



AMERICA'S PEDIATRIC DENTISTS
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ADVOCACY TRAINING

FOR PEDIATRIC DENTAL RESIDENCY PROGRAMS

A Guide to Assist Programs in Developing Curricula
to Address Standard 4.26 and 4.27 on Advocacy





INTRODUCTION

For over three decades, patient advocacy has been the mission of the American Academy of Pediatric Dentistry (AAPD). The 2015 mission statement of the AAPD reads,

“The mission of the American Academy of Pediatric Dentistry is to advance optimal oral health for all children.”

This training guide provides curriculum assistance to dental educators in developing and promoting guidelines and programs in pediatric dentistry advanced education that enhance the oral health of all children, including those with special health care needs. Many of the oral health issues children face today are complex and cannot easily be remedied in the dental office or clinic alone, but require community action or legislative change. Adequate funding and proper administration of state Medicaid dental programs are subject to legislative will and driven by public opinion. Access to dental services, regulation of state dental insurance plans, supervision of dental managed care organizations, and oversight of government programs, including the Affordable Care Act, are all issues of advocacy and public policy with which pediatric dentists need to be involved.

As pediatric dentists, we are in a unique position. We not only provide dental care for individual patients but also are the primary advocates for the oral health of all children. Advocacy education during residency provides a distinctive opportunity for the pediatric dentists-in-training to explore issues that affect their patient population, identify available resources, become involved with mentors and organizations experienced in oral health advocacy, and ultimately, to understand their responsibilities to support and promote necessary change.

The principle of oral health advocacy was formalized into advanced pediatric dentistry training in 2013, with the Commission on Dental Accreditation’s adoption of new postdoctoral training standards. The incorporation of advocacy into pediatric dental education challenged both university-based and hospital-based programs to develop and implement didactic and clinical components into their curriculum. The goal was to provide residents with the knowledge and skills necessary to incorporate the service of advocacy as an integral aspect of pediatric dental care. This document describes elements of an advocacy curriculum for advanced training programs intended to help fashion an educational experience to meet the requirements of the Commission on Dental Accreditation (CODA) and to graduate pediatric dentists able to provide this aspect of care for children. It is not intended as a boilerplate or to be prescriptive, but to serve as a guide for individual programs to develop relevant instructional materials and objectives based on program resources and characteristics. As with other aspects of training in advanced programs, outcomes should be used to demonstrate the effectiveness and relevance of instruction.

CODA STANDARDS

The advocacy training requirements are found in Standard 4. Curriculum, in *Accreditation Standards for Advanced Specialty Education Programs In Pediatric Dentistry*, which can be found at ada.org. As with all standards in the curricular area, advocacy training is divided into didactic and clinical sections. This document addresses both components separately in order to provide the clearest direction.

Table 1: Content of Standards Related to Advocacy in Pediatric Dentistry

Standard 4. Curriculum

4-26. Didactic Instruction: Didactic instruction must be at the understanding level and include:

- a. The fundamental domains of child advocacy including knowledge about the disparities in the delivery of dental care, issues around access to dental care and possible solutions;
- b. Federally and state funded programs like Medicaid and SCHIP that provide dental care to poor populations; and
- c. Principles of education.

4-27. Clinical Experiences: Clinical experiences must provide exposure of the advance education student/resident to:

- a. Communicating, teaching, and collaborating with groups and individuals on children's oral health issues;
- b. Advocating and advising public health policy legislation and regulations to protect and promote the oral health of children; and
- c. Participating at the local, state and national level in organized dentistry to represent the oral health needs of children, particularly the underserved.

