

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

HEALTH NEWS

Rhode Island Strengthening Oral Health & Head Start Partnerships

Head Start and Early Head Start, comprehensive child development programs serving children from birth to age five, seek to increase school readiness for young children from low-income families. Recognizing that oral health is essential to overall health and that healthy children learn best, the Rhode Island Head Start Association, in partnership with the Rhode Island Department of Health, will be hosting a state-level Oral Health Forum to identify access barriers, propose potential resolutions and build support for improving the oral health status of Head Start/Early Head Start children and their families.

This event, scheduled for May 17, 2004 from 9:30 AM – 2:30 PM at the Crowne Plaza Hotel at the Crossings in Warwick, RI, will convene a broad group of stakeholders, including oral health professionals, policymakers, Head Start/Early Head Start staff and families, primary health care providers, and other state-level/ community-based partners, who will share expertise, best practices, and collaborative solutions to develop an Early Childhood Oral Health Action Plan for Rhode Island.

For more information or to register for the Forum, please call the Oral Health Program at 401.222.1171.

Unique Partnership Delivers \$737,308 to New/Expanding Oral Health Projects in RI

Owen Heleen, Special Projects Officer, The Rhode Island Foundation

The remarkable relationship among state government, a key foundation, and a leading children's advocacy organization has resulted in major grants worth \$737,308 to expand oral health opportunities for underserved Rhode Islanders. The Rhode Island Oral Health Access Project, a partnership among the Rhode Island Department of Human Services, The Rhode Island Foundation, and Rhode Island KIDS COUNT, armed with three-year funding from the Robert Wood Johnson Foundation, seeks to increase access to primary and preventive dental services for children and families covered by Medicaid/Rite Care and for Rhode Islanders underserved for dental care. One aspect of the coalition's work is grantmaking to support community-based efforts that: 1) Increase the supply of pediatric dentists, dental hygienists, and dental assistants by increasing the number of graduates from training programs in the state, 2) Increase the service capacity of dental safety net providers and, 3) Expand the Providence Smiles school-based dental services model to the state's other core cities (Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket) in which fifteen percent or more of the children live in poverty. The grant awards support fourteen separate programs; eleven will serve children, seven will serve adults, and four will serve populations with special needs.

Dental Workforce Development (\$170,000)

St. Joseph Health Services / Pediatric Dental Center- \$80,000. To expand the number of pediatric dental residents from two to four.

Rhode Island Hospital / Samuels Dental Center - \$90,000. To hire a general practice residency program director and support staff to establish and coordinate a residency program.

Safety Net Provider Service Capacity Development (\$330,445)

CareLink, Inc. - \$65,100. To develop a new business model for expanding oral health access for nursing home residents.

Donated Dental Services / Rhode Island Foundation of Dentistry for the Handicapped - \$15,000. To link disabled or aged Rhode Islanders with comprehensive treatment through volunteer dentists and dental laboratories.

Federal Hill House - \$21,000. To educate and/or support prenatal women and teens and children ages 0-3 years regarding oral health. *continued on page 2*

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Providence Community Health Centers - \$70,000. To purchase dental equipment for a new dental program on Broad Street.

Rhode Island Health Center Association - \$5,000. To create a Dental Safety Net Coalition.

St. Joseph Health Services - \$54,801. To institute a statewide mobile dental van program in partnership with Ronald McDonald Care Mobile program and Traveler's Aid Society of Rhode Island.

Thundermist Health Center, West Warwick - \$33,950. To purchase instruments, supplies, and an additional dental chair to fully equip all three dental operatories.

Traveler's Aid Society of Rhode Island - \$65,594. To develop and implement a strategic plan for moving the agency's dental program to its new Broad Street location.

School-Based Dental Services (\$236,863)

East Bay Community Action Program - \$71,362. To replicate the Providence Smiles program as a pilot in all of Newport's elementary schools and one or two Middletown elementary schools.

Northwest Community Health Center - \$64,565. To establish school-based dental services for approximately 2,000 students in the Burrillville and Foster/Glocester school districts.

St. Joseph Health Services / Pawtucket Smiles - \$25,875. To expand the Pawtucket Smiles school-based dental program from 3 to 6 elementary schools.

Thundermist Health Center / School-Community Program - \$75,061. To implement a school and community based oral health services program.

