A Report to Congress

YEAR ONE: 2014

Action for Dental Health

ADA American Dental Association®
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A year ago, the American Dental Association started a nationwide, grassroots movement to solve the dental health crisis in America. One year later, we are proud to report that 

**Action for Dental Health: Dentists Making a Difference has taken root in every state in our nation.**

Action for Dental Health, in keeping with the American Dental Association’s mission to advance the oral health of the public, encourages the creation of enduring, self-sustaining solutions to remove barriers to good dental health. It is a community-based, three-pronged approach to provide care now to people who suffer from untreated dental disease, to strengthen and expand the public/private safety net and to bring disease prevention and education into communities.

In the past year, dentists worked side-by-side with health and community leaders in states, cities and neighborhoods across the country to build and expand collaborative approaches to help solve America’s dental health crisis. A cross-country web of solutions now defines Action for Dental Health as it gains momentum at the grassroots level.

To support this effort, we are asking Congress, health policy organizations, community leaders and ADA member dentists to support the Action for Dental Health Act. This $20 million bill will implement key initiatives of Action for Dental Health that will both reduce the barriers to care and address the dental health crisis in America.

The committed efforts of dentists and other dedicated collaborators contributed to the success of Action for Dental Health in its inaugural year. This report, *Action for Dental Health Year One 2014: A Report to Congress*, stands as a tribute to their efforts and is an inspiring record for our continued commitment and future accomplishments.

In this report you will find stories of the solutions and programs that are helping us attain our goals. These are human stories, community stories, stories of people in need and stories of healthcare professionals. It is our hope that these successes will help you experience the importance, ambition, commitment and impact of Action for Dental Health. And that the momentum demonstrated in year one will spark more creative solutions and generate even greater momentum in the years to come.

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**LETTER FROM THE PRESIDENT OF THE AMERICAN DENTAL ASSOCIATION**

Dr. Charles Norman
Many people face barriers to achieving good health.

This year alone, more than 181 million Americans won’t visit a dentist\(^1\), even though nearly half of people over 30 suffer from some form of gum disease and nearly one in four children under the age of five already has cavities\(^2\). Tooth decay is five times more common than asthma in children\(^2\).

Nationally, more than 2.1 million people, the vast majority of them adults, showed up in emergency rooms with dental pain in 2010 — that’s double the number from just a decade prior\(^3\). And the majority of dental emergency room visits, nearly 80 percent, were for preventable conditions such as abscesses and cavities\(^3\).

Yet even in the face of such need, most state dental Medicaid programs are woefully underfunded. On average, state Medicaid budgets allocate only two percent or less to dental services\(^4\).

Something has to change.

References
1 ADA’s Health Policy Institute analysis of 2010 MEPS and U.S. Census Data
2 Centers for Disease Control and Prevention (CDC)
3 National Hospital Ambulatory Medical Care Survey
4 Medicaid Expense Report
“The community recognizes a great need for dental care but doesn’t necessarily know who to turn to for advice and direction on the topic. We can connect them to the care they need.”

Ms. Jenna Linden, a Community Dental Health Coordinator based in Green Bay, Wisconsin, has seen the struggles and barriers people face — such as language, finance and culture — in communities across the country.

Mr. Mark Crawford, Vice President of Community Health Services at Bronson Battle Creek, a 220 bed community hospital in Southwest Michigan that has created a program to provide access to dentists for preventive dental care and treatment rather than seeking treatment in the emergency room.

“There is no shortage of kids who don’t have access to care. And it gets worse and worse as our economy is rough and people lose jobs and don’t have dental coverage and just can’t afford dentistry. And it’s one of those things that they have to give up. If you have to choose between food or going to get dental care — food wins. So there is never a shortage of kids who need our help.”

 “[Emergency departments] really aren’t equipped to provide any dental services. And so the best that we can do for a patient with those kinds of dental issues is to provide pain relief. But most of those patients have no dental insurance they have no regular dentists ... They were very likely to have continued pain and to make a repeat visit to our emergency department.”

Dr. Jeff Dalin, co-founder of Give Kids A Smile, a program that helps low-income children obtain quality dental care. Give Kids A Smile is part of the ADA's Action for Dental Health movement, working toward the goal of eliminating cavities in all five year olds by 2020. The program has served nearly 5 million children since it began.

