



I am writing on behalf of Oral Health Kansas in response to the National Institute for Dental and Craniofacial Research's request for comments on the proposed 2020 Surgeon General's Report on Oral Health. Oral Health Kansas is a statewide advocacy organization dedicated to promoting the importance of lifelong dental health by shaping policy and educating the public so Kansans know that all mouths matter. We achieve our mission by working with partners to improve Kansans' access to oral health services through advocacy, public awareness, and education. Oral Health Kansas celebrated our 15th anniversary in 2018 and is proud to have over 1,600 supporters, including dentists, dental hygienists, educators, safety net clinics, charitable foundations, and advocates for children, people with disabilities and older Kansans.

The 2000 Surgeon General's Report on Oral Health was a game changer for oral health in this country. It drew attention to "the silent epidemic" of dental disease and laid the ground work for the burgeoning oral health community. Because of that first report, there now are state oral health coalitions in 46 states, and advocates in the other four are beginning to talk about forming them. A national organization, the American Network of Oral Health Coalitions (ANOHC), formed to help state-level advocates connect and learn from each other in order to work together toward a future where all Americans have access to dental providers and a way to pay for services, as well as the know-how to take care of their own oral health.

In addition to serving as the Executive Director of Oral Health Kansas, I also am proud to serve as the chair of ANOHC. I have been in these roles for nearly ten years and have seen first-hand the importance of state-level advocates and educators in improving oral health for underserved people. In 2000, there were a few state oral health coalitions, but they were not working collaboratively. The attention the original Surgeon General's Report drew to oral health led to a national movement that includes people with and without dental expertise, all of whom are dedicated to improving the health of all people. Because of the Report's vision for the future and call to action, there is a growing cadre of people and organizations across the country deeply invested in improving oral health, especially for people at the highest risk for dental disease.

The 2000 Report helped provide clarity about the work that needed to be done to make "the silent epidemic" not so silent anymore. State oral health coalitions, including Oral Health Kansas, now advocate in their state capitols for Medicaid dental benefits, expanding the dental workforce, and limiting tobacco-use, among other oral health policies. They also work in communities to preserve and protect community water fluoridation. While this issue should be settled, it is not, and state oral health coalitions are on the front line in water fluoridation battles. In 2014, for example, we fought and won a ballot initiative that would have stopped the decades-long practice of fluoridation in Salina, Kansas. Because of this victory, over 50,000 Kansans maintained their ability to drink optimally-fluoridated water. Without Oral Health Kansas, the people on the ground in Salina would not have had ready access to research, campaign strategy, facts, and national experts. Oral health coalitions also play a central role in educating the public about oral health. Most of the work centers on underserved populations. In Kansas, we have developed curricula for Head

Starts and Parents as Teachers, as well as developmental disabilities organizations, nursing facilities, and Area Agencies on Aging. We have become the consumer voice for oral health in our state, and other service systems know they can turn to us for education, advocacy, and public awareness. The list of our partners grows each year, and this helps us expand the audiences who are learning about oral health exponentially. State coalitions like ours also are becoming key partners on national-level advocacy on preserving the dental benefits in the Affordable Care Act and CHIP, as well as establishing a Medicare dental benefit. In short, state coalitions are positioned perfectly to make a difference at the local, state and national levels.

Our hope is that the 2020 Report will have a strong vision for the future that includes the valuable role of state oral health coalitions. Funding and support for state coalitions is inconsistent and unpredictable, which hinders long-term progress at the state level. Federal funding for oral health education and advocacy is limited and results in good advocates competing with one another rather than working together toward a common vision. Private foundations change their priorities frequently and do not tend to invest in oral health in the long-term. Meaningful and consistent support for state coalitions is essential for every state. When funding stops, the infrastructure that has been built in a state shrinks, which means the capacity to make changes shrinks and sometimes disappears. The policy reform recommendations that will be included in the 2020 Report will be successful only when there are stable advocates at the state level available to promote and implement the reform. The Report can serve as a beacon for federal and state funders and private philanthropists. It can and should demonstrate that investing in a state-level infrastructure over the long-term leads to consistent and steady progress toward achieving a vision that all Kansans and all Americans have equitable access to good oral health.

Thank you for your time and the opportunity to share these thoughts. I welcome the chance to answer any questions or be of help as the report is developed.

Sincerely,
Tanya Dorf Brunner
Executive Director
Oral Health Kansas