

whitepaper

2011 conference  
**Prevention**  
Rebranding the Profession



**October 27 & 28, 2011**  
**Chicago, Illinois**

**:: whitepaper excerpt ::**  
**Lewis N. Lampiris, DDS, MPH**

*“Building a future based on prevention would give us the win-win situation we are all looking for. It would decrease costs and increase quality of care. I believe that’s the only hope we have of moving forward.”*

*--Dr. John Luther*

As caries rates reach epidemic proportions in children across America, and millions of people have unmet dental needs, the dental profession faces a greater challenge than ever before. To improve oral health nationwide, the goals are changing from finding better ways to manage disease to imperatives of preventing disease. Toward that end, the Institute for Oral Health (IOH) dedicated 2011 to the theme of prevention, exploring evidence-based best practices and innovative models of care that are advancing disease prevention and early intervention.

In October 2011, the IOH hosted our fifth national conference in Chicago, Illinois on **“Prevention: Rebranding the Profession.”** The event spotlighted impressive steps forward in risk assessment, reducing early childhood caries, integration with primary care, new dental roles and effective collaborations to advance prevention, as well as guiding principles for longevity from the world’s healthiest cultures. The conference welcomed guest speakers from across dentistry, medicine, dental benefits, health policy, and the American Dental Association (ADA).

Key prevention strategies discussed at the conference included:

- **Risk assessment and early disease detection** – Many experts agree that prevention in oral health needs to include a framework centered on caries risk assessment. One progressive approach is an assessment form that reduces the dental office burden by engaging patients to self-assess, and providing choices for treatment strategies that best fit patient needs and willingness to adopt healthier behaviors. Additionally, innovations in salivary diagnostics may soon make it possible for dental teams to conduct quick, scientifically accurate chairside tests to detect the presence of an array of diseases within minutes.
- **Preventive dental visits by age one** – Studies confirm that children who receive their first preventive dental services by age one have lower incidence of caries over time and require fewer hospital visits for restorative care. As a result, these early visits dramatically reduce the cost of care. Reaching parents early also helps them understand oral health milestones and increases continued usage of dental services to prevent early childhood caries.
- **Socially-relevant behavior modification** – An innovative model has been introduced that provides an interactive, visually appealing mobile application that community health workers can use to engage parents in childhood caries risk assessment and oral health education. Using simple, culturally relevant language and nutrition references, the system helps guide low-income, low-literacy minority families toward adopting healthier behaviors that help reduce and prevent caries.
- **New dental roles to increase access to preventive services** – New training programs are underway that establish a new dental team member, the Dental Therapist. Skilled in basic dental services, oral health counseling, and practice management, the Dental Therapist helps increase practice capacity for basic oral exams, risk assessments, and preventive

services, and works closely with families to help them understand ways to maintain good oral health and reduce tooth decay. Another program underway is the ADA-sponsored training for Community Dental Health Coordinators (CDHCs). Supporting the low-income communities in which they live, CDHCs serve as a trusted resource to provide culturally-sensitive oral health education, coordinate access to dental care, and perform basic dental services and risk assessments for families in public health settings.

- **Engaging primary care providers in oral health** – As family physicians and pediatricians have more frequent access to young children, these primary care providers are increasingly taking advantage of oral health training programs to help reduce early childhood caries. Providing basic oral screenings, fluoride varnish, and oral health education, they help families understand the connections between oral health and overall health, and the importance of starting dental prevention early to reduce caries risk over time.

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## Stay up to date on 2012 Institute for Oral Health events

Our 2012 theme is “The Evolution of Oral Health Care Delivery.” Throughout the year, the Institute for Oral Health will host focus groups with industry experts, participate in national oral health events, and convene our **6th annual national conference on October 4 & 5, 2012 in Boston, Massachusetts**. Keep up with the latest news and findings through our website ([IOHWA.ORG](http://IOHWA.ORG)), whitepapers, quarterly newsletter, and Facebook fan page. Additionally, check out the latest advances in oral health care on our site’s special section “Innovation Central.”

## 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](http://IOHWA.ORG)



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## Lewis N. Lampiris, DDS, MPH

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



## Prevention and the American Dental Association

As a strong advocate for prevention in oral health, the American Dental Association (ADA) invests in a number of valuable initiatives to promote prevention awareness and access to preventive services. Leading many of these efforts is the ADA's Council on Access, Prevention and Interprofessional Relations (CAPIR), whose mission is to provide leadership, vision, and coordination of the ADA's activities to advance oral health care within the health delivery system, promote prevention as the cornerstone of oral health, and improve access to oral health services for underserved populations.

