

Making Oral Health a Higher National Priority

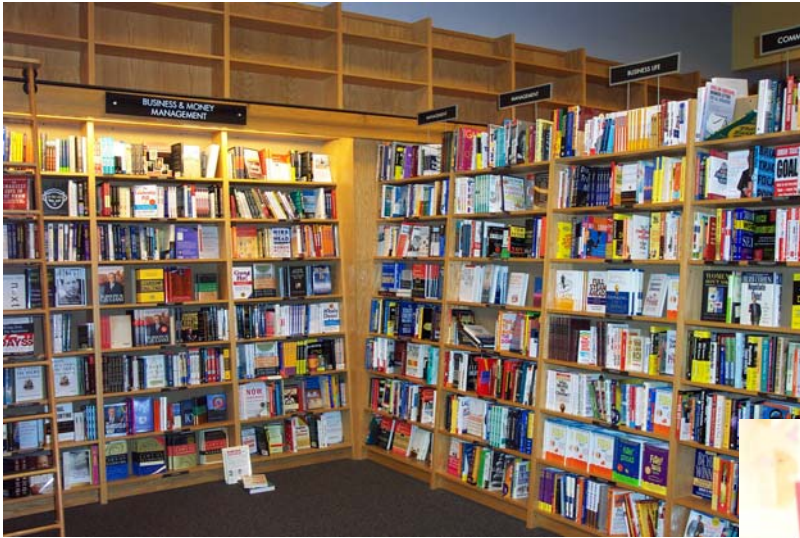
APHA Annual Session

Washington, D.C. – November 5, 2007

Stephen B. Corbin, D.D.S., M.P.H.

Sr. V.P., Special Olympics International

If we do not learn from history, we
are doomed to



Key Questions

- What does it take to move issues into a national priority and secure action?
- What has been attempted historically to make oral health a national priority?

Issue identified by credible scientific or advocacy group

Journal of Public Health Dentistry

COMMENTARY

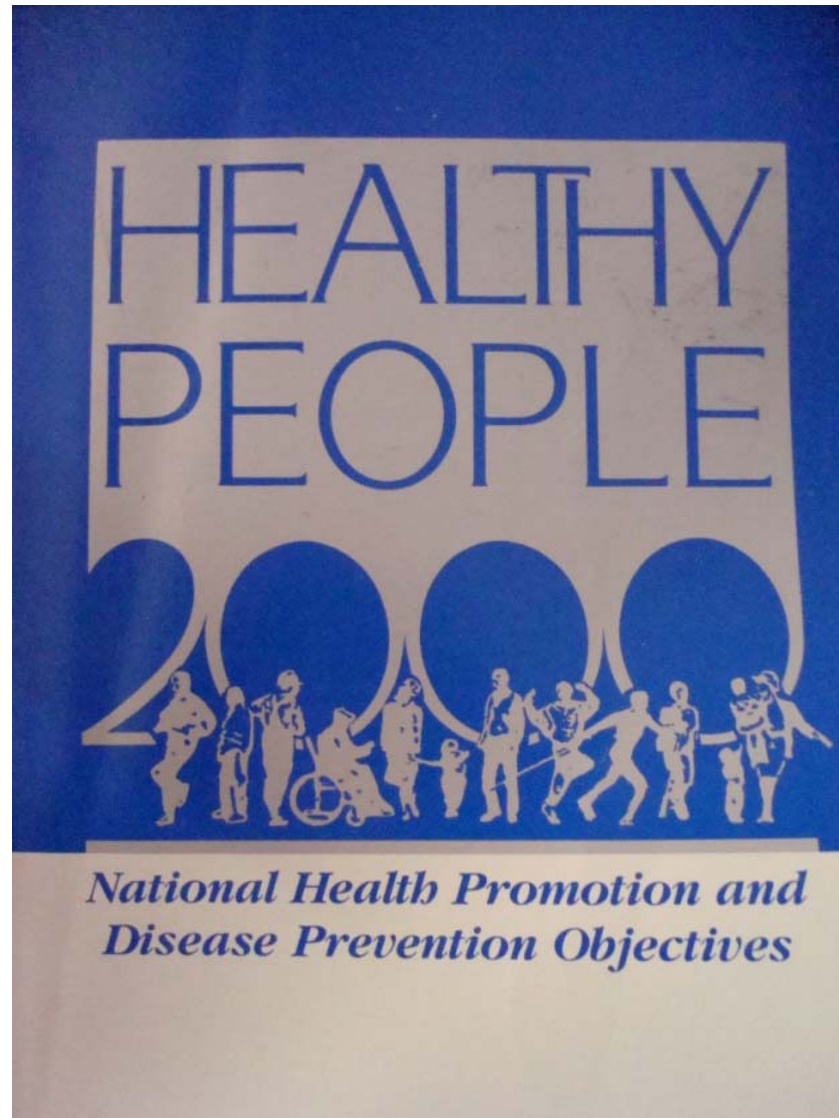
“Savage Inequities”: Can Public/Private Partnership Impact Oral Health Access in the United States?

