SUMMARY OF THE SECOND LEADERSHIP COLLOQUIUM

PREVENTION AND PUBLIC HEALTH INFRASTRUCTURE

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As part of the evaluation of the Second 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

The U.S. National Oral Health Alliance (“the Alliance”) convened more than 140 participants representing a wide range of health-related disciplines at the Second Leadership Colloquium on March 13–14, 2012. Over the course of two days, the participants examined the role for prevention and public health infrastructure in strengthening the national commitment to optimal oral health for all.

The colloquium framework combined small-group and whole-group discussions to address critical questions concerning prevention and public health infrastructure, and included presentations by contributors who shared their specific health experience and expertise with the colloquium participants to enrich the roundtable discussions. This Summary provides an overview of key areas of focus, shared ideas, and a range of next steps envisioned by the participants who gathered together from across the country.

Prevention and Public Health Infrastructure

Unifying Messages Emerging from the Second Leadership Colloquium

In working together, the participants at the Second Leadership Colloquium examined how to advance dental and oral disease prevention in public health efforts. In seeking and forging areas of common ground, they encouraged new public-private partnerships to strengthen oral health in the U.S. At the same time, they underscored the value of highly effective public awareness efforts to communicate the tools needed by individuals and communities to prevent disease and remain healthy. Through the discussions that were built on openness and trust, a range of unifying messages began to take shape.

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
• Create an Expectation for Wellness and Health. Supported by policies and effective leadership, promote wellness and prevention at the community, state, and national levels. Combine highly focused promotion about health and wellness with health education, using partners in change such as schools, community health initiatives, and broad media coverage, in order to support growing consumer awareness of and commitment to prevention and oral health improvement for all.

• Assure a System that is Equitable and Just. Develop health incentives by integrating oral health and overall health into places where people live, work, play, learn, and worship, and by establishing health equity as the norm. Build a “collective will” across this country to advance prevention by deploying policy to support and motivate prevention. Fund prevention as an evidence-based priority that rewards good oral health outcomes and sets expectations for cross-disciplinary responsibility for oral disease prevention.

• Engage the Public and Increase Awareness about Oral Health. Agree upon unifying messages about oral health and prevention, which are delivered in a clear, concise, culturally appropriate manner; evaluated for effectiveness; and based upon scientifically validated principles. Deliver these messages to the public and work to ensure they are upheld by effective leadership at all levels. Provide guidance about oral health over a person’s lifespan, while promoting health, reducing disease disparities, and embracing a culture of inclusivity.

• Implement a Financing Strategy to Support Prevention. Develop a financing strategy that incentivizes prevention, while recognizing that change takes time. Support this strategy with appropriate performance measures, culturally appropriate education, and societal values. Align finance systems with the culture of prevention, which is strengthened by clear messages that communicate health literacy and prevention successes. Implement innovative payment systems that allow for multiple access points (“no wrong door”).

A full list of high-level messages from the participant discussions is provided in Appendix II on page 27.
Taking the Shared Commitments from this Colloquium to the Rest of the Country

The colloquium participants engaged in a facilitated discussion addressing the final question about how best to take the shared commitment and unifying messages developed at the colloquium around prevention and public health infrastructure to the rest of the country. The participants shared a range of commitments, including:

- **Build on places of common ground** created by the participants and others who value mutual respect, trust, admiration, and sharing of viewpoints where these values for civil interaction have been lacking.

- **Strengthen the culture and community** by expanding the shared commitment to influence change and support for prevention and public health infrastructure.

- **Engage the public to make change happen** through community initiatives, communication about prevention, and other outreach approaches that draw nationwide attention to prevention and oral health and help individuals understand their essential roles.

- **Learn from those who have gone before** to understand how effective leadership continues to be essential in building momentum for optimal oral health in the United States.

- **Develop shared stewardship** (private and public financing and in-kind support) for the work of the Alliance by engaging a diverse network and ever-widening range of colloquium participants and oral health partners.
UPCOMING LEADERSHIP COLLOQUIUM

Third Leadership Colloquium
June 6–7, 2012, San Francisco, CA
Priority Area: Oral Health Literacy as a Pathway to Health Equity

for more information visit USAllianceForOralHealth.org
OPENING REMARKS

Growing a Sustainable Alliance to Assure Optimal Oral Health for All

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

The U.S. National Oral Health Alliance was formed one year ago to continue to draw participants together to address the question: What are we going to do in the short and long term, both individually and collectively, to assure optimal oral health through prevention and treatment for underserved people?

The Founding Board of Directors created the Alliance to provide 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 the United States.

In welcoming participants to the Second Leadership Colloquium focusing on Prevention and Public Health Infrastructure, Ralph Fuccillo acknowledged the diligence of the Founding Board of Directors of the Alliance, together with the expanding network of Alliance friends and partners, in building commitment and energy behind the six Alliance priority areas:

- Prevention and public health infrastructure (Focus of the Second Leadership Colloquium)
- Oral health literacy (Focus of the upcoming Third Leadership Colloquium)
- Medical and dental collaboration (Focus of the First Leadership Colloquium)
- Metrics for improving oral health
- Financing models
- Strengthening the dental care delivery system

The published summaries and unifying messages of the leadership colloquia convened by the U.S. National Oral Health Alliance will be offered as a foundation for developing a national oral health plan.
You have created an opportunity for discourse on public health as you put aside silos to imagine a comprehensive and truly public health agenda. Each of you participates from your own unique perspective.
Prevention and Public Health – Setting the Context

Opening Address

Arthur F. Kohrman, MD
Acting Director,
Illinois Department of Public Health
Professor Emeritus,
Pediatrics and Preventive Medicine
Feinberg School of Medicine,
Northwestern University

Selections from Dr. Kohrman’s remarks to the colloquium participants...

