Focus on Oral Health
Volume VI
November 2001
The MCH Program Interchange is a periodic publication designed to stimulate thinking and creativity within the Title V community by providing information about selected publications of current interest. These publications have been developed by or are available from federal agencies, state and local public health bureaus, and voluntary and professional organizations. The materials cited in the Interchange have been incorporated into the library at the National Center for Education in Maternal and Child Health (NCCEMCH). Some items in the NCCEMCH Library are available for loan to those involved in Title V programs, or copies of listed materials can be requested directly from the contributing organizations and agencies. When ordering materials from the National M aternal and Child H ealth C learinghouse, refer to the Inventory Code number located with the contact information. Inclusion of items in the Interchange does not imply endorsement by the M aternal and Child H ealth Bureaus, NCCEMCH, or the National M aternal and C hild M oral H ealth R esource C enter (NMCOHRC).

The names of some agencies may have changed since the materials listed in this Interchange were published. Differences between bibliographic citations and contact information may be due to our practice of describing the items as they were published and providing the most current contact information available.

The mission of NCCEMCH is to provide national leadership to the maternal and child health community in three key areas—program development, policy analysis and education, and state-of-the-art knowledge—to improve the health and well-being of the nation’s children and families. Established in 1982 at Georgetown University, NCCEMCH is part of the Georgetown Public Policy Institute. NCCEMCH is funded primarily by the U.S. Department of Health and Human Services through the Health Resources and Services Administration’s M aternal and C hild H ealth Bureaus.

The purpose of NMCOHRC is to respond to the needs of states and communities in addressing current and emerging public oral health issues. The resource center supports health professionals, program administrators, educators, policymakers, and others with the goal of improving oral health services for infants, children, adolescents, and their families. The resource center collaborates with federal, state, and local agencies; national and state organizations and associations; and foundations, to gather, develop, and share quality and valued information and materials.

The National M aternal and Child M oral H ealth R esource C enter is interested in receiving copies of materials that would be useful in program development and evaluation. Tools for needs assessment, policy statements, guidelines and standards, record formats, and special reports are especially welcome. If you have any materials that you think might be of interest and help to colleagues, please forward two copies to:

National M aternal and C hild M oral H ealth R esource C enter
Georgetown University
2000 15th Street, N orth, Suite 701
Arlington, VA 22201-2617
Telephone: (703) 524-7802, fax: (703) 524-9335
E-mail: oralhealth@ncemch.org
N M CO H RC W eb site: http://www.mchoralhealth.org

An electronic copy of this publication is available from the N M CO H RC W eb site.

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Focus on Oral Health
Volume VI
November 2001
Katrina Holt, M.P.H., M.S., R.D.
Beth DeFrancis
Editors

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Building on the success of the first five volumes of the MCH Program Interchange—Focus on Oral Health, the National Maternal and Child Oral Health Resource Center has produced the sixth volume in the series. Each successive volume is intended to supplement rather than replace the previous volumes. This issue contains a current listing of materials generated by state and community programs to promote the oral health of children, adolescents, and families nationwide. We hope that the Interchange will continue to serve as a forum for the cooperative exchange of information on program ideas and activities among individuals in the maternal and child oral health community.

The Interchange is just one resource produced by the National Maternal and Child Oral Health Resource Center in its efforts to develop timely and current oral health materials. In summer 2001, the resource center published Oral Health and Learning: When Children’s Oral Health Suffers, So Does Their Ability to Learn. This new fact sheet highlights the connection between adequate dental care and the capacity to learn. Another fact sheet, Trends in Children’s Oral Health, was updated this year to reflect the most recent findings on the oral health status of children and adolescents. A forthcoming publication, Women’s Oral Health Resource Guide, describes dozens of resources highlighting the unique oral health needs of women. Hormonal changes throughout the lifespan of women, the importance of adequate oral health care during pregnancy, and the connection between oral health and systemic wellness are among the topics explored.

Other publications included in this issue reflect our nation’s efforts to improve access to oral health services. Does SCHIP Spell Better Dental Care Access for Children?, The Status of Access to Oral Health Care in Maine, and Addressing the Crisis of Oral Health Status for Colorado’s Children are just a few examples.

Health professionals, program administrators, policymakers, and others are continuing their efforts to reduce barriers to access. Their work, described in numerous documents in this issue, can help avoid duplication of effort and achieve positive outcomes in improving the oral health status of children, adolescents, and families.

The Maternal and Child Health Bureau and the National Maternal and Child Oral Health Resource Center are committed to providing ongoing mechanisms for sharing information about materials that enhance oral health programs and services. If you have materials that you feel could benefit others, please become part of this process. If you would like to access the resource center’s materials, please use our expertise. Improving the oral health of our nation’s children, adolescents, and families requires a collaborative effort at many levels. We look forward to working with you toward this goal.
ORAL HEALTH MATERIALS

TRENDS AND STATISTICS

KEY DENTAL FACTS


This booklet presents statistical information (much of it in tables) on a variety of topics of interest to the dental profession and the public. The information is categorized as follows: consumer facts, economic facts, education facts, workforce and membership trends, and oral health facts. Some tables are divided by age, ethnic group, and economic level.

