

## 2013 Prevention Summit: Advancing America's Oral Health

November 18–20, 2013 • Chicago, IL

*Briefing Paper Prepared by Cambridge Concord Associates*

December 7, 2013

On November 18–20, 2013, an unprecedented interdisciplinary and multi-sector Prevention Summit on oral health was held in Chicago, IL. The summit was called in response to persistent oral health disparities across the United States and the recognition that we cannot drill, fill and extract our way out of this crisis without a fundamentally different approach; one that accentuates disease prevention.

Convened by the American Dental Association's Council on Access, Prevention and Interprofessional Relations (CAPIR) and planned by representatives of eleven key stakeholder groups, the 2013 Prevention Summit brought together dental and non-dental health care professionals along with researchers, academicians, public health professionals, patient advocates, policymakers, and leaders from foundations, third-party payers, and industry. These individuals were joined by leaders of organized dentistry representing the national, state and local levels.

In the context of a rapidly transitioning national health system and a growing overall prevention movement, Summit participants sought to develop a framework for action that leverages today's opportunities, represents strategic choices, takes full advantage of multi-stakeholder engagement, and includes plans for sustainability and accountability.

The Summit focused on prevention of oral health conditions, with an emphasis on health promotion and disease prevention, including risk factors that compromise overall health and wellness. Over the course of three days, participants identified clusters of initiatives that began to align around a broad-based, multi-pronged strategy to "redesign prevention" in the United States. This strategy will be further developed through ongoing, multi-stakeholder collaboration and will include a variety of population and community prevention efforts. It will offer multiple entry points for involvement, incorporate the unique contributions of diverse stakeholders, and create a revitalized prevention movement while remaining flexible to allow for learning, adaptation and ongoing improvement.

### Overarching Goal

With the ultimate goal of optimum oral health for all, this emerging strategy aims to place prevention information and tools in the hands of the public and the professionals that serve them, while integrating oral health-related prevention into the lives of individuals, families and communities.

This strategy focuses on the basic assumption that "mouths matter," while acknowledging that engaging the public is critical to reimagining and redesigning prevention in oral health. It calls for a national, coordinated campaign to promote oral health literacy and prevention – not just a media campaign, but a multi-pronged effort that can serve as an umbrella for demonstration projects engaging diverse populations and communities throughout the country.

### This effort will be:

- ♦ **Targeted:** Identifying critical risk factors and points of entry to reach individuals and families where they are, including non-traditional settings.
- ♦ **Multi-phase:** Orchestrated to address oral health across the lifespan.
- ♦ **Multi-stakeholder:** Engaging a wide range of public and private, traditional and non-traditional partners who integrate their efforts to promote oral and overall health and wellness.
- ♦ **Evidence-based:** Leveraging existing evidence and successful programs, while building new evidence through assessment and research.
- ♦ **Systems-focused:** Addressing the multiple, interconnected systems that shape oral health outcomes.
- ♦ **About more than a healthy smile:** Based on an understanding that preserving oral health is best served by a conservative approach that preserves oral tissues; that oral diseases can be chronic diseases; and that oral health is an integral piece of overall health and wellness.
- ♦ **Linked to existing movements:** Building on existing efforts in prevention, interprofessional education and practice. In addition, linking with efforts to curb or eradicate related systemic health issues, such as

diabetes and cancer, and supporting movements that address social determinants, such as poverty and lack of education.

- ♦ **A learning system:** Engaged in an ongoing process of innovation including local pilot or demonstration projects, research and assessment, and continuous quality improvement.

### **In order to achieve its goal of reimagining and redesigning prevention, this effort will require:**

- ♦ **A broad-based network:** An overarching entity/network that can foster linkages across partners and projects allowing for communication, collaboration, coherent messaging, learning and infrastructure building. Such a network would coordinate national media efforts, while offering tools, resources, and best practices to be adapted by local initiatives.
- ♦ **A long-term investment:** A significant long-term commitment of resources based on multi-stakeholder and interprofessional strategic planning, while including short-term, targeted initiatives. Funding is likely to come from a variety of sources both public and private.
- ♦ **Digital technology:** Leveraging electronic and social media, such as a digital “hub” to facilitate networking, knowledge sharing, and the documentation of efforts supporting the outcomes of this Summit.
- ♦ **Education capacity:** The ability to ensure health care providers, policy makers, and the public have the knowledge and tools to contribute to the oral health and health and wellness movement.
- ♦ **Research capacity:** The ability to measure success and progress of prevention efforts including determining baseline data and ongoing surveillance and assessment.

### **Potential Initiatives:**

Within the proposed overarching strategy, multiple initiatives will be launched and orchestrated, each following a process of piloting, assessment, revision and implementation. Some efforts may be **community-centered**, working with community-level partners to support integrated, interdisciplinary processes of education, risk-assessment, and prevention. Others will be **population-focused**, such as a broad-based media campaign aimed at jump-starting mobilization efforts and behavior change, which will be carried out in collaboration with community-based partners. Potential initiatives include:

- ♦ **Know Your Numbers:** An interactive public health initiative that puts risk assessment tools in the hands of the public through a smart-phone app.
- ♦ **Community-facing prevention systems:** A pilot for a community-based, integrated prevention system that links all relevant entities together in a culturally-competent, multi-directional, comprehensive system of risk assessment, prevention, and care.
- ♦ **Caries-Free by Age 3:** An initiative incorporating all health, social service and educational entities that touch a child and their caregivers from prenatal through age 3. This age-focused initiative could serve as a first phase for a series of initiatives focused on each stage of the lifecycle.
- ♦ **Chronic Disease Management:** An initiative that strives to contribute to primary prevention, as well as novel approaches to secondary and tertiary prevention, by extending the integration of oral health management within existing and evolving coordinated care and population health management models.

### **Moving Forward:**

As conveners of the Prevention Summit, the American Dental Association has offered to provide interim infrastructure for the moving forward, including staff time and information gathering, in order to nurture this effort as it develops sustainable underpinnings. Initial action steps include:

1. **Reconvene the Prevention Summit planning team** in order to further develop and implement the overarching strategy and make decisions about next steps.
2. **Broaden engagement** in the implementation process, with a particular focus on young professionals and consumers.
3. **Broaden the implementation team** to include all stakeholder groups, which will begin to develop a logic model with metrics for success, create a strategic plan with milestones, and initiate the process of seeking funding.
4. **Develop a method of ongoing communication** linking diverse stakeholders across the country, through which information and potential resources can be shared.