Dr. Sarah Dirks, a dentist based in San Antonio, Texas, has built her practice, Geriatric Dental Group of South Texas, PA, around treating the elderly and nursing home residents.

“Dental health for one of our nation’s most vulnerable populations, nursing home residents, is at a crisis point. They have less access to care than any other group in our country, and delays in treatment could lead to serious, even life-threatening infections. We must turn our attention to these issues now, before it’s too late.”
Dentists Are Making A Difference

Action for Dental Health is organized around three distinct goals. During the past year, dentists and community partners across the country created and implemented unique and sustainable solutions to deliver on these goals. These include:

**GOAL #1**

**PROVIDE CARE NOW TO PEOPLE WHO SUFFER FROM UNTREATED DENTAL DISEASE**

- **Emergency Room Referral:** Get people the right care in the right setting with referral programs from hospital emergency rooms to dentists
- **Vulnerable Elderly:** Provide dental care to nursing home residents who are disproportionately affected by lack of dental care
- **Give Kids A Smile®/Missions of Mercy:** Expand programs which provide screening and treatment, and help people in need connect with dentists for continuity of care

**GOAL #2**

**STRENGTHEN AND EXPAND THE PUBLIC/PRIVATE SAFETY NET**

- **Federally Qualified Health Centers:** Create community-based contracting between local dentists and FQHCs and other public and private clinics that provide care to the underserved
- **Removing Barriers:** Increase dentists' participation in Medicaid/Children's Health Insurance Program (CHIP) through reductions in administrative burdens and state-developed solutions that increase funding for dental services

**GOAL #3**

**BRING DISEASE PREVENTION AND EDUCATION INTO COMMUNITIES**

- **Collaborations:** Lead collaborations to achieve and exceed the Healthy People 2020 goals (HealthyPeople.gov/2020)
- **Fluoridation:** Expand community water fluoridation
- **Community Dental Health Coordinators:** Improve the existing safety net and helping people connect with community resources and dentists who can provide care
- **Public Education and Outreach:** Promote dental health literacy through collaborations and websites such as MouthHealthy.org
People are suffering with untreated dental disease and they need care. It is more important than ever before to understand how dental health connects to overall health. Chronic diseases such as diabetes and obesity are reaching epic proportions. Early childhood caries (the disease that causes cavities) is the most chronic disease affecting U.S. children, and is five times more common than asthma and seven times more common than hay fever.

Healthcare reform has made some progress in improving access to dental health for children from low-income families, but there are still millions of adults and children who don’t have access to dental care. The American Dental Association (ADA) has mobilized the dental community and its partners across the country to help provide dental care to the people who need it most.

From the emergency room to the dental chair

Many people who lack dental coverage don’t seek help until the dental pain grows so severe that it sends them to the hospital emergency room. In 2009, abscesses and dental caries accounted for nearly 80 percent of dental-related emergency room visits, according to the Healthcare Cost and Utilization Project. The number of dental visits to hospital emergency rooms doubled from 1.1 million in 2000 to 2.1 million in 2010, according to the National Hospital Ambulatory Medical Care Survey. The impact of these visits is significant; a 2014 study published in the Journal of the American Dental Association found that the cost of emergency room charges related to dental issues from 2008–2010 was $2.7 billion. Yet dental caries and abscesses are almost entirely preventable.

**Waldo County, Maine, finds a solution**

Waldo County General Hospital found itself increasingly swamped with people seeking treatment for dental pain in its emergency department. "About 20 percent of our recent ER patient encounters with adults have involved dental pain," said Dale Kuhnert, a member of the hospital’s Board of Directors. The state’s Medicaid program, MaineCare, covers dental care for children but provides almost no dental coverage to adults. In July 2013, a dental clinic within the hospital opened to provide care to low-income adult patients who have nowhere else to turn. Patients are screened by a staff dental hygienist, and those needing comprehensive care are referred to five area dentists who provide those services for minimal co-pays and significantly discounted fees, which are covered by the hospital. In its first five months of operation last year, more than 110 people visited the Waldo County General Hospital dental clinic, 105 of whom were referred to area dentists.
Frederick County, Maryland reduces emergency room visits

Down the East Coast in Frederick County, Maryland, physicians experienced the same issues in their emergency departments. Since 2009, Maryland hospitals saw a 70 percent increase in the emergency department utilization by Medicaid patients for dental issues. In addition to creating an emergency room referral program with area dentists, the Maryland State Dental Association (MSDA) organized programs to provide care for those who need it most in six counties throughout the state. The MSDA also has held Missions of Mercy projects, which are large-scale events to provide free dental care. According to the Maryland State Dental Association, those counties have achieved declining emergency department charges and visits ranging from 1 to 24 percent.

