



Call to ACTION
*The Vision of Today...
The Mission of Tomorrow*



A Plan for Improving the Oral Health of Massachusetts Residents by 2013

A Plan for Improving the Oral Health of Massachusetts Residents by 2013



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A Healthy Mouth Starts with Good Vision

Imagine a world where:

- Everyone recognizes the importance of good oral health as it relates to total health and well-being.
 - Every adult and child in Massachusetts has access to oral health services regardless of income or ability to pay.
 - Every child has at least one comprehensive dental exam prior to entering school and where no child ever has to suffer in silence from tooth pain because he or she can't afford treatment.
 - Thousands of dentists participate in the state's MassHealth program, providing care to underserved populations; where more dentists choose to work in community health centers; and where dental students practice in these settings while in school or as part of a loan repayment or tuition reimbursement program after graduation.
 - Retired dentists can voluntarily donate the same services they provided when they were in active practice.
 - The death rate for oral cancer declines dramatically through public education about risk factors and by early detection, and where anti-tobacco funds are utilized to discourage not just the use of cigarettes but also the use of smokeless tobacco.
 - Community water fluoridation is available in every city and town in Massachusetts that can have access to it.
- Soda and sugary snacks are no longer easily accessible to students through vending machines in schools.
 - Mouthguards are required protection for every child participating in any contact sport, thus preventing thousands of injuries and saving families hundreds of thousands of dollars in dental costs.

Can you just see the possibilities?

We can.

And we know that these and other changes will make a world of difference in the lives of thousands of people, many of whom are in need of even the most basic oral health care.

This is the vision that the nearly 5,000 members of the Massachusetts Dental Society (MDS) have for achieving a level of optimum oral health for all residents of the Commonwealth.

But in order to achieve this, it will take more than just having a vision. It will take **ACTION... ACTION** on the part of dentists, their staffs, lawmakers, community leaders, advocacy and health organizations, and the public. Thus, the Massachusetts Dental Society proposes this **Call to ACTION**—A Plan for Improving the Oral Health of Massachusetts Residents by 2013.

The Vision of Today...

The Mission of Tomorrow

Root Causes

Background

Many of the proposals that are included in this **Call to ACTION** have their roots in recent studies conducted by various groups and organizations studying the state of oral health in Massachusetts. Beginning with the Special Legislative Commission on Oral Health in 2000 and as recently as the Catalyst Institute study on the rate of dental decay among children and oral health disparities released in January 2008, all conclude that low-income populations in the Commonwealth are not receiving the dental services they need to maintain good oral health.

MDS Role

The proposals being offered by the Massachusetts Dental Society identify ways the Society and other stakeholders can meet the growing needs of these underserved populations. Some call for legislative **ACTION** on Beacon Hill, others recommend partnerships with organizations, and still others suggest ways that the Massachusetts Dental Society and its nearly 5,000 members can collectively address certain problems. But even an association the size of the MDS cannot be expected to do it alone. We will need the support and partnership of a wide range of groups and concerned citizens to work collaboratively in finding practical and meaningful solutions to these problems.

Proposed Timeline

Just as these obstacles to good oral health for all residents of the Commonwealth didn't surface overnight, the solutions won't come immediately. That's why the MDS is offering a five-year plan that will address these issues. In this way, we will have constructed a solid foundation on which together we can build an oral health care system that can be sustained for many years to come.

The issues identified in this document are divided into three targeted goals: Oral Health/Overall Health, Access to Care, and Prevention. The objectives are then described within each goal.







Goal One: Oral Health/Overall Health

If the eyes are the window to the soul, then where does the mouth fit in? While it was once popular to suggest “You are what you eat,” this expression could now be modified to say that it's not just what you put into your mouth that counts... it's also your mouth itself that counts. That's because the mouth is, in fact, the window to your overall health.

