SUMMARY OF THE THIRD LEADERSHIP COLLOQUIUM

ORAL HEALTH LITERACY AS A PATHWAY TO HEALTH EQUITY

U.S. National Oral Health Alliance | June 6 – 7, 2012 San Francisco, California
As part of the evaluation of the Third 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

On its continuing journey to harness opportunities and create viable solutions for improved oral health, the U.S. National Oral Health Alliance convened the Third Leadership Colloquium. More than 120 participants came together from across the United States to focus on the Alliance priority of oral health literacy. These participants shared their personal and professional experiences to support nationwide learning that fosters a culture of health literacy.

The colloquium framework combined small-group and whole-group discussions to address critical questions about oral health literacy as a pathway to health equity. Presentations by contributors offered a breadth of expertise and personal experience, which added to the discussions. This Summary presents an overview of the discussion, critical messages, and a range of next steps put forward by the participants.

Moving Forward as a Nation to Address Oral Health Literacy as a Pathway to Health Equity

A Systems Approach – Community, Care, Funding, and Policy
Throughout the two-day colloquium, the participants began to envision a path forward as a nation to address oral health literacy as a pathway to health equity. They answered this question: “What large opportunities should be embraced to make this a reality?”

To frame their discussions, the participants considered a four-part Systems Approach: Community, Care, Funding, and Policy. They moved toward common ground regarding the greatest opportunities embedded in each system at this time. In particular, they examined who and what must come together, or what partnerships must be created, in order to make significant progress. (This Systems Approach is discussed with additional detail on page 15.)
Community
• In working together within and across communities, a diverse mix of partners (educators, patients, providers, and community leaders) can work toward effective solutions with and without significant funding.

• Engage oral health and medical health providers and educators in discussions and shared learning about health and disease.

• Within communities, focus on the relationship of health and disease from an interdisciplinary collaborative perspective.

Care
• The ability to change behaviors is a critical factor for improving oral and overall health for individuals and families. Engage a wide range of health care providers to better understand how to motivate personal and societal change, in order to encourage patients to alter their behaviors.

• Oral health care providers can begin to change patient behavior by helping patients select two attainable goals to work on at home between regular visits. Encourage parents and grandparents to serve as role models and to help their children focus on similar goals.

• A philosophy of health literacy must be embraced to inform the curriculum of dental schools, medical schools, and other health profession schools across the country.

Funding
• In today's economic environment, it has become increasingly difficult for states to provide new or additional funding. Educate and support community leaders in representing underserved constituencies in state funding decisions addressing health literacy.

• Help direct funding toward strengthening the health literacy of targeted populations, which will help reduce healthcare costs to society over time.

• Align healthcare financing with an emphasis on prevention and disease management.

• Increase joint government and philanthropic funding to strengthen oral health literacy efforts. Determine measurable objectives so that progress and investment can be tracked.

Policy
• Oral health must be seen as an integral part of overall health. Health professionals, educators, and community leaders can contribute to oral health literacy by sharing knowledge with policymakers about the importance of oral health to overall health.

• Focus on oral health as a national public health issue. Identify other national policy frameworks that have been successful in education, advocacy, and changing behaviors to use as models for oral health.

• Oral disease is a chronic illness that is preventable. Without the right knowledge and prevention, the battle to maintain good oral health remains a lifetime challenge. Weave oral health prevention initiatives into existing public health infrastructure systems.

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.
Oral Health Literacy as a Pathway to Health Equity

Shaping Unifying Messages to Send Across the Country
Over the course of the colloquium, the participants began to shape collective messages to share with the rest of the country about “oral health literacy as a pathway to health equity.” A set of six unifying messages evolved from the discussions. (These messages are provided in detail on page 24.)

Develop Trust Together
Health literacy requires genuine compassion and care. Develop a sense of empathy to meet people where they are. Listen to, learn from, and respect each other. The ability to achieve mutual patient-provider respect and to develop ongoing trust will support positive change.

Direct Attention to Prevention
The journey to health begins with prevention. Help people understand prevention as the necessary priority for their oral and overall health, that of their children, and communities. With the right prevention motivators and systems in place, optimal oral health for all will become a reality.

Shift Policy and Financing
Change will require paradigm shifts in policy, financing, and dental care delivery. Without changing existing policy and financing systems, effective community building for delivering equitable health care will stall. Work toward adequate reimbursement for prevention as well as treatment. Though not without cost, a prevention-focused financing model will reap rich benefits for the community in the long run.

Educate the Public
Oral health is essential to overall health. Use simple, clear, and consistent educational messages that spur individuals to take action for improving their oral health and overall health. Ensure that all communication is patient-centered across cultures, languages, and customs. Think outside the box as to who can best deliver these messages – and through what channels.

Connect, Partner, and Collaborate
Build and nurture an ever-widening base of diverse stakeholders to support oral health literacy by connecting, partnering, and identifying areas of common ground. Bring stakeholders together to leverage funding, resources, and opportunities across communities, cities, and states to achieve the greatest impact on strengthening oral health literacy.

Advocate for All People
Effective oral health literacy requires advocacy for oneself, children, families, entire communities, and the welfare of all by meeting people where they are. Because good oral health is vital to overall health, advocacy is critical. Advocate at the local, state, and national level to integrate oral health and overall health. Make connections, while looking for unlikely partners. Help people understand that ensuring optimal oral health for all is a social justice issue.

A full list of ideas from the participant discussions is provided in Appendix III.
UPCOMING LEADERSHIP COLLOQUIUM

Fourth Leadership Colloquium

November 15–16, 2012

New Orleans, Louisiana

Priority Area: Metrics for Improving Oral Health

for more information visit USAllianceForOralHealth.org
OPENING REMARKS

On a Journey We Must Take Together

Ralph Fuccillo
Alliance Founding Board Member, President, DentaQuest Foundation

In welcoming the participants to the Third Leadership Colloquium, Ralph Fuccillo spoke about the value of the engagement process that would take place over the two days:

“Together, as each one of us contributes to the dialogue of the larger group, we will further the mission of the Alliance as we seek common ground. As we examine Oral Health Literacy as a Pathway to Health Equity, we will be transformed and will transform each other. Through dialogue at our tables and across the room, we each contribute to the process. At times, we will invite some individuals to stand and share their experiences with us.

I am reminded of the Brazilian educator, Paulo Freire, and what he had in mind when speaking to peasants in Brazil: people can be transformed personally and politically. At the 2009 Access to Dental Care Summit, the participants considered: What are we going to do, in the short and the long term, individually and collectively, to assure optimal oral health through prevention and treatment for underserved people? Together they helped further a sense of urgency, which we carry forward.

The DentaQuest Foundation made an early commitment to be a source of resources and funding for the U.S. National Oral Health Alliance. Today, I have the opportunity to thank Dr. Alice Warner-Mehlhorn from the W. K. Kellogg Foundation, which has given the Alliance its second grant. We are extremely grateful.