“You have created an opportunity for discourse on public health as you put aside silos to imagine a comprehensive and truly public health agenda. You have the chance to see yourselves as important actors coming together from different sectors. Each of you participates from your own unique perspective. Yet your goals are not diverse as you aim to create a coherent program and strategies to pursue that program.

You are focused on prevention and sustained health of all kinds. This is complex. Most public health programs arose in response to threats, primarily man-made threats such as tobacco. They created a series of public silos that compete for funds.

Today those public silos are diminishing. You look to commit to a set of goals, envision the infrastructure to sustain that process, put in place agreed-upon measures of success, and test against the goals of larger enterprises toward true prevention. On behalf of those you treat and help as individuals, and acknowledging your work as involved people of our society, I wish you a productive and enjoyable colloquium.”

On behalf of the Alliance, Ralph Fuccillo expressed appreciation to Dr. Kohrman for opening the colloquium, and for his continuing, invaluable contributions to protect the health of the nation through prevention and public health.
The participants came to the colloquium from across the country to have an impact on oral health for all. Elaine Kuttner introduced an approach focused on the Alliance Mission, Values, and Core Principles that would be honored throughout the colloquium. Everyone gathered together at the colloquium would work together toward finding common ground.

**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
Shared Thoughts on the Growing Momentum of the Alliance

The three Alliance Board Officers, each a Founding Board Member, shared their reflections on their commitment to the Mission, Values, and Core Principles of the Alliance.

Vincent C. Mayher, DMD, MAGD
General Practitioner, Haddonfield, New Jersey
Past President of the Academy of General Dentistry

Together We Share a Mission

“The more we can work together as a team for improving access to oral health, the more we can accomplish. At the end of the 2009 Access to Dental Care Summit, convened by the American Dental Association, our charge was to continue to build momentum. We developed the Alliance for dedicated people to work together in areas of common ground. Then the colloquium was conceived. We agreed on the need for a strong well-funded public infrastructure. We are here today to focus on envisioning real solutions, as we identify areas of common ground. Together, we share a mission to improve oral health through prevention and treatment for vulnerable populations in our country.”

Douglas M. Bush
Executive Director, Indiana Dental Association

Fundamental Core Values

“As people in the real world, we can work in ways that build on common ground by embracing shared values. For the Alliance, our core values are absolutely fundamental to who we are. They enable us to come together in the same room, with a great diversity of opinions and philosophies, and come out with a productive meeting. Perhaps the greatest contribution that the Alliance can offer the public and the profession is to build on these shared values to effect change.

Let’s face it. It’s easy to respect people who agree with you. In comparison, the ability to respect the people whose opinions you may think are not as correct as yours may be a little bit tricky. But whenever you are able to accomplish that, that’s when the comprehensive approaches occur. That’s when the creativity and innovation flows freely. Even though we may not agree, we respect each other’s point of view and listen. It really takes an effort sometimes to listen objectively and to respect and value what you are hearing from the person you disagree with. From that free flow of information, from that respect, comes exciting things. We have found our areas of common ground. Throughout the work of the Alliance, we take time to listen to and respect the points of view of each other. In embracing our values, we can do great things together as we develop forward-looking solutions.”

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

Embracing a Set of Guiding Principles

“In our professional lives, we all have occasions to be part of what I consider a cherished gem. The Alliance is a gem I hold personally close, and I want it to grow and grow. In bringing together a diverse set of individuals to address problems, we have developed a platform to seek common ground. A group of otherwise independent people exceeds in quality what can be accomplished by individuals alone. Let me share a few guiding principles we embrace in the Alliance:

• Trust-building. It took time to understand areas of common ground where we can work together and to acknowledge some areas where we cannot.

• Diverse and effective partnerships. In bringing together a diverse set of health professionals to focus on oral health, we build on the strengths of our backgrounds.

• Shared leadership without specific ownership. No one individual or organization owns this platform, yet we own it together. Everyone comes with some so-called baggage that we agree to leave at the door. To make progress, we make sure that our shared baggage is our common ground.”
What We Bring to this Platform (Discussion #1)

Discussion Questions
Why did you choose to come to the colloquium? What excites you about this colloquium? How might the Alliance platform contribute to the success of your own work in prevention and public health? What do you bring to this effort that will help move it forward?

Colloquium participants shared at their roundtables personal experiences about their own work in the oral health field, what drew them to the colloquium, and what they hoped to learn from and contribute to the colloquium and the Alliance more broadly. Representatives from each small-group discussion conveyed to the greater group the following shared ambitions for the colloquium.

• Engage in frank and open dialogue.
The ability to place issues on the table, remain open to dialogue, and feel comfortable to disagree was essential for taking steps together. Participants committed to respectfully bring forward those ideas that may keep people apart: to discuss them, ask questions, acknowledge differences, and move ahead to identify and work in areas of common ground.

• Build linkages that bridge gaps.
The participants represented a wide and diverse range of backgrounds and organizations: public and private, and community, state, regional, and national. Throughout the colloquium, they discussed how best to build linkages, bridge gaps, stay connected, and move forward collectively. A commitment was shared to continue to build on these linkages and take the unifying messages and shared experiences from the colloquium to the state level, to the federal level, across organizations, and to other meetings.

• Bring passion to work together.
“We have all grown up and we want to work together” resonated as a shared theme. Collectively, the participants respected the range of experience and the wide diversity of backgrounds of the colloquium participants. The many focus areas of work represented at the colloquium would contribute to the ability of all participants to work together with a shared passion for the oral health of all people.

