

# ORAL HEALTH RESOURCE BULLETIN



VOLUME 36

November 2016

Prepared by  
National Maternal and Child Oral Health Resource Center



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## Introduction

The *Oral Health Resource Bulletin* is a periodic publication designed to stimulate thinking and creativity within the maternal and child health community by providing information about selected materials of interest. Each successive volume is intended to supplement rather than replace previous volumes. The materials listed in the bulletin have been incorporated into the National Maternal and Child Oral Health Resource Center (OHRC) library.

OHRC is committed to continuing to provide effective mechanisms for sharing information about materials that enhance oral health programs and services. If you have materials that you feel would be useful for

program development, implementation, or evaluation, please become part of this process. Materials such as conference proceedings, curricula, guidelines, standards, policies, and reports are especially welcome. If you have any materials that you think might be of interest, please send a copy to

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# Materials

## DATA AND SURVEILLANCE

### 2013–2014 WORKFORCE SURVEY OF DENTAL HYGIENISTS

This report summarizes findings from a statewide survey of the dental hygiene work force in Florida. Contents include information about licensed dental hygienists practicing in Florida (demographics, professional education, practice characteristics, productivity, retention and attrition). Findings on the characteristics of licensed hygienists not practicing in the state, information about the survey methodology, and data figures and tables are also provided.

Florida Department of Health, Public Health Dental Program. 2016. *2013–2014 Workforce Survey of Dental Hygienists*. Tallahassee, FL: Florida Department of Health. 35 pp. [http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/\\_documents/florida-workforce-survey-dental-hygienists-2013-2014.pdf](http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/_documents/florida-workforce-survey-dental-hygienists-2013-2014.pdf).

### 2013–2014 WORKFORCE SURVEY OF DENTISTS REPORT

This report summarizes findings from a statewide survey of dentists in Florida. It identifies the supply of dentists practicing in Florida and examines factors related to dental practice location and career plans. The appendix provides findings on the characteristics of licensed dentists not practicing in the state, information about the survey methodology, and data figures and tables.

Florida Department of Health, Public Health Dental Program. 2016. *2013–2014 Workforce Survey of Dentists Report*. Tallahassee, FL: Florida Department of Health. 48 pp. [http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/\\_documents/florida-workforce-survey-dentists-2013-2014.pdf](http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/_documents/florida-workforce-survey-dentists-2013-2014.pdf).

## BRIEF: ORAL HEALTH

This brief presents information and data on the percentage of children and adolescents (ages 1–17) who had a preventive dental visit in the past year and on the percentage of women who had a preventive dental visit during pregnancy in Vermont. Data on oral health care use among children and adolescents are presented by age and by insurance type. Data on the receipt of oral health care during pregnancy are presented for women who did and did not receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) assistance and by health insurance type, age, and educational attainment. Strategies to improve oral health care in Vermont and data limitations and sources are also discussed.

Vermont Department of Health, Division of Maternal & Child Health. 2016. *Brief: Oral Health*. Burlington, VT: Vermont Department of Health, Division of Maternal & Child Health. 2 pp. [http://www.vtoralhealthcoalition.com/uploads/6/9/3/2/69321835/dmch\\_oral\\_health\\_brief.pdf](http://www.vtoralhealthcoalition.com/uploads/6/9/3/2/69321835/dmch_oral_health_brief.pdf).

### CARIES PREVENTION SERVICES REIMBURSEMENT TABLE

This document presents survey findings for the 50 states and the District of Columbia on reimbursement for risk assessment, oral examination, fluoride varnish, anticipatory guidance, and family oral health education. It presents information on the following topics: type of health professional, services, fees, procedure codes, delegation, age limit for services, number of varnish applications reimbursed annually, training requirement, payor, payment by Medicaid or the Children's Health Insurance Program, and legislative approval to reimburse health professionals. Information about commercial payment and procedure codes is also included.

American Academy of Pediatrics, Oral Health Initiative, Medicaid | Medicare | CHIP Services Dental Association; and National Academy for State Health Policy. 2016. *Caries Prevention Services Reimbursement Table*. Elk Grove Village, IL: American Academy of Pediatrics, Oral Health Initiative. 1 v. <http://www2.aap.org/commpeps/DOCS/oralhealth/docs/OralHealthReimbursementChart.xlsx>.

**DENTAL WORKFORCE IN RURAL AND URBAN NORTH DAKOTA**

This fact sheet explores issues related to oral health care access in North Dakota. Topics include the dentist-to-population ratio in North Dakota compared to ratios in neighboring states responsible for graduating a majority of the dentists practicing in North Dakota; the number of dentists per county and the percentage of counties with zero, one, two to four, or five or more dentists; the percentage of dentists, dental hygienists, and dental assistants practicing in urban vs. rural areas of the state; and the percentage of dental professional graduates by graduation year.

Schroeder S. 2016. *Dental Workforce in Rural and Urban North Dakota*. Grand Forks, ND: University of North Dakota School of Medicine and Health Sciences, Center for Rural Health. 2 pp. <https://ruralhealth.und.edu/pdf/north-dakota-dental-workforce.pdf>.

**EARLY HEAD START PARTICIPANTS, PROGRAMS, FAMILIES, AND STAFF IN 2014**

This fact sheet uses data from the Head Start Program Information Report to describe the characteristics of children enrolled in Early Head Start and their families and the services provided to them. Data are presented on participants, families, programs, and staff. Topics include demographics, screenings, ongoing source of care, special health care needs, prenatal and postnatal health care, health insurance, oral examinations and mental health interventions, and child care subsidy.

Mohan A, Walker C. 2016. *Early Head Start Participants, Programs, Families, and Staff in 2014*. Washington, DC: Center for Law and Social Policy. 3 pp. <http://www.clasp.org/resources-and-publications/publication-1/EHS-2014-Fact-Sheet-.pdf>.