We also extend our appreciation to Dr. Alice Horowitz for how we think about oral health literacy…and how we experience the richness of her many years of work in the community and now at the University of Maryland. Alice is our guide.”

Nathan Ho
Program Director, U.S. National Oral Health Alliance

“We are pleased to welcome you to the Third Leadership Colloquium of the U.S. National Oral Health Alliance. The Alliance provides a platform for a diverse network of partners to forge common ground around improving oral health. We met last November in Washington, DC at the First Leadership Colloquium to come together for common ground around the Alliance priority area of medical and dental collaboration. In March, we met in Chicago at the Second Leadership Colloquium to develop unifying messages on prevention and public health infrastructure. In our Third Leadership Colloquium here in San Francisco, we look forward to forging common ground around oral health literacy as a pathway to health equity.”
We each recognize that oral health is an integral part of general health. What we may not recognize is that oral health literacy is essential to our ability to increase access to oral health.

— Alice Horowitz, PhD
University of Maryland, School of Public Health
Health Literacy as a Pathway to Health Equity

Alice Horowitz, PhD
Research Associate Professor
University of Maryland, School of Public Health

“This is a banner day, what I call a ta-da day. After a long hike together, we will reach the pinnacle of Health Literacy as a Pathway to Health Equity – and we will see the wonderful Shenandoah ahead of us.

Oral health literacy is laced into each of the six Alliance priority areas...into all we do. (See page 9 for priority areas.) Oral health literacy helps increase the spirit. The objective of Healthy People 2020 is to reduce health disparities. Though an enormous amount of work has been accomplished since oral health literacy was first cited in Healthy People 2000, we have reached a pinnacle this year.

Working here together, we are change makers. We each recognize that oral health is an integral part of general health. What we may not recognize is that oral health literacy is essential to our ability to increase access to oral health.

What is oral health literacy? We have many definitions. It started with the World Health Organization (WHO) definition, followed by the Healthy People 2010 definition, and the Institute of Medicine (IOM) report on health literacy. Yet consider a few other concepts. Oral health literacy represents the capacity of people (individuals and policy makers) to obtain, understand, and use health information in order to make correct decisions.

What do we need? Oral health providers need the capacity to provide science-based education to patients at all levels about their oral health needs. Language and communication skills appropriate for the socioeconomic situation of the patient are essential. So too are user-friendly oral health facilities (otherwise patients may become afraid), and a user-friendly website. In addition, health-literate organizations must train their healthcare providers and all personnel to use plain language.

What do we know about health literacy? Low levels of knowledge about oral health decrease the frequency of dental visits, which results in higher rates of caries and less than optimal health and quality of life.

What can we do? From both an ethical and humane perspective, provide access to oral health care and education. Focus on primary sources of oral disease. No longer can we afford to have cavities when we know how to prevent them. We must share this information with the public, policymakers, and all whom we know. We need to understand and use what we have in our arsenal of dental sealants and fluorides, in patient-centered care, and in disease management. To maintain health, we must emphasize risk-based management to minimize the need for surgical intervention.

Efforts to improve quality and obtain health equity cannot be successful without dramatically increasing oral health literacy among vulnerable groups of people. I know we are all here to do this…and I know we can do this.

1. For definitions of health literacy, please see:
“What an honor it is to be among individuals who refuse to look the other way...who want to make a difference. There are few times in life when we are in one room with so many people who care...who want to take action together.

Through the colloquium, people connect, create, and generate new knowledge. Conversations at small tables are the most important part of this process. At times, a contributor stands to provide a perspective, use a special lens, or share an interesting element for reflection. Then the tables return to their conversations, drawing in an idea or two from the contributor. As the tables report out the essence of their conversations, those ideas are captured collectively as messages to the rest of the country. The ideas generated here ultimately provide a foundation for further planning...for framing a national oral health plan.

When based in relationship and trust, education can be transformative. With that in mind, the desired outcome of this colloquium is a shared understanding and vision of health literacy as a pathway to health equity, which will be embodied within a set of unifying messages to share with other stakeholders.”

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.

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

Values
• Integrity and transparency
• Respectful relationships
• Creativity and innovation
• Comprehensive approaches
• Forward-looking solutions
Building the Alliance Platform

Three Alliance Board members reflected on aspects of their personal pathways to the Alliance.

_Evelyn Ireland, CAE_
Alliance Board Officer and Founding Board Member; Executive Director, National Association of Dental Plans

**Belonging Together in this Process**
“As the Executive Director of an association and a bit of an organizational geek, I have a different approach than others on the Executive Committee and the Board of Directors. Since the Access to Dental Care Summit, I have asked if I belong here. Usually, Steve Geiermann (Alliance Advisor) says to me: ‘Remember the vision of the Summit.’ That vision says that better solutions for access to care can be created by a diverse set of stakeholders who find common ground and create cross-sector solutions and collaboration.

These colloquia have brought together hundreds of individuals to find common ground and create many, many connections. We look for ways to continue these connections. In addition, we are creating a new culture of respectful dialogue and sharing across sectors. Through the examination of the six priority areas identified at the 2009 Summit, the colloquia are creating a blueprint for increasing access to oral health. By developing culture together, we can find the right strategy to make that a reality.

So today when I ask myself the question ‘Do I belong in this process?’ I have to answer, ‘Yes I do.’ I do and we all do…”

_David Krol, MD, MPH, FAAP_
Alliance Founding Board Member Fellow, American Academy of Pediatrics

**Working at the Interface of Oral and General Health**
“As a pediatrician, my passion is working at the interface of oral health and general health. The conveners of the 2009 Access to Dental Care Summit asked me to organize the participation of other health professionals representing nursing, family medicine, pediatrics, public health, physician assistants, and so on. This opportunity helped me solidify what I had in mind: this is a team process. Before medicine, I was a professional baseball pitcher. Once you pitch the ball, you need the rest of the team to help you get the out. For health care, particularly oral health care, the diversity of talents and perspectives makes all the difference.

The First Leadership Colloquium focused on medical and dental collaboration. We took away key unifying messages:

- The importance of oral health to overall health
- Connecting the delivery and financing systems of medicine and dentistry
- Connecting medical and dental records, which is critical for communicating about our patients
- Expanding the dialogue across the United States and particularly to those we are trying to help

The colloquium initiatives are part of a larger, integrative effort. We have to tie them together in a cohesive effort to change the outcomes for those we serve.”

**SIX ALLIANCE PRIORITY AREAS**
- Prevention and public health infrastructure 
  (Focus of the Second Leadership Colloquium)
- Oral health literacy
  (Focus of the Third Leadership Colloquium)
- Medical and dental collaboration
  (Focus of the First Leadership Colloquium)
- Metrics for improving oral health
  (Focus of the Fourth Leadership Colloquium)
- Financing models
- Strengthening the dental care delivery system
collective past (based on our individual past) related to oral health. We recognized the barriers we faced in developing better relationships, acknowledged past issues, and moved forward in areas of common ground – what the Alliance embraces.

