

ORALHEALTH*ri*

A Quarterly Oral Health Newsletter of the Rhode Island Department of Health

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Director, RI Department of Health

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Donald L. Carcieri
Governor

Department of Human Services Receives Oral Health Access Grant

The RI Department of Human Services has received a Robert Wood Johnson Foundation *State Action for Oral Health Access* grant for \$940,000 over a 3-year period to help combat the problem of inadequate access to dental and oral health services among low-income children and families. The grant will be matched with federal funds making the total award \$1.88 million. This grant will help ensure that access to dental care is greatly improved for low-income Rhode Islanders and will also enable Rhode Island to implement many of the recommendations of the Senate Oral Health Commission that was convened to address these problems. The grant will be used to: restructure the Medicaid dental benefit for families enrolled in RItE Care and Medicaid with a focus on primary and preventive dental care; increase access to community-based dental services for underserved populations through performance-based contracts to dental safety net providers such as community health centers and hospitals; expand *Providence*

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RI Dental Hygienists – Improving Oral Health Access Through Volunteerism

Pam Nelson, RDH, President, Rhode Island Dental Hygienists' Association

The Rhode Island Special Senate Commission on Oral Health Care Access has focused considerable attention on oral health needs in our state. Unfortunately, many children are unable to access oral health services on a regular and timely basis resulting in needless pain, infection, illness, and costly emergency treatment. Untreated oral diseases and disorders lead to eating, sleeping, speaking and learning problems that significantly impact a child's social interaction, school achievement, general health, and quality of life. Recognizing the importance of prevention, the Rhode Island Dental Hygienists' Association (RIDHA) works to improve oral health by advancing the art and science of dental hygiene and promoting the highest standards for dental hygiene education, licensure, practice, and research. To assure the availability of highly trained dental hygienists, the RIDHA sponsors continuing education programs that enable professionals to maintain current knowledge and skills. (For course information, see RIDHA web page: www.ridha.org)

However, it is the RIDHA *Hygienists-in-Action* program that enables dental hygienists to fill a void for some of

the state's neediest children. Since 1999, dedicated hygienist volunteers have gathered semiannually at St. Joseph Pediatric Dental Center to deliver preventive services and oral

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health education to culturally diverse inner-city children, the majority of whom have faced lifelong access barriers. It is a rewarding but humbling experience.

Every volunteer hygienist walks away with a better understanding of the significant unmet need among poor children, a profound sadness that too many children suffer from almost totally preventable oral diseases, and a renewed resolve to offer high quality preventive oral health services to the neediest in our state.

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Message from RIDHA

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In June 2002, RIDHA gained national recognition for its volunteerism through receipt of the Colgate Community Outreach Award. Additionally, on the state level, the Rhode Island Kids Count Covering Kids and Families initiative, has acknowledged the ongoing contributions of the dental hygiene community. As RIDHA continues working towards increased oral health access, we thank St. Joseph Health Services for its support and the use of their clinical facilities. The next *Hygienists-in-Action* event is scheduled for Saturday, April 5, 2003. Hygienists wishing to volunteer should contact Susan Perlini, RDH at 401-333-0690. Hygienists make it happen!

Editorial Policy

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Comments? Questions?

Articles, ideas and announcements from readers are welcome. Contact the Oral Health Program at: RI Department of Health
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New Policies on Bottled Water and Soft Drinks Adopted by ADA