• Set ambitious goals and take action.
Participants brought to the colloquium their expectations for agreeing on shared objectives, setting goals, and identifying steps to move forward to take action. Consideration was given to the ambitious nature of the shared objectives. Yet the ability to learn from each other and take the shared knowledge back home to their key stakeholders would help them support bold actions and continue to build momentum in the months ahead.

• Combine resources to effect change.
Consensus began to grow that much more “collective impact” would be possible by building
initiatives together to achieve shared objectives – across organizations, disciplines, regions, and beyond. By combining resources and connections, the impact of the Alliance could be far greater than any one individual or organization can achieve alone.

Building on their “shared expectations,” colloquium participants moved ahead to work together over the next day and a half to explore areas of common ground in examining Prevention and Public Health Infrastructure.

Recognizing the Need
(Discussion #2)

Discussion Questions
Think back to a point in your life, to an event or a situation that you experienced, observed, or heard about, that significantly heightened your awareness that the world is not always fair, and the systems we have in place to keep people healthy and to care for them when they are not healthy, do not work for everyone. Individuals, families, and communities sometimes fall through the cracks.

Then briefly explain how the story may have been different if a culture of prevention and public health were the norm in this country. What particular dynamic or characteristic of a “culture of prevention” would have influenced that different outcome? Identify and discuss common themes and their implications for the work of this colloquium and the Alliance.

The experiences shared by the participants at their tables were personal in their detail and in many cases eye-opening, yet grounded in shared concerns about the need for improved oral health for vulnerable populations. Colloquium participants asked questions like these: How can we encourage people to expect and value oral health care? What must change to help people access health care on a continuing basis?

Selected observations from the participants are grouped by discussion themes, including the lack of access to oral health care for many people in the United States, intervening circumstances that may or may not influence access, and what prevention and access to oral health care can look like when it works well.

Lack of hope, confidence, and solutions
• Many disenfranchised people have no hope that they can access oral health. Often they have difficulty believing in their own abilities to obtain oral health care for themselves and their families.

• No strong, national health prevention program exists in this country. Disparities in the United States sometimes reflect those in underdeveloped countries – leading a colloquium participant to ask: “How can this be the case in this country?”

• Fear of dental providers is passed on from generation to generation.

• The cost of health care sets up a significant obstacle for access. Poverty, lack of housing, and lack of oral health care are tied together. Individuals and families have little comfort in relying on a safety net for oral health care, and instead go to the hospital emergency room to relieve pain or extract teeth.
Intervening circumstances

- Successful examples do exist where access has been provided to people who had no oral health care in the past. Yet at other times, circumstances may intervene that undo past efforts. The policies of protection for one group of people can create a vacuum that results in no care for others.

- Some insurance pays for preschool children to obtain dental care in operating rooms, which does not align with prevention efforts that could help avoid the situation in the first place.

- Society tends to look at short-term goals, but needs to focus on long-term goals instead. For example, Missions of Mercy (MOM) free clinics bring health professionals together and increase awareness about the need for emergency dental access in this country. Yet these extraordinary efforts are not a substitute for a nationwide system of care to address the unmet oral health needs of many.

What progress in prevention looks like

- Growing expectations for oral health cut across all socioeconomic levels. Oral health education is valued by all – and people want to help themselves. Empower people with “teaching and knowledge tools.” Develop and embrace health literacy.

- Oral health is incorporated into educational and assistance programs for pregnant women and their babies. Early education and training for families about oral health care supports prevention. Schools have an important role to play in prevention.

- The need to develop a culture of prevention drives expectations and outcomes. By building access to primary prevention for oral health, society can reduce the acute need for dental care. Prevention and justice go hand-in-hand – and together they can help establish trust.

- Getting “buy in” by all stakeholders to change the current health care delivery systems is critical. Medical-dental partnerships – collaboration across oral health and medical care teams – help drive such change.

- New adequate financing systems must support preventive care. Likewise, cultural systems must support the systemic values driving prevention and oral health.

The Need for Significant Work to Fix the Systems

As the colloquium progressed, a range of messages began to emerge concerning the significant work and progress needed to “fix the system,” in order to ensure strong support for prevention and a public health infrastructure for oral health. The group-wide conversation that followed was systemic in nature as represented in the following shared ideas of discussion.

Signs point to completely broken oral health systems…that need to be fixed

- Emergency room visits have increased for oral health.

- Medicare does not include oral health benefits.

- Reimbursement systems allow for a patient to see a physician, while little to no reimbursement is available for a patient to see a dentist.

- Few collaborative approaches link medical and dental health.

Old systems and safety nets are letting people down…and must be replaced

- Systems that range from food stamps, health insurance, and health education (a system put in place in the 1950s) are letting down people in this country.

- Individuals and families are not comfortable using “safety net services,” nor are they informed about the benefits that they are eligible for and should be able to access.
A broader model for training is needed …including a community-wide focus

- Think back on the movements for civil rights and women’s rights in considering what can be learned and applied to the rights for accessing adequate and appropriate health care, and for developing systems to facilitate that access.

- A broader training model is needed to focus on patients of all kinds, and to build a community-wide focus on those individuals with the greatest needs, yet who rarely access health care.

- The medical care culture is based on a quality-focused understanding that all must be treated. That includes emergency room training to handle many different kinds of problems as they present themselves. The oral health community is building that same shared commitment to “no one left behind.”

Reflections on the First-Day Discussions
Ralph Fucciillo

“I am struck by how we have come together at this colloquium from our own individual places. The concept of “collective impact” involves how much people can accomplish together as compared with the difficulties experienced in moving forward by ourselves to effect change. We achieve more by thinking together rather than separately. As we work together, we identify and create opportunities that are mutually reinforcing.