An expectation of good oral health can be achieved through attention to public health, organizing resources for access for all people, and creating unifying messages to support oral health. At the end of the day, the unifying messages include the need to create expectations, assure a system that is equitable, engage the public, and implement a viable financing strategy. I will end with a quote that Terry Dickinson provided us at the Second Colloquium: ‘When we are no longer able to change a situation, we are challenged to change ourselves.’

We are challenged to envision how we can empower each other…and to make the most of our short time together at this colloquium.”

What Do We Bring to this Platform (Discussion #1)

Discussion Questions
What excites you about this colloquium on Oral Health Literacy as a pathway to health equity? What do you bring, or hope to contribute, to this platform of common ground? What do you desire to gain from the experience that will help you move forward when you return to your work?

The colloquium participants came together from across the country, representing multiple cultures and languages, and drawing on their vast range of expertise and experience. (A full list of the colloquium participants is provided in Appendix IV.)

Why did you choose to participate at this colloquium on Oral Health Literacy as a Pathway to Health Equity? What excites you about the colloquium?
The expectations expressed by the participants are grouped by theme:

- **Build Collaboration.**
  Access opportunities for networking, engage in a collaborative process toward a common purpose, establish continuing connections, and build new relationships.

- **Get the word out.**
  Work together to “build and get out the message about oral health care” to where people live, work, play, and pray.

- **Share learning.**
  Take new ideas and learning “back home,” and encourage more health professionals to take time to consider the importance of oral health.

- **Establish e-connections.**
  Create linkages to other resources on an ever-increasing number of organizational websites.

- **Increase oral health literacy.**
  Use this forum as a platform from which to increase oral health literacy across the country.

What challenges do we face in our own environments or share across the country? What approaches can help build oral health literacy across populations?

Many participants expressed the need to build common ground through discussions across all levels of society to address the oral health needs of adults and children. Examples of challenges and opportunities put forward:

- **Overcome significant gaps.**
  Steadily move away from the surgical model toward a preventive model, integrate medical and oral health by moving away from silos of care, and resolve how to finance preventive oral health.

- **Address the needs of parents and children.**
  Frame programs for parents and their children to combat oral disease, provide dentists with appropriate tools to educate children and caregivers, and help oral health providers talk with parents about alleviating and preventing pain in their children’s teeth.

- **Educate the public.**
  Increase literacy for all people about the significant value of oral health. Build on the growing demand for patient education, as well as the work of the national oral health campaign, Partnership for Healthy Mouths Healthy Lives. This campaign was developed by the Ad Council\(^2\) and its partners to empower people to strengthen their oral health and that of their families. In considering what they wanted to gain from the colloquium experience, the participants expressed the desire to infuse the knowledge created at the colloquium into their own work back home.

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Literacy and Knowledge as Power
(Discussion #2)

Discussion Questions
Can you think of a time in your life when you, or a loved one, was sick or in pain, and because you lacked information yourself or did not understand what was being said, you had to rely on someone else’s knowledge to inform some important decisions?

How did you feel about the situation? What kinds of vulnerabilities did it bring forward? What made you feel comfortable? What was difficult or stressful about it? Were you able to put your own knowledge to use given the dynamics of the situation? Describe the relationship between you and the person on whom you had to rely. How did that impact your feelings about the situation?

Selected examples of vulnerabilities, personal capacity, and effective communication follow.

Understand and address the causes of frustration and anger.

- **Frustration**
  Becoming overwhelmed by a complicated system; receiving care in a non-familiar place; trying to communicate in a non-native language

- **Anger**
  Feeling angry about not being truly heard by care providers

- **Insecurity**
  Facing significant illness, yet uncertain how to choose a provider and move through the system of care; listening to doctors argue about what medical pathway to take without making me an active partner in the discussion; and feeling nervous about whether the health team is taking the right approach for a loved one “under my watch”
Build personal capacity to influence decisions.

- **Information access**
  Gathering the right information to make informed decisions; learning that the patient can ask for more information or a second opinion

- **Learning from providers**
  Valuing care providers who share information and options; talking with providers about what questions to ask to make a knowledge-based decision

- **Advocating for yourself and others**
  Understanding that you have to advocate for yourself and others

Strengthen communication and mutual respect.

- **Discussion of options**
  As a dental or health care provider, successfully helping the patient and family consider options

- **Building a relationship**
  Talking with the patient in a direct way that respects his or her current knowledge, values, and point of view; building a relationship of trust over time; remaining open to questions and discussion

- **Collaboration**
  Experiencing the benefits of a well-integrated system that works for patients and providers alike

Animet the Platform Through Dialogue (Discussion #3)

**Discussion Questions**

At the core of health knowledge and literacy are relationships that are established within and across communities, span multiple cultures, and involve families and individuals.

For health literacy (including oral health literacy) to thrive, what must be the underpinnings of these relationships? What principles must drive them at each level and what responsibilities must we accept once we have entered into these relationships? How do we establish the quality of trust that leads to real knowledge transfer and action? Talk about the role of listening as essential to the process of moving toward a fully literate and equitable society for all.

The table conversations among the colloquium participants provided a range of ideas. In particular, discussions underscored the need for trust, listening, cultural competence, and financing and access.

Selected examples of discussion points follow.

**Establish trust by creating opportunities to engage patients, gain acceptance, and transfer knowledge**

- Trust, commitment, and understanding underpin effective provider-patient relationships to improve oral health literacy. Success in building trust requires time and perseverance.

- Pay attention to culture and language to build trust. Enable individuals and families to feel comfortable with the provider-patient relationship.

- Build shared understanding about shared responsibilities for oral health care among providers, patients, communities, educators, funders, and governments.

"Individuals with diverse educational backgrounds (such as linguistics) or cultural experts can be valuable resources in educating oral health and medical students."
Address oral health in the context of people’s lives, cultures, and communities – cultural competence

- Deliver messages from trusted sources. Educate people within their communities in their own language about oral health and prevention. Teach medical and oral health students, as well as current providers, to honor cultural differences. Pay attention to social equity issues and biases.

- In some communities, promotoras educate individuals and families to strengthen oral health literacy. Dental assistants drawn from the community can be a bridge back to the community too. Mobile health and dental vehicles can often bring culturally competent providers into communities.

- Individuals with diverse educational backgrounds (such as linguistics) or cultural experts can be valuable resources in educating oral health and medical students.

Health depends on active participation and partnering

- Build collaborative opportunities for medical and oral health providers, educators, and community organizers to strengthen oral health in their regions. Learn from initiatives that work, such as Head Start, successful state dental service programs, Cavity Free Kids, ASTDD Basic Screening Survey Tool, and oral health teaching modules, such as the Smiles for Life curriculum.