Bronson Battle Creek creates a dentist referral program

In the Midwest, the Bronson Battle Creek hospital system in Calhoun County, Michigan, partners with a local non-profit, Community HealthCare Connections, to refer patients to dentists for proper treatment. Since the program began, dental cases in the emergency room have dropped by 70 percent. More than 60 percent of the community’s private practice dentists have signed on to provide free treatment, resulting in more than $1 million in care donated to 4,000 people. In return for care, patients volunteer service hours with local organizations, giving back to the surrounding community.

Seattle’s Swedish Medical Center creates collaborations

Across the country, Swedish Medical Center in Seattle is taking another innovative approach. The hospital has set up a triage program that gives patients with non-emergency dental problems a guaranteed appointment the following morning at a partner community health center. Patients with emergency needs are seen immediately by residents in the hospital, and those requiring advanced oral surgical care are treated at a new clinic called the Swedish Medical Center’s Community Specialty Clinic. In addition, a patient navigation organization called Project Access Northwest screens and schedules appointments and coordinates services such as transportation and translators. According to Dr. Noah Letwin, dental director of the Swedish Medical Center’s Community Specialty Clinic, the collaboration has been a great success. In 2013, the Swedish Medical Center’s Community Specialty Clinic provided more than $1.6 million dollars in free dental care, and removed 5,000 decayed or diseased teeth that could have otherwise resulted in an emergency department visit or hospitalization. Health organizations throughout the state are considering adopting a similar model.

Other emergency room referral programs are taking place in states such as Louisiana, Wisconsin, Ohio, Florida and California.

According to 2004 data (the most recent available) from the Centers for Disease Control and Prevention (CDC), there are approximately 1.3 million senior citizens in nursing facilities in America. And the elderly population of America continues to grow. In fact, the U.S. Census Bureau projects that America’s population of people aged 65 and older will double in the next 50 years.

Seamus Kiernan of Belfast, Maine, was recently treated at the Waldo County General dental clinic and referred to a participating dentist. Seamus had visited the emergency room twice in the past two years for abscesses in his gums. He was thankful for the treatment he received saying, “I’ve been dealing with bad teeth for years. I’m happy to be able to get checked out, and it will be good to get some things taken care of for good instead of just getting a quick fix.”
Providing dental care to the vulnerable elderly

Seniors — especially those in nursing homes or long-term care facilities — often have special dental needs and complicated medical histories that require consideration and consultation with fellow medical professionals. Efforts are taking place across the U.S. to help this vulnerable population.

Rockland, Maryland dentists provide nursing home care
In Maryland, volunteer dentists and hygienists provided care to residents at Rockville Nursing Home in early 2014. The volunteers attended a training session to learn how to incorporate geriatric care into their practices, and visited patients on-site to provide dental examinations with charting, cleanings and fluoride varnish applications. It's a model of care the Maryland State Dental Association hopes to spread throughout the state. “Every nursing home facility needs to have a dentist on staff,” said Dr. Charles Doring, a staff dentist at the nursing home and Legislative Affairs Committee chair of the Maryland State Dental Association.

San Antonio, Texas dentist dedicates practice to treating the elderly
Dr. Sarah Dirks, a dentist in San Antonio, Texas, built her entire practice around treating the elderly. About 75 percent of Dr. Dirks’ patients live in long-term care facilities, while the remaining 25 percent live in their homes with the help of family or professional caregivers. Dr. Dirks created four “mobile teams” that visit patients who live in long-term care facilities. Three teams are comprised of one dentist and two assistants and the fourth team consists of a hygienist and an assistant.