**HEAD START PARTICIPANTS, PROGRAMS, FAMILIES, AND STAFF IN 2014**

This fact sheet uses data from the Head Start Program Information Report to describe the characteristics of children enrolled in Head Start and their families and the services provided to them. Data are presented on participants, families, programs, and staff. Topics include demographics, screenings, health insurance, ongoing source of care, special health care needs, and child care subsidy.

Mohan A, Walker C. 2016. *Head Start Participants, Programs, Families, and Staff in 2014*. Washington, DC: Center for Law and Social Policy. 3 pp. <http://www.clasp.org/resources-and-publications/publication-1/HSPreschool-2014-Fact-Sheet-.pdf>.

**I-SMILE™ @ SCHOOL: 2015 REPORT ON THE IOWA DEPARTMENT OF PUBLIC HEALTH'S SCHOOL-BASED SEALANT PROGRAM**

This report describes the services and impact of a school-based program to prevent oral disease and improve the oral health of children in Iowa. The program provides students with onsite screening, dental sealants, fluoride varnish, oral health education, and care-coordination services. Topics include trends in the number of children who were screened, the number of children who received dental sealants, the number of sealants placed, and the number of counties served. The report also documents the number of cavities averted due to program services and gives an example of a success story.

Chickering S, Meister S. 2016. *I-Smile™ @ School: 2015 Report on the Iowa Department of Public Health's School-Based Sealant Program*. Des Moines, IA: Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. 4 pp. [http://idph.iowa.gov/Portals/1/userfiles/34/ohc\\_reports/iss\\_report\\_04142016.pdf](http://idph.iowa.gov/Portals/1/userfiles/34/ohc_reports/iss_report_04142016.pdf).

**INDIANA ORAL HEALTH SURVEILLANCE REPORT: 2016**

This report provides information on oral health metrics for Indiana residents categorized by age. Topics include the oral health status of infants, children, adolescents, and adults and the proportion of each cohort that has visited the dentist or has received a preventive intervention. Data on access to fluoridated community water systems and on deaths from oral and pharyngeal cancers for all ages are also included.

Indiana State Department of Health, Oral Health Program. 2016. *Indiana Oral Health Surveillance Report: 2016*. Indianapolis, IN: Indiana State Department of Health, Oral Health Program. 3 pp. [http://www.in.gov/isdh/files/2016-Oral\\_Health\\_Surveillance\\_Report.pdf](http://www.in.gov/isdh/files/2016-Oral_Health_Surveillance_Report.pdf).

**IOWA ORAL HEALTH SURVEILLANCE PLAN 2016**

This document provides information about data available on the oral health of Iowa residents and how these data are disseminated and used to improve oral health. The report describes indicators that are used to measure progress and includes information about data sources. Topics include reducing the percentage of children who have dental caries, increasing the proportion of residents who receive fluoridated water from water systems that meet national standards, increasing the number of counties with school-based oral health preventive services, providing leadership and support for state and local oral-health-coalition development, and increasing the percentage of older adults who receive oral health services.

Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. 2016. *Iowa Oral Health Surveillance Plan 2016*. Des Moines, IA: Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. 16 pp. [http://idph.iowa.gov/Portals/1/userfiles/58/Surveillance%20Plan\\_FINAL.pdf](http://idph.iowa.gov/Portals/1/userfiles/58/Surveillance%20Plan_FINAL.pdf).

**MIGRANT AND SEASONAL HEAD START PARTICIPANTS, PROGRAMS, FAMILIES, AND STAFF IN 2014**

This fact sheet uses data from the Head Start Program Information Report to describe the characteristics of children enrolled in Migrant and Seasonal Head Start and their families and the services provided to them. Data are presented on participants, families, programs, and staff. Topics include screenings, ongoing source of care, special health care needs, prenatal and postnatal health care, health insurance, oral examinations and mental health interventions, racial/ethnic and linguistic diversity, and child care subsidy.

Mohan A, Walker C. 2016. *Migrant and Seasonal Head Start Participants, Programs, Families, and Staff in 2014*. Washington, DC: Center for Law and Social Policy. 2 pp. <http://www.clasp.org/resources-and-publications/publication-1/MSHS-PIR-2014-Fact-Sheet-.pdf>.

**ORAL HEALTH AND WELL-BEING IN THE UNITED STATES**

This infographic summarizes data on self-reported oral health status, attitudes, and oral health care use among adults based on a household survey. Topics include the

overall condition and appearance of the mouth and teeth and the impact of the condition and appearance of the mouth and teeth on quality of life and employment, problems due to the condition of the mouth and teeth by income and age, attitudes toward oral health care, and reasons for not visiting the dentist. Information by state is also available.

American Dental Association, Health Policy Institute. 2016. *Oral Health and Well-Being in the United States*. Chicago, IL: American Dental Association, Health Policy Institute. 7 pp. <http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealth-Well-Being-StateFacts/US-Oral-Health-Well-Being.pdf?la=en>.

**ORAL HEALTH STATUS OF FLORIDA'S EARLY HEAD START AND HEAD START CHILDREN 2014–2015**

This report summarizes results from a statewide survey of young children enrolled in Early Head Start and Head Start in Florida. Contents include key findings, a description of the survey methodology, national status, limitations, and recommendations. Topics include dental caries experience, untreated tooth decay, and dental sealants. The appendices contain the consent and questionnaire form for parents, a screening form, a screening results letter to parents, and information about other indicators from the parent questionnaire including toothache, last dental visit, follow-up care, reason for last dental visit, and dental insurance. [Survey funded in part by the Maternal and Child Health Bureau]

Vracar C, Holicky A, Wahby J, Calhoun J. 2016. *Oral Health Status of Florida's Early Head Start and Head Start Children 2014–2015*. Tallahassee, FL: Florida Department of Health. 21 pp. [http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/\\_documents/oral-health-status-head-start-2014-2015.pdf](http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/_documents/oral-health-status-head-start-2014-2015.pdf).