- Over time, providers and patients will share responsibility for improving oral health care. Help oral health providers empower parents

Understand the role of listening and talking to move toward a fully literate and equitable society

- Take time to truly listen with compassion. Hear what patients and their families know and feel about oral health. Train oral health staff and providers in effective listening and communicating.

- Help people understand why oral health is important for them, their families, children, older parents, and their communities.

- Use messages that include basic information, insights, and shared learning to motivate and encourage people to take action. As appropriate, use effective educational tools or web-based tools to share up-to-date information with patients.

4. Cavity Free Kids (http://www.cavityfreekids.org)
5. ASTDD Basic Screening Survey Tool (http://www.astdd.org/basic-screening-survey-tool)
6. Smiles for Life (http://smilesforliforalhealth.org)
and caregivers to oversee their children’s health. Help them access educational resources, including medical practices offering dental care protocols for pregnant women, access to care for children’s oral health, and provide anticipatory guidance for children.

- Build interdisciplinary practices to support a lifetime of health for the individual (and family) – infant to adolescent to adult to geriatric. Provide medical and oral health care, education, community leadership, resources, and interaction.

Expand access to finance and resources
- As more people become literate about oral health, a groundswell of people wanting access to care will follow. This will increase demand for financing resources – as well as the number of oral health providers needed to meet that demand. As with most change, learn from innovative early adopters.

- Build new avenues to access oral health care for people without a source of payment. Examine the role of provider effectiveness in managing patient disease in order to prevent emergency room expenditures.

- Design community dental health coordinator programs where people are trained in social interaction and patient navigation to connect individuals and families to clinics, where both preventive and restorative activities take place.

Moving Forward as a Nation in Addressing Oral Health Literacy as a Pathway to Health Equity (Discussion 4)

A Systems Approach – Community, Care, Funding, and Policy
Building on earlier discussions, the participants worked in small groups to consider how to move forward as a nation to address oral health literacy as a pathway to health equity. They discussed this question: What are the larger opportunities we should embrace? To frame their discussions, the participants considered a four-part Systems Approach: Community, Care, Funding, and Policy.

The participants discussed the opportunities embedded in each system today. For each opportunity, they examined who and what needed to come together, or what partnerships must be created in order to make significant progress. Each group came to agreement on ideas that could be shared from the colloquium with the rest of the country. Examples of the participants’ ideas are discussed by the four parts of the Systems Approach.

Community
Effective solutions can be developed with and without significant funding as people work together throughout communities. Encourage providers, patients, educators, and community representatives to work toward shared solutions with and without significant funding. In particular, bring oral health and medical care providers into the discussion within the community. Identify what motivates individuals and families. Simplify the messages to address their preferences and needs. Determine the best role for local schools to participate in the solution.

Focusing on the relationship of health and disease is particularly critical and will benefit from collaboration across health professions in the community. Build upon an understanding of the relationship of oral
The ability to work together is vital to overall health for individuals and families. Moreover, the ability of diverse providers to collaborate toward the health of their communities will effect long-term change.

– Third Leadership Colloquium
health to other diseases (e.g., diabetes, obesity, or HIV/AIDS). Engage trustworthy and respected spokespeople to build collaborative networks across the community, including educators.

Involving major organizations in this discussion, such as the National Association for the Advancement of Colored People (NAACP), the National Dental Association, the Hispanic Dental Association, the Society of American Indian Dentists (SAID), and other dental health associations. Identify influential industrial partners to bring to the “oral health” table their relationships with buyers and leverage their advertising strengths.

**Care**
Change in behavior is a formidable challenge, yet remains a critical factor for improving oral and overall health for individuals and families. Seek to understand what motivates personal and societal change. Engage medical and oral health care providers in understanding these factors and encouraging their patients to change their behaviors. Providers can begin by leaving a patient with initially two goals to take home and work on between regular visits. What is most relevant to that individual patient? Follow up on those goals at the next scheduled visit. Influence parents and grandparents to focus on analogous goals for their children and to serve as role models.

As a U.S. cultural issue, many people believe they will not have teeth as older adults. Help all people understand what oral health care steps to take to strengthen their own health for a lifetime. Explore and embrace a philosophy of health literacy to inform the curriculum of dental schools, medical schools, and other health profession schools. Identify a range of patient-centered partnerships. School-based oral health care may be an example that can be implemented successfully. Engage dental and medical school students in providing health care to the underserved.

Messaging about cavities alone has proven insufficient. Build upon the *Healthy Lives, Healthy Mouths* national awareness campaign to educate the public about the importance of oral health. Follow up with comprehensive, coordinated education of local communities to support these same messages. Identify the most effective local and state “messengers” to deliver the messages to support positive change.

**Funding**
Although it is difficult for states and communities to provide new or additional funding in today’s challenging economic environment, encourage directed funding to strengthen the health literacy of targeted populations, which will help reduce costs to society over time. Align care financing with prevention and disease management. Increase joint government and philanthropic funding to strengthen oral health literacy efforts and ultimately help reduce the growing cost of disease management.

States, communities, and health care providers cannot wait for new funding in order to move forward. Instead, put attention to redirect current funding to strengthen efficacy by building oral health literacy as a pathway to equity. Educate and support community leaders in representing their constituencies in state funding discussions and decisions addressing health literacy.

**Policy**
Oral health is an integral part of overall health and should not be considered in a fragmented approach. Professionals, educators, and community leaders bring a range of relevant knowledge needed to engage policymakers at all levels to better understand the importance of oral health to the overall health of their populations. Get involved in conversations about prevention and health care reform.

Focus on oral health as a major national public health issue. Learn from other national policy frameworks that have been successful, such as immunizations for specific diseases or structural requirements to eliminate lead poisoning among children. Oral disease is chronic, yet preventable. Without the right knowledge and prevention, the battle to maintain good oral health
becomes a lifetime issue. Weave prevention initiatives into existing public health infrastructure systems, including Head Start, the USDA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), existing educational programs, and medical and dental initiatives.

Oral health and medical care providers can come together under “one tent” as collaborators rather than competitors. The ability to work together is vital to overall health for individuals and families. Moreover, the ability of diverse providers to collaborate toward the health of their communities will effect long-term change. Address the issues of foreign-trained health providers to ensure more providers are available to serve underserved populations who may not be receiving the care they need today.

**Perspectives on Oral Health Literacy as a Pathway to Health Equity (Individual Contributors)**

**David Reznik, DDS**  
President, HIVdent  
Director of Oral Health, Grady Health System

**Literacy and Knowledge as Power: Increasing our Understanding of Those We Serve**

“It is appropriate that I share how I became involved in my very special patient population of people living with HIV and AIDS. In 1985, I started my dental practice by working with my older brother, a very successful dentist. He told me to target a patient group. Having come out in my second year of dental school, I decided to advertise to the gay community. Before I knew it, we had a very large patient population. That was almost 31 years ago, and the HIV epidemic had begun. It took longer for HIV to be recognized in our area (Georgia).

