The financing system must encourage collaboration of health and healthcare professionals

Group Eleven
- Dental/Medical collaboration is the key for prevention across the lifespan; Prevention and disease management are key to improved outcomes and reduced costs
- To perfect this approach, will need to obtain ongoing feedback (metrics/data, etc.) from the public
- Integrated EHR is key to patient-centered interdisciplinary care

Group Twelve
- Healthcare professionals of all disciplines learning and working together are a powerful force to prevent dental disease for all
- It costs a lot less to prevent dental disease than to treat it
- Can you die from a toothache? A healthy mouth is everybody’s business

Group Thirteen
- The entire health care system must be dedicated to the health of the individual, including their oral health
- Education & training needs to include oral health for all healthcare professionals and those who also interact with the lives of patients
- Leadership – Alignment – Action!
APPENDIX III

Participants at the Alliance’s First Leadership Colloquium

Participants at the colloquium represented an impressive range of backgrounds, experiences, and professional roles. Coming together were pediatric dentists, general dentists, pharmacists, pediatricians, family practice physicians, interdisciplinary educators, directors of dental associations, policymakers, dental hygienists, dieticians, funders, lawyers, advocacy leaders for children and families and older adults, individuals with international experience, nurse practitioners, physician assistants, insurance providers, researchers, public health administrators, and many more. Together, they aimed to learn from each other, seek common ground, and envision shared solutions.

Blue = Founding Board Member – U.S. National Oral Health Alliance

Kelly S. Adams  
Senior Campaign Associate  
Pew Children’s Dental Campaign  
Pew Center on the States

Penny Anderson  
Executive Director  
Maryland Dental Action Coalition

Zamawa Arenas, MA  
Principal  
ARGUS

Yanina Babukh  
Project Coordinator, OHNEP  
NYU College of Nursing

Ellen Badley, MHA  
Deputy Director, Benefits and Quality Monitoring  
California Managed Risk Medical Insurance Board

RADM William Bailey, DDS, MPH  
Acting Director  
CDC Division of Oral Health

Asha Barber  
Sutton, PhD  
Interim Director of Government Affairs and Policy (Health)  
Voices for America’s Children

Sarah Bedard Holland  
Executive Director  
Virginia Oral Health Coalition

Robert L. Birdwell, DDS  
Dental Director  
Arizona Health Care Cost Containment System (AHCCCS)

Benjamin M. Bluml, RPh  
Vice President, Research  
American Pharmacists Association Foundation

Matthew Bond  
Grants and Programs Associate  
DentaQuest Foundation

Meg Booth, MPH  
Deputy Executive Director  
Children’s Dental Health Project

Marcia Brand, PhD  
Deputy Administrator  
Health Resources and Services Administration (HRSA)  
U.S. Dept. of Health and Human Services

Douglas M. Bush  
Executive Director  
Indiana Dental Association

Jane Casper, RDH, MA  
Immediate Past Chair  
Maryland Dental Action Coalition  
Maryland Department of Health and Mental Hygiene, Office of Oral Health

Jim Cecil, DMD, MPH  
Consultant  
Kentucky Youth Advocates

Stacey Chappell  
Manager of Governmental Affairs  
American Dental Hygienists’ Association (ADHA)

Courtney Chelo  
Oral Health Policy Coordinator  
Health Care For All

Karen Cody Carlson  
Executive Director  
Oral Health Colorado

Wayne W. Cottam, DMD, MS  
Vice President  
National Network for Oral Health Access (NNOHA)

Kim C. D’Abreu, MPH  
Associate Director, Center for Educational Policy and Research  
American Dental Education Association (ADEA)

A. Conan Davis, DMD, MPH, FACP  
Director, Community Collaborations  
Division Head, Behavioral and Population Sciences  
Associate Professor, Department of General Dental Sciences  
UAB School of Dentistry

Mark Deutchman, MD  
Professor, Dept. of Family Medicine  
University of Colorado at Denver

Mark Doherty, DMD, MPH, CCHP  
Executive Director  
DentaQuest Institute

Maria C. Dolce, PhD, RN, NEA-BC  
Clinical Assistant Professor of Nursing  
NYU College of Nursing

Tanya Dorf Brunner  
Executive Director  
Oral Health Kansas

Dawn Downes  
Program Officer  
REACH Healthcare Foundation

John W. Drumm, DMD  
Regional Director  
Academy of General Dentistry

Anita Duhl Glicken, MSW  
Associate Dean for Physician Assistant Studies Director, CHAP Program  
Professor and Section Head, Pediatrics  
University of Colorado School of Medicine

