

COMMENTARY

Healthy People 2010 Oral Health Objectives—the Role of AAPHD

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AAPHD's role in working toward the Healthy People 2010 Oral Health objectives is not a new one, and is closely related to our ongoing activities because our visions are the same—healthier people. Rather, the Healthy People 2010 oral health objectives provide tools that we can use to pursue our organizational goals. We are working to strengthen our role in this capacity. We have a diverse, geographically dispersed membership that is knowledgeable about oral health issues—no one knows these issues better than we do. As part of our diversity (members working in academic institutions; local, state, and federal health departments and agencies; and the private sector), we have the capacity to put a face on these issues—the Healthy People 2010 objectives help us put a number on them.

As an organization, AAPHD is the sum of its parts. We need to better organize ourselves so that we can develop and expand our network. We need to work to increase the comfort level of our membership to educate those who set policy. We need to share information and learn how to ask for help. As a nonprofit agency with 501(c)3 tax-exempt status, we have to be cautious that we do not spend too great a proportion of our budget (not clearly defined, but generally estimated at about 5 percent) on “lobbying.” The difference between “lobbying” and “educating policy makers who impact our ability to do our jobs” is also not clear. I perceive lobbying as an effort to do something that financially benefits an organization or group. The vast majority of what we do and need to do in this arena does not benefit most of us financially (unfortunately), but fits nicely within the organization's educational council structure: the major goal of these ac-

tivities is to improve the oral health status of the people—often both the citizens and the noncitizens—living in the United States.

Last year we directed new resources toward improving our advocacy ability by working with a professional lobbyist. This talented, experienced lobbyist, Nicholas Cavarocchi, is experienced in dental issues and has taught us a tremendous amount. One of the things we learned was that our current budget, even with my definition about educating versus lobbying, does not allow us to continue our services at this level. We have to work to develop a more economical method, using our geographically dispersed membership. Note that even though we no longer have a contract with Nick, he continues to inform us on issues critical to dental public health.

Excerpts from the current revision of AAPHD's strategic plan demonstrate the role of AAPHD in the Healthy People 2010 objectives:

Vision: Promote and improve the public's health.

Mission: ... to promote and improve the public's oral health through research, service, education, policy development ... is accomplished through organizational activities, the provision of leadership and support of our membership.

Goals: To promote and support effective:

- programs and policies that promote health, prevent oral diseases and conditions, and provide services;
- education about the importance of oral health and its relationship to overall health and well-being;
- expansion of the knowledge base for the practice of dental public health;
- development and maintenance of “competent” dental public health practitioners.

As an organization, AAPHD has a variety of ways to highlight those people, organizations, and activities that help us work toward our mission: AAPHD awards, such as the Public Health Service Award; articles in our newsletter, *Communique*; write-ups, such as this, in the *Journal of Public Health Dentistry*; and simply acknowledging when someone helps and saying thank you.

As members, we can contribute in a variety of ways. While our federal and state employee members may have restrictions on some of these activities, they can provide invaluable information about what is going on so that we can act effectively and in a timely fashion. A large portion of AAPHD's educating policy makers needs to be done at the local level. We need to get to know our state and national representatives, so they get to know who we are and view us as experts in dental public health. We want them to call on us when they have questions in our field. To develop this relationship, we can provide input on a regular basis, make personal financial contributions, and help out at election time. We have to get over being intimidated by elected officials. We are their constituents: we voted them in, they are there to serve us, and we can vote them out. We need to develop our capabilities and improve our personal comfort levels by stockpiling resources that contain prepackaged information we can access when we need concrete facts quickly. This can be done as easily as bookmarking Internet sites with useful information. We should imitate others who are successful in these activities—we do not need to reinvent the wheel. And, finally, we can be available to help the organization when asked—and offer ways to help ahead of time!

Public health has always been about collaboration. Much of what we accomplish is possible only because of effective collaborations. We need to take greater advantage of the overlap in goals of various organizations—such as those interested in health, dental health, children, school health, nutrition, early childhood, and diabetes—to acknowledge how joint endeavors benefit the goals of both groups. I'd like to mention briefly a few of our more successful examples of collaborations.