**ORAL HEALTH STATUS OF FLORIDA'S THIRD GRADE CHILDREN 2013–2014**

This report presents oral health screening results for students in third grade in public elementary schools in Florida. Contents include the screening survey methodology, demographic characteristics of participating students, and key findings on oral health indicators (dental caries experience, untreated tooth decay, dental sealants, treatment need, and urgent treatment need). A

comparison of the results to *Healthy People 2020* goals, limitations, and recommendations is also included. Additional contents include consent and screening forms; a parent letter and questionnaire; and information about other indicators including toothache, last dental visit, reason for last dental visit, need for care, reason for not seeking care, health insurance, and dental insurance.

Vracar C, Holicky A, Wahby J, Janga D. 2016. *Oral Health Status of Florida's Third Grade Children 2013–2014*. Tallahassee, FL: Florida Department of Health, Public Health Dental Program. 23 pp. [http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/\\_documents/oral-health-third-grade-2013-2014.pdf](http://www.floridahealth.gov/programs-and-services/community-health/dental-health/reports/_documents/oral-health-third-grade-2013-2014.pdf).

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#### **STATE ORAL HEALTH SURVEILLANCE PLAN TEMPLATE INSTRUCTIONS AND RESOURCES**

This document is designed to help states write, revise, or update an oral-health-surveillance (OHS) plan. Contents include a link to a customizable template that includes background information on the importance of public health and OHS, a core set of indicators to include in a state OHS system, and a logic model. Instructions for using the template and additional resources are also provided.

Association of State and Territorial Dental Directors. 2016. *State Oral Health Surveillance Plan Template Instructions and Resources*. Reno, NV: Association of State and Territorial Dental Directors. 2 pp. <http://www.astdd.org/docs/surveillance-plan-template-instructions-may-2016.pdf>.

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#### **SUMMARY REPORT: 2016 SYNOPSIS OF STATE DENTAL PUBLIC HEALTH PROGRAMS—DATA FOR FY 2014–2015**

This report summarizes the results of a study examining the status of state oral health programs. Topics include demographic, infrastructure, work force, and administrative factors that impact state oral health programs, as well as services that states provide.

Association of State and Territorial Dental Directors. 2016. *Summary Report: 2016 Synopses of State Dental Public Health Programs—Data for FY 2014–2015*. Reno, NV: Association of State and Territorial Dental Directors. 14 pp. <https://www.astdd.org/docs/synopses-report-summary-2016.pdf>.

#### **TAKING A BITE OUT OF SCHOOL ABSENCES: CHILDREN'S ORAL HEALTH REPORT 2016**

This report presents survey results on the prevalence and severity of tooth decay in students in kindergarten in public schools in Arizona. Contents include information about tooth decay and the impact of poor oral health on children, families, and society, with an emphasis on the relationship between oral health and academic achievement. The survey results are presented by domain, including prevalence of decay experience, untreated decay, pain and infection, annual dental visits, and insurance coverage. Comparisons to previous statewide surveys, benchmarks and national data, and regional and county highlights are provided. The appendices contain school-readiness indicators, a screening form and parent/caregiver questionnaire, and child demographic characteristics. [Survey funded in part by the Maternal and Child Health Bureau]

Arizona Early Childhood Development and Health Board. 2016. *Taking a Bite Out of School Absences: Children's Oral Health Report 2016*. Phoenix, AZ: Arizona Early Childhood Development and Health Board. 122 pp. [http://azftf.gov/WhoWeAre/Board/Documents/FTF\\_Oral\\_Health\\_Report\\_2016.pdf](http://azftf.gov/WhoWeAre/Board/Documents/FTF_Oral_Health_Report_2016.pdf).

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#### **UPDATE ON ORAL HEALTH SERVICES**

This annual report provides information about oral health services in Tennessee. Topics include the provision of oral health screenings, referrals, and fluoride-varnish applications for children by public health nurses in medical clinics; oral health screenings, oral examinations, health education, and dental sealants provided in schools; child and adult visits to rural dental clinics; adult extractions, cleanings, and emergency dental services; and information dissemination. Data on the number of individuals served and the number of services provided by program are included.

Tennessee Department of Health. 2016. *Update on Oral Health Services*. Nashville, TN: Tennessee Department of Health. 8 pp. [https://tn.gov/assets/entities/health/attachments/Oral\\_Health\\_TN\\_Dental\\_Assoc\\_Annual\\_Report.pdf](https://tn.gov/assets/entities/health/attachments/Oral_Health_TN_Dental_Assoc_Annual_Report.pdf).

## MCHB-FUNDED PROJECT FINAL REPORTS

### CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM (COHAP) FINAL REPORT

This report describes a coalition-led project to integrate comprehensive oral health services into an existing school-based health center in the Vallejo City Unified School District in California. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement (CQI), sustainability, evaluation, and resources and capabilities. The project logic model, marketing tools, classroom-education materials, a performance-improvement-committee definition and plan, an appointment agreement and no-show-policy, a CQI plan, and process and outcome data elements are included. [Funded by the Maternal and Child Health Bureau]

Bruski K. 2016. *Children's Oral Healthcare Access Program (COHAP) Final Report*. Suisun City, CA: Solano Coalition for Better Health. 45 pp. <http://mchoralhealth.org/projects/sbcohs.php>.

### CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM FINAL REPORT

This report describes a project to build a dental clinic and provide comprehensive oral health services to students attending a combined elementary and middle school (grades K–8) in Lemon Grove, California. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Appendices include an announcement about the clinic opening, sample forms in English and Spanish, a needs-assessment cover letter and survey, a program brochure, and a memorandum of understanding between the university and school district. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Anastos E. 2016. *Children's Oral Healthcare Access Program Final Report*. Lemon Grove, CA: Lemon Grove School District. 16 pp. plus attachments. <http://mchoralhealth.org/projects/sbcohs.php>.

### CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM FINAL REPORT

This report describes a project to implement comprehensive oral health services in two school-based health centers operating in the Los Angeles Unified School District. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement (CQI), sustainability, evaluation, and resources and capabilities. Appendices include the CQI plan, the integration report, the operations manual, and the spatial analysis. A break-even analysis and process, outcome, and impact indicators/minimal data set are also provided. [Funded by the Maternal and Child Health Bureau]

Barzaga C. 2016. *Children's Oral Healthcare Access Program Final Report*. Pomona, CA: Center for Oral Health. 19 pp. plus appendices. <http://mchoralhealth.org/projects/sbcohs.php>.

### CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM FINAL REPORT

This report describes a project to integrate an oral-health-care program into an existing school-based clinic serving students attending a public charter school (kindergarten through grade 8) in Santa Ana, California. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Meeting agendas and minutes, a student consent form, and a program brochure and other outreach materials are included. [Funded by the Maternal and Child Health Bureau]

Bruski K. 2016. *Children's Oral Healthcare Access Program Final Report*. Costa Mesa, CA: Share Our Selves. 14 pp. plus appendices. <http://mchoralhealth.org/projects/sbcohs.php>.

### CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM FINAL REPORT

This report describes a project to expand existing preventive school-based oral health services to include restorative care in four high-need rural school districts in New York. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Appendices include the

project services timeline, a risk-assessment tool, a workflow diagram, enrollment and consent forms, posters, a brochure, video links, promotional materials, a satisfaction survey, and a press release. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Hamilton J. 2016. *Children's Oral Healthcare Access Program Final Report*. Cooperstown, NY: Mary Imogene Bassett Hospital. 22 pp. <http://mchoralhealth.org/projects/sbcohs.php>.

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**CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM FINAL REPORT**

This report describes a project to expand an existing school-based health center oral health program in East Hartford, Connecticut. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. The appendices include parent permission forms for screening and treatment in English and Spanish, a program brochure, a referral list and forms, and a sterilization log. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Poerio D. 2016. *Children's Oral Healthcare Access Program Final Report*. East Hartford, CT: Integrated Health Services. 16 pp. <http://mchoralhealth.org/projects/sbcohs.php>.

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**CHILDREN'S ORAL HEALTHCARE ACCESS PROGRAM FINAL REPORT**

This report describes a project to integrate comprehensive oral health care into a school-based health center in Minneapolis, Minnesota. Topics include delivery system design, interdisciplinary care, client/community education, continuous quality improvement (CQI), sustainability, evaluation, and resources and capabilities. A project brochure; a CQI plan; a memorandum of understanding template; a permission form; and the process, outcome, and impact indicators/minimal data set are also available. [Funded by the Maternal and Child Health Bureau]

Wovcha S. 2016. *Children's Oral Healthcare Access Program Final Report*. Minneapolis, MN: Children's Dental Services. 26 pp. plus appendices. <http://mchoralhealth.org/projects/sbcohs.php>.

**NYS SCHOOL-BASED COMPREHENSIVE ORAL HEALTHCARE SERVICES PROJECT: FINAL REPORT 2011–2015**

This report describes a project to improve the oral health of school-age children in a low-income oral health professional shortage area in New York. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Links to a cover letter and combined enrollment form; links to video programs; and the process, outcome, and impact indicators/minimal data set are also provided. [Funded by the Maternal and Child Health Bureau]

Greenberg B, Saglimbeni M. 2016. *NYS School-Based Comprehensive Oral Healthcare Services Project: Final Report 2011–2015*. Albany, NY: New York State Department of Health; Menands, NY: Health Research. 25 pp. incl. appendices. <http://mchoralhealth.org/projects/sbcohs.php>.

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**SCHOOL BASED COMPREHENSIVE ORAL HEALTH SERVICES GRANT PROGRAM FINAL REPORT**

This report describes a project to provide access to high-quality preventive and restorative oral health care, demonstrate a decrease in dental caries incidence, increase oral health literacy, and create a financially sustainable oral health program for children in Summit County, Colorado. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement, sustainability, evaluation, and resources and capabilities. Appendices include a memorandum of understanding, enrollment and send-home forms, a permission form in English and Spanish, a screening survey tool, a student quiz, and a list of advisory board members. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Major E. 2016. *School Based Comprehensive Oral Health Services Grant Program Final Report*. Frisco, CO: Summit Community Care Clinic. 17 pp. <http://mchoralhealth.org/projects/sbcohs.php>.

**SCHOOL BASED COMPREHENSIVE ORAL HEALTH SERVICES GRANT PROGRAM FINAL REPORT**

This report describes a community health center–university partnership to establish accessible, affordable, high-quality oral health care for students by operationalizing a mobile dental van on school property. Topics include delivery-system design, interdisciplinary care, client/community education, continuous quality improvement (CQI), sustainability, evaluation, and resources and capabilities. Appendices include the CQI plan, a memorandum of understanding, a presentation, informed consent forms, and marketing and outreach materials. The process, outcome, and impact indicators/minimal data set is also provided. [Funded by the Maternal and Child Health Bureau]

Sherer E. 2016. *School Based Comprehensive Oral Health Services Grant Program Final Report*. Denver, CO: University of Colorado Denver, College of Nursing. 15 pp. plus appendix. <http://mchoralhealth.org/projects/sbcohs.php>.