Catherine M. Dunham, EdD  
Executive Director  
Children’s Dental Health Project

Kevin B. Earle, MBA, MPH  
Executive Director  
Arizona Dental Association

Darci Eswein, MPH  
Special Assistant to the Office of the Administrator Health Resources and Services Administration (HRSA)  
U.S. Dept. of Health and Human Services
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caswell A. Evans, DDS, MPH</td>
<td>Associate Dean for Prevention and Public Health Sciences</td>
</tr>
<tr>
<td></td>
<td>University of Illinois at Chicago College of Dentistry</td>
</tr>
<tr>
<td>Christine M. Farrell, RDH, BSDH, MPA</td>
<td>Oral Health Program Director, Division of Family and Community Health Michigan Dept. of Community Health</td>
</tr>
<tr>
<td>Carmen M. Fields</td>
<td>National Programs Associate Director, DentaQuest Foundation</td>
</tr>
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<td>Patrick W. Finnerty</td>
<td>Senior Advisor, State Oral Health Programs, DentaQuest Foundation</td>
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<td>Ruth Fisher Pollard, MS, MBA</td>
<td>Executive Director, Advocacy and Community Affairs, Children's National Medical Center</td>
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<td>Mary E. Foley, MPH, RDH</td>
<td>Executive Director, Medicaid/SCHIP Dental Association (MSD)</td>
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<td>Executive Director, International and American Associations for Dental Research</td>
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<td>Executive Director, Florida Public Health Institute</td>
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<td>Wendy J. Frosh</td>
<td>Founder and Principal, Healthcare Management Strategies</td>
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<td>Ralph Fuccillo, MA</td>
<td>President, DentaQuest Foundation</td>
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<td>Fran Gallagher, MEd</td>
<td>Executive Director, New Jersey Chapter, American Academy of Pediatrics, NJ Pediatric Council on Research and Education</td>
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<tr>
<td>Tracy Garland, MUP</td>
<td>Advisor, U.S. National Oral Health Alliance</td>
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<td></td>
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<tr>
<td>Steven P. Geiermann, DDS</td>
<td>Advisor, U.S. National Oral Health Alliance</td>
</tr>
<tr>
<td></td>
<td>Senior Manager, Access, Community Oral Health Infrastructure and Capacity Council on Access, Prevention, and Interprofessional Relations (CAPIR), American Dental Association</td>
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<td>Deborah George, RN, DDS</td>
<td>Chief Medical Officer, Jessie Trice Community Health Center</td>
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<td>Paul Gilmer</td>
<td>Manager, Community Affairs, Triana Energy, LLC</td>
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<td>Harry Goodman, DMD, MPH</td>
<td>Director, Office of Oral Health, Maryland Department of Health and Mental Hygiene Association of State and Territorial Dental Directors (ASTDD)</td>
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<td>Margaret I. Gradie, PhD</td>
<td>Program Manager, Medical Care Development</td>
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<td>Past President, National Dental Association</td>
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<td>Gregg Reed</td>
<td>Oral Health Epidemiologist, North Dakota Department of Health</td>
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<td>Assistant Professor, University of Maryland School of Dentistry</td>
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<td>Donna Hallas, PhD, PNP-BC, CPNP, PMHS, FAANP</td>
<td>Clinical Associate Professor, NYU College of Nursing</td>
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<td>Mark Haraway</td>
<td>Vice President, Sales and Professional Relations, DentaQuest, LLC</td>
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<tr>
<td>Mimi Hartman-Cunningham, MA, RD, CDE</td>
<td>Program Manager, Diabetes Prevention and Control Program, Idaho Oral Health Program, Bureau of Community and Environmental Health</td>
</tr>
<tr>
<td>Catherine Hayes, DMD, Dr.Med.Sc.</td>
<td>Vice President, American Association of Public Health Dentistry (AAPHD)</td>
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<td>Director, West Virginia Department of Health and Human Resources</td>
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<td>Suzanne Heckenlaible</td>
<td>Executive Director, Delta Dental of Iowa Foundation</td>
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<td>Lawrence F. Hill, DDS, MPH</td>
<td>Executive Director, American Association for Community Dental Programs</td>
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<td>Nathan Ho</td>
<td>Program Director, U.S. National Oral Health Alliance</td>
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<td>Alice M. Horowitz, PhD</td>
<td>Research Associate Professor, Herschel S. Horowitz Center for Health Literacy, School of Public Health, University of Maryland, College Park</td>
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<td>Debono Hughes, DDS</td>
<td>Board Member, Deamonte Driver Dental Project</td>
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<td>Marianne Hughes</td>
<td>Executive Director, Interaction Institute for Social Change</td>
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<td>Evelyn F. Ireland, CAE</td>
<td>Executive Director, National Association of Dental Plans</td>
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<td>Executive Director, National Dental Association</td>
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<tr>
<td>Andrew G. Kaffes, MA</td>
<td>Legislative Advisor and Government Affairs Representative Hispanic Dental Association</td>
</tr>
<tr>
<td>Debora Kerr</td>
<td>Chief Operations Officer, Florida Public Health Institute</td>
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<tr>
<td>Karlene Ketola, MHSA</td>
<td>Executive Director, Michigan Oral Health Coalition</td>
</tr>
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<td>G. Joseph Kilsdonk, AuD, MS</td>
<td>Division Administrator, Division of Education, Marshfield Clinic</td>
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<tr>
<td>C. Eve J. Kimball, MD</td>
<td>Pediatrician and Chapter Oral Health Advocate, Pennsylvania Chapter, American Academy of Pediatrics</td>
</tr>
<tr>
<td>Roderick K. King, MD, MPH</td>
<td>Senior Faculty and Faculty, Disparities Solutions Center, Massachusetts General Hospital Department of Global Health and Social Medicine, Harvard Medical School</td>
</tr>
<tr>
<td>Dushanka V. Kleinman, DDS, MScD</td>
<td>Associate Dean for Research and Professor, University of Maryland School of Public Health</td>
</tr>
<tr>
<td>Howard Koh, MD, MPH</td>
<td>Assistant Secretary for Health, U.S. Dept. of Health and Human Services</td>
</tr>
<tr>
<td>Mary Ann Koziolowski</td>
<td>Senior Communications Specialist, DentaQuest Foundation</td>
</tr>
<tr>
<td>David M. Krol, MD, MPH, FAAP</td>
<td>Fellow, American Academy of Pediatrics</td>
</tr>
<tr>
<td>Janice Kupiec</td>
<td>Manager, Legislative and Regulatory Policy, Federal Affairs, American Dental Association</td>
</tr>
<tr>
<td>Elaine Kuttner</td>
<td>Facilitator, U.S. National Oral Health Alliance, Principal, Cambridge Concord Associates</td>
</tr>
<tr>
<td>Brenda Lavasta, MBA</td>
<td>Grants and Programs Associate, DentaQuest Foundation</td>
</tr>
</tbody>
</table>
Mary Leary
Program and Policy Analyst
Massachusetts League of Community Health Centers

