



## **E-News, December 2010**

### **Kellogg Foundation to Support Vermont Oral Health Care for All Coalition; good news for Vermonters concerned about access to oral health care**

December 2 was an important date for advocates of better access to oral health care for Vermonters. The Vermont Oral Health Care for All Coalition convened in Montpelier (after a year of coalition-building) and with support from the W.F. Kellogg Foundation, began the hard work of raising public awareness of the need for better access to affordable oral health care. Some 38 organizations are part of the Coalition.

Carlen Finn, Director, Voices for Vermont's Children and the contact person for this initiative, told us there were representatives from all the concerned parties at the Montpelier meeting: dental hygienists, 13 dentists, state government officials, and other advocates for wider access to care. Vermont is one of five states (and the only New England state) to receive support from the Kellogg Foundation as part of a larger movement nationwide to expand access to needed dental care.

"Although Vermont has historically had a strong commitment to ensuring access to health care, every year too many Vermonters go without dental care," says Carlen Finn, "Lack of access to good, affordable dental care is a long-neglected health care concern - and we know Vermonters' overall health is suffering as a result."

Despite several programs targeting access to oral health care in the state, such as Tooth Tutor and the Vermont Ronald McDonald House Charities van, no system exists to provide Vermonters with comprehensive care.

An important part of the Coalition's efforts to expand access will be the introduction of a new professional to the dental team called a dental therapist. The dental therapist model, supported by the Kellogg Foundation, is a way of increasing access while providing safe, competent and effective preventative and restorative dental care. A recent report from RTI International, funded by Kellogg, has found that the dental therapist model achieves good results. To read more about the Coalition, go to [Voices for Vermont's Children Website](#).

### **And More Good News for Vermont - State is Selected for Medicare Demonstration Project**

The new CMS Innovations Center is off to an impressive start and Vermont is a beneficiary. The state is one of 8 selected for a Medicare demonstration project to improve health care by basing payments to doctors and hospitals on the quality of patient care, not the quantity.

Hunt Blair, Director, Health Care Reform Division, provided background on the recent announcement: During the pilot program of Vermont's Blueprint for Health, a multi-payer effort, the state paid for Medicare out of general fund dollars. Clearly this could not continue and thus Vermont advocated with CMS to include Medicare payments. With assistance from the Milbank

Memorial Fund, the New England states formed a collaborative to push this effort (later expanded to include several other states.) All the NE state governors sent letters to Secretary Sibelius to have Medicare participate. The result: *Vermont, Maine, and Rhode Island* were selected to take part in the demonstration project. There is a possibility that the other NE states may be able to join at a later date.

Moving forward with Blueprint expansion, Blair said the goal is to have two medical homes in every hospital service area in the state (essentially in every county) by July 2011. As many primary care practices as wish to join may do so by 2013. Vermont health centers will also participate.

Vermont senators Patrick Leahy and Bernie Sanders and Representative Peter Welch enthusiastically supported the project. Sen. Leahy said, "We told Vermont's story often during the health bill debate, including Blueprint for Health's leadership in implementing a medical home model." Read [Sen. Sanders' press release](#).

### **3RNet Members, Colleagues Meet to Promote Rural Recruitment**

In a meeting sponsored by the MA State Office of Rural Health, in collaboration with the RoundTable and 3RNet (The National Rural Recruitment and Retention Network), attendees explored recruiting opportunities in depth and shared much information on "what works" in attracting candidates to a region.

Participants included the State Office of Rural Health directors from Ct, MA, ME, NH, and VT (RI was unable to attend), along with representatives from the Maine Primary Care Association, Bi-State Primary Care Association, MA Primary Care Office/Mass AHEC Network, the US Public Health Service Bureau of Clinician Recruitment and Service, and the Executive Director of the RoundTable.

Massachusetts SORH Director Cathleen McElligott hosted the meeting at the Wachusett Village Inn, Westminister, MA on Dec. 2, to give participants a chance to dig into the thorny issues of health provider recruitment in our rural areas. It was a hands-on meeting that allowed plenty of give and take among the 3RNet leaders (Tim Skinner, Nikki Kennedy, and Jerry Kafer) and those around the conference table. Attendees said they came to learn how best to use 3RNet resources and to share information about recruitment practices that are clearly working.

Some of the participants brought "hands-on" illustrations of strategies they have used to attract candidates. Jim Dowling, Maine PCA, sends out a DVD with postcards featuring the attractions of his state.

Many suggested ideas for continued - and stronger - collaboration with the RoundTable, such as joint participation in recruiting conferences. This was a very upbeat gathering that produced many positive ideas for dealing with critical workforce issues.



## **Exciting Opportunity for Massachusetts!**

As you may know, Massachusetts is somewhat unusual in that most cities and towns have their own public health departments. Now there is an opportunity for a federally funded program to promote formation of public health districts in the Commonwealth.

The Massachusetts Department of Public Health (MDPH) intends to issue a Request for Responses (RFR) this month for the Public Health District Incentive Grant Program. The Program is funded under the federal Patient Protection and Affordable Care Act of 2010 as part of the U.S. Centers for Disease Control and Prevention (CDC) "Strengthening Public Health Infrastructure to Improve Health Outcomes" initiative.