Similar programs in other states are in development. Additionally, the National Elder Care Advisory Committee, the ADA’s team of experts on geriatric dental care, is focusing its efforts on helping state dental associations and dentists address the lack of dental care in nursing homes. Part of these efforts include sharing best practices in implementing long-term care initiatives with states, and identifying networking opportunities to facilitate communication between states.
Expanding community screening and treatment efforts

One of the primary aims of Action for Dental Health is to provide care now to those who need it most.

**Give Kids A Smile**

Give Kids A Smile began as a local dental clinic and education event for children who didn’t have access to dental care in St. Louis, Missouri. The ADA launched the Give Kids A Smile program nationally in 2003 as a way for dentists across the country to join with others in their community to provide dental services to underserved children. The program initially began as a one-day event in February, and has grown to local and national events year-round. An overarching goal of Give Kids A Smile is to connect children to area dentists who can provide continuity of care. At the events, dentists and other team members volunteer their time and services to provide screenings, treatments and education to children throughout the United States.

**Missions of Mercy**

The ADA also supports Missions of Mercy events to provide free dental care to the underserved.

Since 2003, Missions of Mercy events have served more than 143,000 people in 28 states across the country providing nearly $50 million in free services.

These programs, along with the free and discounted care that individual dentists provide every day, deliver an estimated $2.6 billion in care per year, according to the America’s Dentists Care Foundation.

Six years ago, 11-year-old Lynsey Harper visited a Give Kids A Smile event in St. Louis, Missouri. Lynsey had congenitally missing teeth and crowding, which often made school difficult for her. She says, “it was rough because of all the kids making fun of me, and having to go to school every day ... some days I didn’t want to go to school because of my teeth.” After the Give Kids A Smile event, Lynsey was able to receive dental implants and orthodontic treatment from Dr. Rob Shapiro, an orthodontist, and Dr. Jeff Dalin, one of the co-founders of Give Kids A Smile. “The numbers are staggering as far as kids falling through the cracks these days,” said Dr. Dalin.

Dave Wyatt lost his business and insurance in Hurricane Katrina in 2005, and eight years of missing regular preventative dental treatment had taken a toll. Dave received treatment at the national Missions of Mercy event in New Orleans, Louisiana, in November 2013. “Prior to (Hurricane) Katrina back in 2005, I owned my own business, had employees with insurance, I had insurance for myself. I lost all of that in the storm, so this [event] was perfect,” he said.
Dentists Are Making A Difference: STRRENGTHENING THE DENTAL SAFETY NET

Those who serve in the nation’s community health centers and clinics work every day to provide medical care to the underserved. Approximately 8.3 million adults are expected to gain Medicaid dental benefits in 2014 under the Affordable Care Act according to ADA’s Health Policy Institute (HPI). Although many states limit adult Medicaid dental coverage to emergencies or a narrow range of services, these centers and clinics will likely see an influx of patients with dental-related health issues, and they’ll need additional resources to treat those patients.

This is why the ADA and its partners across the country are taking action to strengthen and expand the public/private safety net. This includes fighting for increased dental health protections under Medicaid, especially in states that have yet to agree to Medicaid expansion, and helping more dentists work with community health centers and clinics.

Expanding Medicaid

Most state Medicaid dental programs fall short of providing the amount and extent of care — both preventive and restorative — needed by their low-income beneficiaries. In fact, the average state Medicaid budget allocates less than two percent for dental services. This is especially true for low-income adults, few of whom are eligible for anything approaching comprehensive care or even regular preventive care. Most Medicaid programs remain inadequate for children, even though Medicaid utilization among children increased from 2011 to 2012 in all but 13 states and Washington, D.C.

Three states demonstrate the potential for change.

Connecticut sees nine-fold increase in participating dentists

Connecticut, prior to a 2009 Medicaid fee increase, had fewer than 200 participating dentists, leaving many children with months-long waits for treatment. Increasing the Medicaid reimbursement rates to rates closer to those in the private marketplace increased the numbers of participating dentists from fewer than 200 to more than 1,800. This dramatically increased the number of children receiving treatment.

According to the Connecticut Health Foundation, nearly 70 percent of enrolled children had at least one dental visit per year, a rate higher than that for privately insured children and dramatically higher than the 15 percent who saw a dentist prior to the state’s Medicaid reforms.