Our office manager was my mom. One day she came in because there was an angry person on the phone. I cannot put into words how angry and frustrated he was. I scheduled him in my office as the last patient of the day, and after he sat in the chair, I just listened… an important thing to do. He was a very nice man. He had his teeth cleaned every six months since he was a child. After his diagnosis with AIDS, no one would treat him. Then he found me.

I knew nothing about HIV or AIDS at the time. I didn't know what to do with the instruments. I didn't have much knowledge then. Yet the story resonated so deeply. This was our first patient with AIDS. He was the one who inspired me. How could someone have that level of frustration? And how could I take money from the others, but not from someone who had no money? He died within a year of our meeting that first time.

In 1987, I received a phone call from Sandy Thurman, the Executive Director of AID Atlanta. She asked me to take referrals from AID Atlanta. I was afraid to tell my brother, but we just did it for free. The following year,
I received a call from Grady Health Care. Would I take referrals from Grady for patients with AIDS? It didn’t take long until half of my patients were healthy and wealthy, and half were dying from a disease that had no resources. In 1988, we decided that the need was too great for one person to take on. I picked up the phone and called the Medical Director at Grady Health Care. I went to an Act Up meeting and yelled to make people aware. And much more...

So much energy and passion still to this day resonates with me. But so many questions went unanswered at the time...Today we are seeing remarkable medical advances, including chronic care for most patients—though we have to get people into care sooner. Our ability to communicate effectively with our patients has never been more important than it is today...We must increase our understanding of those we serve. Together we can reach out to touch people and make this a better place.”

Francisco Ramos-Gomez, DDS, MS, MPH
Professor, Pediatric Dentistry
UCLA School of Dentistry
Empowered by Meeting Everyone Where They Are
“...We complain a lot, but we are fortunate. Yet for the children I see over and over, this is an epidemic for which there is no solution. We must arrive at dramatic change. Through our research efforts at the University of California, San Francisco, and as part of the team with Dr. Jane Weintraub, Principal Investigator of the CAN DO Center (UCSF Center to Address Disparities in Children’s Oral Health) and the Head Start Program in San Francisco, we examined the prevention of early childhood caries using fluoride varnish. We worked to identify the genetic markers that may be predictive of developing dental disease in Hispanic children. This was the ‘power of 3.’ What started with a small grant of $3,000 is now one of the largest grants from the National Institutes of Health (NIH). Over 70 researchers on early childhood caries use everything from anthropology to social workers and scientists.

...However, we cannot address oral health literacy unless we deal with the bias and racism that we encounter. We all come with biases. We need to meet everyone where they are. That is what has been the most important empowering tool for me. I have never seen a mother who doesn’t want the best for her child. I tell my students to treat every child as if that child is their own. Whatever helps that child will also benefit you. We cannot as a society see access to oral health as a consumer issue. Instead, it is a social and human rights issue.”

Karina Alcala
Pediatric Dental Project Manager
Native American Health Center
Providing Education with Attention to the Patient’s Language and Culture
“...I am a pediatric dentist from Mexico. Having relocated to the United States five years ago when my husband started law school, I walked into the...
Infants and Children Clinic in San Francisco to ask for an opportunity to volunteer. The clinic offers outreach services, dental exams and treatments, research, and programs for children. Three months later, a full-time position opened. By talking to these families and counseling them, I realized that prevention is possible through education. It is no different here in San Francisco than it is in Mexico. We have high demand. We need people to talk with parents. Prevention by education is an opportunity to prevent caries, which is particularly valuable information when offered through the patient’s first language.

…Now I am a new mom, and even though I can communicate in English, I chose a Spanish-speaking pediatrician. I don't want to miss even a detail because it is about my child. Not only in Latin American communities but in other communities too, it is helpful to speak in your native language. Many foreign-trained dental professionals have skills to put to good use… For now, my ah-ha moment came when I understood that, while working in a nonprofit organization, I can be a part of dentistry in a different way. Even when my hands are tied, my passion about oral health is not. Hopefully, individuals at this colloquium can utilize people like me by helping foreign-trained dentists to participate fully in dentistry in the United States. I am honored for the opportunity to be here today.”

Allison Cusick, MPA, CHES
Program Manager
Washington Dental Service Foundation

Incorporating Health into Daily Activities of Children and Families

“…Fourteen years ago, I started at Head Start, serving approximately 150 Native American and Latino families in Seattle. Among a staff of 50, I was the sole person responsible for the health of 150 children. I helped the staff understand why health should be part of learning, story time, and working with parents to get dental exams for their children. Though I was up against painting and drawing, blocks, and story time, I quickly learned that the staff cared about health as an important part of a child’s development. Yet they didn't know how to incorporate health into their activities. I helped them understand oral health and embed it as a natural part of daily activities and interactions with families.

…Across the country, over one million children are in Head Start and in childcare of many kinds. Early learning is critical. As providers, we can help families become the best advocates for their children. Head
Start reached out to the Washington Dental Services Foundation. We listened and helped them create Cavity Free Kids, which provides tools for teaching staff and children and their families. Head Start teachers learn about dental science using a curriculum with easy-to-use tools and fun projects, science activities, small group activities, and literacy activities that kids do every day…Over the past 10 years, the Washington Dental Service Foundation has educated childcare providers in at least 20 states, so that parents can be better advocates for their children…”

Man Wai Ng, DDS, MPH  
Dentist-in-Chief  
Children’s Hospital Boston

Doing Something Important for Families While Not Dictating What Must Get Done

“Children’s Hospital in Boston is a safety net. We receive requests from near and far for dentistry cases where a child needs to be sedated. But children also come back for preventive care and treatment. Over time, what I have seen has been disturbing. Though we believed we were providing good care, children would come back in 6 and 12 months showing recurrent decay. We had a nine-month waiting list for kids to be sedated. While they were sitting on that waiting list, they weren’t getting care. Looking at what was in the literature and what I knew, caries is a preventable disease. At that time, the Caries Management by Risk Assessment (CAMBRA) guidelines came out. However, it was not often followed in clinical practice.

…With the DentaQuest Institute, we developed a way to take what was evidence-based and determine how to introduce it into practice. In 2008, we developed a quality improvement program at Children’s Hospital Boston and at St. Joseph Hospital in Providence. If we believe that caries are preventable, that caries can be arrested, and that even open lesions can be addressed, this program could help us understand more. We involved four attendings and medical residents to help administer this program to provide fluoridation to the teeth of these children periodically throughout the year.

It was a thrill when residents came to report that a patient was back and the cavities seemed to have arrested. As attendings, we would go take a look, and sure enough, a cavity was arresting.

I have developed a following of parents in Western Massachusetts. I ask: What is important to you as parents? A mother may respond that the child will have no pain or infection, that cavities won’t get worse, and that she can continue to breastfeed. If we can reduce the risk factors, we can reduce the caries. We are doing something important for families, but we are not dictating to them what needs to get done…”

Carrie Gordon  
Vice President of Government Affairs  
California Dental Association

Organizing in Ways that Consider Today’s Realities

“The California situation is unique in many ways, yet reflective of the country. The state budget was hit hard over the past five years, and today there is a $16 billion...
deficit. Health care has taken a huge hit. Dental care has taken more than its share, including the elimination of the only children’s disease prevention program ($3 million). What can we do without money in the system? How can we bring back attention to oral health?