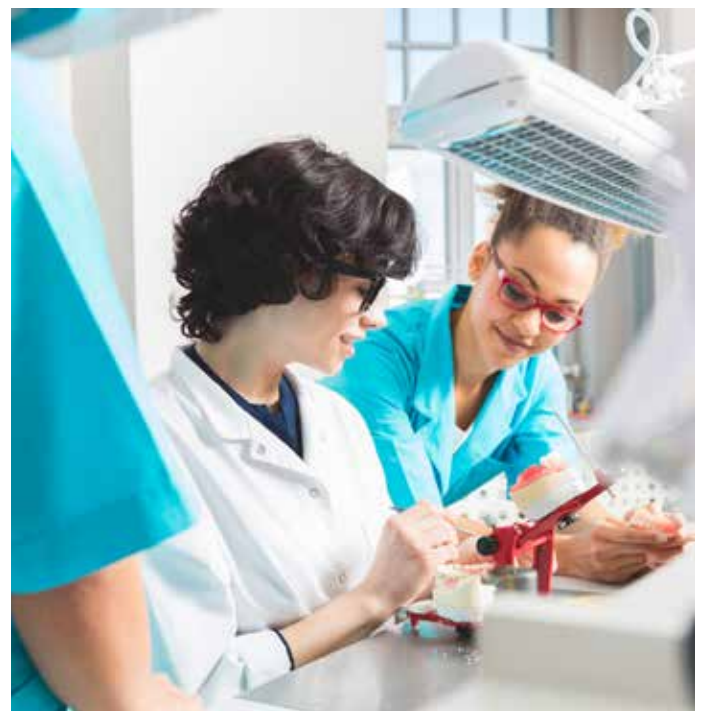
4-28. Advanced education students/residents must engage in teaching activities, which may include peers, predoctoral students, community-based programs and activities, and other health professionals.

CURRICULUM OVERVIEW

An advocacy curriculum may comprise modular lessons combining didactic and experiential activities, designed to teach residents about the broader context of health care and prepare them for opportunities to advocate for improved oral health for children upon graduation. Any individual curriculum may contain objectives listed below or create distinctive objectives to guide a program's response to the standard.

EDUCATIONAL OBJECTIVES

- To understand definitions of oral health, health equity, and health disparities;
- To understand how individual oral health behaviors and health or disease outcomes are embedded within a broad context;
- To understand efforts to improve the oral health of children at the individual, service, and activism levels;
- To understand oral health financing, delivery systems and workforce issues;
- To review existing health advocacy efforts; and
- To participate in oral health advocacy efforts.





PART 1: DIDACTIC CURRICULUM

Suggested didactic lessons include articles, presentations and case studies that help residents establish a foundational understanding of upstream causes of dental disease, issues with health disparities and access to care, workforce issues, and financing and oral health delivery systems. Along with these challenging topics, potential policy changes and other solutions are discussed.

At the end of the didactic lesson modules, residents ideally would be prepared to apply central concepts of advocacy. For example, as an exercise, they may write a proposal to their local school board, city council, state representative, congress representative or others to suggest population-level and/or policy actions that could be taken to address a pediatric oral health issue.

Table 2: Examples of Possible Documentation for CODA Accreditation Self-Study

Course Syllabus
Reading List with Article Examples
Structured Didactic Lectures
Conferences Attended
Journal Club with Topic Schedules
Workshops Attended
Web-based Modules Available
Schedule of Community-Block Rotations
Individual Advocacy Projects and Assignments
Resident Reports of Activities
Webinars Attended

“Whether it is research, lobbying or right in your own practice, stay involved in advocacy for your profession and your patients. There is a place for everyone.”

Dr. Barrett W. R. Peters, Virginia Commonwealth University School of Dentistry, 2013



PART 2: CLINICAL EXPERIENCES IN ADVOCACY



The purpose of clinical experiences in advocacy is to train residents to:

- Develop a tool kit of advocacy skills that can be applied in any community;
- Use advocacy to advance the health of individual patients/families;
- Identify and establish community based partnerships;
- Describe and participate in the legislative process; and
- Participate at the local, state, and national levels in organized dentistry to represent the oral health needs of children, particularly the underserved.

The clinical advocacy curriculum can be divided into three levels: the individual, the community, and the legislative levels.

INDIVIDUAL LEVEL

At the *individual level*, residents identify a need in a patient or family and provide individual advocacy efforts. The goals are for the residents to identify the barriers that the family may face, demonstrate effective communication skills with the family and community partners, and identify resources to help the patient/family and to broaden their base of support.

Examples of activities include:

- Writing a letter to an insurer for preauthorization of general anesthesia or in support of a denied dental claim.
- Making phone calls to help a family with scheduling appointments for specialty services and help with completing the extensive packet for the specialty clinic.
- Helping a family with a special needs child obtain necessary equipment. This may require letter writing and follow-up phone calls.
- Connecting a family to community resources such as getting the child enrolled in a Head Start program or connecting to the food bank.
- Helping connect a family to community mental health resources.