Contact: Survey Center, American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611. Telephone: (312) 440-2500, (312) 440-2568, (800) 621-8099, ext. 2563; fax: (312) 440-2800; Web site: http://www.ada.org. Contact ADA for cost information.

POOR ORAL HEALTH IS NO LAUGHING MATTER


This fact sheet presents statistics and other information on the oral health of adults, including pregnant women and minority populations. Among the topics covered are gum disease (periodontitis), oral infection, oral and pharyngeal cancer, and access to care. The fact sheet also looks at strategies to improve oral health care for adults, especially in vulnerable populations.

Contact: W.K. Kellogg Foundation, One Michigan Avenue, East, Battle Creek, MI 49017-4058. Telephone: (616) 968-1611, (800) 819-9997 (to order publications); fax: (616) 968-0413; Web site: http://www.wkkf.org. Available at no charge.

TRENDS IN CHILDREN’S ORAL HEALTH


This fact sheet provides an overview of children's oral health issues, including access to care, children with special health care needs, early childhood caries (baby bottle tooth decay), fluoridation, dental sealants, injury and violence, and tobacco. A list of references is also provided. [Funded by the Maternal and Child Health Bureau]

EDUCATION AND CARE

ADULT DENTAL CARE FOR HMONG IN AMERICA


This videotape in the Hmong language focuses on healthy dental habits for adults who have emigrated to the United States. The benefits of the following activities are described: daily brushing and flossing, visiting the dentist for a professional cleaning at least once a year, and seeing the dentist at the first sign of dental problems. The videotape is accompanied by an English interpretation of the Hmong script.

Contact: Amos Deinard, University of Minnesota, 420 Delaware Street, S.E., Mail Code 85, Minneapolis, MN 55455. Telephone: (612) 638-0700, ext. 212; e-mail: deina001@umn.edu. $75.00 for first videotape; $40 for each additional videotape.

APPLIED PHARMACOLOGY FOR THE DENTAL HYGIENIST


This textbook for dental hygiene students is organized into four sections: (1) basic principles of pharmacology; (2) drugs used in dentistry, grouped by class; (3) drugs that may alter oral conditions; and (4) special situations, including emergency drugs, pregnancy and breastfeeding, drug interactions, and drug abuse. Numerous tables and graphics are provided, as well as chapter review questions and a glossary.


THE BIG CAVITY: DECREASING ENROLLMENT OF MINORITIES IN DENTAL SCHOOLS


This pamphlet discusses the decline in minority enrollment in dental schools and the effect of the decline on the health care system. The trend suggests that minority dentists will be in even shorter supply in the near future. The pamphlet offers several approaches for reversing the situation. References are included.

Contact: W.K.Kellogg Foundation, One Michigan Avenue, East, Battle Creek, MI 49017-4058. Telephone: (616) 968-1611, (800) 819-9997 (to order publications); fax: (616) 968-0413; Web site: http://www.wkkf.org. Available at no charge, request item no. 498. Also available at no charge from the Web site at http://www.communityvoices.org/PDF/TheBigCavity-Booklet.pdf.

DENTAL PUBLIC HEALTH: CONTEMPORARY PRACTICE FOR THE DENTAL HYGIENIST


This textbook, written for dental hygiene students, discusses the historical development of the dental hygiene profession, focusing on its inception as a public health profession. Unit 1 provides an introduction to dental public health, including topics such as the prevention movement and dental care delivery in the United States and around the world. Unit 2 explores dental hygiene public health programs, target populations, education and promotion, lesson plan development, and program planning. Unit 3 covers research in dental hygiene and an evaluation of scientific literature and dental products. Unit 4 topics include practical strategies for dental public health, creating dental hygiene positions in dental public health settings, and the dental public health board review. The appendices include a list of organizations, resources, and federal and state public health agencies; a sample clinic presentation; standards for dental public health education; and a guide to scientific writing. The book concludes with a glossary and an index.

DO CHILDREN GET THEIR FAIR SHARE OF HEALTH
AND DENTAL CARE?


This issue of Journal of Medicine and Philosophy, written for health professionals, public health policymakers, and child health advocates, focuses on access to health and dental care for children. Six articles discuss assumptions and arguments about how to fairly allocate health and dental care to children and society's duty to provide basic health and dental care for children. Included are perspectives on women's and children's health, an exploration of children's rights to health care, and arguments in support of universal health care. Each article contains a list of references.

Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. Telephone: (703) 356-1964, (888) 434-4MCH; fax: (703) 821-2098; e-mail: nmhc@circsol.com; Web site: http://www.nmchc.org. Available at no charge. NMCHC inv. code N060.

ORAL HEALTH . . . FROM PREGNANCY THROUGH THE TODDLER YEARS: AN ORAL HEALTH EDUCATION PROGRAM FOR HEALTH PROFESSIONALS


This kit for health professionals provides a teaching module on oral health education for four key stages of life: pregnancy, from birth to 6 months, from 6 to 18 months, and from 18 to 24 months. The booklet includes background information and prime messages on each stage and discusses topics such as proper diet, brushing, and flossing during pregnancy; care of the infant's gums; the proper use of bottles and pacifiers; and tips on snacking and brushing. Also provided are common questions and answers from families, reproducible brochures (in English and Spanish), and a poster.