Tiereny V. Lloyd, MPH
DC Metropolitan Oral Health Manager
National Children’s Oral Health Foundation

Cynthia B. Lord, MHS
Clinical Associate Professor and Physician Assistant Program Director
Quinnipiac University School of Health Sciences

Beth Lowe, BSDH, MPH
Board Chair
Maryland Dental Action Coalition

John Luther, DDS
Chief Dental Officer
UnitedHealthcare

William R. Maas, DDS, MPH, MS
Public Health Consultant
U.S. Centers for Disease Control and Prevention (retired)

Patricia Mahon
Facilitator, U.S. National Oral Health Alliance
Principal, Cambridge Concord Associates

Amy Martin, DrPH
Deputy Director and Research Assistant Professor
South Carolina Rural Health Research Center

Vincent C. Mayher, DMD, MAGD
General Practitioner
Haddonfield, New Jersey

Michael Monopoli, DMD, MPH, MS
Advisor, U.S. National Oral Health Alliance
Director of Policy and Programs, DentAlt Foundation

Richard Munger, PhD
Planner/Evaluator
Buncombe County Human Service Support Team

Muhammad Nawaz
Research Manager
California Managed Risk
Medical Insurance Board

Mark E. Nehring, DMD, MPH
Past Chief Dental Officer
Maternal and Child Health Bureau
Health Resources and Services Administration (HRSA)
U.S. Dept. of Health and Human Services

Clare Nolan, MPP
Vice President, San Francisco
Harder + Company Community Research

Laurie Norris, Esq.
Senior Policy Advisor and Coordinator
CMS Oral Health Initiative Centers for Medicare and Medicaid Services U.S. Dept. of Health and Human Services

Sara Oaklander, MPPM
Senior Associate
Interaction Institute for Social Change

M. Alec Parker, DMD
Advisor, U.S. National Oral Health Alliance
Executive Director, North Carolina Dental Society

Karen Pesce
Executive Director
More Health, Inc.