...Last year, the California Dental Association (CDA) House of Delegates passed an access to care resolution. This colloquium brings forward many of the same themes, essentially how to organize in ways that make sense given the realities of today. Our CDA report, Phased Strategies for Reducing the Barriers to Dental Care in California⁷, outlines a three-phase approach and recommendations. We engage patients and educators, while building bridges to policymakers and legislators. We don’t need to bring our dentists to Sacramento. Instead, we bring the legislators to our communities...connecting them to dentists and clinics in their districts.

...Last month in Modesto, in partnership with Missions of Mercy, we saw 650 patients. Herb Schultz, Regional Director of the U.S. Department of Health and Human Services, had the opportunity to walk the clinic floor and see the significant need. The ability to help these individuals and families is a responsibility for all of us.”

Capt. Arlene Lester, DDS, MPH
Regional Minority Health Consultant
Office of Minority Health – Region IV
U.S. Department of Health and Human Services

Serving as Lifters to Help All Americans Improve Their Oral Health Status

“Poet Ella Wheeler Wilcox proposed: ‘There are two kinds of people on earth today...the people who lift and the people who lean.’ We have gathered for this colloquium as lifters for all Americans to improve their health status. In particular, we are focused on the poor, minorities, and others who are trying to help

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⁷ http://www.cda.org/library/pdfs/access_proposal.pdf
themselves. Since the Access to Dental Care Summit, my hope for this Alliance has been shaped by five functional areas that have guided my focus.

…Awareness: the ability to increase understanding of health-related problems, the needs of our citizens, and the extent of oral health. Through awareness, the Alliance has the best opportunity to lay a foundation for responsible actions.

…Data: the capacity to collect data or to strengthen the infrastructure that is entrusted with gathering data. We can look beyond what we capture. Typically, we are not good at gathering information that will help gay, lesbian, and transgendered people; nor are we always effective in gathering data that will benefit elderly people.

…Communication: the capacity for all of us to talk to others in order to identify problems as well as solutions that will move us forward.

…Policy: activities tied to existing policy, which stimulate or coordinate what needs to happen. As an example, we examined the need for cultural competency in our country, and we are about to launch a website for clinicians and emerging clinicians at dental schools across the country.

…Finally, in terms of fostering new research, new investigations, or sound evaluation of what has taken place, I believe this Alliance has a role. This is not to say that we all must be researchers or policymakers, but certainly we have a role to play…”

Gary Price
President and CEO
Dental Trade Alliance

Developing Simple Messages to Start People on the Road to Prevention
“When I joined this industry 12 years ago, the Surgeon General had just released the report about the Crisis of Oral Health in America. All of us dedicated, well-trained and well-meaning people got to work. We fixed some things, and yet today we still have a critical problem. I went to my Board and said that we want to do a campaign: ‘Oral Health Care Can’t Wait.’ We worked hard on the campaign. With almost no money ($50,000 to influence the American public), we made a little impact over a year. So they gave us more money. We asked ourselves, ‘How can we get people’s attention?’ Consider that Mars spent $170 million to tell you they have a blue M&M. Aflac spent $100 million so we would recognize a duck talking about disability insurance. A major marketing campaign in our industry probably costs $100,000 to influence dentists – you see the scale. So what could we do – try and raise $100 million? We turned to partnering with the Ad Council and for a little bit of money ($3.5 million), we could launch a major campaign. The leverage we could get from this type of campaign would be phenomenal.

…The idea is sound: leveraging an opportunity with a little bit of funds to do a lot, which will enable us to send a message in a way we are not used to talking. We have so complicated the message that no one is paying attention. Now after market research, we have identified what will motivate people. We are starting to develop simple messages to start people on the road to prevent dental disease. Once we begin this campaign, people will start to pay attention. If we can find a way to get the attention of mothers or caretakers for three minutes a number of times, some will take action…”

Oral health is an integral part of overall health and should not be considered in a fragmented approach. Professionals, educators, and community leaders bring a range of relevant knowledge needed to engage policymakers at all levels to better understand the importance of oral health to the overall health of their populations. Get involved in conversations about prevention and health care reform.
Shaping Unifying Messages to Send Across the Country

Oral Health Literacy as a Pathway to Health Equity
A facilitated discussion among all colloquium participants examined what messages they would like to share collectively with the rest of the country about oral health literacy as a pathway to health equity. A set of six unifying messages began to take shape:

Develop Trust Together
Health literacy requires genuine compassion and care. Develop empathy to meet people where they are. Listen to, hear, learn from, and respect each other. Effective listening builds trust, reduces fear, provides insights, and fosters relationships. The ability to achieve mutual patient-provider respect and to develop trust together will support positive change. Helping patients understand “why” and “how” will help them strengthen their personal choices for oral health.

Direct Attention to Prevention
The journey to health begins and ends with prevention. Help people understand prevention as the necessary priority for their health, that of their children, and their communities – for their oral health and their overall health. Use prevention as a focus for policy. With the right prevention motivators and systems in place, optimal oral health for all will be attainable. Shared resources, responsibility, and results will support positive prevention outcomes. Help patients, providers, communities, and funders to look at prevention as a critical priority. Involve schools, churches, and community centers to develop initiatives to drive attention to prevention awareness at the local, state, and national levels.
Shift Policy and Financing
Change will require a paradigm shift in policy, financing, and care delivery. Without policy and financing, community building and new paradigms for delivering care will stall. Work toward reimbursing for prevention as well as procedures. Though not without cost, a prevention-focused financing model will benefit the community in the long run. Paying for prevention will change how and what services are offered. Be certain that oral health is included in the planning and funding of healthcare. Measure results to understand what drives successful change.

Educate the Public
Oral health is essential to overall health. Use simple, clear, consistent educational messages that spur individuals to take action for oral health and overall health. Ensure that all communication is patient-centered across cultures, languages, and customs. Meet patients where they are culturally and physically. Increased health literacy enables an individual to advocate for better health, including oral health. Think outside the box about who can deliver the messages, and what communication and educational channels they should choose to be most effective. Involve educators, health leaders, and media experts in developing effective messages to cause society to change. The right information makes all people less vulnerable.

Connect, Partner, and Collaborate
Build an ever-widening base to support oral health literacy by connecting, partnering, and identifying areas of common ground. Bring stakeholders together to leverage funding, resources, and opportunities across communities, cities, and states to achieve the greatest impact on strengthening oral health literacy.