…When we share a thought, we have an opportunity to challenge each other to engage in discourse, rather than scare one another. Change is not easy, nor is it desired by everyone. In reality, once people get into a comfortable place, they like the world the way it is. We cannot go back in time. Too many things are moving and changing around us. We came here because we are interested in public health...and perhaps because someone told us they liked the first colloquium.

…Ben Franklin said, ‘An ounce of prevention is worth a pound of cure.’ In thinking about prevention, while that concept sounds right, all may not agree. For example, not everyone is convinced that prevention saves money or that we can make money on prevention. We may have to revisit those experiences and reimagine the culture of prevention. If as a nation we had a culture of prevention, what would that look like? If we are taking on individual and shared roles to build and strengthen that culture, what do we see as the desired future we can build together?”

SENDING FORTH CURRENTS OF HOPE

“Let no one be discouraged by the belief that there is nothing one man or one woman can do against the enormous array of the world’s ills – against misery and ignorance, injustice and violence... Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”
– Robert F. Kennedy

“Great social forces are the mere accumulation of individual actions. Let the future say of our generation that we sent forth mighty currents of hope, and that we worked together to heal the world.”
– Jeffrey Sachs, The End of Poverty

Envisioning the Desired Future (Discussion #3)

Discussion Questions
What would a culture of prevention and public health, including oral health, look like in this country? What is the vision? What will come from this colloquium to feed into a larger national public health strategy for oral health?

What needs to happen to achieve that vision at this moment in time to drive it forward and bring it to life? If we have a set of priorities in this country to drive that vision for prevention over the next several years, what does that vision look like?

Colloquium participants shared their vision for a culture of prevention. They articulated the future for a “true culture of prevention” for health — not oral health alone — in the United States. A range of the ideas shared by the participants are grouped by theme.

Characteristics of a “Culture of Prevention”
Shared expectations for a lifespan of health and well-being
• Build a shared, universal understanding about the intrinsic value of health across the entire population and throughout each person’s lifespan.

• Engage people in conversations about expectations for oral health in the context of health and wellness, which represents the true objective.

• Work with societal leaders to develop initiatives that strengthen healthy choices for all people across the nation.

• Educate individuals in all sectors to recognize oral health and overall health as both a right and a shared responsibility for all.

• Support consumer-driven initiatives toward “health empowerment.” (“You don’t know what you need until it is possible.”)

Commitment, leadership, and champions for prevention and public health
• Commit to prevention in public health, which is universally understood, available, and utilized.

• Create a national preventive program, which is easily navigable and focused on early prevention.

• Focus prevention incentives on individuals while simultaneously embracing a community-based approach.

• Demand accountable leadership with multi-sector champions to “carry the ball” for a sustainable model of prevention.

Unifying culture and messaging about health
• Emphasize a culture of collaboration with unified messages among nontraditional partners who value prevention while empowering caregivers.

• Create one public, simple perception and message about universal prevention such as: “Health is Happiness.”

• Envision a preventive culture that is holistic, engaging, and relevant.

• Be consistent with health messaging that empowers everyone to have hope that they can be healthy.

Access to the needed knowledge, skills, resources, and services
• Provide opportunities for everyone to have the information and services needed to support good health across their lifespan, balancing prevention and treatment.

• Ensure ready access to the knowledge, attitudes, skills, and resources necessary to maintain health
and access to all aspects of community life that contribute to well-being.

- Share knowledge and understanding that health is important across the lifespan with “safety nets” readily accessible at each step of the way.

- Develop community-appropriate prevention messages that are reflective of individuals’ cultures, desires, and lifestyles.

- Build expectations for prevention as the “norm,” which is evidenced by deep support for, emphasis on, and education about prevention.

- Educate and empower individuals to expect, demand, and engage in vocal support for prevention and health promotion.

- Use payment systems to incentivize individuals and companies toward good oral health.

Simple but powerful, these ideas represent a shared perspective about what the future might look like – and how people working together can envision and build a culture of prevention.

**Bringing the Desired Future to Life (Discussion #4)**

Building on the earlier discussions, the participants worked in small groups to consider what a culture of prevention and public health, including oral health, would look like. They were asked to think about the cultural characteristics that underpin their own work – particularly those characteristics of culture that best enable them to accomplish their goals. If such a culture were the norm, how would it manifest itself in this country, and among individuals, organizations, and communities?

The participants were asked to examine what vision and actions are needed to bring that culture to life, throughout this country, over the coming years. Each group of participants came to agreement on three high-level messages, which are provided in Appendix II (see page 27). The participants discussed the themes and a set of unifying messages emerged from the discussion.

**Create an Expectation for Wellness and Health**

Supported by policies and effective leadership, promote wellness and prevention at the community, state, and national levels. Combine highly focused promotion about health and wellness with health education, using such change agents as schools, community health initiatives, and broad media coverage to support a growing consumer movement for oral health improvement. Deliver oral health information when, where, and how it is needed. Engage the business community in advocacy for a healthy workforce. Undertake effective public education

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"I am struck by how we have come together at this colloquium from our own individual places. We achieve more by thinking together rather than separately. As we work together, we identify and create opportunities that are mutually reinforcing."
and work to ensure they are upheld by effective leadership at all levels. Provide guidance about oral health over a person’s lifespan, while promoting health, reducing disease disparities, and embracing a culture of inclusivity.

**Implement a Financing Strategy to Support Prevention**

Develop a financing strategy that incentivizes prevention while recognizing that change takes time. Support this strategy with appropriate performance measures, culturally appropriate education, and societal values. Align finance systems with the culture of prevention, which is strengthened by clear messages that communicate health literacy and prevention successes. Implement innovative payment systems that allow for multiple access points (“no wrong door”). Develop a socioecologic framework that includes systems change, incentives, inclusion, and individual and civic engagement that balances risk and protective factors.