COMMUNITY LEVEL

At the *community level*, residents participate in a number of exercises designed to familiarize themselves with their patients' community. Residents will participate in community-based block rotations and cultural-immersion experiences where residents learn first-hand about the health and social needs of children and families in their community, work with a variety of medical and nonmedical professionals at community-based organizations, and participate in community health conferences and cultural competency training.

Examples of activities include participation in:

- Community outreach clinic rotation
- Head Start screening
- Head Start health advisory meeting
- Give Kids a Smile Day

- Interdisciplinary team meetings
- Teaching non-oral health professionals about oral health
- Teaching in a school classroom on a topic related to oral health
- Child Protection Team meetings
- WIC office experience
- “Day in the life of” activity
- Health fairs
- Health career fairs
- Mobile clinics
- School science fairs

POLICY AND LEGISLATIVE LEVELS

At the *policy/legislative level*, residents learn about the legislative process and the role it plays in healthcare. Residents learn about the process of developing public policy. (Public policy is essentially a collection of laws or regulations that are established through the political process.)

Examples of activities include:

- Identify, contact and participate with community groups working on advocacy efforts similar to your area of interest (e.g., Voices for Children).
- Identify key agencies, departments, and individuals within the federal and state government that make decisions affecting oral health policy (e.g., Medicaid Director, Dental Medicaid Director, State Dental Director, Chief Medical Officer, Head of Health and Human Services).
- Meet with local and state administrators of key agencies to assess needs, improve communication, or attend their workgroup meetings where they develop programs and influence policy.
- Identify the basic structure and legislative process of our government.
- Identify federal and state elected officials.

- Identify current legislation at the state or federal level that addresses an oral health issue or child health issue of interest.
- Identify the name and number of the bills.
- Identify the original sponsor of the each bill.
- Identify at what stage the bills are in the legislative process.
- Identify key legislative committees.
- Write a concise letter to a policy maker, defining the issue at hand and asking the policy maker for support or action.
- Practice five minutes of legislative testimony on issues important to children’s oral health.
- Meet with a legislator.
- Identify the many ways to develop relationships with legislators and other key decision makers in oral health policy in order to gain influence and be recognized as the “go to” person for children’s oral health issues. (Examples include political fundraisers, meet and greets, coffee in your district, asking a legislator to visit your clinic.)
- Attend a state legislative session.
- Identify media contacts in the community who cover legislative and policy issues.
- Identify a local journalist – newspaper, magazine, radio, TV, Internet – who would provide an appropriate audience for an editorial.
- Write an editorial or letter to the editor.
- Attend a state dental association committee meeting.
- Attend the state or federal lobby day of organized dentistry.
- Attend an oral health coalition meeting.
- Attend school board meetings.
- Attend seminars on leadership skills.
- Attend the AAPD advocacy update at the annual session.
- Identify current pediatric oral health policy issues using the AAPD as a resource.

“This is a critical time for pediatric dentistry to engage in changing health policies on both a federal and state level. From dental insurance carriers, to treatment codes and reimbursement, to the staff and regulations under which we provide care – we need to be a part of all of these choices to ensure that we provide the best care for the children in this country.”

Dr. Jacqueline Burgette, University of North Carolina at Chapel Hill, 2015



PART 3: EFFECTIVE ADVOCACY PRACTICE

The purpose of this section is to introduce a participant to current oral health advocacy efforts and to highlight elements of effective advocacy through current campaign examples. From the standpoint of clinical application within the specialty of pediatric dentistry, this section should be seen as a practicum framework taking theory and learning experiences into clinical practice. A graduated pediatric dentist may extend advocacy into a role in shaping public policy within his or her role in organized dentistry, as a member of a health advocacy team, or in other venues. The advocacy curriculum in advanced training can provide a solid basis for this potential professional activity. There is no single correct way to “do advocacy.” It may occur in different forms and involve various levels of involvement and activity. For example, advocacy in practice may involve one or more of the following:

- Awareness raising/communication/media work
- Communication for behavioral change
- Creation of partnerships, coalitions or alliances
- Lobbying or negotiating
- Campaigning
- Research and publication
- Social mobilization
- Conference and events

Regardless of how advocacy is implemented or performed, certain common essential elements characterize an effective advocacy campaign. Advocacy toolkits from such national and global organizations as UNICEF (<https://www.unicefusa.org/>) and the World Health Organization (<http://www.who.int/en/>) recommend that individuals or groups planning an advocacy strategy ask the following questions to evaluate their readiness:

- *What is the situation?* Is there a strong understanding of the issues and risks involved?
- *What is it that you want?* What are you advocating for? Is there a clear and active promotion of a cause or principle?
- *Who can make it happen?* Who is the identified target audience of individuals, group members, or stakeholders that you seek to influence?
- *What does your target audience need to hear?*
- *Who do they need to hear it from?* This speaks to the credibility of you or your group.
- *Why should people listen to you?* If they won't listen to you, with whom can you collaborate so that they will listen?
- *What is it that you need?* Are there sufficient resources and/or social capital to accomplish your goal? Who are effective partners to help you form a wide base of support?
- *How will you begin to take action?* What are the actions that need to be taken to move towards your goal?
- *How can you tell that it's working?* This speaks to a continuous plan for monitoring and evaluation as well as to the sustainability of efforts.

Table 3: Possible Activities and Content Areas to Address Standard

Standard 4. Curriculum	Possible Curricular Elements
<p>4-26. Didactic Instruction: Didactic instruction must be at the understanding level and include:</p> <ul style="list-style-type: none"> • The fundamental domains of child advocacy including knowledge about the disparities in the delivery of dental care, issues around access to dental care and possible solutions; • Federally and state funded programs like Medicaid and SCHIP that provide dental care to poor populations; and • Principles of education. 	<ul style="list-style-type: none"> • Review of community groups working on advocacy (e.g., Voices for Children). • Review of key agencies, departments, and individuals within the federal and state government that make decisions affecting oral health policy. • Review of the basic structure and legislative process of our government. • Review of legislation at the state or federal level that addresses an oral health issue or child health issue. • Reading relevant reports and articles.
<p>4-27. Clinical Experiences: Clinical experiences must provide exposure of the advance education student/resident to:</p> <ul style="list-style-type: none"> • Communicating, teaching, and collaborating with groups and individuals on children’s oral health issues; • Advocating and advising public health policy legislation and regulations to protect and promote the oral health of children; and • Participating at the local, state and national level in organized dentistry to represent the oral health needs of children, particularly the underserved. 	<ul style="list-style-type: none"> • Conduct awareness raising/media work. • Provide communication for behavioral change. • Create partnerships, coalitions, or alliances. • Lobby or negotiate on an issue. • Campaign on an issue. • Research and publish on advocacy. • Participate in social mobilization. • Attend conferences and events: <ul style="list-style-type: none"> – Community outreach clinic rotation – Head Start screening – Head Start health advisory meeting – Give Kids a Smile Day – Interdisciplinary team meetings – Child Protection Team meetings – WIC office experience – “Day in the life of” activity – Health fairs – Health career fairs – Mobile clinics – School science fairs – Organized dentistry meetings addressing advocacy, public policy or legislation
<p>4-28. Advanced education students/residents must engage in teaching activities, which may include peers, predoctoral students, community based programs and activities, and other health professionals.</p>	<ul style="list-style-type: none"> • Teaching non-oral health professionals about oral health • Teaching in a school classroom on a topic related to oral health • Presenting Rounds • Serving on interdisciplinary teams • Teaching dental career students



SUGGESTED READING LIST

This reading list is designed to provide resident students with an overview of the structure, systems and policies of health care delivery in the United States. The goal is to increase residents' knowledge and abilities to analyze and address oral health care issues. The list also includes an overview of non-health system issues that affect health, including health disparities and social determinants of health.

Health Policy

Collins T. Health policy analysis: a simple tool for policy makers. *Public Health*, Volume 119(3), 192-196, 2005.

Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health* April 2010;100(4):590-595.

Iglehart JK, Sommers B. Medicaid at 50—From Welfare Program to Nation's Largest Health Insurer. *NEJM*. May 28, 2015;372(22):2152-2159. Available at: <http://www.nejm.org/doi/pdf/10.1056/NEJMp1500791>.

Kaiser Commission on Medicaid and the Uninsured. *Medicaid: A Primer*. March 2013. Available at: <https://kaiserfamilyfoundation.files.wordpress.com/2010/06/7334-05.pdf>

Health Disparities and Social Determinants

American Academy of Pediatrics Council on Community Pediatrics. Poverty and Child Health in the United States. *Pediatrics* 2016; 137(4): e2 0160339. DOI: 10.1542/peds.2016-0339.