In recent years, study after study has concluded that oral health plays a significant role in one's general health and well-being. In fact, the Academy of General Dentistry concludes that more than 90 percent of all systemic diseases have oral health symptoms. From heart disease and stroke, to diabetes, to osteoporosis, to low-birth-weight babies, there is growing evidence suggesting that all these medical problems may have their roots in one's oral health.

The Massachusetts Dental Society believes this relationship between oral and overall health is so important that it is the cornerstone for all public awareness activities in the coming years and thus should take a prominent role in this **Call to ACTION** with the following initiatives.

Goal One: Oral Health/Overall Health

Objective One:

The MDS will file legislation requiring all children entering school for the first time to have a dental examination performed by a dentist.

Rationale: Students have physical exams and the required vaccinations, as well as having their vision and hearing tested. So why not have their teeth and gums checked?

Dental disease is the most common, chronic childhood disease, five times more common than asthma. In the United States, it is estimated that 51 million school hours are lost each year due to dental-related causes.

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If oral health is indeed an important part of overall health, then the Massachusetts Dental Society believes that one of the first tests that a child should take when entering either public or private school for the first time is an oral exam. For this reason, the Society plans to file a bill in the 2009–2010 legislative session that would require every child to have a dental exam performed by a dentist as part of his or her health requirements for entering school.

Important to the success of this requirement, which is now law in several other states, would be partnerships that the MDS plans to form with the state Department of Public Health, the state Department of Education, local school districts, children's advocacy groups, and the medical community, including pediatricians. The MDS would also assist local school districts in creating models for implementing the new regulation.



These mandated dental exams could be covered under private dental insurance and MassHealth. For those without insurance, the MDS will create a network of dentists offering these exams free of charge for income-eligible families. The exams would be required for all students entering school for the first time and would need to be completed no later than the start of second grade. If, for some reason, parents do not wish to have their child undergo such an exam, they will have the option to complete a waiver exempting their child from the requirement.

Once this legislation is approved, the MDS will be working with the state in launching a major public awareness campaign to communicate the program to parents, health care providers, and school personnel.

Goal One: Oral Health/Overall Health

Objective Two:

The MDS will increase the intensity and frequency of messages communicating the importance of oral health as part of overall health to various constituencies, including lawmakers, the medical profession, and the general public as a way of advancing oral health literacy.

Rationale: Despite mounting evidence to the contrary, oral health, to many people, continues to be thought of as being separate from general health. As a result, they may not value the health of their mouths in the same way as they do the rest of their bodies, which may be one reason why some people don't take advantage of dental treatment—even when it is made available to them free of charge.

Through statewide awareness campaigns, the MDS has been spreading the word that the mouth is connected to the rest of the body. By heightening the value of oral health, especially to vulnerable populations, it may help to address the issue of people not accessing the care being offered to them. Furthermore, in order to better reach non-English-speaking populations, the MDS will translate many materials into different languages.

Another common misconception about oral health is that, unlike medical diseases, it's not a matter of life and death. Unfortunately, this is not true.

In 2007, a 12-year-old boy from Maryland, who had not received dental care, died when an infection in his mouth traveled to his brain. While cases such as this are rare, another deadly disease—oral cancer—is not.



Therefore, included in this campaign designed to heighten awareness of the relationship between oral health and overall health will be a separate initiative focusing specifically on oral cancer.

More than 30,000 people are diagnosed with oral cancer in the United States each year, with slightly more than half of them surviving more than five years. That's why education and early detection are so important.

For this reason, the MDS is committed to continuing to educate the public about the warning signs of oral cancer and to encourage people to see their dentist for a complete oral cancer screening as part of their regular dental checkups. This ongoing awareness program will include printed materials, media campaigns, information on the MDS Web site, and the continued distribution of pocket mirrors to encourage people to do self-examinations.

Promoting the Importance of Oral Health
through **INCREASED AWARENESS**

Massachusetts Dental Society Foundation Mobile Access to Care (MAC)





Goal Two: Access to Care

A Real Need in Massachusetts

“Can I have an extra toothbrush for my sister so we don't have to share with my mom?”