Maine and Head Start increase dental visits for young students

In Maine, what began with a group of dentists seeking to provide care for Head Start students has grown into a program
to provide coordinated dental health care for all MaineCare (Medicaid)-eligible children. By law, Head Start children who are three to five years old must be examined by a dentist within 90 days of enrollment, while children under three must be seen by a dentist or a registered dental hygienist. There is also a requirement for each child to have a dental examination once a year. Working with various Head Start programs and the Maine Dental Association, Maine orthodontist Dr. Donald Cassidy committed to connecting Head Start children around the state with general dentists. Now, nearly 100 percent of Head Start children in Dr. Cassidy’s county in Maine see a dentist regularly, and the Maine Dental Association is advocating for an expanded pilot program before the Maine Legislature.

Maryland finds Medicaid solutions
In Maryland, galvanized by the tragic death of a 12-year-old boy who suffered from an infection that began as a dental abscess that spread to his brain, the state made major changes to its Medicaid program that resulted in significant increases in the number of dentists participating in the program, and most important, the number of patients getting care. The state launched an educational effort about oral disease and how to access care, contracted with a single dental management organization and increased reimbursement rates for dentists significantly. As a result, Maryland has performed above the national average for providing dental services to children. The number of participating dentists grew extensively, from 1,190 in 2011 to 1,865 in 2013, according to the state’s 2013 Annual Oral Health Legislative Report.

Other states are creating additional solutions to expand Medicaid. In the past few years, Vermont expanded its Medicaid program to provide dental services to pregnant women. Some states — including Tennessee, Connecticut, Missouri and Maryland — established dental plans administered separately from Medicaid to remove red tape and simplify the administrative process.

Expanding dental services covered under Medicaid and reducing administrative burdens in the system means more dentists can provide more care to more people in need. Because expansions in Medicaid generally take place at the state level, the ADA continues to provide grants to state dental societies to work with local legislatures and community leaders to advocate for dental care expansions and administrative changes in the Medicaid system.

Montana succeeds with community-based contracting
Other innovative solutions, such as partnerships between private dentists and community health centers have emerged. These partnerships allow private practice dentists to help community health facilities expand capacity so they can provide care to underserved people without increasing the community health clinics’ expenses and overhead.

One such example is in rural Montana, where longtime contracting agreements between community health centers and area dentists ensure that local residents receive both necessary and consistent dental care — regardless of their economic status.

Sweet Medical Center, a Federally Qualified Health Center (FQHC) in Chinook, Montana, serves about 1,900 patients per year. FQHCs receive grant funding from the federal Health Resources and Services Administration and qualify for enhanced reimbursements from Medicare and Medicaid. The medical center started contracting with dentists more than 10 years ago, developing several long-term agreements. Last year, the center referred 107 of those patients to four private dentists who contract with the health care center.

In Dillon, Montana, Dr. George Johnston contracted with Butte Community Health Center’s satellite office for several years before becoming an employee of that health center in 2009. “We had patients — and still do — who couldn’t afford dentistry,” said Dr. Johnston. “When I was contracting with the health center, there was a satisfaction in knowing that the patients were getting served, and that I didn’t have to be concerned about overhead expenses.”
Most dental professionals will tell you that the key to good dental health is prevention. Unfortunately, too many Americans lack awareness about the critical nature of dental health and dental disease prevention.

The ADA recognizes that prevention and education efforts are crucial to improving the dental — and overall — health for people of all ages, to reduce the need for more invasive and costly dental procedures down the line. One overarching goal of Action for Dental Health is to ensure people have access to a dentist and see that dentist regularly to prevent and treat disease.

The ADA is also working with health professionals, school officials, community groups and other organizations from across the country to educate communities about proper dental care.
Community Dental Health Coordinators improve dental health at the local level

Similar to the community health worker model long used in medicine, CDHCs, a program created and funded by member dentists of the ADA, help people in underserved areas navigate an often complex and daunting public health system to reach the dentist’s chair. This includes inner cities, remote rural areas and Native American lands. Most CDHCs grew up in these communities, allowing them to better understand the barriers — such as language, finance and culture — that affect access to dental care.

The role of the CDHC is threefold: educating the community about the importance of dental health and healthy behaviors, providing limited preventive services, such as fluoride varnish and dental sealants and connecting people to community resources as well as dentists who can provide more complex care.