Rhys B. Jones, DDS, MS

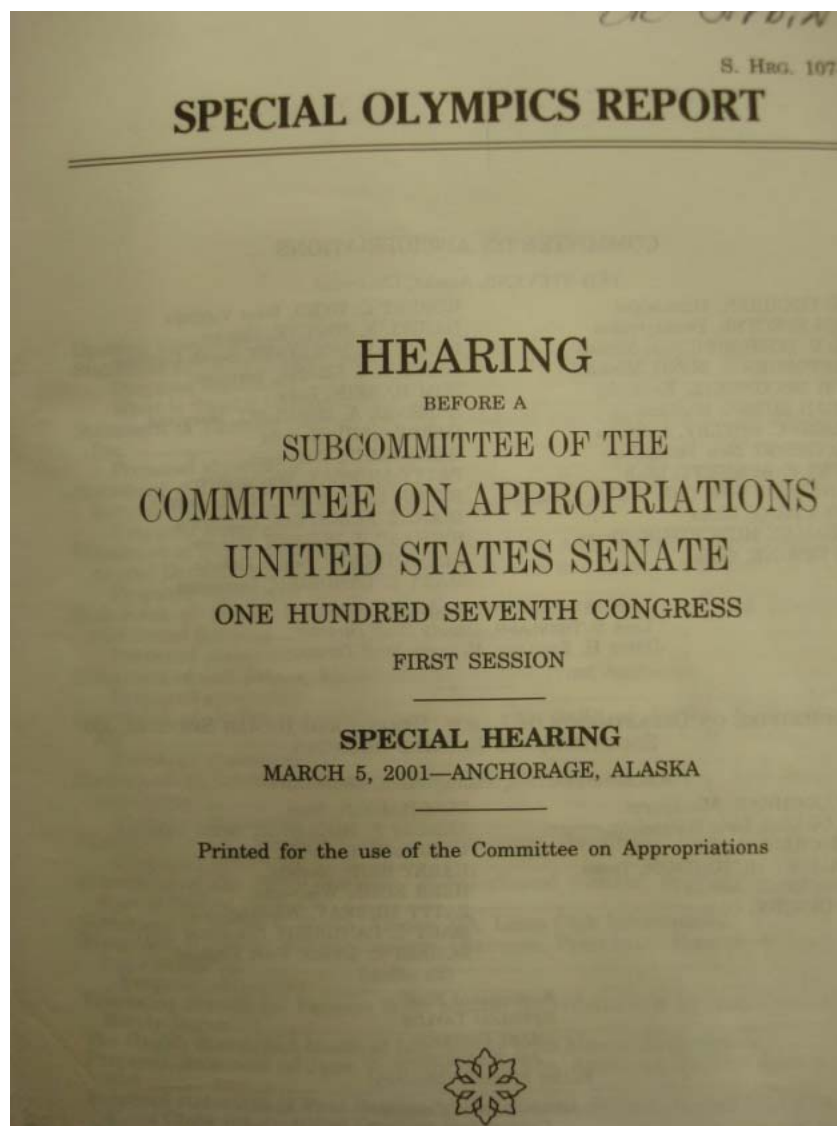
Alex White, editor of the 1993 overview paper “Toward Improving the Oral Health of Americans” (1), begins the paper with a moving excerpt from Jonathan Kozol’s 1991 book “Savage Inequalities: Children in American Schools” (2). As White states, “Kozol describes a picture unseen by most policy makers, but all too common for those who have worked in public programs serving poor, minority, and underserved populations.”