— 9-year-old girl

“This is the first time I have ever been to a dentist.”

— 12-year-old boy

“Thank you for taking care of my 2-year-old daughter. I didn't know how I was going to be able to afford to take her to the dentist, and I had no way to get her there.”

— Teenager

“My mom's teeth hurt. Can she come next time?”

— 9-year-old girl

These are exact quotes from a few of the more than 2,500 children who have received dental care on the Massachusetts Dental Society's Mobile Access to Care (MAC) dental van during its first 21 months of operation.

If a picture's worth a thousand words, then a few dozen words may be worth hundreds of thousands of pictures... or specifically the faces of more than 500,000 Massachusetts residents estimated to be in need of oral health care but who have not had access to regular dental exams and ongoing treatment because of either financial, geographic, or transportation issues.

To help address many of these obstacles relating to a lack of access to oral health care, the MDS proposes the following **ACTION**.

Goal Two: Access to Care

Objective One:

In order to have more dentists available to serve the needs of underserved populations, the Massachusetts Dental Society has set a goal of increasing provider participation in the MassHealth program to 65 percent of eligible MDS members by the year 2013, including 65 percent participation by dental specialists. Additionally, the MDS, through the state budget or other legislative and regulatory means, will advocate for the reimbursement rate under MassHealth to be linked to the American Dental Association (ADA) 75th percentile of fees in Massachusetts for care provided to adults and children in the state.

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Rationale: In May 2007 at its House of Delegates, the Massachusetts Dental Society took the unprecedented **ACTION** of strongly recommending that all members participate in the MassHealth program. Since that time, the number of MDS members enrolled in MassHealth has more than doubled, with more than 30 applications being processed each month.

While this is a very good start, we know that with the state's help, we can do even better.

By allowing dentists to limit the number of MassHealth patients to those they can reasonably accept into their practices and by streamlining the process for enrollment and reimbursement through a third-party administrator (Doral Dental), great strides have already been made in attracting dentists into the MassHealth program. And the MDS continues to work with Doral to make enrollment for dentists as easy as possible.

Yet the reimbursement rate under MassHealth, especially for adult patients, is inadequate. In effect, it asks those dentists participating to accept the fact that they will be paid less than 50 cents on the dollar, and the average overhead in a dental practice exceeds that.



Therefore, while continuing to expand outreach efforts to attract more dentists into the MassHealth program as a way of providing greater access to care, the MDS proposes to begin discussions with the Governor Deval Patrick's administration and legislative and regulatory leaders about ways to increase reimbursement rates. This will require the Society to highlight the progress already made in increasing participation and possibly to establish benchmarks in exchange for increased levels of funding. To facilitate this process, the MDS will also initiate a survey to provide valuable data relating to participation and reimbursement.

This will be a long process. It could take as many as five years. In the end, however, higher reimbursement rates will mean a greater number of dentists being able to afford to participate in the program and to provide the services so desperately needed by thousands of Massachusetts residents.

Meanwhile, the MDS continues to recruit dentists to participate in its own MassDentists CARE program, which offers a wide range of dental services at reduced fees to children 18 years of age and younger whose families don't have private dental insurance but who don't qualify for MassHealth. This program began in 2005, and several hundred dentists from across the state currently participate.

Goal Two: Access to Care

Objective Two:

The MDS will continue to work with the state legislature and appropriate regulatory/licensing agencies to create new dental auxiliary positions and enhance the oral health structure of the state.

Rationale: The Board of Registration in Dentistry (BORID) is currently amending its regulations to create a "public health dental hygienist" and categories of dental assistants, including "expanded function dental assistants." While the Society supports this initiative, BORID requires additional statutory authority to further define these positions and the educational requirements for them.

