

## CALLS TO ACTION

IT IS HARD TO BELIEVE THAT IT HAS BEEN MORE THAN SEVEN YEARS SINCE THE OFFICE OF THE Surgeon General issued its national call to action to promote dental health. The call to action proposed five separate initiatives:

1. Change perceptions of oral health by the public, policymakers, and health providers.
2. Overcome barriers by replicating effective programs and proven efforts.
3. Build the science base and accelerate science transfer.
4. Increase the oral health workforce diversity, capacity, and flexibility.
5. Increase collaboration between the private sector and the public sector.

The American Dental Association has responded in many ways, including convening an access to dental care summit in 2009. This summit had representatives from a wide variety of groups interested in oral health and the delivery of dental care. The common goal was to identify a number of solutions for providing access to care for vulnerable populations. One of the suggested solutions included motivating private practitioners to provide care to lower-income patients at reduced fees through such programs as Medicaid, which would involve an increased collaboration with non-dentists. A second suggestion was the increased use of auxiliary help in the provision of care.

It was also strongly suggested that a means be found to alleviate some of the educational debt burden of recent dental school graduates. It was felt that this debt forces many graduates to make career choices that are based on economics rather than on locating where oral health services are most needed.

The ADA has also promoted a number of public information programs such as *Give Kids a Smile*. These types of programs keep the oral health message in the public eye with the impetus of increased awareness resulting in increased action.

The Massachusetts Dental Society has also responded with its own *Call to ACTION*, a plan for improving the oral health of Massachusetts residents by the year 2013. The plan has three basic goals:

1. Educating the public about the correlation between oral health and systemic health.
2. Improving access to care by such means as increasing participation in MassHealth, creating new dental auxiliary positions, increasing the capacity of community health centers, finding a means to help with loan repayment and tuition reimbursement, involving dental schools in community service programs, and increasing the involvement of retired dentists in providing care to the underserved.
3. Advocating for prevention programs.

New programs and change take time. It is gratifying that an effort is being made to improve the public perception of how our profession is addressing the problem of providing care to the underserved. It is also gratifying that we are moving in the direction where programs are going from the planning stages to actually providing continuous care. ■

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