American Academy of Pediatrics: Soft Drinks in Schools Should Be Restricted

In a recent policy statement, "Soft Drinks in Schools," the American Academy of Pediatrics (AAP) recommends that school districts should consider restricting the sale of soft drinks to safeguard against health problems resulting from overconsumption.

The policy points out that sweetened drinks constitute the primary source of added sugar in the daily diet of children, and that each 12-ounce serving of a carbonated, sweetened soft drink contains the equivalent of 10 teaspoons of sugar. Sugared soft drink consumption has been associated with increased risk of overweight and obesity, currently the most common medical condition of childhood. Additional health problems associated with high intake of sweetened drinks are caries and potential enamel erosion. According to the policy, between 56% and 85% of school-age children consume at least one soft drink daily. As consumption increases, milk consumption decreases, and milk is the principal source of calcium in the typical American diet. While soft drink sales can be a substantial source of income for school districts, nutritious alternatives such as water, real fruit juices and low-fat milks are available for vending, and can help preserve school revenues.

2004 Give Kids A Smile! Day

On Friday, February 6, 2004, the nation's dentists provided free oral health care services to thousands of low-income children across the country. In Rhode Island, over 60 dentists, dental hygienists and dental assistants volunteered to provide free educational, preventive and/or therapeutic services valued at more than \$63,000 to underserved children. Volunteers provided care to over 300 children at the Rhode Island Hospital Samuels Dental Center, the St. Joseph Hospital Pediatric Dental Center, and in private offices throughout the state. In addition to providing services, donations were made to the Rhode Island Foundation of Dentistry for the Handicapped. The Third Annual GKAS Day will take place on Friday, February 4, 2005.

The policy recommends that pediatricians work to eliminate sweetened soft drinks in schools by educating school authorities, patients, and parents. The statement also recommends that 1) Pediatricians advocate for the creation of a school nutrition advisory council as one means of ensuring that students' health and nutritional interests form the foundation of nutritional policies in schools; 2) School districts should invite public discussion before making any decision to sign a vended food or drink contract; 3) If a school district already has a soft drink contract in place, it should be adapted so that it does not promote overconsumption by students; and 4) Consumption or advertising of sweetened soft drinks within the classroom should be eliminated. As part of the effort to reduce consumption of soft drinks in schools, vending machines should not be placed within the cafeteria where lunch is sold, and soft drinks should not be sold as part of, or in competition with, the school lunch program.

Source: <http://www.aap.org/pressroom/aappr-jan04mailing.htm>

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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Poor Oral Health Associated with Coronary Heart Disease

Having poor scores in five areas of oral health is associated with coronary heart disease, according to a report in the February 17, 2004 issue of *Circulation: Journal of the American Heart Association*. In this study, a poor oral health diagnosis was a stronger predictor of heart disease than other markers, such as high levels of fibrinogen, low HDL cholesterol or high triglycerides.

Researchers used five oral diseases that might generate inflammation to create the asymptomatic dental score (ADS) for determining cardiac risk. The diseases were pericoronitis, gingivitis, missing teeth, root remnants, and dental caries. The researchers used a mathematical model to check each oral disease's association with coronary heart disease, select the disease that had the most significant associations, score the strengths of the individual disease's contributions and weigh them to determine how much of a collective impact they had on coronary heart disease.

Researchers compared the oral health data of 256 Finnish cardiac patients to that of 250 non-cardiac patients with similar demographic characteristics. Among the five oral diseases, the

strongest predictor of coronary disease was pericoronitis, followed by root remnants and gingivitis; then dental caries and missing teeth. According to the lead author, Sok-Ja Janket, DMD, MPH, assistant professor at Boston University Goldman School of Dental Medicine, this study suggests oral disease and coronary heart disease are linked, but it does not show whether one causes the other. Dentists who have patients with poor oral health should consider encouraging them to have cardiac examinations, even if they do not have symptoms of heart disease. Janket hypothesizes that oral health not only contributes to heart disease through the inflammation process, but also because of inadequate nutritional intake.

The American Heart Association states that the association seen in this study, if confirmed, could have many explanations. Individuals who are un- or under-insured, those of low socioeconomic status, or even those who simply have poor general health, are also likely to have poor dental health. These individuals are also likely to have less access to preventive care.

