

# Annual Report of the Children's Dental Health Project

## CDHP's Value Proposition

**"The Children's Dental Health Project forges research-driven policies and innovative solutions that improve children's access to oral health by engaging a broad base of partners committed to children and oral health."**

In 2005, our Board of Directors approved a strategic plan for the next three years. We refined our mission, articulated our values, and defined the strategies we pursue to achieve our vision of equity in oral health for all children. At each step along the way, our unique relationship with the American Academy of Pediatric Dentistry was acknowledged as a key organizational strength. Here's a summary of what we've been doing on behalf of kids and their dentists since the last Academy annual session.

## **The Policy Cycle: Research, Policy, Advocacy, Communications, Program Management and Evaluation**

### **Research**

CDHP's investigates issues that impact care delivery including Medicaid/SCHIP, dental workforce, and "consumer-driven health plans." This year we have completed projects for the ADA Foundation (Analysis of news coverage on children's oral health access), United Methodist Health Ministry Fund of Kansas (Implications of dental student attitudes on care for underserved people), State of Maryland (Evaluation of state dental public health infrastructure for underserved), a State health finance authority (Benefit structure design for combined Medicaid/SCHIP program), the federal Maternal and Child Health Bureau (Federal options on funding perinatal oral health programs), the Commonwealth Fund (Health insurance coverage and its dental consequences), and Mississippi State University (ECC project). Internally, we conducted an analysis of state oral health plans, began a study of pediatric dentists' productivity with EFDAs, and completed a literature review of dentist and physician attitudes regarding Medicaid and Medicaid patients (by Dave Krol). These and similar projects build the knowledge base needed to promote sound policies.

### **Policy**

We advance pediatric oral health policy through presentations and publications, by networking widely with influential individuals and groups, and by providing technical assistance to others.

Presentations: Our staff made presentations this year on topics ranging from perinatal oral health to Medicaid, physicians' roles in promoting pediatric oral health, early childhood oral health, and dental workforce. This year we addressed the Association of Maternal and Child Health Programs (AMCHP), the Clinical Directors' Network, the DC-based Maternal Issues Forum, the National Oral Health Conference, Volunteers in Health Care, a HRSA Bureau of Health Professions Conference, Healthcare for the Homeless, a Regional Head Start Forum, a CDC meeting of MCH Epidemiologists, the

Universities of Maryland and Indiana Dental Schools, the International Association for Disability and Oral Health, the AAPD Legislative Workshop, and the National Association of Community Health Centers.

Publications: Our many publications are available on our website at [www.cdhp.org](http://www.cdhp.org). Publications released during the last 10 months include an essay on *Disparities in Access to Pediatric Dental Care* by dental student Amy Honig, Staff-authored fact sheets on *Racial and Ethnic Disparities in Oral Health* and *Native American Child Oral Health*, a policy brief on *Cost Effectiveness of Pediatric Dental Care* that was used to inform Congress that cutting children's Medicaid dental benefits would be costly, a policy brief on *Future Dentists' Care for Underserved Populations*, a book chapter on *Early Childhood Caries* for AAP's About Children book, monographs entitled, "*From the Mouths of Babes: Revelations about the Oral Health of Connecticut's Urban Poor Preschoolers,*" and "*Getting Value for State Dollars through Market-Based Purchasing: Analysis of State Dental Medicaid Payment Reforms*" and intern project reports on the *Relationship between nutrition and oral health and Opportunities for oral health education in WIC*.

Networking: CDHP Staff attends a number of meetings each year in order to promote our issue and network with influential individuals and organizations. Through these meetings we update our knowledge of policy issues and expand our circle of contacts. So far this year, we've participated in meetings convened by the National Governor's Association, National Conference of State Legislatures, Center for Health and Healthcare in Schools, National Rural Health Association, Surgeon General's Partnership Group, Indian Health Service, Joint Center for Political and Economic Studies, National Council of La Raza, Economic and Social Research Institute, Urban Institute, Health Resources and Services Administration, Center for Healthcare Strategies, Johnson and Johnson Consumer Oral Health Division, and the NYS Department of Health Workgroup on Perinatal Health Guidelines. CDHP also regularly attends Congressional briefings important to children that are convened by the Alliance for Healthcare Reform, the Kaiser Commission on Medicaid and the Uninsured, the National Institute for Healthcare Management, and the National Health Policy Forum. CDHP is the only group to represent Children's oral health at the biweekly meetings of the DC Child Health Group - a coalition of over 40 national groups concerned about children's health and welfare.

