

## Member Newsletter




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**Coalition News**


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## Legislative Leaders Sign FY '11 Budget Agreement **Member Advocacy Efforts Needed for Adult Dental!**

On Wednesday, Sept. 8, Governor Granholm, House Speaker Andy Dillon, and Senate Majority Leader Mike Bishop signed a target agreement for an \$8.3 billion Fiscal Year (FY) 2011 General Fund budget. The budget for the Michigan Department of Community Health (MDCH) is targeted for a cut of \$54 million below the Governor's recommended budget level. Since the Governor's budget DID NOT include restoration of the Medicaid adult dental benefit, securing restoration will be an uphill battle for certain. Please call your [State Representative](#) and [Senator](#) next week and ask them to support restoration of the Medicaid adult dental benefit. Also, ask them to encourage their colleagues on the conference committee to maintain the restoration.

The House conference committee members are Representatives Gary McDowell, Kevin Green and George Cushingberry. The Senate conference committee members are Senators Roger Kahn, John Pappageorge and Deb Cherry. **Source:** MPCA e-Update, Sept. 10, 2010

## 2010 Member Survey Deadline Extended **Your Opinion Counts!**

The new program year is off to an exciting, and challenging start as we continue to advocate for the adult dental benefit and look to implement the new State Oral Health Plan. On behalf of the Coalition, we encourage you to complete the [2010 Member Survey](#). All responses will remain confidential and be used by our Board of Directors to set goals for the next two years. Please complete the survey no later than Sept. 14, 2010. As an added bonus, all survey participants will be entered into a \$25 gift card prize drawing. If you have any questions, please contact Karlene Ketola, executive director at (517) 381-8000, Ext. 218.

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**State News**


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## Budget Cuts' Impact on Infants and Preschoolers **Michigan's Children Issues New Report**

September 10, 2010

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The recession and budget cuts are hurting the smallest Michiganders most, according to a new report from the non-profit group Michigan's Children. The Report "The Youngest Victims" found that because they are more likely to live in poverty and be reliant on public assistance, young children are hardest hit during a recession when families' needs grow at the same time that state revenues dwindle.

More than 1 of every 5 young children under the age of 5 in Michigan live in poverty, with early childhood poverty rates as high as 47 percent for Native Americans. It's 44 percent for African-American kids and 38 percent for Hispanic children. Of all poor children, more than one-third is under the age of 6. To access the Report, visit [www.michiganschildren.org](http://www.michiganschildren.org).

## **National News**

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### **Funding Allocations for Oral Health in Health Reform Talking Points Included on Oral Health Provisions**

As you know, 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 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, the Coalition co-signed a letter of support urging Congressional leadership's support in appropriating the funding necessary to ensure the oral health aspects of the ACA are enacted. The following talking points from the Children's Dental Health Project can be used in crafting your messages to our Senators and Representatives:

#### **1) General ACA Oral Health Information**

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

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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.

## **2) 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.

## **3) 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%.

## **4) CDC Oral Health Prevention Public Ed 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.

## **5) 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.

## **6) 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.

## **7) 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 (which has included Michigan) 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.

## **8) 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.

## **9) 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.

#### **10) 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 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.

### **New Report Details New Dental Professionals Will They Ease the Dental Care Crisis?**

Searching for ways to ensure dental care for millions living in dentist-shortage areas, the W.K. Kellogg Foundation released a wide-ranging assessment of international and U.S. experiences training and deploying new types of dental health care providers who could be used to help fill gaps in care.

In particular, the report suggests that dental therapists, who perform preventive and basic dental services, could provide sorely needed care to millions of underserved Americans, working in collaboration with dentists while expanding their reach. Similar to a nurse practitioner or physician assistant in the medical field, dental therapists are envisioned as members of the dental team that is led by the dentist or dental specialist. [See Report.](#)

### **National Coalition Consensus Conference Nov. 18 Recommendations to be Drafted on the Oral Health of Vulnerable Adults and Persons with Disabilities**

Dental, medical and public health experts will gather in Washington, DC on Nov. 18 for the "National Coalition Consensus Conference: Oral Health of Vulnerable Older Adults and Persons with Disabilities." More than 79 million Americans will reach age 65 over the next 18 years, presenting health care professionals with an unprecedented challenge. The objective of the conference is to draft recommendations that will help meet the rapidly growing and more complex oral health needs of this population. They keynote speaker is Mary Wakefield, Ph.D., R.N. Administrator, Health Resources and Services Administration, U.S. Department of Health and Human Services. For more information and to register, visit [www.ada.org/consensusconference.aspx](http://www.ada.org/consensusconference.aspx).

### **Make Plans for Children's Dental Health Month Program Posters Now Available**

February is National Children's Dental Health Month and the 2011 program posters are now available. The upcoming campaign features a two-sided, eye-catching poster with the McGrinn Twins, Flossy and Buck along with their NEW best friends and next door neighbors Den and Gen Smiley, reminding children "A Healthy Smile? It's Easy to Find! Remember to brush & floss everyday!" The Program Planning Guide will only be available for downloading at [www.ada.org/goto/ncdhm](http://www.ada.org/goto/ncdhm). Posters are available in both English and Spanish and are FREE of charge. To place

an order for posters, please visit [www.ada.org/goto/ncdhm](http://www.ada.org/goto/ncdhm).

The Michigan Oral Health Coalition's mission is to improve oral health in Michigan by focusing on prevention, health promotion, oral health data, access and the link between oral health and overall health.

***Michigan Oral Health Coalition***

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