SONRISITAS: A SPANISH LANGUAGE DENTAL HEALTH GUIDE FOR PROMOTORAS


This curriculum, designed by and targeted to the Hispanic community, provides a culturally appropriate educational and outreach program. Developed primarily for agencies, schools, and individuals, the fully scripted Spanish-language curriculum consists of eight weekly, hour-long sessions: (1) introduction, establishing goals, and pretest; (2) tooth structure and function; (3) nutrition; (4) the first teeth; (5) periodontal disease; (6) dental sealants and fluoride; (7) dental visits; and (8) graduation and posttest.

Contact: Instituto de Promotoras, Sonrisitas Dental Health Project, Colaborativo SABER, 4581 A dair Street, San Diego, CA 92107. Telephone: (619) 225-8247; fax: (619) 225-8045; e-mail: bearoppe@pacbell.net. $200.00 plus shipping, not available for loan.

EARLY CHILDHOOD CARIES

EARLY CHILDHOOD DENTAL CARIES


This report reviews the prevalence of early childhood caries (ECC), also known as baby bottle tooth decay, in children in California and discusses access (and barriers to access) to oral health care for treatment of the disease. The report, written in support of Proposition 10: The California Children and Families Act, evaluates existing systems and programs in the state and makes recommendations for comprehensive change that will allow communities to control the disease through prevention. A review of research on ECC, a bibliography, and references are included in the report.
EARLY CHILDHOOD DENTAL CARIES: POLICY BRIEF


This policy brief summarizes a report on the prevalence of early childhood caries, also known as baby bottle tooth decay, in children in California. The brief discusses oral health and early childhood development, and evaluates existing systems and programs in the state that provide support for oral health services for children. The policy brief also recommends steps that communities can take to prevent early childhood caries.

Contact: UCLA Center for Healthier Children, Families and Communities, P.O. Box 951772, Los Angeles, CA 90095-1772. Telephone: (310) 206-1898; fax: (310) 825-3868; e-mail: chcf@ucla.edu; Web site: http://healthychild.ucla.edu. $5.00. Available at no charge from the Web site at http://healthychild.ucla.edu/dental.pdf.

PREVENTING BABY-BOTTLE TOOTH DECAY IN HMONG CHILDREN


This videotape in the Hmong language describes oral health care for infants from families who have recently emigrated to the United States. The videotape addresses the following topics: not putting infants to bed with a bottle, not allowing siblings to share the infant's bottle, how tooth decay occurs, the consequences and treatment of severe tooth decay, and the importance of taking infants to the dentist for an examination. Tips are also provided on weaning infants from the bottle and on infant tooth care. The videotape is accompanied by an English interpretation of the Hmong script.

Contact: A mos Deinard, University of M innesota, 420 Delaware Street, S.E., M ail C ode 85, M inneapolis, M N 55455. Telephone: (612) 638-0700, ext. 212; e-mail: deina001@umn.edu. $75.00 for first videotape; $40 for each additional videotape.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

THE HEALTH STATUS AND NEEDS OF INDIVIDUALS WITH MENTAL RETARDATION

Horwitz, S. M., Kerker, B. D., Owens, P. L., and Zigler, E. 2001. The health status and needs of individuals with mental retardation. New Haven, CT: Department of Epidemiology and Public Health, Yale University School of Medicine, and Department of Psychology, Yale University. 175 pp.

This report reviews the definition and prevalence of mental retardation (M R) and examines the physical health conditions, ocular impairments, mental health disorders, and oral health needs of individuals with M R. The report discusses the health care services that are accessible to this population. Recommendations for improving the health of individuals with M R are also presented.

Contact: D r. M ark Wagner, Special Olympics, 1325 G Street, N.W., Suite 500, Washington, D.C. 20005. Telephone: (202) 628-3630; fax: (202) 824-0200; e-mail: soimail@aol.com; Web site: http://www.specialolympics.org. Available at no charge.

ORAL CONDITIONS IN CHILDREN WITH SPECIAL NEEDS: A GUIDE FOR HEALTH CARE PROVIDERS


This guide for health professionals describes oral conditions that can occur in children with special health care needs, including abnormalities in oral development, oral trauma, bruxism, oral infections, and gingival overgrowth. The guide defines various conditions and infections, describes treatment methods, and discusses when to refer to an oral health professional. Photographs and a short reading list are included.
PROMOTING HEALTH FOR INDIVIDUALS WITH MENTAL RETARDATION: A CRITICAL JOURNEY BARELY BEGUN


This report discusses the health needs of individuals with mental retardation (MR) and makes recommendations for addressing those needs. The report also describes the Special Olympics Healthy Athletes program, which provides health assessment, health services, referral services, and health screening for Special Olympics athletes. It discusses oral health, vision, hearing, and obesity screening, as well as training for health professionals who serve individuals with MR.