During the 2007–2008 legislative session, the MDS, along with other groups, supported the Omnibus Oral Health Bill. This legislation was passed unaniously in the Senate, and the Society will be supportive again in the 2009–2010 legislative session. The bill would allow public health dental hygienists to have collaborative agreements with licensed dentists and directly bill MassHealth.

At the same time, the "expanded function dental assistant" should be integrated as a career pathway for individuals wishing to pursue this career. BORID can create new dental assistant positions, define qualifications, and determine the delegable duties. However, enabling legislation would still be required to allow BORID to register expanded function dental assistants, charge a licensing fee, and add a dental assistant as a full voting member of the licensing board.

Perhaps the most significant provision of the Omnibus Oral Health Bill is the creation of a full-time state dental director in the Office of Oral Health and a similar full-time position at MassHealth. The dental directors must be licensed dentists in Massachusetts.



A dental director at the Office of Oral Health will be able to build the oral health structure that includes the enhancement of community-based prevention programs and the education of the public as to the importance of oral health.

A full-time dental director at MassHealth will continue to make the various administrative and policy changes that will make the state Medicaid program more efficient and effective for both patient and provider.

The MDS will work with all interested groups in exacting these changes on a regulatory basis and refiling legislation that will enable various state agencies to create a new delivery model of dental care and build a state oral health structure to address the needs of residents of the Commonwealth.

Goal Two: Access to Care

Objective Three:

The MDS will work with other organizations and with the state to increase the capacity of community health centers to offer more care.

Rationale: Community health centers (CHCs) are an integral component of the oral health care delivery system and a safety net for thousands of adults and children. Many, if not most, of the patients being served at these health centers are covered by MassHealth rather than private dental insurance or have no dental coverage at all, and they can receive care at either no cost or pay according to a sliding fee scale offered by most CHCs.

The financial challenges of operating a CHC dental clinic, therefore, prevent these facilities from being able to offer salaries to dentists and auxiliary staff that are competitive with private dental offices. As a result, new dentists who are saddled with significant debt may not be able or willing to accept a lower-paying position with a CHC. Limited state and federal funding also makes it difficult for CHCs to undertake capital improvements or to upgrade and expand these facilities.

It is imperative that efforts be intensified to increase state funding to CHCs. The Society will be working with the Massachusetts League of Community Health Centers and other organizations of interest to bring this issue to the attention of the governor and legislative leaders in order to make the dental clinics in these community health centers more financially viable, as well as more attractive settings for dentists, hygienists, and assistants to practice.



An increase in MassHealth reimbursement rates would also go a long way in helping improve the bottom line for CHCs and, therefore, make them better able to attract dentists to practice there. Meanwhile, the MDS remains committed to encouraging its own members to volunteer their services at community health centers throughout the state.

Goal Two: Access to Care

Objective Four:

The MDS will work to encourage the state to double state funding for existing loan repayment and tuition reimbursement programs.

Rationale: It's no secret that the cost of education is expensive and continuing to grow. As a result, many new dental school graduates are leaving school with hundreds of thousands of dollars in student loans.

Currently, there are two state programs that offer loan repayment or tuition reimbursement. However, there is not enough funding in these programs to make a difference to many students. In fact, with one of these programs, dentists are forced to compete with physicians for limited financial resources.

The Massachusetts State Loan Repayment Program (MSLRP) offers loan repayment for dentists and hygienists who agree to practice in a community health center or a public licensed clinic for two years. The Commonwealth's \$250,000 is matched by the federal government, resulting in a \$500,000 program. The program is administered by the Massachusetts Department of Public Health (DPH) and is available to health professionals—including, but not limited to, dentists and hygienists—who work in designated Health Professional Shortage Areas (HPSAs).

Dental professionals are under represented in the program because there are fewer community health centers in these shortage areas in Massachusetts, and rules that accompany federal matching funds preclude the DPH from structuring the program in a manner that would attract more dental professionals to more health centers.