**Assure a System that is Equitable and Just**

Develop health incentives by integrating oral health and overall health into places where people live, work, play, learn, and worship. Establish social equity as the norm. Build a national “collective will” for prevention by deploying policy and funding to support and motivate prevention across the country. Fund prevention as an evidence-based priority that rewards good oral health outcomes and that sets expectations for cross-disciplinary responsibility for oral disease prevention.

**Engage the Public and Increase Awareness about Oral Health**

Agree upon unifying messages about oral health and prevention, which are delivered in a clear, concise, and culturally appropriate manner; evaluated for effectiveness; and based upon scientifically validated principles. Deliver these messages to the public campaigns. Elevate the importance of nutrition to overall health and well-being, supported by consistent local and national messages about prevention, and an interdisciplinary approach to health.
Perspectives on Prevention and Public Health Infrastructure

By Invited Contributors

The focus of the colloquium was on what the participants discussed at their tables. Their conversations were framed by individual contributors who shared ideas and perspectives based on their own experiences in prevention and public health infrastructure. The contributors included: Terry Dickinson, Dushanka Kleinman, William Bailey, Donald Marianos, Daniel Davidson, Lawrence Hill, Frank Robinson, and Caswell Evans. Brief excerpts of their contributions follow.

Speaking for Those Without a Voice
Terry Dickinson, DDS
Executive Director
Virginia Dental Association
Founder, Missions of Mercy Project

“I was asked to talk about transformation, including the transformation in my own life. I had a very successful practice in Houston for 30 years. Then something told me that I needed to do something different with my life…I started the Missions of Mercy Project in July 2000, treating 1,500 to 1,600 patients over 2.5 days in tents and under overhangs, no buildings or air conditioning.

July 14, 2000, at the end of the day, I was the last to leave the airplane hangar where we had set up. An old Chevrolet pulled up next to me with a woman and a little girl with her. The woman asked, ‘Is this the dental clinic?’ I started to say, ‘We’re closed for the day, but if you could just be here early in the morning...’ The mother had a sad look on her face: ‘I have driven three hours to get here...and I have three hours to get home. But I don’t have money for the gas to drive back again.’ $20 for gas at $1.50 per gallon in 2000 kept her from getting dental care for her family. Right then, I said to myself, ‘That is unacceptable.’ And I made it my mission to try to do everything I could to make sure that didn’t happen again.

Missions of Mercy has allowed me to get in touch with folks who have really struggled to access dental care. If you look at them in line, it’s like there’s an element of hope that is missing in their faces and in how they look. They come in with swelling and bleeding, and they live with a pain that few of us could tolerate. It has become part of their lives; it is what they do.

Viktor Frankl, in his seminal book, Man’s Search for Meaning, said ‘When we are no longer able to change a situation, we are challenged to change ourselves.’ I suspect that is where we find ourselves today. Are you willing to rethink this issue so we can all be successful? What do we do with the short time we have with each other today and tomorrow? How can we think differently than what we have done in the past? If you think things will be the same tomorrow as they were yesterday or last year, I have some bad news for you: It won’t be the same; it never will be the same. The clock never will rewind back to zero again.

We must look at how we work with each other in a different way to collaborate our way to the creation of a sustainable oral health future. We must stop cutting each other down. We must stop talking past each other. We must learn to work across all levels of this issue. We must learn a new way of speaking, a new language. How can each of us contribute to that solution? Working together, we are all part of the solution. How can we honor each other’s contributions? How can we think in a more systemic manner? We must help each other as we walk this path together. Since I started the Missions of Mercy Project in 2000, we have provided 45,000 patients with $20.5 million of free dental care.

As much as I love what I do, I hate to have to do it. It’s just not the answer; it’s not the solution; and it’s not right that we have to provide care in this manner. I am here to speak for those without a voice, for those who often go unheard, for those who suffer, those who often have no hope. So many have lost their future.”
Learning From a Public Health Mindset
Dushanka V. Kleinman, DDS, MScD
Associate Dean for Research and Professor
University of Maryland, School of Public Health

“...The World Health Organization’s definition of health has stood the test of time: ‘Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.’ Health is the ability to function...to speak, smile, eat, and be free from pain.

We have learned about health through the door of disease: disease management, policies, and the healthcare delivery system. But it has been a slow learning process. We have taken time to look at the causes of disease. Behavior and genetics play a major role, while social factors also contribute.

In rethinking prevention, we need to look at society. Look at health literacy and oral health literacy...at quality, accessibility, and racism...at primary prevention. Examine public health in its traditional form. Hear from experienced people in all levels. From a public health mindset, the community is the patient. We have learned through this mindset about core functions: enacting policy, developing treatment, and building assurance.

...In 2002, an Institute of Medicine report asked: ‘Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century.’ That report concluded that Americans have the capacity to be healthy. Yet it takes intersectoral partnerships. This opened up a new spectrum to focus on health more than disease. Create and deliver meaningful oral health information, and integrate that information into programs for children, community health centers, and medical offices.”

Targeting Progress at State and National Levels
RADM William Bailey, DDS, MPH
Acting Director, Division of Oral Health
Centers for Disease Control and Prevention

“...We heard a lot yesterday about getting out of our silos, which is truly important. Yet some silos are prescribed and cannot be discarded. Because of that, it is also important to work across silos to identify common ground. Perhaps at the state and local levels, but never at a truly national level have we been able to speak with one voice and seek common ground as we can through the Alliance. This is so needed.

