

ORALHEALTH_{ri}

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

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Director, RI Department of Health

Fall 2004, Volume 3, Number 3

Donald L. Carcieri
Governor

HEALTH NEWS

School Oral Health Professionals Training Conference

The RI Department of Health will host the 5th Annual School Oral Health Professionals Training Conference on November 17, 2004 from 5:30–8:30 PM at the Radisson Airport Hotel in Warwick. David Harte, DMD, Massachusetts Masonic Child Identification Program (CHIP) State Director, will provide an overview of CHIP, a comprehensive child identification program supported by the Freemasons that was established to aid in the recovery of missing children. Offered free of charge to the public, CHIP services consist of videotaping, fingerprinting, dental bite registration (Toothprints®), and a DNA sample.

Oral health professionals, law enforcement personnel, and other volunteers have partnered with the Masons to provide child identification services to more than 190,000 children in Massachusetts. This fall, the RI Freemasons organized local CHIP events in collaboration with the state's oral health professional societies. To date, volunteers from the RI Dental Association and the RI Dental Hygienists' Association have provided identification materials to parents of more than 1,300 children in Rhode Island.

Oral health professionals working in school-based/school-linked programs are encouraged to attend the conference. For more information, contact Laurie Leonard, MS, at 401.222.2433.

It Takes A Community to Raise Healthy Schools

Dorothy A. Brayley, Executive Director, Kids First Chair, Rhode Island Healthy Schools Coalition

Kids First and its partner, the RI Team Nutrition Training Institute, are “dedicated to guiding communities to improve the nutritional and physical well-being of our children.” In that capacity, Kids First recognizes that working effectively with school-based/school-linked programs is critical to improving health outcomes and may prove essential in resolving health problems like obesity. Opportunities abound for oral health professionals to help support the implementation of best practices in school/childcare environments and to promote the development of healthier habits among children and families.

FACTS:

- * From the late 1970s to 2000, the percentage of overweight schoolchildren ages 6-11 years more than doubled [6.5% to 15.3%] and the percentage of overweight adolescents ages 12-19 tripled [5.0% to 15.5%].
- * Increasing rates of type 2 diabetes, asthma, high blood pressure, sleep apnea, and low self-esteem are associated with the increase of overweight/obesity.

NATIONALLY, child health groups, including the American Academy of Pediatric Dentists (AAPD), are responding to these disturbing trends. In 2000, the AAPD published a policy statement on beverage vending, which underscores the correlation between oral health and obesity related issues and serves as a potential focal area for collaboration between oral health, medical, and nutrition professionals.

LOCALLY, a vibrant, active RI Healthy Schools Coalition (RIHSC) now boasting more than 65 member organizations, including the RI Dental Association, is focused on achieving two goals by October 2007:

- 1) All schools in RI will provide all children [preK-Grade 12] with daily opportunities to engage in physical activity in addition to quality physical education that helps develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.
- 2) All schools in RI will adopt policies ensuring that foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the dietary guidelines for Americans.

The RIHSC believes that these goals will be achieved with sustained collaboration among the member organizations and other stakeholders along with the development of annual time-phased work plans that identify resources for implementing promising strategies and best practices.

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AAPD Policy on Beverage Vending in Schools

The American Academy of Pediatric Dentistry (AAPD) recognizes that easy access to sweetened, acidulated beverages and targeted marketing to children and adolescents may result in increased consumption of these beverages, contribute to increased caries risk, and negatively influence overall nutrition and health. Per a 2002 policy statement, the AAPD: 1) Encourages collaboration among dental/medical organizations, education officials, parent/consumer groups, and corporations to increase public awareness of the effects of frequent/inappropriate intake of sweetened drinks on infant, child and adolescent oral health, nutrition, and general health; 2) Opposes any arrangements that may decrease access to healthy beverage choices for children and adolescents; 3) Encourages schools/parents to promote beverages of high nutritional value by maintaining healthy choices in school vending machines. Soft drinks in cans should be preferred over bottles since they cannot be recapped for later consumption, and bottled water should always be

available; and 4) Promotes educating and informing the public about the importance of good oral hygiene and nutritional habits. Source: <http://www.aapd.org/members/referencemanual/pdfs/02-03/Vending%20Machines.pdf>