The purpose of the program is to provide financial support for groups of municipalities to enter into formal, long-term agreements to share resources and coordinate activities in order to improve the scope, quality, and effectiveness of local public health services for their combined populations. MDPH has received a 5-year award from CDC for the program. The RFR will seek planning grant proposals from applicants representing groups of municipalities who seek to form public health districts.

MDPH has now posted on Comm-Pass a draft Request for Responses (RFR); the Department is conducting a Request for Information (RFI) process to collect feedback about the draft RFR before issuing the final RFR later this month. Public meetings will be held on Dec. 10 and Dec. 13.

To review the draft RFR on Comm-Pass: go to the Internet address: [www.com-pass.com](http://www.com-pass.com). Click on the Solicitations tab and then on Search for a Solicitation. Enter **107212** into the Document Number field then press Search.

MDPH invites public comment about the draft RFR before the final RFR is issued in late December. Submit comments by email to Geoff Wilkinson, Senior Policy Advisor, Office of the Commissioner, MDPH at [geoff.wilkinson@state.ma.us](mailto:geoff.wilkinson@state.ma.us) by 5 p.m. on December 16.

## **RoundTable Member Suzanne Cashman Honored by APHA**

The American Public Health Association recently awarded the 2010 Tom Bruce Award to Suzanne Cashman, ScD, professor of medicine and community health at the University of Massachusetts Medical School. Dr. Cashman was honored for her contributions to the Community-Based Public Health Caucus of the APHA. The award is given annually in celebration of the legacy of Thomas Allen Bruce, MD, a community-based public health pioneer.

Dr. Cashman, who joined UMass Medical School in 1999, has built her 30-year career on the principles of community-based public health. She is director of community health in the Department of Family Medicine & Community Health, co-director of the Rural Health Scholars Program (which she also co-founded) and the Summer Service-Learning Student Assistantships, and principal investigator for the Building on the Promise: Learn and Service UMass grant for the Worcester campus.



## **Around the States**

### ***Congratulations to RoundTable Board Member Chris Knowles***



Chris will assume the position of Health Services Director of the Wampanoag Tribe of Gay Head (Aquinnah), Massachusetts on Dec. 13.

### ***RI Gov-Elect Forms Health Care Task Force***

Rhode Island Gov-Elect Lincoln D. Chafee announced on Nov. 29 that he will form a joint health-care task force to be chaired by Lt. Gov. Elizabeth H. Roberts.

Recently, Roberts launched the Healthy R.I. Task Force, a broad-based, advisory work group of representatives from the medical community, the insurance industry, hospitals, business owners, labor leaders, consumers, advocates and other stakeholders. This group has worked with Roberts over several months as she moves the state toward an affordable plan to insure all Rhode Islanders. Read the [Press Release](#).

### ***VT Ranks #1 AGAIN!***

Vermont continues to top the list as the healthiest state in the 2010 America's Health Rankings, with MA and NH in the second and third spots, respectively. This is the 4th year in a row that VT has held on to its top ranking, in this report published by the United Health Foundation, the American Public Health Foundation and Partnership for Prevention.

Vermont's strengths are its high school graduation rate, low rate of uninsured people and ready access to early prenatal care. On the negative side: binge drinking. Check other states' [rankings](#).

### ***NH Seniors Surveyed on Oral Health***

Results are in from a survey project "NH Seniors Centered on Oral Health" that collected surveys from 333 seniors attending six senior centers and congregate meal sites in Berlin, Ossipee, Rochester, Newport, Manchester and Salem.

The survey shows that seniors in general have good oral health and access to services and most understood the importance of oral health and its relation to overall health. Barriers to accessing care: 75% said they couldn't afford dental care; other barriers were fear of the dental visit, inability to get an appointment and lack of transportation. The NH DPHS, Division of Public Health Services, Oral Health Program conducted the survey. You can find results [here](#).

### ***Web Site to Watch!***

Innovations.cms.gov, which appears to be Dr. Don Berwick's "baby," is the site to keep an eye on, as there is significant news coming out from this new agency. This week, for example, (Dec 6-10), there are listening sessions on Health Care Delivery System Reform. Check both the Events tab and the Blog Posts, to stay up to date on CMMI.

The ultimate goal of the Innovation Center is to produce better experiences of care and better health outcomes for all Americans and at lower costs through improvements. Here is the [link](#).

### ***Why Don't We Know...***

Why the U.S. has the costliest health system in the world and yet we are not particularly healthy?

The Institute of Medicine would like to find an answer to that question and more importantly, how to reverse the trend.

To inform the public health community and all other sectors that contribute to population health, the Robert Wood Johnson Foundation commissioned the IOM to examine three major topics that influence the health of the public

- measurement,
- laws, and
- funding

In the first of three reports the IOM reviews current approaches for measuring the health of individuals and communities and suggests changes in the approaches used to gather information about health outcomes and their determinants. Read the report [brief](#).

Thanks,

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