Although dental problems don’t command the instant fears associated with low birth weight, fetal death, or cholera, they do have the consequences of wearing down the stamina of children and defeating their ambitions. Bleeding

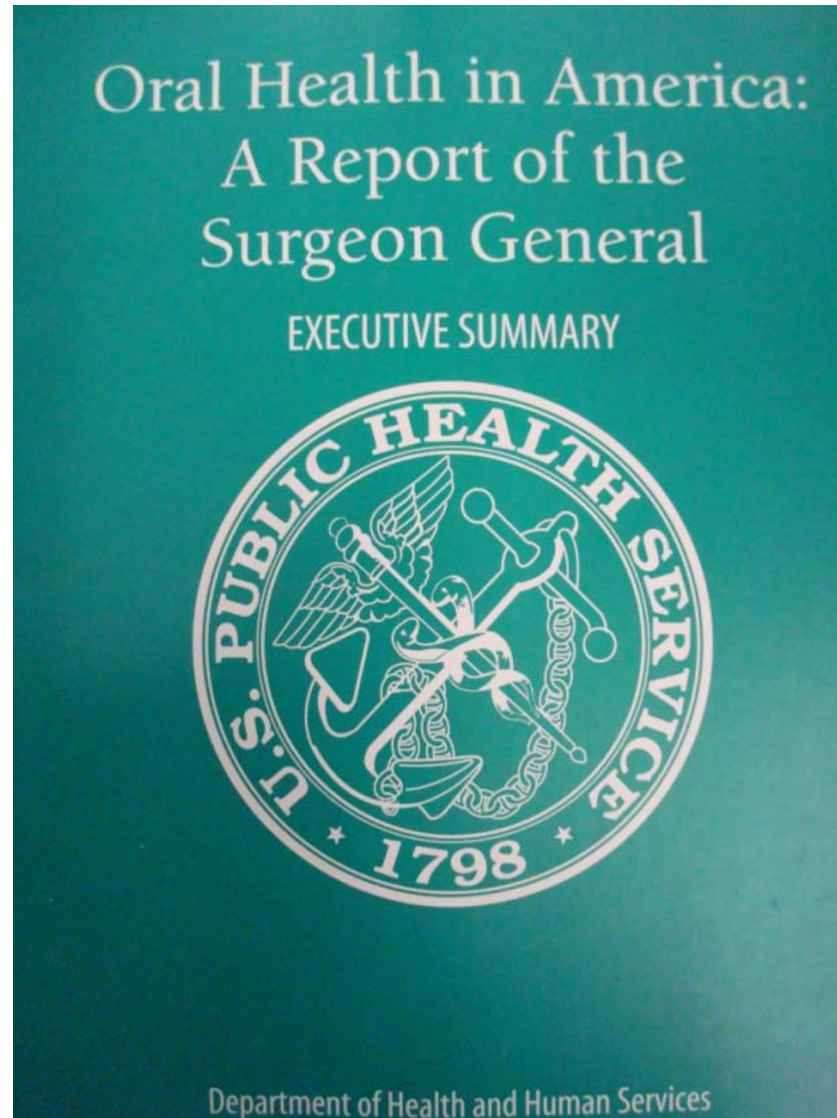
Issue communicated to wider audience and info generated through scientific and lay press