Additionally, the state provides \$1 million, administered by the University of Massachusetts, with 50 percent earmarked for loan repayment and tuition reimbursement. Of this amount, \$120,000 funds a scholarship at each of the state's three dental schools for students agreeing to work in a community health center for two years, \$380,000 goes to loan repayment for dentists already working in community health centers, and \$500,000 is designated for community health center infrastructure.

As a way of helping to make it more financially feasible for young dentists to participate in access-to-care programs, the MDS will work with the governor and state legislature to advocate for doubling the state funding of the MSLRP to \$500,000, with the new funds to be allocated specifically for dentists and hygienists. The Society will also work to increase funding for scholarships to dental schools so that additional students can qualify for the loan repayment and tuition reimbursement programs.

Goal Two: Access to Care

Objective Five:

The MDS will actively work with the state's dental education institutions to support the enhancement of existing programs and the creation of new ones for students, beginning in their first year, that would focus on community service and would address the oral health needs of high-risk populations.

Rationale: While debt incurred by dental students may be one obstacle to their lack of involvement in community service programs after graduation, a lack of understanding as to their moral, ethical, and social obligation to treat low-income, disadvantaged populations is another issue that needs to be addressed while they are still in school.

Therefore, the MDS plans to work with the deans of the Boston University Goldman School of Dental Medicine, the Harvard School of Dental Medicine, the Tufts University School of Dental Medicine, and the Forsyth Institute, as well as dental hygiene and assisting schools, as partners in the development of additional programs early in the student's dental education that would foster greater awareness of the oral health needs of high-risk populations and the opportunities for providing access to care. For example, the schools could develop programs requiring rotations for students to practice in community health centers or other appropriate settings, such as nursing homes, under the supervision of a dentist. Pilot programs created by schools in partnership with willing communities could be another approach.



Engaging students early in their dental education regarding the many personal and professional rewards that come from serving those in need will provide them with valuable learning experiences that extend far beyond the classroom and that will remain with them throughout their careers.

Goal Two: Access to Care

Objective Six:

The MDS will continue to actively work for the enactment of the Volunteer Dental License Bill.