Banks J, Marmot M, Oldfield Z, Smith J. Disease and disadvantage in the United States and in England. *JAMA*. 2006;295:2037-2045.

Cohen S, Janicki-Deverts D, Miller GE. Psychological stress and disease. *JAMA* 2007;298(14):1685-7.

Lee JY, Divaris K. The Ethical Imperative of Addressing Oral Health Disparity: A Unifying Framework. *DENT RES*, March 2014 93: 224-230.

Patrick D, Lee R, Nucci M, Grembowski D, Jolles C, Milgrom P. Reducing Oral Health Disparities: A Focus on Social and Cultural Determinants. *BMC Oral Health*. 2006; 6(Suppl 1): S4.

Oral Health Reports

Institute of Medicine. *Advancing Oral Health in America 2011*, HHS and Oral Health: Past and Present. Pp 141-206. Available at: http://books.nap.edu/openbook.php?record_id=13086&page=141

US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. Executive Summary pages 1-13. Available at: <http://silk.nih.gov/public/hcklocv.@www.surgeon.fullrpt.pdf>.



SAMPLE SYLLABUS

This sample syllabus provides one response to the CODA standard and shouldn't be construed to represent a typical or recommended approach. Programs are encouraged to pull elements of the syllabus that reflect the needs and capabilities of their program and provide necessary didactic and clinical experiences to prepare a pediatric dentist graduate.

This sample course syllabus is based on the course “Public Policy and Advocacy for Oral Health” developed by the following Course Directors of the pediatric dental residency program of the Ohio State University College of Dentistry: Homa Amini, D.D.S., M.P.H., M.S., Associate Professor of Clinical Dentistry and Mark Siegal, D.D.S., M.P.H., Adjunct Assistant Professor of Clinical Dentistry.

Public Policy and Advocacy for Oral Health

Summer Semester
Course 8709
1:00 – 4:00 PM

DATE	LOCATION	TOPICS	SPEAKERS
March 4 & 5 All day	Hilton	State Dental Association Leadership Institute	Multiple topics and speakers
April 1 1:00-3:30	ED228	Overview Public Policy and Advocacy for Children's Oral Health Rude Public Policy Process Awakening	Professor, Division of Pediatric Dentistry
April 4-6 All day	Washington, DC	Public Policy Advocacy Conference American Academy of Pediatric Dentistry	Multiple topics and speakers
April 8 1:00-3:30	ED242A	Policy 101 Affordable Care Act	Assistant Director, State Department of Health Director of Advocacy, State Hospital Association
April 15 1:00-3:30	ED228	Advocating for Policies that Impact Children's Oral Health	Advisor, Pew Children's Dental Campaign Officer of the U.S. Public Health Service
April 22 1:00-3:30	ED242A	Discuss readings (Medicaid) How Organized Dentistry Engages Dentists in Advocacy and Influences Public Oral Health Policy	Residents State AAPD Public Policy Advocate

April 29 1:00-3:30	ED228	Medicaid Panel Objective: To identify at least 4 Medicaid policy issues that are important to children's oral health Post-mortem on Medicaid panel (panel members have left)	State Dental Association State Department of Medicaid State Department of Health Moderated by Course Director
May 6 1:00-3:30	ED228	Advocacy for Children: Hands-on Practice Brainstorming session on final project topics	Professor, Department of Health Policy Residents and Faculty
May 20 1:00-3:30	ED228	Discussion of resident worksheets on potential topics (from 5/6 brainstorming) and selection of final 3 topics for 6/24 Perspectives on Medicaid from a Private Practitioner	Residents and Faculty Pediatric Dentist, Private Practice
Jun 24 1:00-1:45 1:45-2:30 2:45-3:30 3:30-3:45	E6B.2	FINAL PROJECT Issue #1 Issue #2 Issue # 3 Course Wrap-up	Residents and Faculty Course Director

COURSE INFORMATION

The main objective of this course is to provide pediatric dental residents with a basic understanding of the public policy development process (both legislation and administrative policy), advocacy skills for influencing the crafting of good public policy as an avenue for improving pediatric oral health, and opportunities for collaboration with new partners. This course will cover critical oral health issues that impact children and discuss how pediatric dentists can get involved and be influential at multiple levels. In addition, the residents are introduced to the principles of public health policy at multiple levels.