Issue makes its way onto the policy agenda of at least one major organization



Issue used as bridging strategy to other organizations



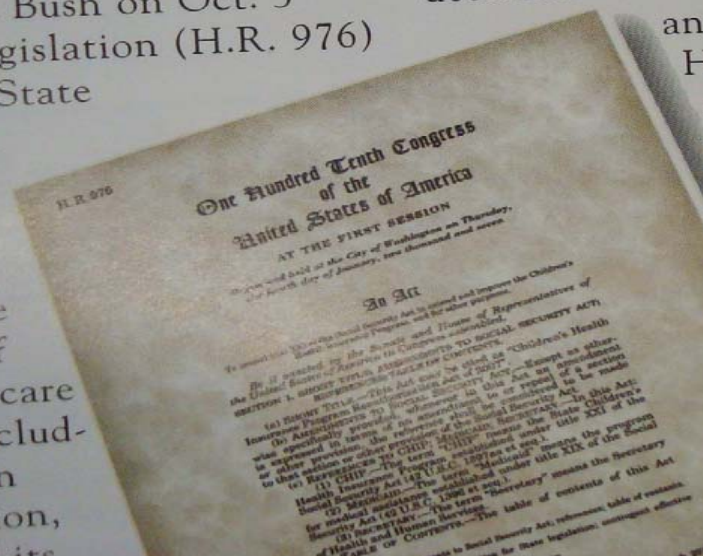
No major organizational player stands in opposition

CONGRESSwatch:

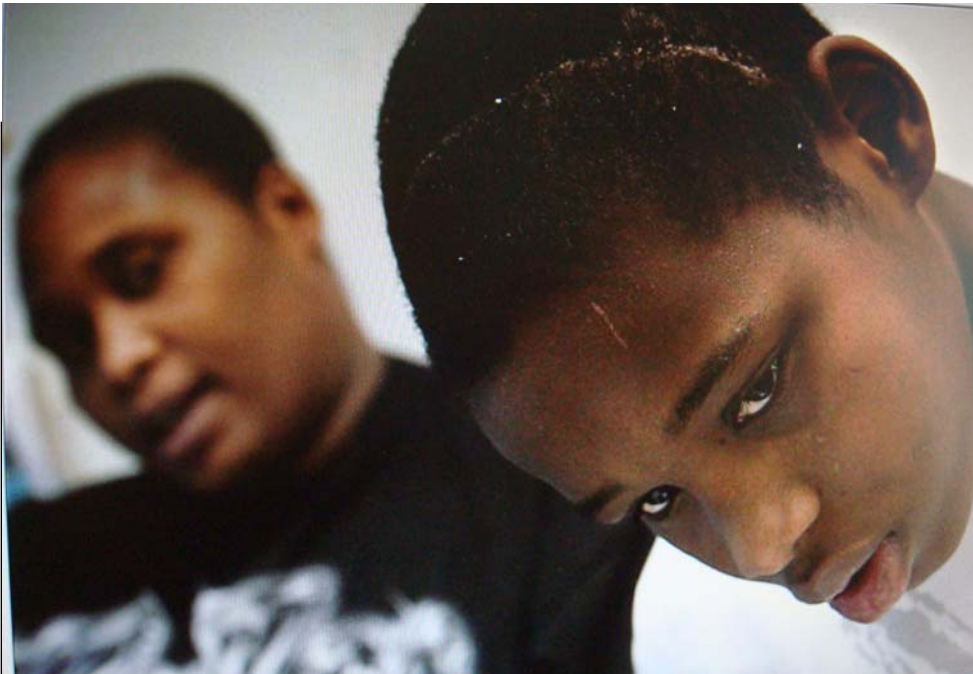
Congressional Leaders Retrench, Plan New Strategy on Children's Health

Making good on his threat, President Bush on Oct. 3 vetoed legislation (H.R. 976) reauthorizing the State Children's Health Insurance Program (SCHIP). The veto came despite the best efforts of dozens of health care organizations, including the American Dental Association,

Congressional leaders now must determine their post-veto strategy, and rumors suggest that a House **override attempt** could be scheduled for **as early as Oct. 17.** The big question is, do they have the votes to override the veto? The Democratic leadership may decide that the best strategy would be to fund SCHIP



A true national stake that impacts security, sensitivity, prosperity, economy, (e.g., sick kids)



States May Reduce Number of Children In Insurance Plan

By CHRISTOPHER LEE
Washington Post Staff Writer

As political gridlock in Washington muddies the long-term extends the previous year's funding levels.

But many state program leaders say the short-term fix will not be enough to maintain existing enrollment if gridlock continues.

the Congressional Research Service.

In California, which would run out in June, state SCHIP director Lesley Cummings on Friday and limiting dental benefits, said Rhonda Medows, commissioner of Georgia's Department of Community Health.