Technical Assistance: CDHP is frequently called upon to provide technical policy assistance, information, and guidance to a variety of individuals and groups who care about children's oral health. We have assisted Members of Congress to help draft legislation (for example, Anne De Biasi's work on behalf of Senators Collins and Daschle drafting the *Dental health Provider Shortage Act*) and to provide opinion on legislative proposals. Among the various groups that have sought our assistance this year were state legislators and health officials, federal officials at HRSA, CMS, and CDC, pediatric dentists and physicians, state and local dental programs, state and national professional associations, medical and dental training programs, dental insurers, foundations, advocates, universities, policy shops, national associations of state policymakers, and the press.

## **Advocacy**

Providing information: CDHP advocates for children's oral health by working with Congress, testifying before state legislators, providing information to state and federal health officials, and informing child advocates about oral health issues. This year we advocated for children's oral health through presentations to pediatric dentistry residents from National Children's Medical Center, Howard University and the University of Maryland; AAPD leadership at the AAPD lobby day in DC; attendees at Oral Health Forums in Nebraska, Delaware, South Dakota, Rhode Island, and Ohio; grass roots advocates at the Families USA national meeting; the VA legislature; and the Indiana Department of Health.

Working with Capitol Hill: On Capitol Hill, CDHP hosted NBA player Eric Williams on two rounds of Hill visits during which we met with Senators, Representative, and staff. CDHP and Eric visited the Pediatric Dental Clinic at Children's National Medical Center to generate press coverage. We organized a wee attended Hill briefing for Congressional staff on Oral Health Disparities at the request of the Congressional Hispanic Caucus that was sponsored by 6 Members of the House and multiple national dental associations. Working with Congress, we promoted children's oral health and Medicaid coverage for children's dental care, called for increased dental coverage eligibility in SCHIP, addressed workforce issues, and stimulated a bill on perinatal oral health.

CDHP DC Access Workgroup: CDHP's dental access workgroup continued to grow in size and stature this year as this group now includes lobbyists and governmental affairs staff from AAPD, ADA, ADEA, AGD, and ADHA and will soon welcome representatives from NDA and HDA. This group meets to "get on the same page" on issues related to access so that organized dentistry speaks with a common voice on access. This year the group successfully organized a consolidated effort to oppose deep cuts in Medicaid, to highlight oral health disparities, to promote the Child Dental Health Act, to seek funding for dental appropriations, and to press Congress to attend to oral health concerns.

Supporting others: Advocacy also involves sharing information on oral health with others who advocate for children, supporting others' Hill events, and helping other groups find their voice. This year CDHP staff consistently represented pediatric oral health issues in the DC Medicaid Coalition convened by Families USA, in the Child Health Group convened by AAP, and at Hill advocacy events by the National Dental Association and Friends of NIDCR. CDHP also hosted a joint meeting of the National and Hispanic Dental Associations in a Kellogg Foundation funded effort to encourage their participation in the policy arena.

## **Communications**

Perhaps nothing is more important than getting the word out to the public and its leaders so that children's oral health remains "on the front burner." CDHP's website approached 300,000 hits this year with visitors spending extended time on the site. CDHP's staff and Board members were quoted in the New York Times, National Public Radio, CBS Weekend News, the International Herald Tribune, and various trade publications.

CDHP's news releases were picked up by a variety of dental and trade publications. CDHP joined with RI Kids Count on an editorial promoting children's access to dental care. Our biweekly report on press coverage of children's oral health issues, *NewsBytes*, gained an ever wider audience this year and stimulated requests from advocates and dentists for special reports highlighting coverage in their states. CDHP's communications director is now better positioned to press messages with the public as he now serves as Chair of the Surgeon General's Call to Action Committee on Media and Oral Health.