The CDHC program has graduated 34 students who now work in eight states: Wisconsin, Montana, Pennsylvania, Arizona, Oklahoma, Texas, California, and Minnesota. Word about their enthusiasm and effectiveness is spreading. Communities across the country seek the experience of trained CDHCs to help them create their own programs.

The ADA is continuing to work with a number of schools to integrate the CDHC program into the curriculum. As of spring 2014, Rio Salado Community College in Phoenix, Arizona, had a CDHC program. Other colleges are actively evaluating the addition of a CDHC curriculum.
CDHC Jenna Linden helped coordinate care for and provide oral health education to more than 2,800 people during two short-term sabbaticals last year.

In Winooski, Vermont, Ms. Linden helped coordinate care with Vermont Dental Care, a non-profit private dental practice. In collaboration with the local school district’s nurses and interpreters, she implemented a transportation program that brought students to Vermont Dental Care. She also coordinated dental screenings at the local senior center, taught dental health at nursing homes, located untapped financial resources and promoted oral health awareness throughout the community.

“The biggest problem we have at our office is making the connection between people in need and the ability to navigate the system to get access,” said Dr. Charles Seleen of Vermont Dental Care Inc. “The CDHC model connects the community access needs with providers. This social service component is essential.”

Ms. Linden’s second sabbatical was at the Treasure Coast Community Center, a Federally Qualified Health Center in Vero Beach, Florida. While there, Ms. Linden coordinated referrals for high-risk pediatric patients, integrated medical and dental staff efforts for early education and prevention of dental disease and educated pregnant mothers at a women’s care center. She also worked closely with the Redlands Christian Migrant Association Head Start Program to educate families and staff members about prevention and access to dental care.

“I feel so fortunate to be a part of the efforts to increase access to dental care by breaking down barriers and instilling healthy habits for a lifetime,” Ms. Linden said.

“I can’t thank you enough. You are like angels. I had no idea there were places I could go for reduced cost dental care. So now I can actually get some much-needed work done on my teeth. I am so grateful.”

– Janice, who participated in a screening organized by CDHC

Jenna Linden in Winooski, Vermont
Expanding community water fluoridation
Because of the important role it has played in the reduction of tooth decay, the U.S. Centers for Disease Control and Prevention (CDC) has proclaimed community water fluoridation one of ten great public health achievements of the 20th century. Today, studies prove water fluoridation continues to be effective in reducing dental decay by at least 25 percent in children and adults, even in an era during which there is widespread availability of fluoride from other sources, such as fluoride toothpaste.

The number of communities and people who benefit from water fluoridation is continuing to increase.

The ADA continues its support of fluoridation at the national, state and local levels by providing educational resources, such as tool kits and expert resources, and participating in collaborative efforts with oral health coalitions to increase the number of individuals who receive the benefits of fluoridated water.

Educating all Americans to be Mouth Healthy for life
The ADA is involved in multiple initiatives to empower people to take good care of their dental health.

To educate all people about dental health and its connection to overall health, the ADA created and maintains MouthHealthy.org. The website is an online resource that raises the understanding that a more health-literate population will rely on disease prevention more than disease intervention.

In addition, the ADA is a founding member of Partnership for Healthy Mouths, Health Lives. This coalition, comprised of dozens of health organizations, partnered with the Ad Council on its first ever children’s oral health public service campaign to raise awareness of the importance of brushing children’s teeth two minutes, twice a day. For a list of collaborators, visit healthymouthshealthylives.org. The multifaceted campaign includes television, radio, web announcements and social media as well as a comprehensive website with educational materials for families on 2min2x.org. As part of the Ad Council campaign, an in-school program for children, parents and teachers in Title 1 elementary schools (K through 3rd grade) provides lesson plans, posters and other educational materials. These materials reached 3.75 million children and their families. Nearly all teachers surveyed (96 percent) have used the materials or plan to, as they believe it will impact dental health behaviors at home.