The ADA House of Delegates called for the labeling of bottled water with fluoride concentration and company contact information. The organization says the action is necessary to help ensure that individuals receive an optimal intake of fluoride as more consumers opt to drink bottled water. According to the Beverage Marketing Corporation, consumers will drink more bottled water than any other beverage except soft drinks by 2005. Studies have shown that the majority of bottled water has fluoride levels of 0.3 ppm. Fluoride's benefits are particularly important for those Americans, especially children, who lack adequate access to dental care, according to the ADA. The ADA, during its 143rd Annual Session held recently in New Orleans, also approved a resolution supporting inclusion of information about the effects of home water treatment systems on water fluoride levels. Some systems, including those that use reverse osmosis and distillation, remove significant amounts of fluoride from the water supply. In other action, the Delegates passed a resolution to encourage formation of broad-based national, state and local coalitions. Alliances of dental, medical and health organizations and agencies would help educate the public about adverse health effects of overexposure to carbonated soft drinks and sweetened drinks. Citing peer-reviewed epidemiological studies that show a positive association between caries risk and soft drink consumption, the report concludes: "The Association opposes school contracts promoting increased access to soft drinks in general since, to the best of the Association's knowledge, these inevitably include the promotion of sugar-containing products as well as other non-nutritious soft drink products." In 2000, the ADA adopted policy

opposing contractual arrangements that influence children's consumption patterns by promoting increased access to soft drinks.

CDC Issues Hand Hygiene Guidelines

To improve adherence to hand hygiene in health care settings, the Centers for Disease Control and Prevention (CDC) has released new Hand Hygiene Guidelines for all health care personnel. According to the CDC, using gloves in health care settings will reduce hand- and cross-contamination by only 70-80 percent which does not eliminate the need for hand hygiene. In addition to regular handwashing with soap and water, the CDC also recommends the use of alcohol-based handrubs. This recommendation was made to address obstacles to frequent handwashing in health care settings. Alcohol-based handrubs are fast acting and rarely cause skin irritation or allergic contact dermatitis. "Clean hands are the single most important factor in preventing the spread of dangerous germs and antibiotic resistance in health care settings," says CDC Director Julie Gerberding, MD. For the complete CDC Hand Hygiene Guidelines, call 1-404-639-3586 or visit www.cdc.gov/handhygiene.

DHS Oral Health Grant

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Smiles school-based dental services to three additional cities; increase the capacity of the dental workforce while providing opportunities for former welfare recipients to train for and obtain jobs as dental assistants and dental hygienists; and support the development of a pediatric dentist residency training program at St. Joseph Health Services in Providence.

Dental Care Essential for Proper Nutrition of the Aged

Regular dental care for the very old may be critical in maintaining a balanced diet and consuming adequate amounts of nutrients, say University of Iowa researchers who studied 220 persons, averaging 79 years of age. According to the study, published in the October Journal of the *American Dental Association*, very old persons with fewer functional teeth or wearing ill-fitting dentures consumed fewer nutrients than did subjects with more teeth or without denture problems. Reduced consumption of needed nutrients may increase the risk of morbidity and hasten death in the oldest old," warns lead investigator Teresa A. Marshall, PhD, RD. Results revealed that average daily intake of protein, vitamin C, calcium, phosphorous and zinc was associated with both the number of teeth and number of functional teeth. Subjects with denture problems had lower average intakes of such nutrients as protein, thiamin, riboflavin, vitamin D, iron and magnesium than those without denture problems. In the study, trained clinicians conducted dental

examinations and trained interviewers completed standardized interviews in subjects' homes. Participants then completed three-day dietary records. The Dietary Reference Intakes of the Food and Nutrition Board of the National Academy of Sciences defined adequate nutrient intakes. Study results also revealed that average daily nutrient intakes did not differ between subjects with well-fitting dentures and subjects with natural teeth. Neither average daily intake nor adequacy of intake was associated with subjects' perception of oral health problems, chewing difficulties or temperature sensitivity. The researchers concluded that the presence of natural teeth and well-fitting dentures was associated with higher and more varied nutrient intakes and greater dietary quality in the oldest old Iowans sampled. "Aggressive preventive oral health care to maintain natural teeth and regular dental care to ensure adequate denture fit and function may decrease nutritional risk in elderly people," concludes Dr. Marshall.