### **Program Management and Evaluation**

CDHP continues to manage the *Awesome Smiles* project for AAPD by representing pediatric dentistry in a program that involves physicians, nurses, dieticians, lawyers, psychologists and others concerned about teen health and positive youth development. This Project coordinates its work with the AAPD Adolescent Committee and will offer a CE session at the Orlando meeting. The Committee is also planning a supplement to Pediatric Dentistry on adolescent oral health. CDHP assisted the South Dakota Dental Association in securing a federal Healthy Tomorrows grant promoting early childhood oral health through medical-dental partnerships and assists in managing that program, including developing an evaluation tool. The Maryland Department of Health engaged CDHP to conduct a study of its dental public health infrastructure with special emphasis on the pediatric dentistry fellowship program and the loan repayment program. Additional program management accomplishments this year include a communications project award from the WK Kellogg Foundation; submission of a grant on behalf of AAPD to the federal MCHB *Partners in Promoting Maternal and Child Health Program* to conduct a project on improving perinatal oral health; submission of another MCHB grant proposal to partner AAP and AAPD in promoting their infant oral health programs; and, with support from the ADA Foundation, developing a bilingual patient education tool targeting parents of Latino preschoolers.

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### **Organizational News**

CDHP welcomed Dr. Caswell Evans of the University of IL and Mr. Steve Kess of Henry Schein, Inc. to its Board of Directors. With support from Henry Schein, we developed a new brochure and communications suite. CDHP was granted its permanent tax-exempt status from the IRS. Amy Honig, Program Assistant, enrolled in Tufts Dental School in September. Shelly-Ann Sinclair MPH was hired as Policy Analyst in September. Yeon Jin Choi, pre-dental student at UMD was hired as Program Assistant in October. Dave Krol shifted his role from Fellow to Senior Policy Research Consultant after accepting a position as Vice President at the Children's Health Fund in NY. CDHP's Founding Director Burton Edelstein received awards from the Friends of NIDCR, ADEA and the Chicago Dental Society on behalf of CDHP's accomplishments on behalf of underserved children.

### AAPD-associated activities this year

1. *Awesome Smiles*: We administer AAPD's federal "PIPPAH" (Partnerships In Program Planning in Adolescent Health) adolescent oral health project that also supports AAPD's *Good Health Starts Here* campaign.
2. *Interfaces*: We completed a project through AAPD's Filling Gaps Grant that "explicates issues at the interface between medical and dental care for preschoolers"
3. *Governmental Affairs*: We participate in the "Brain Trust" and Council on Governmental Affairs
4. *AAPD meetings*: We presented to the Washington Leadership meeting, advanced legislative training session, and strategic planning session
5. *Promotion of AAPD policies on age one visit and dental home*: We promote these policies at a variety of venues.
6. *Inclusion of AAPD in policy work*: We routinely cite AAPD as the "key constituency" (essential organization) of dentists in discussions of dental access, care for special needs children, and promotion of early prevention.
7. *Dissemination of AAPD Policies*: CDHP frequently disseminates *AAPD Policies and Guidelines* in both hard copy and on the web to various interest groups.
8. *Recognition as funder*: CDHP features AAPD on its website as a "founder and funder" (under "About CDHP")
9. *Governance*: CDHP reserves a Board of Directors position for a person designated by AAPD, currently filled by Dave Curtis.
10. *Reporting*: CDHP provides reports of monthly activities to AAPD through Scott Litch for posting and dissemination.
11. *Grant seeking*: CDHP drafted grant proposal for AAPD entitled, "Improving Perinatal Oral Health" for funding consideration by the Health Resources and Services Administration.

CDHP conducts all of these activities in compliance with our AAPD contract that directs us to "identify [ourselves] as CDHP rather than AAPD" and to "offer no official position or statement of the AAPD." We also comply with all additional commitments including providing financial reports (through our AAPD Board Member), maintaining communications with AAPD staff, providing reports, participating in calls, responding to requests for presentations, and being available as requested. We continued a major effort this year to promote our *corporate identity* as an organization of multiple people while depersonalizing CDHP as the work of its Founding Director. For this reason, CDHP's most frequent day-to-day contacts with AAPD's Chicago staff are through our Washington Director, Anne De Biasi. We look forward to continuing close coordination.

Respectfully submitted,

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