**POLICY**

**IMPROVING LIFETIME ORAL HEALTH: POLICY OPTIONS AND INNOVATIONS**

This brief highlights targeted state policy options for improving oral health for children, adolescents, and adults and system-level reforms to improve oral health care and reduce its cost. Topics include screening and assessing in primary care settings, expanding access to school-based prevention and care, raising awareness about healthy behaviors, expanding coverage for adults with low incomes, ensuring an adequate oral health work force, improving access to oral health care for pregnant women, coordinating primary care and oral health, expanding access to oral health professionals providers through teledentistry, understanding the state role in community water fluoridation, and maximizing data.

Johnson T, Goodwin K. 2016. *Improving Lifetime Oral Health: Policy Options and Innovations*. Denver, CO: National Conference of State Legislatures. 11 pp. <http://www.ncsl.org/Portals/1/Documents/Health/LifetimeOralHealthpub2016.pdf>.

**PROFESSIONAL-CLIENT TOOLS**

**ACCESS TO BABY & CHILD DENTISTRY (ABCD)**

This fact sheet describes a program that provides preventive and restorative oral health care for children who are eligible for Medicaid in King County, Washington. The program emphasizes the importance of having an oral examination by a doctor or dentist by age 1. Topics include program eligibility and benefits, including increased access to oral health care throughout the county, fluoride-varnish applications, and support services (finding a dentist, coordinating transportation to and from the dental office, and coordinating interpreter services for the dental visit). The fact sheet is available in Chinese, English, Filipino, Russian, Somali, Spanish, and Vietnamese.

Seattle-King County Department of Public Health. 2016. *Access to Baby & Child Dentistry (ABCD)*. Seattle, WA: Seattle-King County Department of Public Health. 1 p. <http://www.kingcounty.gov/depts/health/child-teen-health/ABCD.aspx>.

**IMPROVING ORAL HEALTH (UPD.)**

These resources are designed to help health professionals promote oral health coverage in Medicaid and the Children’s Health Insurance Program (CHIP) and educate pregnant women and parents and other caregivers about good oral health habits. Contents include links to Medicaid and CHIP benefits for children by state and a tool to help families find a dentist. Additional contents include a fact sheet, a flyer, a poster, tear pads, web banners and buttons, social media messages, images for Facebook and Twitter, and newsletter templates in English and Spanish.

Insure Kids Now. 2016. *Improving Oral Health*. Baltimore, MD: Centers for Medicare & Medicaid Services. Multiple items. <https://www.insurekidsnow.gov/initiatives/oral-health/index.html>.

**PROMOTING ORAL HEALTH IN SCHOOLS: A RESOURCE GUIDE (3RD ED.)**

This guide provides resources to help health professionals, program administrators, educators, parents, and others promote oral health and prevent oral disease in school-age children and adolescents. The guide is divided into two sections. The first section describes

materials such as brochures, fact sheets, guidelines, curricula, and reports. The second section lists federal agencies, national professional associations, resource centers, and national coalitions that may serve as resources. [Funded by the Maternal and Child Health Bureau]

Bertness J, Holt K, Barzel R, eds. 2016. *Promoting Oral Health in Schools: A Resource Guide* (3rd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center. 38 pp. <http://www.mchoralhealth.org/PDFs/resguideschooloh.pdf>.

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**RETHINK YOUR DRINK**

These resources provide information about sugar-sweetened beverages (SSBs) and tips on healthy alternatives. Contents include a poster and a brochure. Topics include the potential impact of SSBs on oral health; the amount of sugar in different beverages; and recommended daily limits on sugar for infants, children, adolescents, and adults. Information about reading nutrition labels, limiting juice, and choosing water is provided.

Delta Dental of Michigan, Ohio, and Indiana. 2016. *Rethink Your Drink*. Okemos, MI: Delta Dental Foundation. 2 items. <http://www.deltadentalmi.com/About/Brighter-Futures/Teaching-Tools.aspx>.

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**SMILE SAVERS ACTIVITY BOOKS**

These activity books focus on the role of oral hygiene and nutrition in preventing tooth decay and bad breath. One book is designed for students in kindergarten through grade 4 and one for students in grades 5 and up. Activities include coloring pages, connect the dots, crossword puzzles, and word finds. Topics include toothbrushing, flossing, and choosing healthy snacks.

Alabama Department of Public Health, Oral Health Program. 2016. *Smile Savers Activity Books*. Montgomery, AL: Alabama Department of Public Health, Oral Health Program. 2 items. <http://adph.org/oralhealth/index.asp?id=1326>.

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**STATE OF WYOMING MARGINAL DENTAL HEALTH PROGRAM**

This form is designed to help families with low incomes understand and apply for dental benefits for their infant, child, or adolescent from birth to age 19 in Wyoming

who is not covered by Medicaid or the Children's Health Insurance Program. Contents include a description of program eligibility and benefits, including information about co-payments and coverage for dental sealants.

Wyoming Department of Health, Oral Health Program. 2016. *State of Wyoming Marginal Dental Health Program*. Cheyenne, WY: Wyoming Department of Health, Oral Health Program. 4 pp. [http://wdhpublicweb.wpengine.com/wp-content/uploads/2016/04/16-15751\\_MarginalDentalHealthApplication.pdf](http://wdhpublicweb.wpengine.com/wp-content/uploads/2016/04/16-15751_MarginalDentalHealthApplication.pdf).

**PROFESSIONAL EDUCATION AND PRACTICE**

**ADMINISTRATION MANUAL: WISCONSIN SEAL-A-SMILE**

This manual provides information on administering Seal-A-Smile (SAS)-funded projects in Wisconsin. The purpose of the SAS program is to improve the oral health of children through school-based dental sealant programs. Topics include project implementation, expenses, payment procedures, project changes, program oversight, performance benchmarks, reports and data collection, publicity, policies and procedures, and references. A request for reimbursement form and screening survey criteria are included as appendices.

Children's Health Alliance of Wisconsin. 2016. *Administration Manual: Wisconsin Seal-A-Smile*. Milwaukee, WI: Children's Health Alliance of Wisconsin. 32 pp. <http://www.chawisconsin.org/documents/OH2SASAdminManual.pdf>.