Andrea Plummer, MSW
Senior Policy Analyst
Kentucky Youth Advocates

Steven J. Pollock
Chief Operating Officer
DentaQuest, LLC

Francisco Ramos-Gomez, DDS, MS, MPH
Professor
Section of Pediatric Dentistry UCLA
School of Dentistry

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Senior Vice President
Solomon & McCown

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Trustee
American Dental Association

Dionne J. Richardson, DDS, MPH
State Dental Director
Mississippi State Department of Health
Office of Oral Health

Dianne Riter, MPH, CHES
Program Manager
Washington Dental Service Foundation

Lindsey A. Robinson, DDS
President-Elect
California Dental Association

Rochelle L. Rollins, PhD, MPH
Director of the Division of Policy and Data
Office of Minority Health U.S. Dept. of Health and Human Services

Jason M. Roush, DDS
State Dental Director
West Virginia Department of Health and Human Resources, Oral Health Program

John Samuelian
Writer
Solomon & McCown

Sally Schoessler, MEd, BSN, RN
Nursing Education Director
National Association of School Nurses (NASN)

Eli Schwarz KOD, DDS, MPH, PhD, FHKAM, FCD-SHK, FACD, FRACDS
Professor and Chair, Department of Community Dentistry Oregon Health and Science University
Oregon Oral Health Coalition

Hugh Silk, MD, MPH, FAAFP
Clinical Associate Professor
Univ. of Massachusetts Medical School

Jan Silverman, MS, MSW, LCSW
Assistant Director, Health Policy Center
American Academy of Pediatric Dentistry

Brian Souza
Managing Director
DentaQuest Foundation

Sheila A. Strock, DMD, MPH
Senior Manager, Interprofessional Relations
Council on Access, Prevention, and Interprofessional Relations (CAPIR), American Dental Association

Marylou Sudders, ACSW
President and Chief Executive Officer
Massachusetts Society for the Prevention of Cruelty to Children (MSFCPC)

Dr. Anupama Tate
Director, Oral Health Advocacy
Children’s National Medical Center

Betty J. Thomas, MBA
Project Director
Deamonte Driver Dental Project

Wm. Roy Thompson, DDS
Council on Access, Prevention, and Interprofessional Relations (CAPIR)
American Dental Association

Beth Truett
President and CEO
Oral Health America

Christine Veschesiu
Director of the Division of Oral Health,
South Carolina Department of Health and Environmental Control
South Carolina Rural Health Research Center at the University of South Carolina

Pamella Vodicka, MS, RD
CDR, US Public Health Service
Maternal and Child Health Bureau
Health Resources and Services Administration (HRSA) U.S. Dept. of Health and Human Services

Lindsay Watson, PharmD, RPh
Project Management Specialist
American Pharmacists Association Foundation

Kimberlie J. Yineman, RDH, BA
Director, Oral Health Program
North Dakota Department of Health
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American Academy of Pediatrics

William R. Maas, DDS, MPH  
Centers for Disease Control and Prevention (retired)

Vincent C. Mayher, DMD, MAGD  
General Practitioner

W. Ken Rich, DMD  
American Dental Association

Lindsey A. Robinson, DDS  
California Dental Association

Cesar R. Sabates, DDS  
Florida Dental Association

Advisors

Tracy Garland, MUP  
National Interprofessional Initiative on Oral Health

Steven P. Geiermann, DDS  
Council on Access, Prevention, and Interprofessional Relations, American Dental Association

Shelly Gehshan, MPP  
Pew Children’s Dental Campaign  
The Pew Charitable Trusts

RADM Christopher G. Halliday, DDS, MPH  
Office of the Surgeon General  
U.S. Department of Health and Human Services

Lewis N. Lampiris, DDS, MPH  
Council on Access, Prevention, and Interprofessional Relations, American Dental Association

Michael Monopoli, DMD, MPH, MS  
DentaQuest Foundation

M. Alec Parker, DMD  
North Carolina Dental Society