Contact: Dr. Mark Wagner, Special Olympics, 1325 G Street, N.W., Suite 500, Washington, DC 20005. Telephone: (202) 628-3630; fax: (202) 824-0200; e-mail: soimail@aol.com; Web site: http://www.specialolympics.org. Available at no charge. Also available at no charge from the Web site at http://www.specialolympics.org/world_games/games_stories/health_report.html.

MEDICAID AND SCHIP

DISTRIBUTION OF MEDICAID DENTAL SERVICES IN CALIFORNIA


This report describes the participation of private practice dentists in the Medicaid program in California, where only 44 percent of the approximately 4.5 million Medicaid beneficiaries eligible for dental services use those services annually. The study examines three questions: (1) To what extent is the supply of dentists treating the Medicaid population a result of the number of dentists overall? (2) Are community characteristics predictive of primary care dentists' participation in the Medicaid program? (3) In areas with a low supply of private Medicaid dentists, are clinics serving as a safety net? Appendices describe dental services covered by Medicaid in California and explain the report methodology. References are also provided.


DOES SCHIP SPELL BETTER DENTAL CARE ACCESS FOR CHILDREN? AN EARLY LOOK AT NEW INITIATIVES


This report for policymakers is part of the Assessing the New Federalism series, a multiyear project to analyze the devolution of responsibility for social programs from the federal government to the states. In analyzing whether and how the coverage and delivery of dental services is changing under the State Children’s Health Insurance Program (SCHIP), the report focuses on key differences between new separate SCHIP initiatives and traditional and expanded Medicaid programs. The report describes SCHIP policies on dental coverage and provision (i.e., the dental coverage debate, scope of benefits coverage, cost-sharing arrangements, service delivery and payment arrangements, payment amounts and other efforts to promote provider participation, the impact of SCHIP dental programs on Medicaid), early measures of provider supply and service use, and policy implications. The appendices provide information on states’ insurance program choices and key SCHIP and Medicaid contacts in the study states. The report concludes with a reference list.

Contact: Urban Institute, 2100 M Street, N.W., Washington, D.C. 20037. Telephone: (202) 261-5709; fax: (202) 429-0687; e-mail: sbrown@ui.urban.org;
ISSUES IN CHILDREN’S ACCESS TO DENTAL CARE UNDER MEDICAID


This report provides a summary of the barriers to dental care access for children from families with low incomes. Dental needs, insurance and Medicaid availability, participation in Head Start programs, and economic considerations are among the topics discussed. Some tables are categorized by age, ethnicity, income, and geographic region. Expert interviews, a copy of the protocol, and information extracted from recent literature are provided. A bibliography is also included.

Contact: Survey Center, American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611. Telephone: (312) 440-2500, (312) 440-2568; fax: (312) 440-2800; Web site: http://www.ada.org. Contact ADA for cost information.

SAMPLE PURCHASING SPECIFICATIONS FOR MEDICAID PEDIATRIC DENTAL AND ORAL HEALTH SERVICES


This manual provides sample specifications for use by state agencies purchasing health care services for children eligible for Medicaid and other programs. It provides examples of agreements with managed care organizations that arrange for the delivery of comprehensive health care, including pediatric oral health services, through a network of participating providers. Part 1 addresses pediatric oral health service benefits in general, and the following specific topics: scope of benefit; preventive services; treatment and restorative services; radiographic, laboratory, and other diagnostic services; prescription drugs; guidelines; coverage determinations; and compliance measures. A set of definitions of terms used in the document is included. Part 2 covers pediatric oral health service delivery and quality, including enrollee access to oral health care providers, enrollment and disenrollment, provider network requirements, data collection and reporting, quality measurement and improvement, and compliance measures.

This report presents the results of a study on access to dental care for children from low-income families in Illinois. The study addressed three areas: (1) a description of the supply, distribution, and characteristics of Illinois dentists, using American Dental Association data; (2) an analysis of dental services for children enrolled in Medicaid in Illinois from March 1999 through February 2000; and (3) an analysis of steps taken by Illinois and six surrounding states (Indiana, Iowa, Kentucky, Michigan, Missouri, and Wisconsin) to address the problems of low access to dental care for children eligible for Medicaid. Eight policy recommendations for improving dental services to low-income children are presented; statistics and references are also included.

Contact: Illinois Center for Health Workforce Studies, University of Illinois at Chicago, 850 West Jackson Boulevard, Suite 400, Chicago, IL 60607-3025. Telephone: (312) 996-0703; fax: (312) 996-0065; e-mail: jmanso1@uic.edu; Web site: http://www.uic.edu/sph/ichws. Available at no charge from the Web site at http://www.uic.edu/sph/ichws/irha%20gb.pdf.

ADDRESSING THE CRISIS OF ORAL HEALTH ACCESS FOR COLORADO’S CHILDREN


This report presents the results of a study of the public policy issues related to improving children’s oral health in Colorado. The study also presents the recommendations of the Colorado Commission on Children’s Dental Health for improving the current system of dental care for the state’s children. The following issues are addressed: (1) outlining a dental benefit that meets the minimum oral health needs of children, (2) identifying the financial resources necessary to meet the oral health needs of children from low-income families, (3) characterizing the systems needed to allow seamless access to oral care services, (4) defining ways to improve the delivery of dental care services (particularly Medicaid-related services), and (5) ensuring optimal use of oral health professionals and publicly funded programs. Recommendations are given to meet the goal of increasing the investment in prevention to reduce costly acute medical and dental care. Selected references are also provided.