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**AZSMILES ENHANCED DENTAL TEAMS (EDTS)**

These resources are designed to help health professionals and others use affiliated practices, teledentistry, and other team-based strategies to provide oral health care to underserved communities. Contents include toolkits on building partnerships and providing training and oral health education; information about dental sealant, fluoride mouthrinse, and fluoride-varnish programs; and sources of online continuing education.

Arizona Department of Health Services, Office of Oral Health. 2016. *AZSmiles Enhanced Dental Teams (EDTs)*. Phoenix, AZ: Arizona Department of Health Services, Office of Oral Health. Multiple items. <http://www.azdhs.gov/prevention/womens-childrens-health/oral-health/azsmiles/index.php#about>.

**BRUSH UP ON ORAL HEALTH**

This series provides Head Start staff with information on current practice, practical tips for promoting oral health to share with parents, and recipes for healthy snacks that children can make with Head Start staff or at home with their parents. Health and social service professionals interested in improving the oral health of pregnant women, infants, and children enrolled in Head Start and their families may also find the newsletter helpful. Topics include children with special health care needs, community water fluoridation, dental caries, dental home, fluoride varnish, health literacy, injury, nutrition, pregnancy, school readiness, and tobacco.

National Center on Early Childhood Health and Wellness. 2016. *Brush Up on Oral Health*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness. Monthly. <http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/health/oral-health/policies-procedures/buoh.html>.

**CERTIFICATION FOR LOCAL SCHOOL DENTAL SEALANT PROGRAMS**

This document presents the final text rule requiring school-based dental sealant programs in Oregon to be certified by the Oregon Health Authority before they can provide dental sealants. Contents include guidance on the requirements for certification, the application process for certification and recertification, monitoring of school-based dental sealant programs, and decertification or provisional certification for programs that are out of compliance. Information about certification and clinical training is also available.

Oregon Health Authority, Oral Health Program. 2016. *Certification for Local School Dental Sealant Programs*. Portland, OR: Oregon Health Authority. 6 pp. <https://public.health.oregon.gov/PreventionWellness/oralhealth/School/Documents/SB660FinalRules333-028.pdf>.

**CTDHP PROVIDER OFFICE PERINATAL SURVEY**

This document for health professionals comprises questions about oral-health-care services for pregnant women that their offices may or may not provide. Topics include preventive and restorative services, urgent and emergency care, local anesthesia, X-rays, and restrictions related to treating pregnant women.

Connecticut Department of Social Services. 2016. *CTDHP Provider Office Perinatal Survey*. Hartford, CT: Connecticut Department of Social Services. 1 p. <http://www.mchoralhealth.org/PDFs/37530.pdf>.

**DENTAL CHECK-UPS: CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR DENTAL PROVIDERS (REV.)**

This fact sheet provides information for dentists, physicians, physician assistants, nurse practitioners, nurses, and other trained clinical staff about their unique roles and responsibilities in supporting the oral health of infants, children, and adolescents from birth to age 20 who are eligible for Minnesota’s Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Contents include requirements for routine visits, recommendations for fluoride-varnish applications (FVAs) and training for performing the FVA procedure, and resources.

Minnesota Department of Health, Child and Teen Checkups Program. 2016. *Dental Check-Ups: Child and Teen Checkups (C&TC) Fact Sheet for Dental Providers (rev.)*. St. Paul, MN: Minnesota Department of Health, Child and Teen Checkups Program. 2 pp. <http://www.health.state.mn.us/divs/cfh/program/ctc/content/document/pdf/dentalcheckup.pdf>.

**ECONOMIC EVALUATION OF COMMUNITY WATER FLUORIDATION: A COMMUNITY GUIDE SYSTEMATIC REVIEW**

This article presents findings from a systematic review of studies about the effectiveness of community water fluoridation (CWF) on reducing dental caries. Topics include the benefits of CWF and its cost. Contents include information about context, evidence acquisition, and evidence synthesis and a discussion.

Ran T, Chattopadhyay SK, and the Community Preventive Services Task Force. 2016. Economic Evaluation of Community Water Fluoridation: A Community Guide Systematic Review. *American Journal of Preventive Medicine* 50(6):790–796. [https://www.thecommunityguide.org/sites/default/files/publications/oral-ajpm-economic-fluoridation\\_0.pdf](https://www.thecommunityguide.org/sites/default/files/publications/oral-ajpm-economic-fluoridation_0.pdf).

**EQIPP: ORAL HEALTH**

This asynchronous online course is designed to help pediatric primary care health professionals (PPHPs) recognize the role they play in providing oral health care. Topics include the importance of a dental home and PPHP roles in establishing a dental home, dental caries and caries risk assessment, the importance of maternal oral health, age-specific oral health anticipatory guidance, and oral-injury prevention. Information about fluoride varnish, including who should apply it and how it is applied, how to address families' concerns about fluoride varnish, and processes for procuring and storing fluoride varnish and billing for fluoride-varnish application, is also provided.

American Academy of Pediatrics. 2016. *EQIPP: Oral Health*. Chicago, IL: American Academy of Pediatrics. 1 v. <http://shop.aap.org/EQIPP-Oral-Health>.

**FLUORIDE MOUTHRINSE PROGRAM MANUAL (REV.)**

This manual provides school personnel and volunteers with procedures and requirements for administering and implementing a school-based fluoride mouthrinse program in Ohio. Topics include program roles, responsibilities, and operation; administration guidelines; recommendations for teachers; and program implementation and site visits. Forms and procedural options, including adaptations for students with special health care needs, are included.

Ohio Department of Health, Oral Health Program. 2016. *Fluoride Mouthrinse Program Manual (rev.)*. Columbus, OH: Ohio Department of Health, Oral Health Program. 28 pp. <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/ohs/oral-health/2016/2016-FMRP-MANUAL-FINAL.pdf?la=en>.