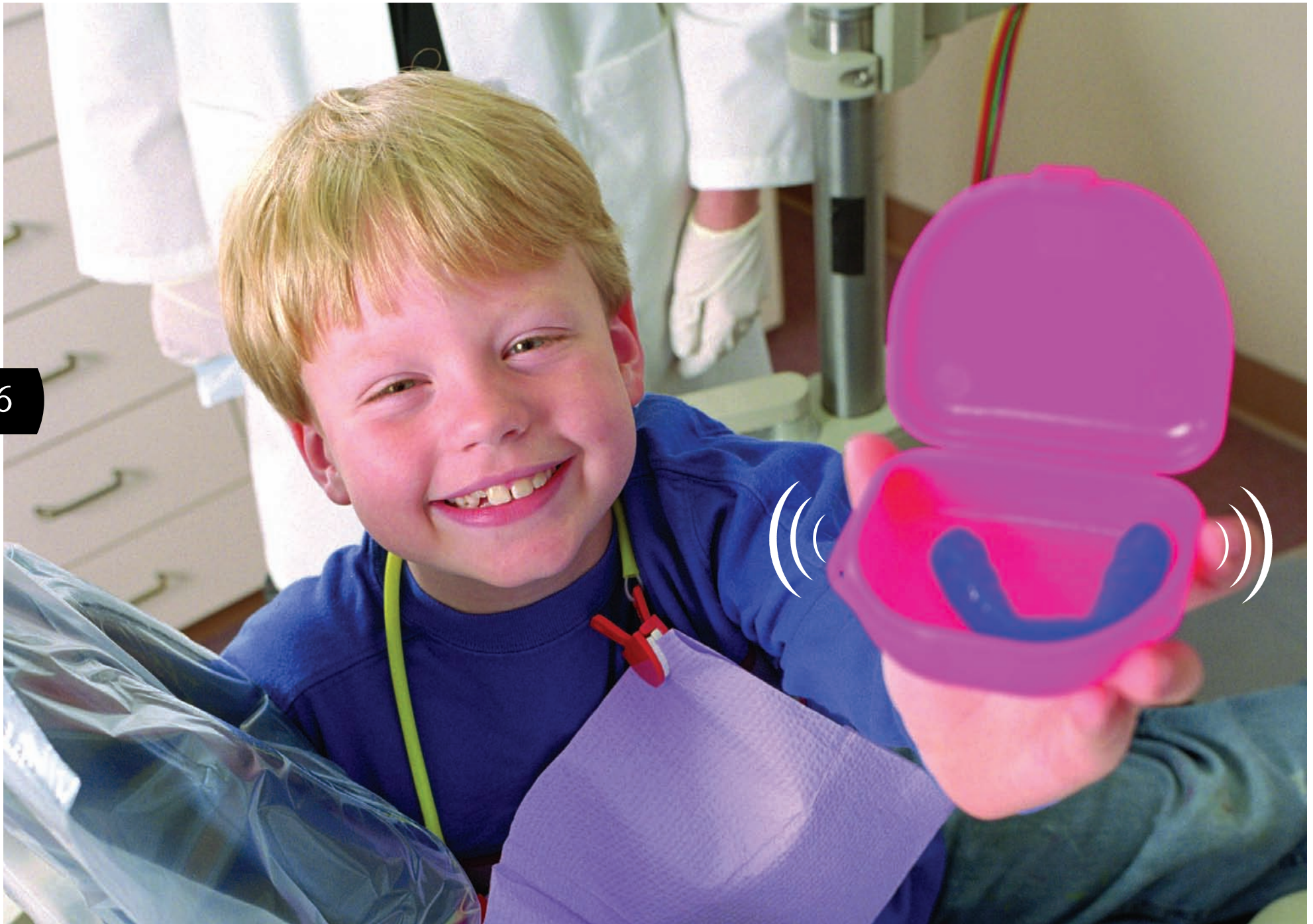
Rationale: On the other end of the career spectrum from new dental school graduates are those members of the profession who are winding down their practices and yet are looking for opportunities to offer their experience and expertise.

While many retired dentists comply with the rules and regulations required in order to maintain their licenses, the cost of malpractice insurance can be prohibitive. As a result, this is often a deterrent to dentists continuing to donate their skills to those who could most benefit from oral health care.

For several years, the MDS has sponsored legislation that would create a volunteer dental license that has the same requirements as a regular dental license, with the exception of the \$240 biennial license fee. The bill directs the public health commissioner to marry two federal programs to the volunteer license initiative to provide immunity for the practitioner.

If the bill is not approved by the end of 2008, the MDS plans to refile this important piece of legislation in the 2009–2010 session in order to give retired dentists the same opportunities to serve the needs of underserved populations that their colleagues still in practice have, since retired dentists have more time available to contribute to addressing unmet dental needs.







Goal Three: Prevention

*“An ounce of prevention is worth
a pound of cure.”*

When Benjamin Franklin first coined that phrase hundreds of years ago, he was probably not thinking about dentistry.

Yet the dental profession is all about prevention.

Through dental sealants, brushing and flossing, regular checkups, and the availability of community fluoridated water, the goal of dentists is to have a future generation free of cavities and tooth decay.

But prevention doesn't come about just through treatment methods and attention to oral hygiene. It also occurs as a result of education and collaboration with other groups that share a common purpose.

Therefore, this section of the Massachusetts Dental Society's **Call to ACTION** focuses on ways to work together to head off oral health problems before they start.

Goal Three: Prevention

Objective One:

The MDS will intensify efforts to strongly advocate for community water fluoridation by actively supporting local initiatives and possibly through statewide legislative means to ensure that this single most effective method to protect against tooth decay is made available to all communities with public water supplies.