Contact: Diane Brunson, Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive, South, Denver, CO 80222-1530. Telephone: (303) 692-2574, (303) 692-2428; fax: (303) 782-5576. Available at no charge. Also available at no charge from the Web site at http://www.cdphe.state.co.us/pp/oralhealth/cccdhrpt.pdf.

CHILDREN’S ORAL HEALTH: STATE INITIATIVES AND OPPORTUNITIES TO ADDRESS THE SILENT EPIDEMIC


This report for policymakers provides an overview of oral health policy issues and challenges, and details initiatives in five states (Alabama, New Hampshire, North Carolina, Washington, and Wisconsin) that are working to improve oral health care for children. These initiatives demonstrate the effective use of public and private resources and of interdisciplinary, collaborative partnerships. The report discusses the importance of children’s oral health, describes select state programs in oral health, and provides recommendations and resources for states. Additional resources on oral health conclude the report. [Funded by the Maternal and Child Health Bureau]

Contact: Lauren Raskin, Association of State and Territorial Health Officials, 1275 K Street, N.W., Suite 800, Washington, DC 20005. Telephone: (202) 371-9090; fax: (202) 371-9797; e-mail: bewig@astho.org; Web site: http://www.astho.org. Available at no charge. Also available at no charge from the Web site at http://www.astho.org/pdf/abriefs/oralhealth.pdf.

DENTAL ACCESS FOR MINNESOTA HEALTH CARE PROGRAMS BENEFICIARIES: REPORT TO THE 2001 MINNESOTA LEGISLATURE

This report reviews the problem of access to dental care in Minnesota, and specifically the problems encountered by the beneficiaries of Medicaid Assistance (MA), General Assistance Medical Care (GAMC), and Minnesota Care (known collectively as Minnesota Health Care Programs or MHCP). The report discusses reasons for low use of covered services and recommends ways to improve access to dental care. Topics include oral health and income status, causes and effects of underuse, population characteristics, provider participation, dental work force and service delivery infrastructure, reimbursement, purchasing, and policy direction.


DENTAL DEMONSTRATION PROJECT


This packet provides information for dentists and patients about the Dental Demonstration Project, a program that provides dental care to Michigan residents with HIV/AIDS. The packet contains a description of the program, patients' rights, and eligibility requirements; it also includes application forms for oral health professionals and patients.

Contact: Merry Gastambide, D.D.P. Coordinator, Dental Demonstration Project, HIV/AIDS Prevention and Intervention Section, Dental Demonstration Project. Okemos, MI: Michigan Department of Community Health, HIV/AIDS Prevention and Intervention Section, Dental Demonstration Project. 13 items. Single copies available at no charge.

GEOGRAPHIC MANAGED CARE DENTAL PROGRAM EVALUATION: EXECUTIVE SUMMARY


This executive summary reports on a comprehensive, independent analysis of the California State Department of Health Services Geographic Managed Care dental program in Sacramento County, California, by using the Fresno County services of the statewide Dental program as a benchmark. The following topics are evaluated: (1) access to dental care, (2) quality of dental care, (3) relative value of services, (4) data collected, and (5) program monitoring. The report includes sections on methodology, a brief summary of findings, detailed findings, and recommendations.


IMPROVING ORAL HEALTH CARE SYSTEMS IN CALIFORNIA: REPORT OF THE CALIFORNIA DENTAL ACCESS PROJECT


This report summarizes the efforts of the California Dental Access Project (CDAP), which was created to review and analyze the issues surrounding access to oral health services for underserved populations in California. The report discusses dental care delivery and financing; creating an integrated oral health care system that overcomes consumer, provider, and systemic barriers; dental safety net programs; and evidence-based dentistry. The report also recommends steps to implement change. Appendices consist of (1) a summary of recent state Medicaid/legislative changes, (2) the CDAP program interview form, (3) a list of state programs, (4) risk assessment guidelines, (5) evaluation tools, and (6) a summary of previous recommendations.

Contact: Beth Mertz, Center for the Health Professions, University of California, San Francisco, 3333 California Street, Suite 410, San Francisco, CA 94118. Telephone: (415) 476-8181; fax: (415) 476-4113; e-mail: montano@itsa.ucsf.edu; Web site:
KEEP CAVITIES OUT!


This brochure describes the Keep Cavities Out! Statewide Dental Sealant Campaign conducted in 2000 across Oregon. The purpose of the campaign was to raise public awareness about cavity-preventing dental sealants for children. The brochure summarizes the program, defines dental sealants, states the reasons for the campaign, and lists the participants, partners, and volunteers. A chart shows the number of children screened, “sealed,” and referred. Contact numbers for more information are also provided.

Contact: Healthy Communities, 619 S.W. 11th Avenue, Suite 121, Portland, OR 97205. Telephone: (503) 223-1244; fax: (503) 223-1032. Available at no charge.

