



INSTITUTE FOR
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2011

focus group whitepaper

Oral Health and Prevention

Rebranding the Profession



2011 group #2

March 10 & 11, 2011
San Diego, CA

:: excerpt ::

Lewis Lampiris, DDS, MPH

Introduction

“A common misperception among community health workers [and the public] is that childhood caries is not a problem. They often say, ‘We have a community dental clinic; if we have an emergency, we send kids to you and you see them the same day. As long we get kids to the services they need, that solves the problem, right?’ They don’t understand how important it is to prevent the problem in the first place.”

--Dr. Courtney Chinn

In looking at where disease prevention is in the overall oral health picture, in 2011 the Institute for Oral Health (IOH) is exploring how to “rebrand” the dental profession. During the 1960’s and 70’s, dental care was largely focused on prevention through fluoride use, and has “ridden that wave” for a number of decades. Yet we have come a long way since then, with new dental research and progressive solutions underway across the country that are having a significant impact on dental disease prevention. This year, the IOH is spotlighting some of the best of these efforts and how the dental profession can incorporate new approaches to prevention into everyday dental practice as we look toward the future.

To support our 2011 theme **“Oral Health and Prevention: Rebranding the Profession,”** in March, the IOH hosted the second of two focus groups with expert panel discussions about solutions at the forefront of innovation in health care, aimed to advance how we think about and address dental disease prevention. In follow-up, the IOH will feature special guest speakers to share key findings with a larger audience of critical stakeholders through our annual national conference, to be held October 27-28, 2011 in Chicago, Illinois.

Hosted in San Diego, California on March 10-11, 2011, this focus group was led by IOH Executive Director, Dr. Ron Inge, and featured leading authorities in dentistry and dental research, community oral health programs, and the American Dental Association to discuss innovative approaches to disease prevention to improve oral health for high-risk, underserved populations. The group shared insights on the following key topics:

- **Advancing saliva diagnostics for caries risk assessment** – Increasingly, dental research is pointing to saliva diagnostics as a quick, easy, and accurate method for identifying the oral bacteria that causes caries. While currently results can be used to identify problems and guide treatment decisions, the challenge remains to build scientific evidence on the predictive value of saliva in determining caries risk.
- **Promoting early preventive visits to improve outcomes and costs** – When children receive their first preventive dental services by age one, studies show that the cost of dental care in subsequent years is reduced 50% or more compared with children who have no preventive visits until age three or older. Additionally, preventive care and oral health counseling at an early age helps reduce the number of procedures required and increases continued usage of dental services to prevent early childhood caries.
- **Reducing childhood caries risk by engaging families in behavioral changes** – To improve oral health in low-income, minority children, it is important to recognize the many factors beyond economics –such as societal, social, community, and cultural—that influence how a family attends to health issues. We need to provide supportive, engaging ways to counsel parents about oral health and healthy behaviors that help prevent tooth decay in their children.

- **Increasing prevention awareness through the ADA** – As the nation’s foremost advocate for oral health, the ADA works diligently in the arena of disease prevention such as establishing policies, programs, and public awareness campaigns to advance caries risk assessment and preventive dental care. The ADA also promotes clinical recommendations for evidence-based dentistry, and provides leadership for progressive collaboration across stakeholders for high-risk populations.

Join us for the 2011 Institute for Oral Health Conference

In follow-up to this year’s focus groups, Institute for Oral Health is providing whitepapers and promoting relevant news and research through our website, quarterly newsletters, Facebook, and participation at health conferences around the nation. Culminating this year’s theme is our **5th annual national IOH conference on October 27-28, 2011 in Chicago, Illinois** at the Sofitel Hotel. Learn more and register early for discount rates ~ please visit: IOHWA.ORG.

About the Institute for Oral Health

The Institute for Oral Health is dedicated to improving oral health in America by bridging the gap between research and everyday dental practice. Serving as a central resource for education and collaboration, IOH brings together nationally recognized experts to focus on important themes of concern in oral health care today, and works to promote innovation and adoption of progressive treatment guidelines, dental plans, and delivery methods.

learn more

Web: IOHWA.ORG ~ Register Online for the 2011 IOH Conference



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Lewis Lampiris, DDS, MPH

American Dental Association - Director, Council on Access, Prevention and Interprofessional Relations

Prevention and the ADA

As the director of the American Dental Association's (ADA's) Council on Access, Prevention and Interprofessional Relations (CAPIR) Dr. Lewis Lampiris helps support CAPIR's mission to improve oral health through recommending policies, developing resources, and building collaborations that support dental professionals and the public. For his presentation in the March 2011 Institute for Oral Health focus group, Dr. Lampiris provided a look into the governance of the ADA and its programs for promoting dental disease prevention.