NIOSH Needlestick Prevention Resource

A new, Web-based resource from the CDC's National Institute for Occupational Safety and Health (NIOSH) shares information on ways in which some health care facilities have established programs for protecting employees from the risk of job-related needlesticks. The site describes five essential steps for developing, establishing and maintaining a needlestick-prevention program, and offers first-hand experiences from hospitals, nursing homes, home health agencies and dental facilities as to how they put those steps into effect. The facilities discuss barriers they encountered in establishing the programs, how those barriers were overcome, and lessons learned from their experiences. CDC Division of Oral Health staff contributed to this project. The five strategic steps for needlestick prevention programs are:

1. forming a sharps injury prevention team,
2. identifying priorities,
3. identifying and screening safer medical devices,
4. evaluating safer medical devices, and
5. instituting and monitoring the use of safer devices.

See "Safer Medical Device Implementation in Health Care Facilities: Lessons Learned," at the NIOSH Web site <http://www.cdc.gov/niosh/topics/bbp/safer>

Senator Elizabeth Roberts Recognized for Oral Health Advocacy

The Rhode Island Department of Health (HEALTH) awarded the James E. Carney Public Health Legislative Award for 2002 to Senator Elizabeth Roberts (D, District 28-Cranston/Warwick). HEALTH's Legislative Award recognizes Rhode Islanders who have been "instrumental in the promotion or enactment of legislation that advances the aims or mission of public health." Effective public policy is a cornerstone of public health.

As Chair of the Special Senate Commission on Quality Oral Health Care, Senator Roberts has engaged

key stakeholders to improve oral health in the context of total health for all Rhode Islanders. Under her leadership, the Commission has developed recommendations to address public policy issues related to oral health care access, oral disease prevention, and oral health professions workforce. Additionally, she championed legislative grants to expand funding at two hospital-based dental clinics. The Commission, in partnership with the public, private, and not-for-profit sectors, continues to advance policies necessary to address Rhode Island's oral health needs.

ANNOUNCEMENTS

RI Board of Examiners in Dentistry: Board Meetings

RI Department of Health, Providence, RI
 April 23, 2003 @ 9:30 AM – 11:30 AM
 June 18, 2003 @ 9:30 AM – 11:30 AM
 For information, call Gail Giuliano at 401.222.2151

RI Dental Association

Emerging Diseases and Challenging Issues in Infection Control, Annual OSHA Compliance Review, Dental Unit Waterline Contamination (7 CEUs)

RI Convention Center, Providence, RI
 April 2, 2003 @ 9:00 AM – 5:30 PM
Adhesive Dentistry for the New Millenium (7 CEUs)
 RI Convention Center, Providence, RI
 May 14, 2003 @ 9:00 AM – 5:30 PM
 For information, call Valerie Donnelly at 401.732.6833

RI Dental Assistants Association

Introducing New Technologies (intra-oral photography, electric handpieces, voice activated computer systems, etc.) (2 CEUs)

Miriam Hospital, Providence, RI
 May 13, 2003 @ 7:00 PM – 9:00 PM
 For information, call Joanne Wilbur at 401.647.2175

RI Dental Hygienists' Association

Hygienists-in-Action (3 CEUs)
 St. Joseph Hospital, Providence, RI
 April 5, 2003 @ 9:00 AM - 1:00 PM
"A Team Night Out"/Product Trends (3+ CEUs)
 Radisson Airport Hotel, Warwick, RI
 April 29, 2003 @ 6:00 M – 900 PM
Women's Health Transition (3 CEUs)
 Barnsider Mile and a Quarter, Providence, RI
 May 6, 2003 @ 7:30 PM – 9:30 PM
 For information, call Mary Anne Barry at 401.821.2373

Community College of Rhode Island

OSHA Update – online course (2 CEUs)
 For information, call Michelle O'Brien at 401.333.7333

RI Oral Health Professional Advisory Council

RI Department of Health, Providence, RI
 May 28, 2003 @ 7:30 AM – 9:00 AM
 For information, call Carla Lundquist at 401.222.7626

RI Special Senate Commission on Oral Health

RI State Capitol, Providence, RI
 June 4, 2003 @ 8:30 AM – 10:00 AM
 For information, call Marie Ganim at 401.222.1772

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www.healthri.org



A Healthy Smile Can Last A Lifetime

www.healthri.org/disease/primarycare/oralhealth/home.htm