THE MARYLAND DENTAL EXPLORER


This quarterly newsletter from the Maryland State Office of Oral Health provides an update on office activities and informs readers about national, state, and local oral health issues, programs, protocols, policies, and events.

Contact: Ilise D. Marrazzo, Community Health Educator, Office of Oral Health, Maryland Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, MD 21201. Telephone: (410) 767-5688, (410) 767-5736; organization’s e-mail: oralhealth@dhmh.state.md.us; contact person’s e-mail: marrazzoi@dhmh.state.md.us; Web site: http://www.mdpublichealth.org/oralhealth. Available at no charge. Also available at no charge from the Web site at http://mdpublichealth.org/oralhealth/html/newsletter.html.

MISSOURI COALITION FOR ORAL HEALTH ACCESS: COMMUNITY INFORMATION GATHERING AND COALITION WORK PLAN THROUGH DECEMBER 2001


This report presents a summary of background research and efforts in Missouri to define the oral health problem in the state and to improve oral health and access to dental services, particularly for the underserved. In addition, the report describes the coalition’s 2001 work plan. An appendix presents information about community meetings sponsored by the coalition, as well as notes and strategies from those meetings.

Contact: Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802; fax: (703) 524-9335; e-mail: info@ncemch.org; Web site: http://www.ncemch.org. Photocopy available at no charge.

ORAL HEALTH FOR CHILDREN: CHILD AND FAMILY HEALTH NEEDS ASSESSMENT AND RECOMMENDATIONS FOR PUBLIC HEALTH


This report focuses on the oral health of children in Oregon and is intended to provide a foundation for public health planning and policymaking at the state and local levels. The report includes a discussion of the leading oral health needs of children in the state (i.e., access to and availability of oral health services, prevention and education for oral health care, an oral health surveillance and evaluation program), an overview of Oregon’s oral health system at both state and local levels, recommendations, Healthy People 2010 indicators, references, Internet resources, a list of participants, and an inventory of programs and services.

PORTLAND TRI-COUNTY HEALTHY COMMUNITIES INITIATIVE: 1999 REPORT TO THE COMMUNITY


This report describes the work of Healthy Communities, a network that helps community groups address health improvement projects in the Portland tri-county area. The group was formed to enable its sponsoring organization, Oregon Health Systems in Collaboration, to fulfill its promise to act on community feedback about health care concerns. Action teams have responded to community concerns with projects such as head lice prevention and treatment, access to oral health care for the underserved, coordination of regional health data, and planning and managing health-related activities for homeless youth.

Contact: Healthy Communities, 619 S.W. 11th Avenue, Suite 121, Portland, OR 97205. Telephone: (503) 223-1244; fax: (503) 223-1032. Available at no charge.

PRIORITIES IN PREVENTION: ORAL HEALTH


This prevention brief for policymakers discusses common, preventable oral health ailments and the importance of oral health to an individual’s overall health and well-being. It discusses prevention opportunities such as water fluoridation, community- and school-based oral health programs, oral health monitoring and tracking systems, capacity development, and improving access to oral health professionals. Statistics, references, and information sources are also provided.

Contact: Partnership for Prevention, 1233 20th Street, N.W., Suite 200, Washington, D.C. 20036. Telephone: (202) 833-0009; fax: (202) 833-0113; e-mail: sknab@prevent.org; Web site: http://www.prevent.org.


RECOMMENDATIONS FOR USING FLUORIDE TO PREVENT AND CONTROL DENTAL CAVITIES IN THE UNITED STATES


The recommendations in this report guide dental and other health professionals, public health officials, policymakers, and the public in the use of fluoride to achieve maximum protection against dental caries while reducing the likelihood of enamel fluorosis. The recommendations address public health and professional prac-
tice, self-care, consumer product industries, and health agencies. Extensive references conclude the report.

**Contact:** Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, GA 30333. Telephone: (404) 639-3661. Available at no charge from the Web site at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm.

**RECOMMENDATIONS OF THE DIRECTOR OF HEALTH’S TASK FORCE ON ACCESS TO DENTAL CARE**


This report presents the recommendations of the Ohio Director of Health’s Task Force on Access to Dental Care to increase access to dental care for vulnerable residents of Ohio. There are four areas of focus in the report: (1) Medicaid and the State Children’s Health Insurance Program, (2) the dental care delivery system, (3) community partnerships and the community-level oral health infrastructure, and (4) public awareness. An appendix includes a list of other strategies that were considered but not included in the report and a directory of task force participants and subcommittee members.

**Contact:** Ohio Department of Health, 246 North High Street, Columbus, OH 43266-0118. Telephone: (614) 466-3543; Web site: http://www.odh.state.oh.us/. Available at no charge from the Web site at http://www.odh.state.oh.us/odhprograms/oral/oral1.htm.