According to the Ad Council, the campaign resulted in the significant increase from 2012 to 2013 in the number of parents who reported their children were actually brushing their teeth twice a day and also for two minutes or longer each time they brush.
While the American Dental Association is invested across the country in improving access to dental health for people across the nation, policy makers in Washington have the opportunity to effect real change and vastly improve the health of millions of Americans. As the Affordable Care Act begins to be implemented, the law virtually ignores the need to improve dental access for millions of Americans. This is why the ADA is supporting a number of common sense policy measures to help remedy some of the shortcomings of the Affordable Care Act and asking for legislative action to help millions of underserved Americans with access to good dental health.

**COORDINATION OF PRO BONO MEDICALLY RECOMMENDED DENTAL CARE ACT**

Introduced in March 2013, H.R. 963/S. 466 would create a grant program that supports national programs such as Donated Dental Services to provide treatment now to those suffering from a lack of dental care — a key area of focus for Action for Dental Health. The dental services would be provided by volunteer dentists at no cost to patients who have serious medical conditions. Introduced in the House by Rep. Diana DeGette (D–Colo.) and the Senate by Sen. Robert Menendez (D–N.J.), the bill is currently under review in committee.

**INDIAN HEALTH SERVICE HEALTH PROFESSIONS TAX FAIRNESS ACT**

Twenty-six member organizations of the Friends of Indian Health, led by the ADA, have asked all members of the House of Representatives to support H.R. 3391. The bill, introduced in October 2013 by Rep. David Valadao (R–Calif.), would amend the tax code to provide health care professionals who receive student loan repayments from the Indian Health Service the same tax-free status enjoyed by those who receive National Health Service Corps loan repayments. Under these programs, health care professionals provide needed care and services to underserved populations, one of the three areas addressed in Action for Dental Health.
This includes grants to create emergency room referral programs, expand care for the elderly in nursing homes, encourage dentists to contract with Federally Qualified Health Centers, increase health protections and simplify administration under Medicaid, expand community water fluoridation, increase the number of Community Dental Health Coordinators and strengthen collaborations with other health professionals and organizations. The bill also provides a $10 million annual grant for state and local organizations offering free dental services for underserved populations through Give Kids A Smile and Missions of Mercy events.

Many other critical issues are decided by legislators and regulators at the state level. State dental societies are active in driving policy to improve access to dental health and ensuring Action for Dental Health comes to life at the local and state level. The ADA encourages its member dentists to make a difference by taking action and contacting their representatives and senators to stress the importance of this legislation. This is just one small step that we can take to build the grassroots support needed to bring dentists, partners and legislators together to end the dental health crisis in America.
Our Work Is Not Yet Complete

We’ve set bold goals for Action for Dental Health

And while we’ve made great progress and gained significant momentum, there’s still work to be done to close the divide between those with good dental health and those without. We must continue our work to achieve the Action for Dental Health goals for 2020:

**PROVIDE CARE NOW**
- Get People the Right Care, in the Right Setting — From the Emergency Department to the Dental Chair
- Provide Care to the Vulnerable Elderly
- Expansion of Give Kids A Smile Local Community Screening and Treatment Efforts

**STRENGTHEN DENTAL SAFETY NET**
- Community Based Contracting Between Local Dentists and Federally Qualified Health Centers
- Reduce the Barriers to Provider Participation in Medicaid/CHIP through Reductions in Administrative Burdens and State Developed Solutions for Sustainable Reimbursement

**BRING DISEASE PREVENTION AND EDUCATION INTO COMMUNITIES**
- Lead Collaborations to Achieve and Exceed the Healthy People 2020 goals
- Expand Community Water Fluoridation — the single most effective public health measure to reduce tooth decay
- Improve Utilization of the Existing Safety Net Through the Use of Community Dental Health Coordinators: Working with Patients in 15 States by 2015
- Educate all Americans to be Mouth Healthy for Life
Improving Dental Health in America

Action for Dental Health happens because of community-based grassroots efforts across the country.

With your help we can continue to close the dental divide with Action for Dental Health.

We are asking elected officials, health policy organizations, community leaders and other interested stakeholders to join us in bridging the dental divide.

We hope you will join us in our efforts to ensure that all Americans have access to good dental health.

Please contact us at action@ada.org or 312.440.2500 to learn more.

A special thanks to ADA member dentists who are bringing Action for Dental Health to life in communities across the country. Over the past year, each state dental society has embraced Action for Dental Health and found ways to advance it at the grassroots level, with all states involved in at least one Action for Dental Health initiative in some capacity.