

ORALHEALTH_{ri}

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

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Donald L. Carcieri
Governor

HEALTH NEWS

Path to a New State Oral Health Plan

The recommendations of the Senate Oral Health Commission have guided the work of numerous oral health stakeholders and interest groups in Rhode Island since 2001. At this juncture, many of the Commission's 22 recommendations have been fully implemented and an updated plan is needed to assure that oral health resources are well coordinated and continued progress towards distal outcomes is sustained.

With support from the Centers for Disease Control and Prevention (CDC), the Rhode Island Department of Health is seeking input in developing the next iteration of the Rhode Island Oral Health Plan. It is anticipated that the new plan will further expand the Senate Commission recommendations and incorporate the essential elements of the Early Childhood Oral Health Action Plan and the recommendations of the Nursing Home Dental Care Workgroup to address oral health across the lifespan.

A state Oral Health Summit, to be held in March 2006, will convene a broad group of stakeholders to validate the draft state plan recommendations developed by the steering committee and three workgroups. For more information, contact Maureen Ross, Oral Health Program Director at 401-222-1171 or Maureen.Ross@health.ri.gov.

Rhode Island – One of Seven States Exceeding Benchmark for Dental Visits Among Adults with Diabetes

In a November 2005 *MMWR*, the Centers for Disease Control and Prevention (CDC) reported that Rhode Island was one of seven states to meet or exceed the 2010 national health objective for increasing the proportion of persons with diabetes who have an annual dental examination to 71%. For this report, the CDC analyzed data collected via state-based telephone surveys as part of the Behavioral Risk Factor Surveillance System (BRFSS) to estimate the percentage of dentate adults aged 18 years or older with diabetes who visited a dentist in the preceding 12 months. Per the report, approximately 78% of Rhode Island adults with diabetes had a dental exam in 2004.

Periodontal disease is one major complication of diabetes and adults with diabetes have both higher prevalence and more severe forms of periodontal disease. In addition, periodontal disease has been associated with development of glucose intolerance and poor glycemic control among adults with diabetes. Regular dental visits provide opportunities for prevention, early detection, and treatment of periodontal disease among dentate adults. In addition, regular dental cleanings improve glycemic control in patients with poorly controlled diabetes.

The findings underscore the need to increase awareness and support for oral health care among adults with diabetes, including support for national and state diabetes care management programs. The results also indicate that attendance of dentate adults at diabetes management classes was associated with having had a dental visit during the preceding 12 months. Moreover, lack of health insurance was significantly associated with not having had a dental visit. The *MMWR* report also indicates that current smokers were less likely to have had a dental visit during the preceding 12 months than nonsmokers. Smoking is known to be strongly associated with periodontal disease.

The National Diabetes Education Program (NDEP) recommends that oral health management education include instructions in oral self-care and oral self-examination. NDEP emphasizes that adults, even those without teeth, should receive at least one dental examination per year. In the general population, lack of health insurance, particularly dental insurance, is associated with decreased use of dental services and poorer oral health. Because dental insurance coverage typically is provided as an employee benefit, persons who are unemployed are less likely to have dental insurance.

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In RI, the Department of Health's Diabetes Prevention & Control Program (DPCP) has been actively promoting improved diabetes education since 1981 through the statewide Diabetes Outpatient Education (DOE) network. Nurses, physicians, and dietitians can be certified as DOE educators and a variety of hospitals, physician practices, senior centers, pharmacies, health centers, and other community-based agencies serve as DOE-certified programs. Today, RI has one certified educator for every 267 people and one certified program for every 1,314 people with diabetes. (Further DPCP information can be found at www.health.ri.gov/disease/diabetes/index.php.)

The MMWR findings are subject to several limitations. Since the BRFSS sample was drawn from a noninstitutionalized population, it excludes adults not residing in households, (e.g., those in nursing homes or long-term care facilities). Also, because the BRFSS is a telephone survey it

excludes persons without residential phone service (e.g., those with lower incomes or those residing in households that use cellular phones only). In addition, the accuracy of survey participants' self-report of their dental visit was not validated against dental records, and their responses might be subject to recall bias or the tendency to give socially desirable responses during phone interviews. Lastly, since the BRFSS is a survey of adults only, information on the growing number of children with diabetes is not included in this analysis. The full report, *Dental Visits Among Dentate Adults with Diabetes - United States, 1999 and 2004*, is available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5446a3.htm.