The practicum part of this course will include participation in the American Academy of Pediatric Dentistry (AAPD) Public Policy Advocacy Day in D.C., AAPD Annual Session Advocacy Symposium, and Ohio Dental Association Leadership Institute. Electives may be scheduled at the discretion of the course director.

Grading for this course is:

- Fifty percent based on participation in class activities, and;
- Fifty percent on thoughtful completion of the final class project – employing the skills and information presented in the course – and the effort put into preparation (see next page for instructions).

SUGGESTED TEXTBOOK

Burt B., Eklund S. Dentistry, dental practice, and the community, 6th Ed. St. Louis, MO: Elsevier Inc. 2005.

FINAL CLASS PROJECT

1. Ask the speakers, what do you consider to be:
 - The hottest public policy issue relating to children’s oral health ?
 - The public policy issue with the greatest potential to impact children’s oral health?
 - The hottest public policy issue relating to the practice of dentistry?
 - The most important policy issue relating to the practice of pediatric dentistry?”
2. Mid-Course (May 6)
 - Residents brainstorm to identify seven – eight issues (the same number of issues as residents) for further development.
 - Each resident is assigned one issue for which s/he will complete a Policy Project Worksheet to present for discussion at the “T Minus One Month” meeting.
3. “T Minus One Month” Meeting (May 20)
 - Each resident will present the completed worksheet and make a brief case for or against choosing the problem as a final issue.
 - The group will decide on three issues for further development.
 - The final specific language for the policy initiatives will be completed.
 - The two teams will be identified along with the position (support or oppose) that each team will take on each issue and whom their primary spokesperson will be, completing the Final Project Presentation Agenda.
4. Presentations at Final Class
Each specific policy issue will be presented, with one resident the primary spokesperson that supports and one that opposes (a different resident will represent each team for each of the three issues).
 - 30 minutes per issue (split between two teams).
 - Spokespersons present the team answers to the six questions under Item #7 on the Worksheet.
 - Opposite team may challenge arguments (point-counterpoint).
 - Teams seek to negotiate policy outcome.

POLICY PROJECT WORKSHEET

1. Briefly identify the policy issue (e.g., Medicaid fees are too low).
2. Provide a paragraph of rationale for why this is a significant public policy issue, including some documentation (include description of current policy, if applicable).
3. Do you want to establish, eliminate or revise a policy?
4. Specific language for the policy action that you seek (e.g., The General Assembly will include language in its biennial budget to increase dental Medicaid fees by X%).
5. At what policy making level will you approach this?
 - Federal
 - Congress
 - Agency
 - State
 - Legislature
 - Agency
 - Local
 - City Council or County Commission (or equivalent)
 - Agency
 - Other (e.g., third party administrator)
6. SUPPORT or OPPOSE?
7. STRATEGY:
 - What other organizations, key constituencies, or prominent individuals could join your coalition in its view on this issue?
 - What other organizations, key constituencies, or prominent individuals do you believe may join the coalition that opposes your views?
 - What are your key message points supporting your view on the issue?
 - What do you think your opponents will be saying as their key message points?
 - What strategies do you think would be most effective in advancing your policy objectives and why (e.g., media, grassroots, prominent individuals, lobbyists)?
 - Is there anything you are prepared to compromise in your position in order to achieve a partial victory?

VALUABLE RESOURCES THROUGH THE AAPD



Advocacy Resource Webpages. American Academy of Pediatric Dentistry, current.

The AAPD Advocacy pages at [aapd.org](http://www.aapd.org) provide summaries and resources on current legislative and regulatory issues affecting pediatric dentistry. The reference materials are designed to assist in your advocacy efforts and provide opportunities to become more involved through advocacy training, participation in grassroots efforts and joining the AAPD E-Advocates network.

Available at <http://www.aapd.org/advocacy/>

State Dental Periodicity Schedules. AAPD Pediatric Oral Health Research and Policy Center, current.

Early and periodic screening, diagnostic and treatment (EPSDT) services are required under the Medicaid program for most individuals under age 21. Schedules specifying the content and periodicity of these services are established by each state after consultation with recognized dental organizations. This webpage contains current information on the dental periodicity schedules for all the states that have them.