Surgeon General Releases Statement on Community Water Fluoridation

Since the 1950s, each U.S. Public Health Service Surgeon General has expressed support for community water fluoridation (CWF), which continues to be the most cost-effective, equitable, and safe means of protecting a community from dental caries. The addition of small amounts of fluoride to public water systems (PWS) where naturally-occurring fluoride levels are too low has helped to improve the quality of life for many individuals by reducing pain and suffering related to tooth decay, time lost from school and work, and money spent to restore, remove, or replace decayed teeth. It is estimated that every dollar invested in fluoridation saves \$38 or more in treatment costs. Currently, 170 million people in over 8,000 communities nationwide receive the benefits of CWF. RI has an exemplary record of CWF and is one of only 24 states in which 75% or more of the population is served by optimally fluoridated PWS. To view the most recent endorsement supporting CWF from Surgeon General Richard H. Carmona, visit www.cdc.gov/OralHealth/factsheets/fl-surgeon2004.htm. For additional information, see the CWF issue brief, a collaborative effort of the Association of State and Territorial Health Officials and the Association of State and Territorial Dental Directors, at www.astho.org/templates/display_pub.php?pub_id=556&admin=1.

BRFSS Maps Display Oral Health Data

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest continuously conducted telephone health survey in the world and enables the Centers for Disease Control and Prevention (CDC), state health departments, and others to monitor the health risk behaviors of adults. Survey results are utilized to identify emerging health issues, document health trends, compare health behaviors across states, and measure progress towards health goals.

The BRFSS recently announced a new feature called *BRFSS Maps*, which provides a visual display of oral health data for states and selected Metropolitan/Micropolitan Statistical Areas (MSA). *BRFSS Maps* is an interactive mapping application that graphically displays the prevalence of behavioral risk factors at the state and MSA level. Using GIS mapping technology and BRFSS data, users can visually compare prevalence data for states, territories, and local areas. Features include multiple data classification methods, map panning/zooming, related prevalence tables, downloadable map images, and the capability to download the BRFSS data in a GIS shapefile data format for more detailed analysis.

BRFSS Maps shows three of the eight indicators included in the National Oral Health Surveillance System: 1) annual dental visits, 2) annual tooth cleaning, and 3) tooth loss in adults. The CDC Division of Oral Health collaborates on review of the oral health data in the survey. States and other interested parties can download BRFSS data from 1999 through 2003 for their own analyses. *BRFSS Maps* and other BRFSS information/data can be viewed at <http://www.cdc.gov/brfss/index.htm>.

Editorial Policy

ORALHEALTHri is published quarterly by the RI Department of Health. This publication is supported by Program Announcement Number 03022 from the Centers for Disease Control & Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the RI Department of Health.



Comments? Questions?

Articles, ideas and announcements from readers are welcome. Contact the Oral Health Program at:

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HOW CAN YOU HELP TO RAISE HEALTHY SCHOOLS? Oral health professionals can play an important role in guiding school, childcare, and community leaders to provide healthy alternatives for fundraising, classroom incentives, and other celebrations. While over-consumption of soft drinks and high sugar snacks can contribute to the development of dental caries and overweight/obesity among children, many RI schools and childcare programs still allow access to unhealthy items. Oral health professionals have specific expertise and training that are essential to the development of sound policy for schools and childcare agencies. Sharing your expertise and providing leadership at the community level can lead to improved health outcomes for children and families.

Kids First and the RIHSC urge you to:

- * **SPEAK UP:** Promote discussion of healthy foods/beverages in schools at parent-teacher organization meetings in your community.
- * **EDUCATE:** Nutrition is an annual item on your local school committee agenda. Attend and help educate school leaders on important nutrition and oral health issues.
- * **PARTICIPATE:** Many school districts have established nutrition and physical activity councils that welcome input from health professionals.

Whatever you choose to do, you can be sure that it will help your community raise healthier schools...that contribute to raising healthier children.

Questions on how your school district is addressing these issues and/or to learn how you may offer your professional expertise at the local level, please contact me or Karin Wetherill at 751-4503 or visit the Kids First website at www.kidsfirstri.org.