This is an outstanding time for oral health. Something is happening at the national level, which builds on the idea of common ground. The National Oral Health Plan holds so much promise, if we can agree on what needs to get done and I am optimistic. The Oral Health Coordinating Committee is meeting with 30 groups, including advocacy and philanthropic groups, to look for intersections of the federal government and the private sector to move forward with the partnership described in the Institute of Medicine reports on oral health. A new Oral Health Strategy in all 50 states intends to increase access for Medicaid and children. That initiative has helped identify dental services ‘homes’ for children, increase care to vulnerable populations, and advance oral health in America.”
Strengthening the Public Health Infrastructure
Donald Marianos, DDS, MPH
Former Director, Division of Oral Health
Centers for Disease Control and Prevention

“...Infrastructure comprises the physical operation of a society, corporation, or collection of people. Here today, we have a diversified group of people trying to address situations that are complex almost beyond comprehension. To develop infrastructure, we can put diverse perspectives together in a systemic way building on strengths. Many public health components are represented at this colloquium: federal, state, local, private, public, philanthropic, corporate, religious, and more. In thinking about infrastructure, I see a web with many strands that cross, overlap, integrate, and come together as an organized structure. Years ago, I would not have envisioned crossing paths at a colloquium with so many people involved with dental and oral health. Yet I see many people with whom I have crossed paths for 30 years. We all share in the complexities of diseases that are beyond our capacity to solve alone. We can broaden our web by identifying which existing strands cross and intersect. Moreover, as one strand breaks, we can combine resources to strengthen the infrastructure without that thread. Today, we have significant funding in states with strong leadership. Comprehensive plans are much stronger in states that maintained diverse funding to better meet the needs of populations – through better planning, evaluation, and strong leadership. Lessons are there for all of us.”

Building a Public Presence
Daniel G. Davidson, DMD
President, California Dental Association

“The prominence of California is a paradox of sorts. Representing the ninth largest economy in the world and home to Silicon Valley, California also has burdensome pension issues, multimillion-dollar budget deficits, and a struggling state legislation. In this environment, the state funded as much as it could. Yet in 2009, it ended the adult Medicaid dental care program, as well as the Children’s Dental Disease Prevention Program, which had served approximately 307,000 children in
about 1,100 schools. Moving forward, the California Dental Association (CDA) has achieved what is unprecedented. Initially, private practitioners and public health dentists came together around a table at a local level. A resolution was advanced at the 2008 House of Delegates of the CDA to study ‘barriers to care.’ Having always had input from public health dentists, the ability to collaborate with private practice dentists was key for advancing this program. Over three years, we produced a comprehensive report that acknowledges that no one approach will solve the problem on its own. The report contains a pragmatic three-phase program to reduce barriers to the underserved, while taking into account the difficult financial problems to be addressed. The first phase is to establish oral health leadership. Our objective is to assist the state in hiring a dental director responsible for developing funding, providing coordination, and promoting effective programs. We need a visible presence in state government to build partnerships.”

**Focusing on the Needs of the Children**

Lawrence F. Hill, DDS, MPH  
*Executive Director*  
*American Association for Community Dental Programs*

“…Pieces of infrastructure of different shapes and sizes can come together to make change possible. In Cincinnati, we have provided dental sealants for 27 years in the schools. We came to realize that in our schools, oral health, mental health, vision, school nursing, and other programs for students were working independently. Teachers found it difficult to compete with other providers in maintaining teaching time for the children. Together, the various providers of health support to the students developed a plan to focus on what is vital to the success of the children. As providers of many kinds, we had to respect the school teachers’ work. We identified a ‘master facilitator’ role to focus on the needs of the children. All ‘other baggage’ was left at the door. Instead, we asked: How can we develop a model to stay focused on what is best for the kids? We provided funding for a master facilitator, put a shared plan in place, and developed a strong camaraderie among all involved. Today, greater than 90 percent of the children in need of treatment receive care every year. We also collaborate with the providers of care in the schools. We are working together to address the primary needs of the children.”

**A Journey Involving Collaboration**

Frank Robinson, PhD  
*Executive Director*  
*Partners for a Healthier Community*

“People support what they help create. At Partners for a Healthier Community (in Springfield, Massachusetts), we bring community members together to center their work around the needs of children in young families, all the time, every day. No single organization can on its own design a system of care. For example, we teamed up with the Public Policy Institute to deliver a six-month Child Health Policy Training Program in the Western Massachusetts region in 2005. Over 150 citizen health advocates learned how to promote positive policy change to benefit children’s oral health and to expand health care to underserved populations. Our journey involves collaboration, combined power, and people standing up to change policy. Together we changed the delivery system for dental care by creating an alternative delivery system in pre-school settings. Tufts medical staff, embedded in four school sites, examine the teeth of 5,000–6,000 children in 22 elementary schools. In that way, access to oral health is embed-
ded in existing systems that people trust and go to every day. Massachusetts Health pays for the service, which sustains the work. We designed a system of care to address the needs of children who are at most risk of neglect. This is a model that works: systems designed to make people stay healthy.”

**Partnering Through Education**

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

“Recognizing that the dental system doesn’t support a lot of change, we need dentists who think differently than in the past. When I arrived at the College of Dentistry eight years ago, the curriculum represented the best in the country, yet change was needed to address future needs. Today we have an associate director for prevention and health sciences. Also, half of our students are in community-based service learning experiences, and courses examine social justice, health disparities, cultural sensitivities, and other facets of the health system. Moreover, appreciation is increasing for new partners with whom dentists should work. At NYU, for example, a member of the nursing faculty is part of the college of dental faculty, a dean is shared, and a nursing clinic resides within the School of Dentistry. At the University of Colorado, physician assistants are involved in oral health.