**FLUORIDE VARNISH**

This resource for physicians, nurses, and other licensed health professionals in Arkansas describes fluoride varnish and its role in preventing dental caries in children. The resource also provides information about the safety and benefits of fluoride varnish and state certification requirements for applying it.

Arkansas Department of Health, Office of Oral Health. 2016. *Fluoride Varnish*. Little Rock, AR: Arkansas Department of Health, Office of Oral Health. 1 v. <http://www.healthy.arkansas.gov/programsServices/oralhealth/Pages/FluorideVarnish.aspx>.

**FLUORIDE VARNISH: AN EVIDENCE-BASED APPROACH (UPD.)**

This brief presents information to help health professionals design, implement, and evaluate community-based programs that apply fluoride varnish. Topics include a definition of fluoride varnish and how it prevents tooth decay; the characteristics, effectiveness, and safety of fluoride varnish; and recommendations for using fluoride varnish. The brief also provides tips for selecting cost-effective community and school dental-caries-prevention programs.

Association of State and Territorial Dental Directors, Fluorides Committee. 2016. *Fluoride Varnish: An Evidence-Based Approach (upd)*. Reno, NV: Association of State and Territorial Dental Directors. 19 pp. <http://www.astdd.org/docs/fl-varnish-brief-september-2014-amended-05-2016.docx>.

**FLUORIDE VARNISH APPLICATION AND INFORMATION**

This video for primary care health professionals provides information about and recommendations for applying fluoride varnish in infants and young children ages 6 months through 5 years as part of well-child visits and other visits. Topics include safety and effectiveness, supplies, application techniques such as knee-to-knee positioning, and after-care instructions, including referral to a dental home. The video also provides guidance on obtaining additional information and resources from the Minnesota Oral Health Coalition.

Minnesota Oral Health Coalition. 2016. *Fluoride Varnish Application and Information*. Plymouth, MN: Minnesota Oral Health Coalition. 1 video (3 min., 11 sec.). <https://www.youtube.com/watch?v=OzM4UQxP67Q>.

**IMPROVE ORAL HEALTH DURING PREGNANCY**

This course for dentists, dental hygienists, and dental assistants focuses on the importance of receiving professional oral health care during pregnancy to maintain oral health. Topics include the importance of maintaining oral health throughout pregnancy, possible oral health complications during pregnancy, appropriate oral health care for pregnant women, and oral hygiene recommendations for this population.

Brame JL. 2016. Improve oral health during pregnancy. *Dimensions of Dental Hygiene* 14(3):55–57. <http://www.dimensionsofdentalhygiene.com/print.aspx?id=22846>.

**INNOVATIONS IN ORAL HEALTH TOOLKIT (UPD.)**

This toolkit for faculty provides guidance on integrating oral health into existing health professions curricula. Contents include guidance on using the toolkit, the philosophy and methodology behind the toolkit, steps for building a sustainable program, and web-based resources. Topics include assessing readiness, creating awareness and securing support, faculty development, simulation learning, case-based learning, service learning, and cooperative education. A video that describes the toolkit is also available.

Northeastern University. 2016. *Innovations in Oral Health Toolkit* (upd.). Boston, MA: Northeastern University. Multiple items. <http://www.northeastern.edu/oralhealth/toolkit>.

**IT SHOULDN'T HURT TO BE A CHILD: PREVENTING EARLY CHILDHOOD CARIES (ECC)**

This fact sheet for health professionals provides information on preventing early childhood caries (ECC). Topics include what ECC is and who is at risk, the costs of ECC, and how ECC risk can be reduced. The fact sheet discusses the prevalence of ECC among various populations and why some populations are at higher risk than others, how ECC is treated and the impact of treatment on children and families, and effective strategies for preventing ECC. [Funded by the Maternal and Child Health Bureau]

Holt K, Barzel R, Bertness J. 2016. *It Shouldn't Hurt to Be a Child: Preventing Early Childhood Caries (ECC)*. Washington, DC: National Maternal and Child Oral Health Resource Center. 4 pp. <http://mchoralhealth.org/PDFs/eccfactsheet.pdf>.

**MASSACHUSETTS ORAL HEALTH GUIDELINES FOR PREGNANCY AND EARLY CHILDHOOD**

These guidelines provide oral health care recommendations and resources for health professionals caring for pregnant women and young children. Contents include background information about oral diseases; the status of oral health among pregnant women and children in Massachusetts and national and state efforts to improve it; and the role of prenatal care professionals, oral health professionals, and pediatric health professionals in improving pregnant women's and children's oral health. Topics include assessing, advising, educating, referring,

collaborating, and providing treatment and management. Resources on medication use during pregnancy, sample referral forms, and reproducible handouts on healthy portion sizes and eating healthy during pregnancy are also provided.

Diop H, Hwang S, Leader D, Silk H, Chie L, Lu E, Stone SL, Flaherty K. 2016. *Massachusetts Oral Health Guidelines for Pregnancy and Early Childhood*. Boston, MA: Massachusetts Department of Public Health. 14 pp. <http://www.mass.gov/eohhs/docs/dph/com-health/data-translation/oral-health-guidelines.pdf>.

**ORAL EVALUATION AND FLUORIDE VARNISH IN THE MEDICAL HOME**

This resource describes Oral Evaluation and Fluoride Varnish, a program aimed at improving the oral health of infants and young children ages 6–35 months in Texas. Topics include certification and reimbursement for physicians, physician assistants, and advanced practice registered nurses for performing limited services in conjunction with a Texas Health Steps medical checkup. Program services include oral evaluation, fluoride-varnish application, anticipatory guidance, and referral to a dental home. Links to training programs, forms, materials, product resources, online provider lookup, and the Medicaid provider website are also available.