Available at http://www.aapd.org/policy_center/state_dental_periodicity_schedules/

Snapshot of America's Children PowerPoint Presentation. AAPD Pediatric Oral Health Research and Policy Center, updated annually.

This PowerPoint Presentation provides up-to-date facts on the child population in the U.S., information you may be asked about in legislative meetings. It includes current and projected population demographics, as well as general health measures, economic standing and education trends. In particular, it provides such oral health status information as the prevalence of dental caries, frequency of dental visits, and dental coverage of children in private and public insurance plans.

Available at http://www.aapd.org/assets/1/7/2a._Snapshot_of_Children_2016.pdf

State of Little Teeth Report. American Academy of Pediatric Dentistry, 2014.

This report draws on the latest scientific research and best available expertise to examine the public health crisis of tooth decay among young children in the U.S., including a look at the impact of the ACA on children's oral health. Excellent support material for discussions with legislators and legislative staff.

Available at http://www.aapd.org/assets/1/7/State_of_Little_Teeth_Final.pdf

Public Policy Advocate Tip Sheet on Medicaid Compliance and Audit Issues. AAPD Pediatric Oral Health Research and Policy Center, December 2014.

More than half of pediatric dentists accept new Medicaid patients. This policy brief educates members about how to comply with Medicaid rules and thus discourage fraud and abuse.

Available at <http://www.aapd.org/assets/1/7/POHRPC-Audit-10-14.pdf>

Early Preventive Dental Visits. AAPD Pediatric Oral Health Research and Policy Center, April 2014.

This report details how good clinical, theoretical, and scientific evidence supports that early dental visits can be effective at improving health outcomes and reducing dental-related costs.

Available at http://www.aapd.org/assets/1/7/Early_Preventive_Dental_Visits_Tech_Brief_2014.pdf

The Use of Case Management to Improve Dental Health in High Risk Populations. AAPD Pediatric Oral Health Research and Policy Center, June 2013.

This technical brief discusses how the combination of patient and provider barriers leads to higher dental disease rates, treatment costs, and lower utilization of dental care options by pediatric dentists.

Available at http://www.aapd.org/assets/1/7/Case_Management.pdf

An Essential Health Benefit: General Anesthesia for Treatment of Early Childhood Caries. AAPD Pediatric Oral Health Research and Policy Center, May 2012.

This report provides information in support of the assertion that general anesthesia may be medically necessary when treating some dental patients and, therefore, should be included as an essential health benefit under both public and private medical insurance coverage for children.

Available at <http://www.aapd.org/assets/1/7/POHRPCTechBrief2.pdf>

Considerations for Caries-Risk Assessment in an Essential Health Benefits Dental Plan for Children. AAPD Pediatric Oral Health Research and Policy Center, March 2012.

This brief is an overview of the current research on caries risk assessment and its potential to improve its use in clinical care of children. Recommendations and considerations related to the use of caries risk assessments in an essential dental benefit plan are discussed.

Available at <http://www.aapd.org/assets/1/7/RiskBasedTechBrief.pdf>

“Understanding the depth of our advocacy and experiencing how passionately our members are serving children inspired me to continue on a path of health policy, women and children advocacy, and patient care.”

- Dr. Catherine Ashley Orynich, Texas A&M University Baylor College of Dentistry, 2014



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The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. As advocates for children's oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its 10,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents and individuals with special health care needs. For further information, please visit the AAPD website at <http://www.aapd.org> or the AAPD's consumer website at <http://www.mychildrensteeth.org>.

The Pediatric Oral Health Research and Policy Center (POHRPC) exists to inform and advance research and policy development that will promote optimal children's oral health and care. To fulfill this mission, the POHRPC conducts and reports oral health policy research that advances children's oral health issues and supports AAPD public policy and public relations initiatives at the national, state, local, and international levels with legislatures, government agencies, professional associations, and other non-governmental organizations.

For more information about the AAPD Pediatric Oral Health Research and Policy Center, please access our website at <http://www.aapd.org/policycenter/> or contact Dr. Robin Wright at rwright@aapd.org.

Authors: Homa Amini, D.D.S., M.S.; Jessica Y. Lee, D.D.S., M.S.; Courtney Chinn, D.D.S., M.S.; Paul Casamassimo, D.D.S., M.S.; Robin Wright, Ph.D.