How the ADA Works

The ADA represents approximately 157,000 member dentists in the United States with almost 70% of practicing dentists being members. In its work to establish oral health policies, the ADA is guided by the work of its Councils, which develop and recommend policies to the House of Delegates, which has top authority to approve policy and is the supreme governing body of the Association. The ADA Board of Trustees manages and implements policy and oversight of the business of the Association.

Helping to drive policy changes, 11 ADA Councils cover the gamut of access and prevention, dental practice, dental benefits, dental education and licensure, member insurance and retirement programs, and more. Overall, ADA governance is complex with the ADA investing in a range of arenas relevant to improving oral health, most importantly ways to advance evidence-based guidelines and a champions programs to motivate adoption of guidelines. Other initiatives include increasing workforce capacity and flexibility, cross-discipline collaboration, ways to replicate effective programs, and education to help raise awareness about the importance of good oral health and caries prevention.

The ADA's Approach to Prevention

As the primary agency within the ADA to promote prevention as "the cornerstone of oral health" and improve access to dental care for underserved populations, the Council on Access, Prevention and Interprofessional Relations (CAPIR) "*plans, develops, implements, and evaluates programs that support the ADA's commitment to optimal oral health for all.*" CAPIR highlights disease prevention as a key to good oral health, and advocates numerous preventive initiatives; for example, community water fluoridation and school-based dental sealant programs, which have proven to be a cost-effective way to deliver preventive services to children at high risk of early childhood caries.

ADA Policies for Prevention

The ADA House of Delegates has adopted more than 35 policies related to prevention. A few highlights include policies to:

- Define the use of fluoride varnishes in school programs;
- Guide operations and recommendations for community-based fluoridated water programs;

- Guide operations and recommendations for community-based fluoridated water programs;
- Integrate oral health and disease prevention into health education curricula and non-dental healthcare training;
- Establish programs for oral health risk assessments in children and initiatives to raise awareness about early childhood caries;

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"The ADA Councils are mission critical for developing policy recommendations for the House of Delegates. We cannot take action on key issues until we have a policy on the books."

– Dr. Lewis Lampiris

- Promote oral health literacy in the public and support dental providers in understanding how to raise awareness and communicate oral health education to individuals and families;
- Issue public statements about nutrition that supports good oral health such as sugar-free foods, drinks, and medications to promote caries prevention;
- Raise awareness on the role of tobacco use in oral cancer through national action plans for tobacco cessation, and the prevention and early detection of oral cancer.

ADA Disease Prevention Programs

As a policy-driven organization the ADA relies on scientific evidence to advance dental treatment and delivery models to improve oral health. The ADA® Center for Evidence-Based Dentistry™ publishes clinical guidelines and systematic reviews through their website at ebd.ada.org.

- **Clinical Recommendations** - Currently they have released seven clinical recommendations for evidence-based dentistry related to disease prevention, covering a range of issues from the use of topical fluoride and dietary fluoride supplements to dental fissure sealants, screening for oral cancer, and treating tobacco use.
- **Systematic Reviews** – The ADA updates over 1,200 reviews quarterly on numerous arenas such as pediatric, geriatric, and special care dentistry; oral cancer; preventive dentistry; tobacco use and cessation; community oral health policy; and oral health literacy and education.

Additionally, the ADA has developed materials to support prevention in dental practice, including downloadable Caries Risk Assessment forms for children aged zero to six, and for all patients over six years old – available online at:

http://gsa.ada.org/search?q=Caries+Risk+Assessment+Form&site=ADAorg_Collection&client=ADAFrontEnd&proxystylesheet=ADAFrontEnd&output=xml_no_dtd.

Covering an array of additional prevention-related topics, CAPIR manages programs focusing on:

- Access to dental care, community oral health infrastructure and capacity.
- Geriatrics and special needs dental care.
- Water fluoridation and population-based prevention such as tobacco cessation, nutrition, and facial injury prevention.