Rationale: Although more than 60 percent of Massachusetts residents now receive the benefits of fluoridation in their community water supply, a significant number are still denied this cavity-preventive measure.

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If the dental profession is to continue to have a strong voice in advocating for good oral health, then fluoride clearly needs to be in the forefront of the issues being brought to the attention of the legislature and the public.

Over the next five years, the MDS will continue to work with the Oral Health Advocacy Task Force and other groups in taking a proactive approach to support communities interested in adding fluoride to their water supply. The Society will do this by committing resources for education, grassroots advocacy, and media campaigns, when appropriate.

At the same time, the Society will intensify efforts to communicate the importance of fluoride to the governor and state legislature as a way of exploring the possibility of perhaps pursuing a statewide initiative on this issue in the future.



But the key to success for either a local or a statewide approach will depend on how well the MDS and other groups will be able to both educate and engage the public and state and local officials. To achieve this, there will need to be a significant commitment of both time and resources by all organizations and community groups involved.

Goal Three: Prevention

Objective Two:

The MDS will file legislation requiring that students at all levels of school wear mouthguards in every organized sport in which there is a potential for injury to the mouth.

Rationale: Thousands of orofacial injuries continue to occur in sports in which mouthguards are not required, resulting in families spending hundreds of thousands of dollars in dental expenses that could have been avoided by using this protection. For many years, the MDS has worked with the Massachusetts Interscholastic Athletic Association (MIAA) to mandate the use of mouthguards in certain sports. While mouthguards continue to be required in football, soccer, lacrosse, ice hockey, field hockey, and wrestling, they are not mandated in other sports. Furthermore, within the past two years, the MIAA requirement of mouthguards in basketball was rescinded. The Association now only "recommends" their use. Meanwhile, there have been efforts recently to rescind the requirement in soccer.

Therefore, the MDS plans to file a bill in the 2009–2010 legislative session that would require all public and private school students participating in any organized sport in which an injury to the mouth can occur to wear a mouthguard as part of the student athlete's regular protective equipment. The Society will partner with schools, medical professionals, parents' groups, athletic equipment manufacturers, and perhaps retail outlets in order to gain support for this initiative.

In addition, through the MDS's ongoing *Grin and Wear ItSM* program, efforts will be intensified to recruit more member dentists to offer custom-made mouthguards to students and their families for free or at a reduced cost. The MDS will also continue to promote the importance of mouthguards through printed materials, videos, and media campaigns.



Photo Credit: Art Illiman, MetroWest Daily News

Requiring the use of mouthguards in every organized sport in which there is a potential for injury to the mouth would greatly reduce the number of injuries to the mouth, teeth, gums, and lips of children, as well as possibly avoiding concussions. This legislation is also an opportunity for the dental profession to reinforce its commitment to student safety and to the prevention of oral injuries.

Goal Three: Prevention

Objective Three:

The MDS will work with the American Cancer Society and its anti-tobacco coalition to have smokeless tobacco be included in future legislation to fund statewide anti-tobacco education and promotional initiatives.

Rationale: According to the Centers for Disease Control and Prevention, as many as 20 percent of high school boys and 2 percent of high school girls use smokeless or chewing tobacco. It's estimated that each day, approximately 2,200 youths in the United States between the ages of 11 and 19 try smokeless tobacco for the first time, and more than 800 of them eventually become hooked. While smokeless tobacco is promoted as safer than cigarettes, it's estimated that smokeless tobacco users actually have as much as a 400 percent greater chance of getting oral cancer than nonusers.

To help communicate the important message that smokeless tobacco is not less risk, the MDS plans to begin discussions with the American Cancer Society to include smokeless tobacco as part of any funding derived from anti-tobacco legislation earmarked for public education. This funding would be valuable in helping the Society enhance existing resources being used for its *Tips on Spit*SM public awareness program, as well as for other anti-smokeless tobacco initiatives designed to educate the public as to the dangers of chewing tobacco.