"We're sitting on pins and needles," Medows said. "We can't plan past a six-week period because we don't know what's

Powerful advocacy group or sustainable advocacy coalition that will invest resources

AARP Bulletin

AARP Bulletin Online October 2

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Your Health

Start With The Children

By Patricia Barry
May 2007

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It may have been scary for 13-year-old Job Bedford to testify before the Senate Finance Committee on Capitol Hill, even though his parents, four younger siblings and grandmother were with him. But for Job, who suffers from asthma, the idea of being sick and having no health insurance was even scarier.

Asthma attacks "are very unpredictable" and sometimes so violent that "there's always the thought at the back of your mind that you might just

MORE ON THIS

In 10 years SC

- Brought uninsured into the system.
- Reduced percentage of uninsured by one-
- Allowed

Outrage over “sympathetic “acceptable” vulnerable groups

Poor Children With Bad Teeth Have Trouble Finding Dentists

By CAREY GOLDBERG

MANCHESTER, N.H. — Two-year-old Bryana Gammel's rosebud lips gaped open, held by a retractor, to reveal baby teeth that were rotted down to the gum line. Her long lashes lay against her cheeks in the forced sleep of anesthesia.

One by one, Dr. Jay Afrow's delicate forceps gripped, wiggled and wrenched out the decay-stained teeth, until they lay, like tiny arrowheads, on a surgical tray. Six of them.

He was doing Bryana a great service, but Dr. Afrow was not happy. "This is not the way you want a 2-year-old to grow up," he said.

But, as a dentist to the poor, Dr. Afrow sees a great many children who do grow up this way — with swollen abscesses, "baby bottle decay" like Bryana's, which eats away whole rows of upper teeth, cavities not prevented and left untreated until the pain brings screaming.

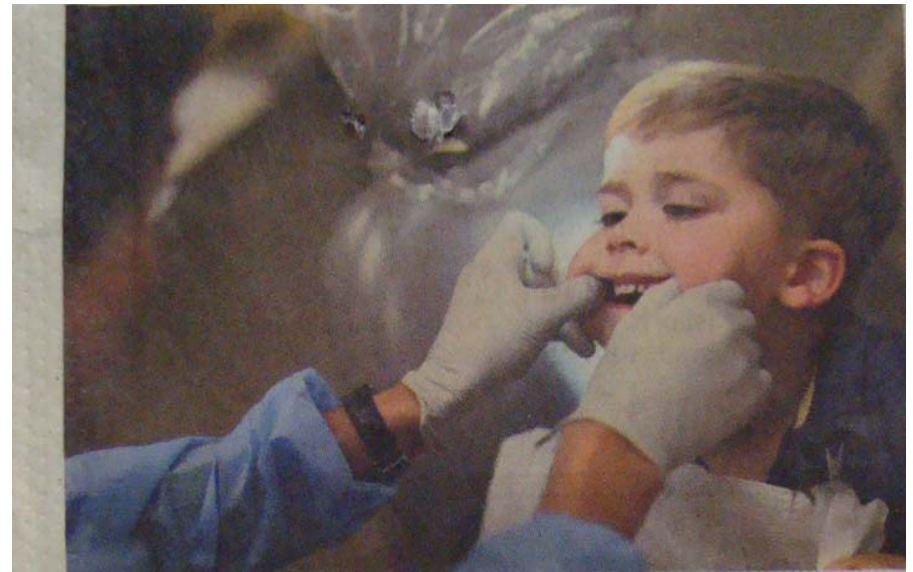
His practice here is a window onto a chronic national problem affecting millions of children, a striking rich-poor inequality that is only lately beginning to attract concerted Federal attention and action in Congress, the White House and health agencies.

The catch-phrase for it is "dental access," and its essence is this: Even though the vast majority of the poorest Americans, particularly children, are covered by Medicaid for dental care, they are not getting it. At least, not in numbers anywhere near children

luctant to take patients on Medicaid, the state-run health insurance for the poor and disabled, because the program tends to scrimp on payments and involves a pencil-breaking bureaucracy. Also, Medicaid patients, often with transportation and day-care problems, are much likelier to miss appointments.