**SCHOOL BASED DENTAL PROGRAM: A COST EFFECTIVE DELIVERY MODEL**


This paper discusses findings on dental services for school-age children as presented at the International Association for Dental Research/American Association for Dental Research meeting in Washington, DC, on April 5–8, 2000. Topics include treatment needs, costs per patient and per procedure, service use in Medicaid/school-based dental programs and non-Medicaid/non-school-based dental care, and information about the Rochester Oral Health Coalition for the Underserved. Statistical data are presented in numerous tables and charts.

**Contact:** Eastman Dental Center, University of Rochester, Division of Community Dentistry, 625 Elmwood Avenue, Box 683, Rochester, NY 14620. Telephone: (716) 275-0128, (716) 275-5007; fax: (716) 756-5577; e-mail: buddhi_shrestha@umc.rochester.edu. Photocopy available at no charge.

**SMILE SURVEY 2000**


This report presents data collected during Washington State’s Smile Survey 2000. The report focuses on four groups of children: infants and toddlers, children from low-income families attending preschool, American Indian/Alaska Native children attending preschool and elementary school, and elementary school children statewide. Data on dental decay are presented in the following areas: overall presence of decay, economic level, racial/ethnic background, access to dental care, and access to preventive sealants. Numerous charts, graphs, and tables illustrate statistical data.

**Contact:** Office of Community and Family Health, Maternal and Child Health Programs, Maternal and Child Health Assessment Section, Washington State Department of Health, P.O. Box 47835, Olympia, WA 98504-7835. Telephone: (360) 236-3495; fax: (360) 236-2323. Available at no charge. Also available at no charge from the Web site at http://www.doh.wa.gov/publicat/smilesurvey.pdf.

**STANDARDS OF PRACTICE FOR PUBLIC DENTAL HEALTH**


This manual serves as a reference source for the policies and procedures of the Oral Health Services
Section of the Tennessee Department of Health. Compiled in the manual are the various clinical regulations, policies, recommendations, procedures, and forms for the use of dental care providers employed in the public sector in Tennessee. The manual facilitates adherence to the goals of the Oral Health Services Section: uniform standards of practice, accepted clinical technique, and accurate recordkeeping.


STATE POLICY CONTEXT FOR SCHOOL-BASED HEALTH CENTERS: WITH SPECIAL FOCUS ON DEVELOPMENT OF MENTAL AND DENTAL HEALTH SERVICES


This memorandum describes financing and other state policy issues that confront staff and sponsors of school-based health centers (SBHCs) and highlights special issues that affect centers seeking to initiate dental services and expand existing mental health services. Topics include funding sources and other financial support for SBHCs, state regulating functions of SBHCs, Medicaid managed care issues, and implications of a state’s policy environment on SBHC practice.

Contact: Center for Health and Health Care in Schools, 1350 Connecticut Avenue, Suite 505, Washington, DC 20036. Telephone: (202) 466-3396; fax: (202) 466-3467; e-mail: chhcs@gwu.edu; Web site: http://www.healthinschools.org. Available at no charge from the Web site at http://www.healthinschools.org/sh/policypaper.asp.

THE STATUS OF ACCESS TO ORAL HEALTH CARE IN MAINE

Maine Department of Human Services. 2001. The status of access to oral health care in Maine residents with low incomes. Topics include determinants and consequences of oral health and disease, oral health status, access to and use of oral health services, oral health resources in Maine, and current programs and activities. Appendices to the report provide maps, fact sheets, charts, and resources. A list of references is also included.

Contact: Judy Feinstein, Oral Health Program, Maine Bureau of Health, 11 State House, Key Bank Plaza, Fourth Floor, Augusta, ME 04333. Telephone: (207) 287-2361; fax: (207) 287-4631. Single copies available at no charge; quantities limited.

MEETING/CONFERENCE MATERIALS

MEETING/CONFERENCE MATERIALS

ANNUAL ORAL HEALTH CONFERENCE 2000: A SMILE FOR ALL AGES—ACTION FOR ORAL HEALTH


This manual was given to attendees of the Annual Oral Health Conference 2000 held in Lansing, MI, in June 2000. The manual, which is divided into sections corresponding to the conference sessions, addresses the following topics: (1) a Michigan oral health program directory listing detailed information about local oral health programs, (2) summary findings from the Surgeon General’s Workshop on Children and Oral Health, (3) local health departments’ perspectives, (4) oral health promotion goals and creative solutions for meeting those goals, (5) cultural competency, (6) community collaborations, (7) marketing an oral health program, and (8) how to secure foundation funding. The resources in the cultural competency section include three articles on tailoring oral health education materials to Native Americans and one report on Arab-American cultural values in relation to health.

Contact: Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802; fax: (703) 524-9335; e-mail: info@ncemch.org; Web site: http://www.ncemch.org. Available for loan.
BEYOND THE BARRIERS: BUILDING INNOVATIVE NETWORKS OF CARE—ORAL HEALTH SUMMIT, NOVEMBER 17, 2000, LANCASTER, PA


These conference materials were used by attendees at the first oral health summit held in Lancaster County, Pennsylvania, on November 17, 2000. The conference was convened to address barriers to oral health care in the county. Conference materials consist of objectives, an agenda, and fact sheets that discuss oral health in general and the specific situation in Lancaster County. Follow-up materials, including two issues of a newsletter and proceedings from the conference, have been added to the book.