As we look at the educational system, how are we preparing dental students to work collaboratively with others? How do we define the “dental team?” In addition to dentists, hygienists, and dental assistants, does the team include the nurse, physician assistants, and pediatric physicians? Yes, we want experts in clinical care who are dentists. At the same time, we need to produce dentists with a broad view of health and oral health. We need to develop dentists that have public welfare and social justice as their focus, while also focused on the business and technology side of practice. We need both areas of focus.”
In working together, we have created a common ground of civility. Looking forward, we can continue to grow and strengthen this platform as we work together on issues of common focus.
Envisioning the Path Forward

Taking the Shared Commitments from this Colloquium to the Rest of the Country

Build on places of common ground created by the participants and others who value mutual respect, trust, admiration, and sharing of viewpoints where these values for civil interaction have been lacking. That place of common ground is an important part of how to go forward. In working together, we have created a common ground of civility. Looking forward, we can continue to grow and strengthen this platform as we work together on issues of common focus.

Strengthen the culture and community by expanding the shared intention to influence change and support for prevention and public health infrastructure. Sometimes individuals may not necessarily understand the power they have. By working together, they can become a force of change – affecting policy, funding, care, and community. Continue to engage dentists, doctors, patients, government representatives, and a wider range of engaged individuals to build on what has been accomplished and move forward together with greater momentum.

Engage the public to make change happen through community initiatives, communication about prevention, and other outreach approaches by drawing nationwide attention to prevention and oral health and by helping individuals understand their essential roles. The work and progress of the Alliance to date has provided the beginnings of a collective movement supporting social justice, which can gain momentum by engaging an ever-wider community of friends and partners.

Learn from those who have gone before to understand how effective leadership continues to be essential in building momentum for optimal oral health in the United States. It may be helpful for the Alliance to reach out to leaders who have drawn attention to and made change happen in other areas of chronic disease. What can be learned from their case-management approaches to build local and national momentum step by step?

Develop shared stewardship (private and public financing and in-kind support) for the work of the Alliance by engaging a diverse network and ever-widening range of colloquium participants and oral health partners. The oral health public and private community has begun to make those kinds of commitment, which is beginning to extend the work of the Alliance.
Closing Thoughts

In concluding the two-day colloquium, Elaine Kuttner thanked the participants for their valued engagement in sharing their ideas as they established areas of common ground.

Ralph Fuccillo thanked the participants for joining with the Alliance in continuing its work in focusing on oral health for all people. “The opportunities provided by the colloquium for partnering and shared language lend a richness to this entire process. Most importantly, let us build on the connections that we have made, which strengthen the Alliance and the colloquium. I value the time spent over these past two days. With gratitude on behalf of all of the members of the Alliance Board of Directors, thank you for the contributions that you have made in this time together. We will look forward to the Third Leadership Colloquium focusing on the Alliance priority area of Oral Health Literacy in June 2012.”

UPCOMING COLLOQUIA

Third Leadership Colloquium
June 6–7, 2012, San Francisco, CA
Priority Area: Oral Health Literacy as a Pathway to Health Equity

for more information visit USAllianceForOralHealth.org
APPENDIX I
Remarks to the Second Leadership Colloquium Participants

Terry Dickinson, DDS
Executive Director
Virginia Dental Association
Founder, Missions of Mercy Project

“I was asked to talk about transformation, including the transformation in my own life. I had a very successful practice in Houston for 30 years. Then something told me that I needed to do something different with my life…I started the Missions of Mercy Project in July 2000, treating 1,500 to 1,600 patients over 2.5 days in tents and under overhangs, no buildings or air conditioning.

July 14, 2000, at the end of the day, I was the last to leave the airplane hangar where we had set up. An old Chevrolet pulled up next to me with a woman and a little girl with her. The woman asked, ‘Is this the dental clinic?’ I started to say, ‘We’re closed for the day, but if you could just be here early in the morning…’ The mother had a sad look on her face: ‘I have driven three hours to get here…and I have three hours to get home. But I don’t have money for the gas to drive back again.’ $20 for gas at $1.50 per gallon in 2000 kept her from getting dental care for her family. Right then, I said to myself, ‘That is unacceptable.’ And I made it my mission to try to do everything I could to make sure that didn’t happen again.

Missions of Mercy has allowed me to get in touch with folks who have really struggled to access dental care. If you look at them in line, it’s like there’s an element of hope that is missing in their faces and in how they look. They come in with swelling and bleeding, and they live with this pain that few of us could tolerate. It has become part of their lives; it is what they do.

Viktor Frankl, in his seminal book, Man’s Search for Meaning, said ‘When we are no longer able to change a situation, we are challenged to change ourselves.’ I suspect that is where we find ourselves today. Are you willing to rethink this issue so we can all be successful? What do we do with the short time we have with each other today and tomorrow? How can we think differently than what we have done in the past? If you think things will be the same tomorrow as they were yesterday or last year, I have some bad news for you: It won’t be the same; it never will be the same. The clock never will rewind back to zero again.

We must look at how we work with each other in a different way to collaborate our way to the creation of a sustainable oral health future. We must stop cutting each other down. We must stop talking past each other. We must learn to work across all levels of this issue. We must learn a new way of speaking, a new language. How can each of us contribute to that solution? Working together, we are all part of the solution. How can we honor each other’s contributions? How can we think in a more systemic manner? We must help each other as we walk this path together. Since I started the Missions of Mercy Project in 2000, we have provided 45,000 patients with $20.5 million of free dental care. As much as I love what I do, I hate to have to do it. It’s just not the answer; it’s not the solution; and it’s not right that we have to provide care in this manner. I am here to speak for those without a voice, for those who often go unheard, for those who suffer, those who often have no hope. So many have lost their future.