At the 2011 Institute for Oral Health conference, Dr. Lewis Lampiris, the director of CAPIR, provided a look into how the ADA works, and highlighted policies, programs, and activities that promote dental disease prevention.

### Inside the ADA

The ADA is guided by their strategic goals to support dentists in succeeding throughout their careers; serve as a trusted resource for oral health information; improve public health outcomes through effective collaboration across numerous stakeholders; and to ensure the financial security of the ADA to enable them to support strategic initiatives.

### The three components of governance

To establish oral health policies, the ADA relies on three tiers of support in their organization:

- **House of Delegates** is the supreme authority as the legislative and policy making body of the ADA.
- **Councils** develop and recommend policies to the House of Delegates, which are transmitted through the ADA Board of Trustees.
- **Board of Trustees** manage administration, including implementing policy and overseeing the day to day business of the ADA.

### Promoting prevention through CAPIR

The Council on Access, Prevention and Interprofessional Relations (CAPIR) is dedicated to advancing oral health care by promoting prevention as “the cornerstone of oral health” and improving access to care for underserved populations. CAPIR focuses heavily on collaboration with multiple stakeholders and oral health champions to help drive policies that support population-based prevention strategies such as community water fluoridation and school-based dental sealant programs.

## ADA Policies for Prevention

While the inner workings of the ADA are complex, their focus on prevention is made simple by targeting five core concepts that guide their policies for improving oral health:

- **Increase collaboration** to promote consistency and adoption of best practices
- **Replicate effective programs** and provide measurable outcomes
- **Build the science base** to establish evidence-based guidelines
- **Increase workforce** capacity, diversity, and flexibility
- **Change perceptions** about oral health and prevention, across the public and providers

Currently, the ADA has more than 35 policies related to prevention, such as those centered on:

- **Fluoride varnish use**, school-based fluoride mouthrinse programs, and topic fluoride programs. .....  
*To learn more about current ADA policies, visit:  
[ada.org/currentpolicies.aspx](http://ada.org/currentpolicies.aspx).*  
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- **Community-based fluoridated water programs**, with recommendations for fluoride levels, home water treatment systems, and more.
- **Childhood caries prevention** through school-based oral health risk assessments and public awareness campaigns about childhood caries.
- **Oral health and disease prevention education** in health care curricula, non-dental health training, and patient education. Additional initiatives are underway to integrate oral health awareness into learning standards in grade schools and beyond.
- **Oral health literacy** policies that provide definition and platforms for educating dental professionals and community caregivers on how to effectively guide patients into maintaining good oral health.
- **Nutrition recommendations** about sugar-free foods, drinks, and medications to promote caries prevention. Currently, CAPIR is collaborating with other ADA councils on recommendations that address complex issues related to oral health and nutrition.
- **Tobacco use** in terms of prevention and cessation resources to reduce incidence of oral cancer.

## ADA Programs and Activities Focused on Prevention

In addition to prevention-oriented policies and awareness campaigns, the ADA helps support the dental profession and the public through a range of science-based programs and resources.

### ADA Center for Evidence-Based Dentistry

A primary focal point is their online resource, the ADA® Center for Evidence-Based Dentistry™ ([ebd.ada.org](http://ebd.ada.org)). The site features clinical guidelines, systematic reviews, and critical summaries for dental professionals, as well as a patient-friendly version with “plain language” summaries and

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*“The ADA Evidence-Based Dentistry website is an amazing source of information on using the scientific evidence and clinical expertise of dentists, as well as patient needs and preferences.”*  
.....  
*–Dr. Lewis Lampiris*

patient resources. This ADA Evidence-Based Dentistry site is also now optimized for mobile devices (visit [mobile.ebd.ada.org](http://mobile.ebd.ada.org)).

- **Clinical Recommendations** - Currently available are eight clinical recommendations related to disease prevention, such as those for topical fluoride application and non-fluoride caries prevention, oral cancer screening, and treating tobacco use.
- **Systematic Reviews** – Over 1,700 reviews updated quarterly on a wide range of topics such as community oral health and oral health literacy, geriatric and special care dentistry, pediatric dentistry, preventive dentistry, oral cancer, and tobacco use and cessation.



- **Critical Summaries** – Available for all of systematic reviews, these brief summaries provide key concepts and clinical implications in a user-friendly, one-page overview.

### Caries Risk Assessment

To help dental teams work with patients to identify caries risk and prevent disease, the ADA has developed two downloadable Caries Risk Assessment forms. One form targets children aged zero to six, the other is for all patients over six years old. These forms are available online at: [http://gsa.ada.org/search?q=Caries+Risk+Assessment+Form&site=ADAorg\\_Collecti on&client=ADAFrontEnd&proxystylesheet=ADAFrontEnd&output=xml\\_no\\_dtd](http://gsa.ada.org/search?q=Caries+Risk+Assessment+Form&site=ADAorg_Collecti on&client=ADAFrontEnd&proxystylesheet=ADAFrontEnd&output=xml_no_dtd).