Then there are what officials diplomatically refer to as "cultural problems," illustrated by Dr. Afrow's tales of encounters with

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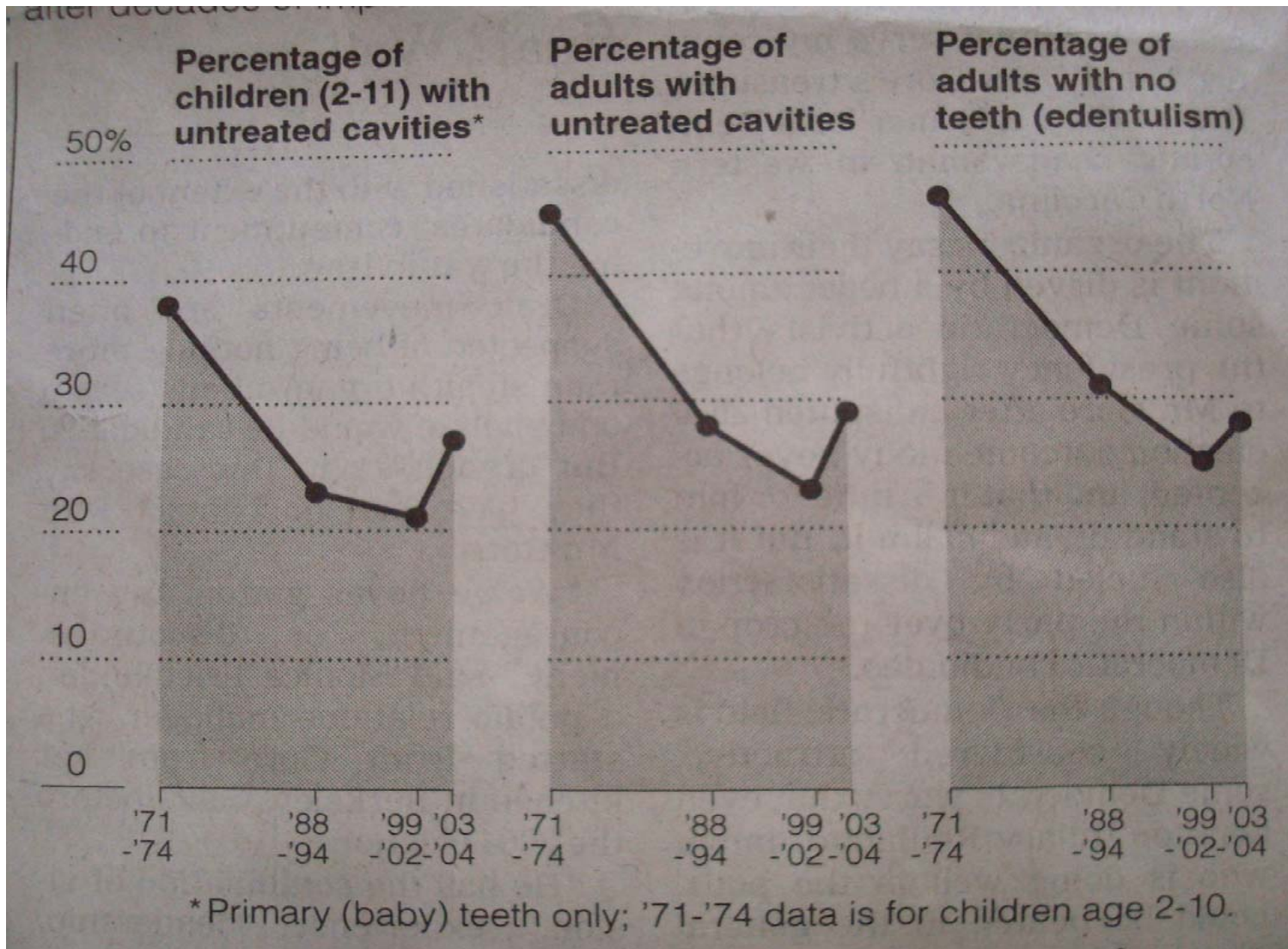


CHANG W. LEE/THE NEW YORK TIMES

Kevin Feeny, 4, being examined by Dr. Richard Yoon in New York. About a quarter of Americans have untreated cavities.