Contact: Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802; fax: (703) 524-9335; e-mail: info@ncemch.org; Web site: http://www.ncemch.org. Available for loan.

HEAD START BULLETIN: ENHANCING HEAD START COMMUNICATION


This journal issue focuses on the Head Start Partners Forum on Oral Health that was held in Washington, D.C., on September 16–17, 1999. Topics include access to oral health care for women, infants, children, migrant workers, and Native Americans; prevention methods; and dental coverage under Medicaid. Resource guides for print materials and organizations are provided.

Contact: Head Start Information and Publications Center, P.O. Box 26417, Alexandria, VA 22313-0417. Telephone: (866) 763-6481 (toll-free); e-mail: askus@headstartinfo.org; Web site: http://www.headstartinfo.org. Available at no charge from the Web site at http://odp.od.nih.gov/consensus/cons/115/115_statement.pdf.

NATIONAL INSTITUTES OF HEALTH CONSENSUS DEVELOPMENT CONFERENCE STATEMENT:
DIAGNOSIS AND MANAGEMENT OF DENTAL CARIES THROUGHOUT LIFE, MARCH 26–28, 2001


This document reports on the Consensus Development Conference on Diagnosis and Management of Dental Caries Throughout Life, held on March 26–28, 2001. The consensus statement from the conference addresses the following key issues: (1) the best methods for detecting early and advanced dental caries, (2) the best indicators for an increased risk of dental caries, (3) the best available methods for the primary prevention of dental caries initiation throughout life, (4) the best available treatments for reversing or arresting the progression of early dental caries, (5) the effect of detection methods and risk assessment on clinical decisions regarding prevention and/or treatment, and (6) promising new research directions. Lists of panel participants, speakers, planning committee members, and sponsoring agencies are provided.


ORAL HEALTH CARE FOR MARYLAND KIDS SUMMIT, SEPTEMBER 22, 2000, BALTIMORE, MARYLAND: SUMMIT PROCEEDINGS


The proceedings of an oral health summit held on September 22, 2000, to enhance awareness of the oral health of children in Maryland and related access issues, are presented in this document. Topics discussed include financing, partnerships, and the replication of best practices already in place in the state. Appendices include the summit agenda, presentation slides, and the text of the keynote speech.
ORAL HEALTH INITIATIVE ACTIVITIES, MIDWEST REGION (REGION VII)


This document summarizes the work of a number of conferences and workshops that were held in Iowa, Kansas, and Missouri to address the challenges associated with access to oral health care in those states. The Iowa report describes the Iowa Statewide Dental Summit Conference conducted by the Iowa/Nebraska Primary Care Association, and follow-up activities. The Kansas report describes two summit conferences that featured presentations on community-level projects that have been successful in Washington state. The Missouri report describes conferences and committees that have addressed the access problems of the underserved, including the perceived lack of value placed on oral health by consumers as well as policymakers and providers.

Contact: Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802; fax: (703) 524-9335; e-mail: info@ncemch.org; Web site: http://www.ncemch.org. Photocopy available at no charge.

REPORTS

1999 ACCESS PROGRAM SURVEY


This document reports on a survey of programs that provide dental health services to people who are elderly, disabled, homebound, and living in institutions, and to people with health problems and with low incomes. The report describes methods used to eliminate barriers to dental care, delivery of dental care, program funding, and recruitment of dentists. A sample of the survey instrument is provided.

Contact: Survey Center, American Dental Association, 211 East Chicago Avenue, Chicago, IL 60611. Telephone: (312) 440-2500, (312) 440-2568; fax: (312) 440-2800; Web site: http://www.ada.org. Contact ADA for cost information.
PEDiatric Dental Visits During 1996: An Analysis of the Federal Medical Expenditure Panel Survey


This article reports on the analysis of data from the 1996 federal Medical Expenditure Panel Survey that was conducted to determine the percentage of children who had visited a dentist and the number of times they had visited a dentist, broken down by age, sex, ethnic/racial background, family income, and parental education. The article, reprinted from the January 2000 issue of Pediatric Dentistry, includes study methods, results, and discussion sections, and provides charts, a table, and references.

Contact: U.S. Agency for Healthcare Research and Quality Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907. Telephone: (800) 358-9295, (888) 586-6340 (TDD), (410) 381-3150 (outside the United States only); e-mail: ahrqpubs@ahrq.gov; Web site: http://www.ahrq.gov. Single copies available at no charge.

A Plan to Eliminate Craniofacial, Oral, and Dental Health Disparities


This report outlines the plan of the National Institute of Dental and Craniofacial Research to eliminate oral health disparities and increase oral health awareness in all subgroups of the U.S. population. The first initiative proposes research to eliminate health disparities in oral infections, oral and pharyngeal cancers, and craniofacial injuries. The second initiative suggests enhancing research capacity through training and career development, as well as by ensuring appropriate representation in clinical trials. The third initiative recommends increasing information dissemination by using existing federal health communication and education programs for the underserved, expanding outreach programs and promoting partnerships with communities and institutions, and targeting populations with health disparities. Activity plans accompany each initiative.
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