Including smokeless tobacco and oral cancer in any public policy discussion of smoking and cancer communicates the strong commitment of the dental profession to cancer prevention, while helping to address an important health issue affecting thousands of teens and young adults.

Goal Three: Prevention

Objective Four:

The MDS will intensify efforts to actively support legislation to ban the sale of soda, fruit juices, sports drinks, and sugary snacks from school vending machines.

Rationale: More and more school-aged children consider drinking soda and consuming sugar-filled snacks to be a regular part of their daily routine, including at mealtime. As a result, dentists are seeing more evidence of tooth decay in young people, as well as the erosion of tooth enamel. Many of these products are also high in calories, contributing to an increase in childhood obesity.

Here's something you may find difficult to swallow: One 12-ounce can of soda equals 10 teaspoons of sugar. And drinking soda three or more times a day increases the risk of cavities by 179 percent.

In an effort to address this growing problem, the MDS is committed to continuing to work with the statewide coalition already formed, as well as other interested groups, to support legislation that would ban the sale of sugary snack and drink products from school vending machines. Furthermore, through the Society's ongoing *Canning Tooth Decay* program, the MDS will continue to communicate messages on this important issue to parents, children, and schools through printed materials and possibly in media campaigns.

Through legislative efforts and education, the MDS hopes to encourage parents and children to make healthier choices that will go a long way in preventing tooth decay.



Oral Health... For a Change

While the problems and solutions highlighted in this **Call to ACTION** reflect the thinking of a wide range of Massachusetts Dental Society members, the ultimate success of these approaches is contingent on a commitment not just by dentists, but through collaboration by many others.

Therefore, the MDS is calling on allied dental health professionals, state officials, advocacy groups, community organizations, the medical profession, and concerned citizens, among others, to make oral health a health care priority and to join with us in leading the way in building a new model for change that will benefit all residents of Massachusetts.

They are counting on us.



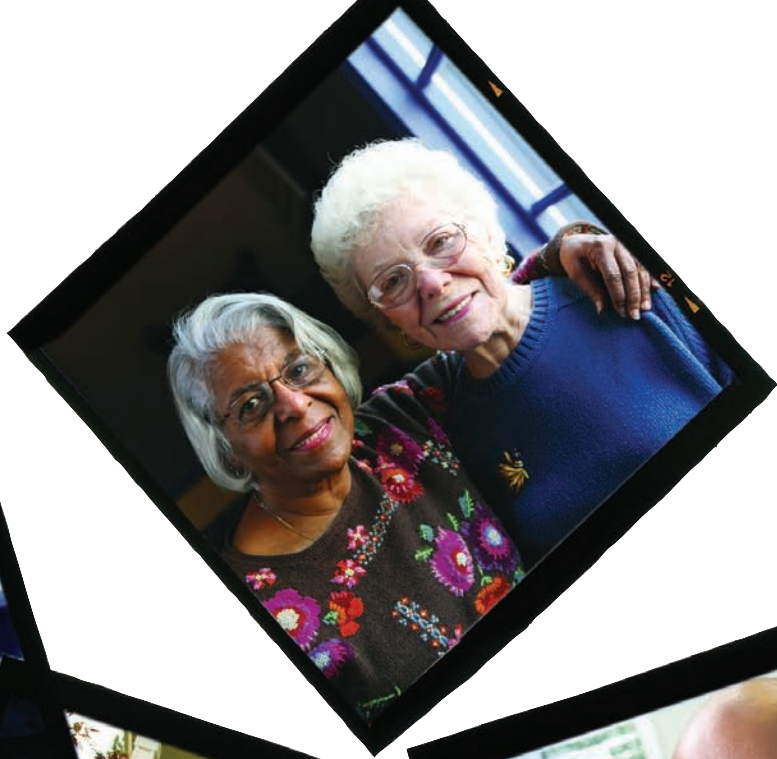




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