This discussion would certainly not be complete without reference to the recent Surgeon General's Report on Oral Health. Information from and about the report is most easily accessed through the Internet. A very active group, the Friends of the Surgeon General's Report, has had many conference calls, has developed reports and presentations, and has now created a list-serve to share information about successful uses of the Surgeon General's Report.

In HCFA, the dental component of Medicaid has collaborated with AAPHD and the Association of State and Territorial Dental Directors (ASTDD) in hosting a number of joint meetings. They also have created a list-serve that allows members to ask questions and quickly share information on issues of interest. Both of these mechanisms encourage collaboration on issues of mutual interest that are in need of support.

ASTDD is one of our closest collaborators. We share information, ask each other for help, and share information on issues before writing mutual letters of support. ASTDD has created the Hot Issues/Rapid Response Taskforce (HIRRT), a committee that investigates issues of interest to dental public health requiring action in a timely fashion and that consolidates the information to make it easier for members to take action. AAPHD could copy this model to help our political educational efforts be timelier and more successful.

The American Dental Association (ADA) has a tremendous amount of resources as well as political clout. The most recent poll of the AAPHD membership indicated that the majority of our dentist members who responded (particularly those who attend meetings and are active in the organization) are members of the ADA. The ADA historically has provided valuable support for dental public health issues, particularly related to prevention and education. More recently, they also have jumped on the access to dental care bandwagon. They have supported increasing funding for the Centers for Disease Control and Prevention's Division of Oral Health, the National Institute of Dental and Craniofacial Research, the Indian Health Service, and community water fluoridation. We communicate with their lobbyists to get the latest behind-the-scenes information, and they provide letters of support for our activities. AAPHD is working to strengthen and streamline our communication efforts with the ADA.

Many of our members are dental hygienists and are active in both AAPHD and the American Dental Hygienists' Association (ADHA). ADHA has dedicated a significant amount of resources to support dental public health issues. For many years, they have provided financial support for our annual meeting by hosting symposia or receptions. We routinely attend each other's annual meetings, and the officers of both organizations have routine planning meetings. ADHA focuses on dental health promotion and disease prevention.

The American Dental Education Association has staff members who keep their fingers on the pulse of activities and proposed legislation relating to training the dental workforce. They have active e-mail communication with a wide range of organizations interested in dental issues. Particularly this past year, they have taken a lead role in writing letters of support to members of Congress and offered a large and diverse group of organiza-

tions the opportunity to sign these letters. This collaboration lets Congress know that these issues have a broad range of support, and require a minimum amount of effort by participants—all the Executive Council members have to do is read the draft letter to make sure we agree with the message, and send e-mail confirmation that we want to be listed as one of the supporting organizations.

We seem to have ever-increasing interaction with the American Academy of Pediatric Dentistry (AAPD). We share many critical concerns with AAPD: the oral health of young children, access to care for children, the development of evidence-based practices and proper use of preventive procedures, and the quest for ways to reduce the prevalence of early childhood caries.

Another group with which we have increasing interaction is that of physicians, particularly pediatricians and the American Academy of Pediatrics. Pediatricians see children from all socioeconomic backgrounds and have expressed tremendous concern about the condition of their teeth. They find these conditions unacceptable and they want to do something about it! We have worked with them on the US Preventive Services Task Force and developed materials such as the "Guide to Clinical Preventive Services." We work together on setting standards, such as updating the fluoride supplement schedule, and continue to work toward consensus on the age of the first dental visit.

This forum does not allow time to address all of the ways AAPHD can and should play a role in working toward meeting the Healthy People 2010 Oral Health Objectives. It is meant to stimulate thought and discussion on how we can increase our role, both as an organization and as individual members, in promoting and improving the nation's health. The message is that we need to increase our efforts to be visible, be active, and maximize collaboration.