- Cultural competency and community outreach to improve oral health literacy and raise awareness on early childhood caries with high risk, minority populations.
- Oral health education and promotion such as National Children’s Dental Health Month programs.
- Interprofessional relations including programs on the connection between diabetes and oral health; and an oral health care series for patients with complex medical conditions.
- Community health programs such as Give Kids a Smile, the American Indian / Alaska Native Dental Placement Program and the Community Dental Health Coordinator Pilot Program.

Engaging Community Health Workers in Dental Disease Prevention

Another innovative approach to prevention includes improving oral health across underserved populations thanks to the ADA’s Community Dental Health Coordinator (CDHC) Pilot Program. This initiative was launched in recent years after in-depth analysis of dental workforce needs, and development of an 18-month training program, as well as evaluation guidelines. CDHCs are new members of the dental team with Community Health Worker (CHW) skills and competencies. In the U.S. about 120,000 CHWs are working to serve high-risk populations —helping 71% of the uninsured, 49% of immigrants, 41% of the homeless, and 31% of rural populations. As defined by the Bureau of Labor Statistics, CHWs are “frontline public health workers who are trusted members of [their community] and have an unusually close understanding of the community served.” As such, these providers are in a unique position to raise awareness about oral health where it could do the greatest good.

Through outreach, education, counseling, social support, and advocacy, CHWs support their community through:

- Bridging cultural mediation between communities and health and social service systems, and advocating for individual and community needs.
- Providing culturally appropriate health education in simple, plain language that can be easily understood by the target populations.
- Assuring people get the medical and dental care they need, and providing basic services such as first aid and health screening tests.

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For every dollar spent on the CHW, there is a reduction in health care cost of \$2.28

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– Journal of Health Care for the Poor & Underserved, 2006

A New Team Member for Dentistry

Unlike many other dental models that focus on drilling and filling the problem after it occurs, these Community Dental Health Coordinators (CDHCs) are dedicated to the primary disease prevention –reaching out to high-risk populations and helping them to understand oral health and adopt healthier behaviors to prevent dental disease, and supporting them in getting dental care. As a community based member of the dental team, CDHCs help people get enrolled in Medicaid and other dental care programs; coordinate dental appointments and transportation; and provide personal support for overcoming language or anxiety barriers.

Additionally, as CDHCs will have completed an 18-month dental training program which includes six months of clinical internship, they are trained to provide basic services under the supervision of a dentist, including conducting caries risk assessments, applying fluoride varnishes and applying dental sealants. A good amount of their training focuses on the prevention of caries, periodontal disease, and oral cancer, as well as screening and classification, palliative care, and dental care financing. CDHCs across the country will be able to provide services in community health and dental clinics, HeadStart centers, schools and social service centers, institutional settings, and other similar locations to reach low-income populations who typically have a high-risk of dental disease. The ADA will seek to determine how well the program contributes to improvements in dental care access, helps improve oral health outcomes, and whether the program is financially sustainable.

Building Collaboration to Improve Oral Health

Since 2007, the ADA has hosted a number of summit meetings focusing on themes such as oral health for American Indians/Alaska Natives; early childhood caries in Native American children; oral health of vulnerable older adults and person's with disabilities; and the *Give Kids a Smile Promising Practices* annual symposium.

In 2009, the ADA hosted the Access to Dental Care Summit in which 144 stakeholders collaborated to find common ground on six key areas of focus in which individuals and organizations could work to improve prevention and treatment of dental disease in high-risk populations. An outcome from the Summit is the creation of a U.S. National Oral Health Alliance.

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[Download proceedings from the 2009 Access to Dental Care Summit > \(pdf\)](#)
Additional proceedings documents are available at ada.org.
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Dr. Ron Inge, IOH Executive Director

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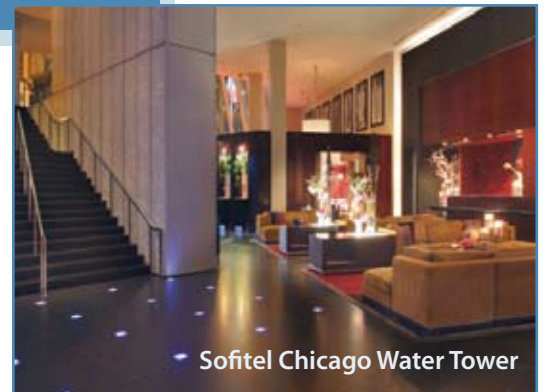
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Oral Health and Prevention

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