Advocate for All People
Effective oral health literacy requires advocacy for oneself, children, families, entire communities, and the welfare of all people by meeting people where they are. Because good oral health is vital to overall health, advocacy is essential. Advocate at local, state, and national levels to support oral health and overall health. Make connections. Look for unlikely partners. Help people understand that oral health is a social justice issue.
On a Journey Together

In concluding the Third Leadership Colloquium, Ralph Fuccillo thanked the participants for their contributions to forging common ground around oral health literacy. He shared a quote…

“Setting an example is not the main means of influencing others; it is the only means.”
– Albert Einstein

Ralph continued: “We are examples to one another and within our communities, and our work together has begun to effect change. Yet we have only begun. Through our conversations over the past two days, we have met and honored each other ‘where we are.’ We have begun to travel together in a way that involves three stages: an alignment among ourselves, an understanding and adoption of what we (you and I) mean together, and moving into action in important areas of common ground. This movement forward is important, as is the need to remain vital to each other. The combination of reflection and taking action feels right. We are fortunate to be on this journey with you.”

UPCOMING COLLOQUIUM

Fourth Leadership Colloquium
November 15–16, 2012
New Orleans, Louisiana
Priority Area: Metrics for Improving Oral Health

for more information visit USAllianceForOralHealth.org
This movement forward is important, as is the need to remain vital to each other. The combination of reflection and taking action feels right. We are fortunate to be on this journey with you.

— Ralph Fuccillo
DentaQuest Foundation
Increasing Oral Health Literacy Among Vulnerable People

This is a banner day, what I call a ta-da day. After a long hike together, we will reach the pinnacle of Health Literacy as a Pathway to Health Equity – and we will see the wonderful Shenandoah ahead of us.

Oral health literacy is laced into each of the six Alliance priority areas...into all we do. Oral health literacy helps increase the spirit. The objective of Healthy People 2020 is to reduce health disparities. Though an enormous amount of work has been accomplished since oral health literacy was cited in Healthy People 2000, we have reached a pinnacle this year.

Working here together, we are change makers. Each of us recognizes that oral health is an integral part of general health. What we may not all recognize is that oral health literacy is essential to our ability to increase oral health.

What do we need? We need oral health providers with the capacity to provide science-based education to all patients at all levels about the oral health needs they may have. It is essential to use communication skills and language that are appropriate for the socioeconomic situation. We need user-friendly oral health facilities. Otherwise patients may become afraid. “User-friendly” requires a website that is easy to use, and a health facility reception area that is inviting to people – in all facilities for all patients. In addition, health-literate organizations train their healthcare providers and all personnel to use plain language...very exciting.

What do we know about health literacy? Lower levels of health literacy yield low levels of knowledge and understanding about oral health visits. Lower levels of health literacy decrease the frequency of dental visits, which results in higher rates of caries and lower oral health and quality of life.

What can we do? Focus on primary sources of oral disease, access to education, and access to care. That is the ethical and moral thing to do. Why? Because we know how to prevent dental caries. We understand the appropriate use of fissure sealing. We must share this information with the general public, policymakers, and all whom we know. That includes family, friends, colleagues, and so on. No longer can we afford to keep having holes when we know how to prevent them. We need to understand what we have in the arsenal of fissure sealants and fluorides, in patient-centered care, and in management. To maintain health, we must use risk-based management to minimize the need for surgery.
Largely with thanks to DentaQuest, we have made progress in Maryland. We asked households: Have you ever heard of fluoride? Ninety-eight percent had but only 68% knew why. The same question was asked about dental sealants with similar results. Moreover, people generally did not know if their tap water was fluoridated. In Maryland, they drink bottle water and not tap water, while 98% of central water is fluoridated – very good to use, not expensive, and not being used. That is also true in Washington, DC, and other regions. When Maryland residents were asked where they get information about oral health, they responded “the dentists.” Clearly, we need to be bold in educating our oral health colleagues.

Also in Maryland, we undertook the oral health assessment of clinics, including about three-quarters of the community health clinics...federally qualified health centers and a county health department. That is not easy. Most federally qualified centers welcomed us, while others did not. We found an army of wonderful providers of services. Importantly, there are missed opportunities in these facilities, which we could be using. For example, they have blocks of blank space, and nothing written on them. Why aren’t we giving messages about how to prevent diseases? Have you had the HIV vaccine? What we are doing isn’t all working. We need to use good signs and posters, and to use all kinds of ways to share messages. For someone willing to put this on his van, “fluoride works,” I am willing to buy the paint. This is a missed opportunity. There are many more. During Public Health Week: “Fluoride: Get it from the fountain. Fluoride prevents cavities.” This is a little thing. Don’t miss an opportunity to increase health equity if you can do it. If you are working with policymakers to increase access to care, be sure to talk with them about pushing prevention.

The bottom line: Efforts to improve quality and obtain health equity cannot have success without dramatically increasing oral health literacy among very vulnerable groups. I know we are all here to do this... and I know we can.
APPENDIX II

A Synopsis of David Reznik’s Remarks to the Third Leadership Colloquium

David Reznik, DDS
President, HIVdent
Director of Oral Health, Grady Health System

Literacy and Knowledge as Power
Increasing our understanding of those we serve
It is remarkable that this is my first colloquium given how many people I know here today from many different directions. Some I haven’t seen in a while, and some I didn’t expect to see. What a great opportunity to network with each other.

It is important that I thank the organizers for giving me the chance to share my thoughts about oral health equity as a pathway and about the importance of relationships in strengthening our country as we move forward as providers and patients. It is appropriate that I share how I became involved in my very special patient population of people living with HIV and AIDS. In 1985, I started my dental practice by working with my older brother, a very successful dentist. He told me to target a patient group. Having come out in my second year of dental school, I decided to advertise to the gay community. Before I knew it, we had a very large patient population. That was almost 31 years ago, and the HIV epidemic had begun. It took longer for HIV to be recognized in our area (Georgia) and right now the epidemic hits there the hardest.

Our office manager was my mom. When I was with a patient, typically she would not come in to tell me anything. But one day she came in because there was an angry person on the phone. I cannot put into words how angry and frustrated he was. I scheduled him in my office as the last patient of the day, and after he sat in the chair, I just listened…an important thing to do. He was a very nice man. He had his teeth cleaned every six months since he was a child. After his diagnosis with AIDS, no one would treat him. Then he found me.

I knew nothing about HIV or AIDS at the time. I didn’t know what to do with the instruments. I didn’t have much knowledge then. Yet the story resonated so deeply. This was our first patient with AIDS. He was the one who inspired me. How could someone have that level of frustration? And how could I take money from the others but not from someone who had no money. He died within a year of our meeting that first time.

Two cases recently involved the Americans with Disabilities Act. One involved a podiatrist and the other a chiropractor. Discrimination was severe in the past and still is today. Not only were people losing their housing and their jobs, they were losing their families too. People turned their backs on those individuals,
including physicians, nurses, and long-term care providers. It was a terrible time. Then the Americans with Disabilities Act was passed, many years after my first patient.