Boom Times for U.S. Dentists, But Not for Americans' Teeth

Renewed Health Threat



Policy makers move the issue to public debate and propose remedies

ADA News October 15, 2007

Dentists need to be involved in politics: Rep. Simpson

'Everything that is done affects your ability to provide services to your patients'

BY JUDY JAKUSH

San Francisco—In remarks to the ADA House of Delegates here Oct. 1, U.S. Rep. Mike Simpson urged all dentists to get involved in politics because the decisions made at the local, state and national level reverberate in dental offices.

"Everything that is done," said the Idaho Republican and dentist, "whether it is in Boise, Idaho, or Washington, D.C., affects your ability to provide services to your patients. You have to become involved in politics."

He said getting to know legislators was critical, "so that when you call them in Washington, they know who they are talking to."

Rep. Simpson thanked the House for the opportunity to speak and as a dentist, "to work on your behalf to improve oral health care of all Americans." He cited his work on bills important to dentistry, particularly two focused on the early prevention and treatment of children: the Children's Dental Health Improvement Act of 2007, which he introduced with Rep. John Dingell (D-Mich.), and the Essential Oral Health Care Act of 2007, which he introduced with Rep. Albert R. Wynn (D-Md.).

The CDHIA is designed to improve access to dental care for children and the second bill will improve reimbursement rates to dentists as well as tax credits for donated dental services, which he noted is "something long overdue." A few days after Rep. Simpson's speech,



Rep. Simpson: "You are the best spokesmen for dentistry in the United States," said the Idaho Republican and dentist Oct. 1 to the House at ADA annual session in San Francisco.

Health Insurance Program reauthorization that was passed in September. The bill included dental care coverage for children of the working poor.

While telling delegates that he will pledge his continued support for the bill, he predicts the House will sustain the president's veto. "I will vote to override, but I'm only one of 435. It will be sustained, and then we will all have to

administration—to work out a bill we can agree on."

The goal now is to make sure that any rewrite of the bill continues to include coverage for dental care.

"It is vitally important that you contact legislators that you know. You are the best spokesmen for dentistry in the United States. Members of Congress will listen to you more than anyone else because you are their constituents."

Rep. Simpson said more people in Washington are aware of the need to include dental care in this and other health care bills. "We are in a better position in Washington today than we have ever been. I look forward to working with all of you to make sure that in this critical time we advance the oral health care of all Americans."

He urged House members to contact his office. "If I can't talk to you right then [when you call], I will get back to you. Because I need to hear from you, too."

The congressman also took a moment to comment on how the ADA does its job.

"Let me say a few words about staff at ADA and those in Washington and throughout the country, in Chicago or other places. I have told my staff many times that a really good staff can make a mediocre congressman look very good. The staff you have at the ADA are some of the most trusted and respected people in Washington and Capitol Hill. They represent you in a way you can be proud of for the profession you represent."

"It is vitally important that you contact legislators that you know. Members of Congress will listen to you more than anyone else because you are their constituents."



Big topic: Delegates break out into roundtable discussions Sept. 28 in San Francisco during the House mega topic discussion on universal health care.

Delegates think universal health care is a possibility

What Has Been Attempted in Making Oral Health a National Priority

- Dental disease is a universal scourge - everyone at risk
- Tooth problems are responsible for general body dysfunctions and can be life threatening— Greeks & Egyptians thousands of years ago; dental scientists now
- Dental disease is costly
- Dental disease is preventable
- Dental disease is treatable
- Dental caries is declining and confined to a small percentage of the population (thus, manageable!)
- Dental care can provide any smile you can afford

What Has Been Attempted Cont....

- Dental disease is a hidden epidemic affecting all groups, especially vulnerable
- Current non-system of care leaves millions at risk
- Much can be solved through local initiatives and public dental education
- “Innocent” children are dying from lack of routine dental care
- National legislation needed to assure essential dental care for vulnerable children

None of these arguments, individually or collectively, have been enough to push oral health above the critical policy threshold!

Agent, Host. Environment



James