After the Access to Dental Care Summit three years ago, I felt that the voice we didn’t hear was the voice of those we care about. So, I was audacious to think I might reflect some of what they would have said at the 2009 Summit if they were there:

You brought tears so many times to my eyes these past three days. We often wonder if anyone hears our voices. For we sometimes feel that we are
invisible to those that make the decisions about our future health and thus our future lives. These past three days you have shown us your compassion, your respect, your concern, and your dedication to the very issues that keep us awake at night.

Thank you for your message of hope. Thank you for seeing us. Thank you for not forgetting we are your neighbors. We live among you in your communities. We kneel next to you in our houses of worship, we stand beside you in our schools, and we have the same dreams for a better life for our children. That is us standing next to you as we celebrate with you a new hope for a better tomorrow. Through your efforts these past few days, you have brought our voices to life. We know you speak for us.

We must come together speaking with one voice and one concern. That mother that seeks help for her children, but doesn’t find it; that father who bears that burden in silence. Our hopes and dreams of a better tomorrow lie with you, each one of you. So it is each one of you here today to whom they look to be their picture of hope, to be that help they so desperately need.

We don’t have much time. We are in crisis. We must act as one person with one single goal. Look at their faces – look closely. In each of these faces, there is a son or daughter just as you are. They too are our future. We are a privileged society. How can we not come together in that spirit to help them? I could have been, each one of you could have been, just as easily one of those faces. How can we turn away from them, which is what we do when we talk past each other?

Each one of us could have been one of those voices. Not only do we have the opportunity to help each other with this issue, you and I, we also have the ability to touch millions of children in this country. And we also have the ability to touch a billion lives in this world – each one of us through what we do here together. If you can believe in working and talking together in a new way, then we can truly change the future for those we seek to serve. It is all about the possibilities. It has taken all of those gifts that each of you brings, packaged in such a way to create the systemic change that is needed. The service that each of you shares as a gift expands each and every one of our lives. We give this greatest gift, but receive so much in return.

I know that each of you wants those voices heard. How do we bring those voices to the forefront? How do we illuminate their darkness? How do we vanquish their despair? We have the capacity, we have the minds, we have the passion, we have the hope, we have the desire, we have the courage – right here, right now. You are whom we have been waiting for. It is your time.”

Terry Dickinson, DDS
Executive Director,
Virginia Dental Association
Founder, Missions of Mercy Project

We must look at how we work with each other in a different way to collaborate our way to the creation of a sustainable oral health future. We must stop cutting each other down. We must stop talking past each other.
APPENDIX II

High-Level Messages to Bring the Ideal Culture to Life in this Country

Working in small groups, the participants developed a list of their “three most important priorities that all must embrace” if we are to successfully move this country toward a culture of prevention for oral health.

**Group One**
- Agree upon unified messages, delivered in a clear, culturally appropriate manner and evaluated for effectiveness!
- Include Oral Health in guidance and technical assistance across the lifespan to promote health and reduce disease disparities
- Embrace a culture of INCLUSIVITY

**Group Two**
- Implement a Financing strategy that incentivizes prevention instead of disease treatment and recognizes that Changes take time
- Uncompromising Accountability with appropriate Measure
- Through health literacy and education, we as a society have to determine and identify a common set of Values

**Group Three**
- Incentives based on health [Providers: volume → value Educators Ads Community Families Food Marketers]
- Integrate health (oral+) into where people live, work, play, learn, worship (all areas)
- Social equity is the norm

**Group Four**
- Policies to support a culture of wellness and prevention
- National, state, and community Leadership to promote wellness and prevention
- Create an expectation of wellness and health

**Group Five**
- Balance risk and protective factors
- Shared language and values – collaboration!
- Socio-ecologic Framework that includes – systems change, incentives, full inclusion, individual and civic engagement

**Group Six**
- A collective approach to understanding, disseminating, and delivering a unified message
- Promoting policies that support the unified message
- Assuming that financing mechanisms are in place to support these policies and messages

**Group Seven**
- Finance Systems Aligned with the Culture of Prevention
- Clear Messages through Health Literacy
- Celebrate and Communicate our Successes

**Group Eight**
- Creating a consistent, compelling and unified message
- Assuring a system that is equitable and just
- Implementing surveillance and evaluation based on scientifically validated principles

**Group Nine**
- Consistent national preventive messages delivered by credible/trusted sources
- Elevate importance of nutrition to overall health and well-being
- Interdisciplinary approach to health (collaboration among all stakeholders)
Group Ten
• Develop and disseminate common messages
• Build effective leadership
• Create a passion for prevention

Group Eleven
• Effective public education campaign
• Financial incentives, both negative and positive
• Aligning policies

Group Twelve
• Constant, strategic, simple oral health messages
• No financial barriers to preventive services
• Increased health outcomes per dollar

Group Thirteen
• Increase awareness of the VALUE of prevention
• Strengthen availability and accessibility of preventive services
• Strive for universal utilization of preventive services

Group Fourteen
• Oral health information when, where, and how you need it
• Interprofessional education to create patient-centered collaborative care teams
• Engage the business community in advocacy for healthy workforce

Group Fifteen
• Collective Will → Policy → Funding

Group Sixteen
• Patient/Population Centered Approach to Prevention (i.e., Fluoridation, Fluoride varnish)
• Fund prevention [Give prevention a priority – evidence-based] [Reward good oral health outcomes]
• Shared (cross-disciplinary) responsibility for oral disease prevention [Everyone health literate + Culturally competent providers]

Group Seventeen
• Focus Health promotion with Oral Health education: using change agents like school nurses to teach prevention
• Implement alternative and innovative payment systems that include/integrate oral health (Accountable Care Organizations to include oral health – no wrong door includes dental doors and oral health in medical and public health doors)
• We need a consumer movement that attracts and engages large numbers of individuals (institute for health improvement)
APPENDIX III

Participants at the Second Leadership Colloquium of the Alliance

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

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