In 1987, I received a phone call from Sandy Thurman, the Executive Director of AID Atlanta. If Sandy asks you for something you don't say no. She asked me to take referrals from AID Atlanta. I was afraid to tell my brother, but we just did it for free. The following year, I received a call from Grady Health Care. Would I take referrals from Grady for patients with AIDS? It didn't take long until half of my patients were healthy and wealthy, and half were dying from a disease that had no resources. Most days, I worked from 9:00 a.m. to late at night.

In 1988, we decided that the need was too great for one person to take on. I didn't have public health training, but only a sense of right and wrong. This was bigger than me...bigger than several fabulous people here today with whom I have worked on HIV projects. I picked up the phone to call the Medical Director at Grady Health Care. I went to an Act Up meeting and yelled to make people aware. And much more.

The impact of this AIDS epidemic on my personal life was devastating. Death was all around us. I struggled with death and dying in a dental setting, and not only with my patients. In 1991, I learned that my partner had HIV. I realized how important it was to stop and smell the roses. I confided my concerns with Mark, an old fraternity friend who had moved into my condo once he finished his medical year. My friend called me to go to his house and get his medication. I saw antifungal lozenges, so I knew what was going on. I had had no idea. Mark was one of my first medical teachers. It was impossible for me to do what I was doing without knowing, but I didn't know what the infections were. This was before the Internet. Regrettably, Mark passed away in 1992 and never got to see the dental clinic open. We dreamed of developing a dental clinic in Atlanta in 1993, which is now part of the largest and most progressive program for people with HIV.

So much energy and passion still to this day resonates with me. But so many questions went unanswered at the time. How could we communicate a message to patients who had so many other things going on in their lives – when wasting away, getting the gay cancer, or losing one's family? What could I do to get the trust of the patients who were so discriminated against? You can take small steps to gain a patient’s confidence. For example, simplify messages that all can understand. The concept of health literacy is important for the patient and for the provider. Consider health literacy as a multidimensional concept, not a one-way street. Just as important, we need to truly listen and understand what our patients are saying. We have two gifts: our ability to use our eyes and ears. What we heard from our patients at that time was fear and rejection. That first individual had no idea of how we would respond to that call.

Today we are seeing remarkable medical advances, including chronic care for most patients – though we have to get people into care sooner. Our ability to communicate effectively with our patients has never been more important than it is today. We need to learn how best to communicate our message. We must increase our understanding of those we serve. Together we can reach out to touch people and make this a better place.
Appendix III

High-Level Messages about the Role of Oral Health Literacy as a Pathway to Health Equity

Working in small groups, the participants developed a list of their three most important priorities that all must embrace concerning the role of oral health literacy if we are to move this country on a pathway to health equity.

Group One
- Restructure reimbursement system to create incentives for prevention and education
- All messages should be designed to enable people to obtain, understand, and utilize the information to achieve good oral health
- Develop compassion and empathy to meet people where they are

Group Two
- The journey starts and ends at prevention, but we have to get people there...through trusted relationships
- Trusting relationships include cultural competence, celebrating differences, and mutual respect; trust requires intention, skill, and art
- We need to learn and listen with compassion – more than we talk and teach

Group Three
- Oral health literacy requires effective communication between consumers and providers at all levels
- Effective communication requires trust developed by engaging/hearing/listening/understanding
- Be certain oral health is included in planning/funding of healthcare

Group Four
- Simple, clear, common messages that create action
- Values, trust, & relationships are key
- Message delivery across all care providers
- “You can keep your teeth for life”

Group Five
- Consistent messaging is required that motivates the individual to take action
- Meet patients where they are both physically and culturally and at the appropriate literacy level
- Leverage existing community resources in order to make the greatest impact

Group Six
- Listening is Key
- Patient*-centered approach is Essential (*client – patient – family) [Aiki Do]
- Health is a function of Participation

Group Seven
- Everyone involved in health care must seek to understand others and their cultures, before they seek to be understood
- Listening builds trust, reduces fear, provides insight, and fosters relationship
- There can be no health equity without literacy; to achieve this requires change in all systems; policy, funding, care, and community

Group Eight
- Oral health opportunities are everywhere – it’s a matter of making interesting and relevant connections
- Increased oral health literacy enables an individual to advocate for better health (including oral health)
- Policy and funding need to promote wellness

Group Nine
- Ask, don’t tell!
- Leadership: Be a lifter, not a leaner; cast less shadow and more light
- A journey of a thousand miles begins with the first step (from Chinese philosopher Laozi in the Tao Te Ching)
**Group Ten**
- Shared Resources, Responsibility, and Results
- Equal Positive Prevention Outcomes
- Trust & Respect are at the Core of Everything we do
- People create the Pathway to Health Equity...no matter where they begin

**Group Eleven**
- Sharing an effective message requires mutual understanding, listening, and respect
- Without policy and financing, community and care stalls
- Find common ground for the common good!

**Group Twelve**
- Need customer-focused communication (who's listening; why are they listening; what medium (TV, etc.); where they are (church, etc.)
- Consistent messages across all health team players
- Come up with messages that motivate

**Group Thirteen**
- Listen actively: Respect – Integrity – Patient Focus – Trust
- Understand & Validate
- Culturally Competent Communication – Through Tailored Messaging

**Group Fourteen**
- Need for Oral Health community to create accepted Oral Health Literacy definitions & principles
- Oral Health Literacy requires: cultural/linguistic competencies, understanding & listening, trust, etiquette, non-judgmental, never assume
- Change requires a paradigm shift (policy, finances, care delivery)
Appendix IV
Participants at the Alliance’s Third Leadership Colloquium

Participants at the Third Leadership Colloquium represented a wide range of backgrounds and professions including state and local health departments; private practice dental providers and dental trade alliance leaders; educators in medical and dental schools, educators in pediatric dentistry, and developers of oral health curricula; nursing and medical professions; family medicine and maternal health; experienced professionals in HIV and oncology; foundation funders and grantees; school-based oral health services; pharmaceutical companies and dental suppliers; federal, state, and local government, offices of minority health and of disease control; public health services, social work in public health, safety net services, and more. Together, they sought to learn from each other, seek common ground, and envision shared solutions.

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

Karina Alcala
Pediatric Dental Project Manager
Native American Health Center

Penny Anderson, MSW
Executive Director
Maryland Dental Action Coalition

Kathryn Atchison, DDS, MPH
Vice Provost
UCLA, New Collaborative Initiatives

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Deputy Director
Managed Risk Medical Insurance Board

RADM William Bailey, DDS, MPH
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Susan Cooper, DDS
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Community Action Partnership of Sonoma County

Palmer Corson
Manager of Programs and Operations
DentaQuest Foundation/Institute

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Program Manager
Washington Dental Service Foundation

Mark Deutchman, MD
Professor
University of Colorado

Carmen Fields
Associate Director National Programs
DentaQuest Foundation

Jared I. Fine, DDS, MPH
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