Sources: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5446a3.htm>; <http://www.health.ri.gov/topics/diabetes.php>.

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New Report Finds Improvements in Oral Health of Americans

According to a report released by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), the oral health status of Americans has significantly improved during the past decade. The report uses data from the National Health and Nutrition Examination Survey (NHANES) and provides the most current estimates of tooth decay, dental sealant use, and tooth loss in adults.

Major findings show improvements in the percentage of children and teens who have never had tooth decay in their permanent teeth increased use of dental sealants, and increased tooth retention among older adults. However, the report finds that 65% of adolescents aged 16 to 19 years have had tooth decay or fillings in their permanent teeth.

Oral Health and Women Fact Sheet

Optimal oral health is affected by many factors, including some that are gender related. *Oral Health and Health in Women: A Two-Way Relationship*, a fact sheet published by the National Maternal and Child Oral Health Resource Center (OHRC), provides general information and national data on women's oral health. Topics include women's oral health status, the relationship between oral health and general health in women, oral health care, and strategies for improving women's oral health. A list of references is also provided. The fact sheet is available on the OHRC Web site at <http://www.mchoralhealth.org/PDFs/WomensFactSheet.pdf>.

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Other key findings include:

- A 15% decrease in the prevalence of tooth decay in permanent teeth for children and adolescents aged 6 to 19 years. (Ranging from a 4% decrease in decay for Mexican-American children/adolescents to an 18% decrease in white, non-Hispanic children/adolescents).
- A 64% increase in the use of dental sealants among 6 to 19 year olds, with one of three children having at least one dental sealant on their permanent teeth. This increase was found across all racial/ethnic groups and for children of all income levels.
- One-quarter of adults aged 60 and older had lost all their teeth—a decrease of nearly 20% from the previous survey, which found that nearly a third of all older adults had lost all their teeth.
- Smokers had a greater chance of being toothless. Fourteen percent of current smokers older than 20 years had lost all their teeth, compared with only 4.6% of people who had never smoked.

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Editorial Policy

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Comments? Questions?

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

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ADA and CDC Celebrate 60th Anniversary of Community Water Fluoridation

Community water fluoridation (CWF), cited as one of the 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention (CDC), celebrated its 60th birthday this year. To recognize this milestone, the American Dental Association (ADA) and the CDC hosted a July 2005 National Fluoridation Symposium in Chicago to highlight the impact of CWF for improving oral health and overall health. Grand Rapids, Michigan became the first community to adjust the fluoride content in the public water system to the level effective for prevention of tooth decay in January 1945, and today 170 million Americans (67% of those on public water systems) have access to CWF. The U.S. Public Health Service recommends that the natural fluoride concentration of a community's water supply be adjusted to optimal levels for dental health – 0.7 to 1.2 parts per million (equivalent to about 1 inch in 16 miles or 1 cent in \$10,000). CWF benefits everyone, especially individuals without access to regular oral health care. It is the most efficient and cost effective way to prevent caries. For most U.S. communities, every dollar spent on CWF results in a savings of \$38 in costs to repair a decayed tooth. Currently, more than 89% of Rhode Islanders are served by public water systems that are optimally fluoridated.

To further commemorate the anniversary, CDC developed a resource poster for water facility operators that provides key information on state-specific optimal fluoridation levels, fluoridation monitoring, operational/maintenance guidance, and benefits to the community. The American Water Works Association, the National Rural Water Association, and the Association of State and Territorial Dental Directors also endorsed the posters. Locally, the RI Department of Health's Office of Drinking Water Quality and the Oral Health Program collaborated to reproduce and disseminate the posters to all fluoridated water system facilities statewide.

The CDC Division of Oral Health (DOH) plays a key role in supporting expansion of CWF by providing technical assistance to state water programs on fluoridation implementation and practices. The DOH monitors the extent and quality of fluoridation through the Water Fluoridation Reporting System (WFRS) and the *My Water's Fluoride* website allows consumers in participating states to obtain basic information about their water system, including the number of people served and the target fluoridation level (see <http://apps.nccd.cdc.gov/MWF/Index.asp>). Rhode Island is expected to begin participating in WFRS in 2006.