WIC Participation Improves Access to Dental Care

Over 33% of infants born in the U. S. are enrolled in the Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC is often the first contact with the health care system for many poor women and children. Through referrals and networking, WIC agencies work to improve the linkage between clients and health care providers, including oral health professionals. According to findings from a recent study, children who participated in WIC had an increased probability of visiting the dentist, were more likely to use preventive and restorative services, and were less likely to use emergency services for oral health problems. In the study, which was supported by the Agency for Healthcare Research and Quality, researchers linked North Carolina Medicaid claims and enrollment data to WIC enrollment data to compare utilization of dental services

RI Oral Health Access Project Update

The RI Oral Health Access Project (OHAP), a collaborative effort of the RI Department of Human Services (DHS), RI KIDS COUNT, The Rhode Island Foundation, and key stakeholders funded by the Robert Wood Johnson Foundation, cites progress in the following areas:

Dental Benefits Manager (DBM): In planning for the transition to a DBM, DHS has analyzed dental utilization/expenditure data for Medicaid enrolled children/families and completed an extensive interstate review of Medicaid dental program reform. DHS is making preliminary projections to expand dental access in the most cost-effective way, and comparing the pros and cons of two purchasing options: 1) contracting directly with one or more DBMs, and 2) contracting with the three current RIte Care Health Plans who would establish contractual relationships with a DBM. Several models with a variety of enrollment, benefit design, cost sharing, clinical review, and access standards will be considered. An actuarial firm with expertise in pricing Medicaid dental packages will evaluate the anticipated impact on utilization, provider enrollment and expenditure trends. Also, to identify the most viable options for improved dental access, DHS will collaborate with a subgroup of the OHAP Advisory Committee.

Community Grants: Since awarded in April 2004, the 14 projects funded by the OHAP Grants Program have made significant progress toward their goals including staff recruitment/hiring, equipment purchases, and initiation of program activities. Highlights include the opening of a new dental clinic at Crossroads Rhode Island (160 Broad Street, Providence), equipment for a third dental operatory at Thundermist Health Center (West Warwick), and hundreds of school dental screenings in preparation for implementing school-linked dental programs at Northwest Health Center (Burrillville), East Bay Community Action Program (Newport), and Thundermist Health Center (Woonsocket).

New Issue Brief: Rhode Island KIDS COUNT released the updated Issue Brief, *Access to Dental Care for Children in Rhode Island*, on October 21, 2004. For copies, contact Jill Baroni at 351-9400 or visit www.rikidscount.org.



for WIC children and those not enrolled in the program. Children who participated in WIC for a full year were 1.7 times as likely to have two or more dental visits per year and 1.5 times as likely to have one dental visit as non-WIC children. Additionally, children who participated in WIC for one year were nearly twice as likely to have a preventive visit and a restorative visit. WIC participation also led to reduced use of emergency services for oral problems: participants were 32% less likely than non-participants to have an emergency visit related to oral problems. Source: <http://www.ahrq.gov/research/jul04/0704RA22.htm#head1>.

ANNOUNCEMENTS

RI Board of Examiners in Dentistry

RI Department of Health, Providence, RI
 November 17, 2004 @ 9:30 AM
 December 15, 2004 @ 9:30 AM

For information, call Gail Giuliano at 401.222.2151

RI Special Senate Commission on Oral Health

State House, Providence, RI
 December 1, 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
 February 9, 2005 @ 7:30 AM – 9:00 AM

For information, call Laurie Leonard at 401.222.2433

5th Annual School Oral Health Professionals Training Conference

CHIP: Child Identification Program (3 CEUs)

Radisson Airport Hotel, Warwick, RI
 November 17, 2004 @ 5:30 PM - 8:30 PM

For information, call Laurie Leonard at 401.222.2433

RI Early Childhood Oral Health Coalition

Cianci Center, 99 Berkshire St., Providence, RI
 January 7, 2005 @ 8:30 AM

For information, call Deb Fuller, DMD at 401.222.3044

RI Dental Association

Doctor, Your Check Has Bounced Again! Employee Dishonesty, Theft, Fraud and Embezzlement in the Dental Office (7 CEUs)

RI Convention Center, Providence, RI
 November 10, 2004 @ 9:00 AM - 5:00 PM

For information, call Valerie Donnelly at 401.732.6833

RI Dental Hygienists' Association

2004 Update in Early Oral Cancer and Pre-Cancer Detection (3 CEUs)

Radisson Airport Hotel, Warwick, RI
 November 7, 2004 @ 8:30 AM

Dental Hypersensitivity (Learn on the Bus, Shop Till You Drop) (2 CEUs)

November 13, 2004 @ 6:00 AM

For information, call Mary Anne Barry at 401.821.2373

RI Dental Assistants' Association

Oral Health Partnerships

St. Joseph Hospital, North Providence, RI
 November 16, 2004 @ 7:00 PM

The Diabetic Dental Patient

St. Joseph Hospital, North Providence, RI
 February 15, 2005 @ 7:00 PM

For information, call Joann Wilbur at 401.647.2175

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A Healthy Smile Can Last A Lifetime

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