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ORAL HEALTH KANSAS

Weekly Wednesday Update

Our Mission:
To improve oral health in Kansas through advocacy, public awareness and education.

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Health Reform Resources

For more details on the oral health

Some funding allocations for oral health in health reform: More Needed

The U.S. House and Senate produced their FY 2011 budget bills before they left for the August break. The funding for oral health provisions in health reform was addressed in the bills, but the appropriations fall short of full funding. The fact that some funding is included in the budget bills marks Congress' recognition that oral health must be funded in the budget.

The Children's Dental Health Project reports:

"While the members of the (budget) subcommittees should be applauded for their effort to address oral health funding, it is important for them to fully understand the implications of not funding many of the new initiatives authorized by the Affordable Care Act (ACA), particularly those designed to enhance cost effective prevention based activities. For example, it is encouraging to see an increase in infrastructure dollars to the CDC Division of Oral Health but the value of that investment will be far from realized without the complementary CDC programs targeting disease management or public education. While the workforce numbers are more robust, we need to ensure that HRSA and the states have sufficient guidance and flexibility to diversify their workforce and have a strong foundation for addressing the oral health demands in states.

"The committee reports display a much welcome acknowledgment of the importance of oral health and some incredibly important oral health initiatives now stand to receive

aspects of the health reform law, please [CLICK HERE](#) to visit the Children's Dental Health Project.

For an overview of the health reform law's impact on Kansans, please [CLICK HERE](#) to visit the United Methodist Health Ministry Fund.

Members of Congress

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Congresswoman

initial or increased funding when the appropriations process moves into conference some time after the recess. Advocates should remain vigilant in expressing their support for these provisions and in particular, supporting the Senate's overall approach to oral health funding."

Contact your members of Congress

Earlier this year, we urged you to contact your members of the Kansas Congressional delegation to ask for their support in appropriating the funding necessary to ensure the oral health aspects of the ACA are enacted. Please take time to contact Kansas members of Congress now to urge their support of all Kansas children having access to dental services and improving the oral health infrastructure for all Kansans. The following talking points from the Children's Dental Health Project can be used in crafting your messages to Kansas Senators and Representatives:

General ACA Oral Health Information

Benefit: Thank you for passing a bill with a strong dental benefit. Although dental caries (tooth decay) is preventable, it remains the #1 chronic disease in childhood. Making the commitment in ACA to ensure that all children receive dental coverage through medical and stand-alone plans in the exchanges is a necessary step in the right direction.

Funding other ACA provisions: Almost 20 additional oral health provisions in ACA need funding. These essential provisions dealing with access, prevention, infrastructure, training, and research are essential in supporting the dental benefit and create a system-wide change to end childhood tooth decay.

Prevention

Message of Prevention: Dental caries, the disease that causes cavities, is an infectious, transmittable, but preventable disease. By focusing on prevention, thousands of lost school days and millions of dollars can be saved. Low-income children who have their first preventive dental visit by age one are not only less likely to need subsequent restorative or emergency room visits, but their average dentally related costs are reduced by almost 40%.

CDC Oral Health Prevention Public Education Campaign (\$5 million): Public education is a broad reaching and inexpensive strategy to minimize tooth decay similar to what has been done to address other chronic diseases (such as diabetes and heart disease). This campaign will focus on promoting good oral health among those who stand to benefit most, especially children, pregnant women, and underserved and at risk populations.

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**To contact Kansas
Senator Sam
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Dental Caries Disease Management grants (\$8 million): Dental caries is entirely a manageable disease. However, unlike many other chronic conditions like diabetes and cardiovascular disease dental treatment lags far behind in utilizing effective disease management. These grants will help demonstrate how to close the knowledge gap among insurers, health professionals, and communities, so they can invest earlier, smarter, and with more targeted interventions.

School-based Dental Sealants Program (\$15 million): Among high-risk children, sealants applied to permanent molars have been shown to avert tooth decay over an average of 5-7 years. Funding for this program will allow for the effective targeting of schools with large numbers of underserved children across the nation.

Infrastructure

CDC Oral Health Infrastructure grants (\$25 million): In order to effectively address the oral health needs of communities, there needs to be leadership and a strong infrastructure in place. CDC's investment in a limited number of states has proven incredibly effective to date and must be expanded to all 50 states for communities to fully benefit from federal support related to program guidance, surveillance and above all, building a more efficient oral health delivery system at every level.

Workforce

ACA significantly expands Medicaid, which will undoubtedly add new challenges to the existing dental workforce. There simply are not enough dental professionals, particularly in rural and impoverished areas. The workforce provisions in ACA aim to meet the increasing need.

Alternative Provider Demonstration grants (\$15 million): In addition to investing in the current workforce, ACA supports states that want to expand their dental workforce, specifically by training or employing new mid-level dental providers. This provision is targeted at supporting underserved communities.

Primary Care Training Programs (\$30 million): Expanded funding for primary care training program is yet another strategy to addressing the mal-distribution and shortage of dental providers in the country. Providing training and loan forgiveness to serve in shortage areas will provide immediate care in communities in addition to a long-term investment in a future workforce with the knowledge and skills to serve the underserved.

Surveillance & Monitoring

National Oral Health Surveillance (\$5 million): In order to adequately address the oral health needs, data collection is necessary to measure the current status in addition to identifying any measurable changes. Multiple federal data and

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surveillance systems provide the full oral health picture including pregnant women and at-risk populations is integrated into the Pregnancy Risk Assessment Monitoring System (PRAMS), the National Health and Nutrition Examination Survey (NHANES), the Medical Expenditures Panel Survey (MEPS) and the National Oral Health Surveillance System.

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