Source: <http://www.americanheart.org/presenter.jhtml?identifier=3019173>

Knowledge Path: Oral Health and Children & Adolescents

The National Maternal and Child Oral Health Resource Center has developed a knowledge path, which offers a selection of recent, high-quality resources about improving the oral health of children and adolescents. Updated annually, it is aimed at health professionals, policymakers, program administrators, researchers, and consumers who are interested in obtaining timely information on this issue. Examples of available resources include web sites, electronic publications, print publications, journal articles, databases, electronic newsletters, and online discussion groups. The Knowledge Path may be viewed at: www.mchoralhealth.org/knwpathoralhealth.html.

New OHPAC Chair Appointed

For the past two years, the Oral Health Professional Advisory Council (OHPAC) has provided guidance to the Rhode Island Department of Health on programmatic and policy issues impacting oral health access, effective promotion/ disease prevention strategies, and appropriate measures designed to improve the oral health status of all Rhode Island residents. Nicholas D. Barone, DDS has led the Council since its inception and on February 4, 2004, received a citation from Governor Donald Carcieri in recognition of his leadership, vision, and dedicated service. M. Christine Benoit, DMD succeeds Dr. Barone and will serve as the new OHPAC Chair.

2003 World Oral Health Report Available Online

The World Health Organization (WHO) has released the 2003 World Oral Health Report. This document outlines the current oral health situation at the global level and proposes strategies for better oral health in the 21st Century. Chronic diseases and injuries are the leading health problems in most parts of the world. Rapidly changing disease patterns are particularly linked to changing lifestyles, which include diets rich in sugar, widespread use of tobacco and increased consumption of alcohol.

In addition to socio-environmental conditions, oral health is highly related to these lifestyle factors, which are common risks to most chronic diseases. Oral diseases qualify as major public health problems due to their high prevalence and incidence in all regions of the world with the greatest burden of oral diseases on the disadvantaged and socially marginalized populations. The severe impact in terms of pain and suffering, impairment of function and their effect on quality of life must also be considered. Traditional treatment of oral diseases is extremely costly in several industrialized countries and not feasible or possible to most low-income and middle-income countries. The WHO Global Strategy for prevention and control of noncommunicable diseases and the common risk factor approach is a new strategy to managing prevention and control of oral diseases. The WHO Oral Health Program also has strengthened its work for improved oral health globally through links with other technical programs within the Department of Health Promotion, Surveillance, Prevention and Management of Non-communicable Diseases (HPM).

The report may be viewed at: http://www.who.int/oral_health/media/en/orh_report03_en.pdf.

ANNOUNCEMENTS

**RI Board of Examiners in Dentistry
Board Meetings**

RI Department of Health, Providence, RI
 May 19, 2004 @ 9:30 AM
 June 16, 2004 @ 9:30 AM
 For information, call Gail Giuliano at 401.222.2151

**RI Special Senate Commission on Oral
Health**

State House, Providence, RI
 June 2, 2004 @ 8:30 AM – 10:00 AM
 For information, call Marie Ganim at 401.222.1772

Oral Health Professional Advisory Council

RI Department of Health, Providence, RI
 June 30, 2004 @ 7:30 AM – 9:00 AM
 For information, call Carla Lundquist at 401.222.7626

RI Dental Association

*Clinical Dental Pharmacology: Avoiding
 Prescribing Errors and Liability* (7 CEUs)
 RI Convention Center, Providence, RI
 May 19, 2004 @ 9:00 AM - 5:00 PM
 For information, call Valerie Donnelly at 401.732.6833

RI Dental Hygienists' Association

*Body Piercing and Tattooing: Myths and
 Realities* (3 CEUs)
 Madeira Restaurant, East Providence
 May 11, 2004 @ 7:30 PM
 For information, call Maryanne Barry, RDH at 401.821-2373

RI Head Start/Early Head Start Oral Health Forum

Crowne Plaza Hotel at the Crossings, Warwick
 May 17, 2004 @ 9:30 AM - 2:30 PM
 For information, call Deborah Fuller, DMD at 401.222.3044

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A Healthy Smile Can Last A Lifetime

www.health.ri.gov/disease/primarycare/oralhealth/home.htm