### CAPIR's prevention-focused activities

A primary objective in CAPIR's activities involves identifying the diverse considerations across the many stakeholders that comprise the infrastructure for creating a system of oral health care. By gaining a complete picture –one that factors in private practice dentists, safety net clinics, local health departments, federally qualified health centers, schools, Head Start programs, and others– more effective decisions can be made to do the greatest good.

In their focus on prevention, CAPIR manages programs such as those for:

- **Access to dental care**, community oral health infrastructure and capacity.
- **Geriatric dentistry** and special needs care.
- **Population-based prevention** such as water fluoridation, tobacco cessation, nutrition, and facial protection related to sports dentistry.
- **Oral health literacy** including community outreach to raise awareness on early childhood caries with high risk, minority populations. As the only health care agency to focus on health literacy, the ADA's programs have been used as a model by the American Medical Association and others.
- **Interprofessional relations** that support integration with medicine such as programs targeting the connection between diabetes and oral health, and oral health care for patients with complex medical conditions.
- **Community Dental Health Coordinator** pilot program, which helps address the workforce capacity problem by introducing a new member of the dental team.

## Advancing Prevention with a New Dental Team Member

A significant burden on the dental care system is the lack of access and support for millions of Americans in low-income and rural communities. The ADA has introduced a solution by sponsoring the Community Dental Health Coordinator (CDHC) Pilot Program. The 18-month training program extends the scope of Community Health Workers to include oral health competencies and basic dental care skills. CDHCs can then serve as a valuable, trusted resource in their own communities where residents have little or no access to dental care. As an extended member of the dental team, a CDHC serves as a liaison between health services and the community through outreach and counseling, helps facilitate access to care, and works to improve the patient experience with culturally relevant communications.

The 18-month CDHC training program, launched in March 2009, includes one year of online modules in dental skills and community health skills, followed by six months of clinical internship. Currently, training is underway at universities in Arizona, Oklahoma, and Pennsylvania, and they receive a certificate of completion. The primary goal for CDHCs is prevention, through raising awareness on oral health and helping individuals and families in the community get the care they need.

Some key responsibilities of CDHCs include:

- **Coordinating access to dental care**, including scheduling appointments, enrolling in Medicaid and CHIP, arranging transportation, and support to reduce personal barriers such as language translation and counseling.
- **Providing culturally appropriate health education** such as oral health literacy and motivational interviews, nutritional guidance, and tobacco cessation –all in simple, patient-friendly language, and with the appropriate sensitivity of a trusted community partner.
- **Perform basic dental services** (under supervision) including caries risk assessments, oral hygiene education, fluoride varnish and dental sealant application, x-rays, and temporary restoration placement.

This new generation of community-based dental team members helps to bolster workforce capacity for low-income populations served by schools, social services, Federally Qualified Health Centers, Head Start sites, tribal clinics, institutional settings, and private practices.

To measure the effectiveness of the CDHC program, the ADA will be evaluating it until September 2013, exploring key questions such as:

- Does the program help improve access to oral health care?
- as the program positively impacted oral health outcomes?
- Is the program financially sustainable?

## Improving Oral Health through Collaboration

The ADA sponsors many collaborative events to bring together experts focused on improving oral health. Events cover a broad spectrum of population needs, from summits on early childhood caries and oral health in Native Americans, to consensus conferences on care for vulnerable older adults and Medicaid populations. In the interest of broader collaboration, the ADA shares findings from these events on their website ([ada.org](http://ada.org)), and recently hosted a webinar of proceedings from a conference on vulnerable elders ([ada.org/nccc](http://ada.org/nccc)). Additionally, the organization continually participates in national meetings, workgroups, advisory committees, and expert panels focused on improving oral health.

## **Developing a National Prevention Strategy**

As a final note, Dr. Lampiris highlighted a key initiative for collaboration across the health care industry: to develop a National Prevention Strategy for oral health. The initiative will bring together numerous stakeholders who will have an impact, including government, private sector dentistry, dental education, financing, non-dental health care providers, advocates, public health, and community representatives. Planning begins in 2012, and in 2013 stakeholders will convene to define a consensus strategy on a unified approach for prevention that works effectively to incorporate valuable scientific evidence, increase public/private partnerships, and ensure the use of proven prevention measures to demonstrate the value of prevention in improving oral health.