The ADA has endorsed CWF as safe, effective and necessary in preventing caries since policy was first adopted in 1950 and continues to work with federal, state, and local agencies to increase the number of communities benefiting from optimally fluoridated water. Information on ADA fluoride resources including the *FluoridationFacts* booklet, videos, electronic presentations, and resource kits may be found on their website at <http://www.ada.org/goto/fluoride>.

Source: http://www.cdc.gov/oralhealth/pressreleases/wf_lacking.htm

Domestic Violence Assessment for Dental Professionals

The Family Violence Prevention Fund's National Health Resource Center on Domestic Violence has released one of the first specialized tools to enhance dental professionals' response to domestic violence. The new folio entitled *Enhancing Dental Professionals' Response to Domestic Violence* was created with editorial support from the American Dental Association, California Dental Association Foundation, Dental Professionals Against Violence and Tufts University School of Dental Medicine.

The six-page folio features an overview of clinical signs of domestic violence, routine assessment, documentation and intervention; a fact sheet; national resource list; action steps to get involved; a pocket card with assessment tips; and summaries on JCAHO standard PC.3.10, mandatory reporting and privacy issues with corresponding web links for more information.

To order the free folios, go to the FVPF's online Technical Assistance Form: <http://endabuse.org/programs/display.php3?DocID=160> or call 1-888-RX-ABUSE. To download a copy of the folio, visit <http://endabuse.org/programs/healthcare/files/dental.pdf>.



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Despite improvements in tooth decay levels, increased sealant use, and greater retention of teeth among adults, oral health disparities remain, particularly for racial/ethnic minorities and those with low income. For instance, 32% of Mexican-American and 27% of black, non-Hispanic children aged 2 to 11 years had untreated decay in their primary teeth, compared to 18% of white, non-Hispanic children. Although sealant use increased for children of all racial and income groups, a larger percentage of white, non-Hispanic children (37.9%) had at least one sealed tooth, compared with Mexican-American (23.4%) or black, non-Hispanic (22.6%) children. Disparities were evident among adults also: only 16% of higher income adults had untreated decay compared to more than one-third of lower income adults.

The full report, *Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism and Enamel Fluorosis- United States, 1988-1994 and 1999-2002* is now available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm>.

Source: <http://www.cdc.gov/oralhealth/pressreleases/improvements.htm>



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A Healthy Smile Can Last A Lifetime

www.health.ri.gov (go to *Health Topics A-Z - Oral Health*)

ANNOUNCEMENTS

RI Board of Examiners in Dentistry

RI Department of Health, Providence, RI
January 18, 2006 @ 8:00 AM
February 15, 2006 @ 8:00 AM
For information, call Gail Giuliano at 401.222.2151

RI Special Senate Commission on Oral Health

State House, Providence, RI
March, 2006 (Date TBD)
For information, call Marie Ganim at 401.222.1772

Oral Health Professional Advisory Council

RI Department of Health, Providence, RI
February, 2006 (Date TBD) @ 7:30 AM – 9:00 AM
For information, call Laurie Leonard at 401.222.2433

RI Dental Association

Advances in Sports Dentistry (7 CEUs)
RI Convention Center, Providence, RI
March 1, 2006 @ 9:00 AM - 5:00 PM
For information, call Val Donnelly at 401.732.6833

RI Dental Hygienists' Association

RIDHA Annual Children's Dental Health Event
Providence Children's Museum
February 5, 2006 @ 12:00PM - 3:00PM
Hands-On Instrumentation (6 CEUs)
Courtyard Marriott, Lincoln, RI
March 18, 2006 @ 8:30AM - 11:30AM & 1:00PM - 4:00PM
For information, call Pam Nelson at 401-253-9007

RI Dental Assistants Association

Realities and Myths, History and Benefits of Hypnotherapy and its Use in Dental Medicine (2 CEUs)
Physician's Auditorium, Kent County Hospital,
Warwick, RI
Jan. 17, 2006 @ 7:00PM
Preventive Ergonomics and Chiropractic Treatment for Neck and Upper Back Pain (2 CEUs)
Physician's Auditorium, Kent County Hospital,
Warwick, RI
Mar. 14, 2006 @ 7:00PM
For information, call Donna Cambio at 401-934-1833