Texas Department of State Health Services, Oral Health Program. 2016. *Oral Evaluation and Fluoride Varnish in the Medical Home*. Austin, TX: Texas Department of State Health Services, Oral Health Program. 1 v. <http://www.dshs.state.tx.us/dental/OEFV.shtm>.

**ORAL HEALTH: CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS**

This fact sheet provides information for physicians, nurse practitioners, physician assistants, and nurses about their role in and responsibility for supporting the oral health of infants, children, and adolescents from birth to age 20 who are eligible for Minnesota's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Topics include requirements for the visit, personnel training, and documentation of counseling and referral; recommendations for oral health risk assessment and fluoride-varnish application; why preventive oral health care is important; anticipatory guidance; professional recommendations; and resources.

Minnesota Department of Health, Child and Teen Checkups Program. 2016. *Oral Health: Child and Teen Checkups (C&TC) Fact Sheet for Primary Care Providers*. St. Paul, MN: Minnesota Department of Health, Child and Teen Checkups Program. 2 pp. <http://www.health.state.mn.us/divs/cfh/program/ctc/content/document/pdf/oralhealth.pdf>.

**ORAL HEALTH MATTERS**

This series provides information on national, state, and local oral health activities as well as on educational materials and other resources. Contents include a message from the Association of State and Territorial Dental Directors' (ASTDD's) president, executive director, and cooperative-agreement manager; partner, member, associate member, and state program snapshots; and summaries of ASTDD surveys and projects.

Association of State and Territorial Dental Directors. 1999–2016. *Oral Health Matters*. Reno, NV: Association of State and Territorial Dental Directors. Quarterly. <http://www.astdd.org/publications>.

**PROFESSIONAL SERVICES FLUORIDE VARNISH PROGRAM POLICY**

This document for physicians, nurse practitioners, and physician assistants describes professional recommendations and the rationale for applying fluoride varnish to the teeth of infants and young children ages 6 months through 5 years as part of the first dental visit. The document also provides information about training and certification prerequisites and coding for fluoride-varnish-application reimbursement in Louisiana.

Louisiana Department of Health and Hospitals. 2016. *Professional Services Fluoride Varnish Program Policy*. Baton Rouge, LA: Louisiana Department of Health and Hospitals. 2 pp. [http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Informational\\_Bulletins/2016/IB16-7.pdf](http://new.dhh.louisiana.gov/assets/docs/BayouHealth/Informational_Bulletins/2016/IB16-7.pdf).

**PROMOTING ORAL HEALTH CARE DURING PREGNANCY: AN UPDATE ON ACTIVITIES**

This series provides an overview of activities to promote oral health during pregnancy. The series discusses efforts of federal agencies and national, state, and local

organizations to launch programs, advance policy, and produce resources to ensure that both health professionals and pregnant women are aware of the importance and safety of receiving oral health care during pregnancy. [Funded by the Maternal and Child Health Bureau]

National Maternal and Child Oral Health Resource Center. 2016. *Promoting Oral Health Care During Pregnancy: An Update on Activities*. Washington, DC: National Maternal and Child Oral Health Resource Center. 4 pp. [http://www.mchoralhealth.org/materials/consensus\\_statement.php](http://www.mchoralhealth.org/materials/consensus_statement.php).

**RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE (UPD.)**

These guidelines for pediatricians represent a consensus by the American Academy of Pediatrics and Bright Futures about the periodicity of health care services for infants, children, and adolescents. The guidelines emphasize the importance of continuity of care in comprehensive health supervision, including oral health supervision, and the need to avoid fragmentation of care.

American Academy of Pediatrics, Bright Futures. 2016. *Recommendations for Preventive Pediatric Health Care (upd.)*. Elk Grove Village, IL: American Academy of Pediatrics. 2 pp. <https://www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule.aspx>.

**SUMMARY OF INFECTION PREVENTION PRACTICES IN DENTAL SETTINGS: BASIC EXPECTATIONS FOR SAFE CARE**

This document summarizes basic infection-prevention recommendations for all oral health care settings. Contents include information about the fundamental elements needed to prevent transmission of infectious agents and the importance of routine risk assessment. Topics include administrative measures, infection-prevention education and training, personnel safety, program evaluation, standard precautions, and water quality.

Centers for Disease Control and Prevention, Division of Oral Health. 2016. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: Centers for Disease Control and Prevention. 43 pp. <http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf>.

## PROGRAM DEVELOPMENT

### 2015 WISCONSIN PERINATAL-INFANT ORAL HEALTH SUMMIT: SUMMARY REPORT AND STATEWIDE PLAN

This report summarizes information from a summit held on September 9, 2015, to brainstorm strategies for improving oral health for pregnant women and infants in Wisconsin. The report describes five themes supported by both oral health communities and overall health communities: reimbursements and insurance availability, coordination and integration, training, awareness, and scope of practice. Contents include a statewide plan (objectives and activities) to reduce the prevalence of oral disease among pregnant women and infants who are underserved by integrating high-quality oral health care into the health-care-delivery system.

Children’s Health Alliance of Wisconsin. 2016. *2015 Wisconsin Perinatal-Infant Oral Health Summit: Summary Report and Statewide Plan*. Milwaukee, WI: Children’s Health Alliance of Wisconsin. 27 pp. <http://www.chawisconsin.org/documents/OH7HSMBreport.pdf>.

### DELAWARE ORAL HEALTH TOOLKIT

These resources are designed to help health, civic, and community-service organizations make oral health a priority. Contents include information about the burden of oral disease and the need for oral health care in Delaware and a step-by-step guide to developing oral health activities, including best practices, tips for goal setting, referral protocols, team training, monitoring, and evaluation. Additional contents include a presentation, educational brochures, an evaluation and referral worksheet, a resource guide, and sample articles.

Delaware Health and Social Services, Bureau of Oral Health and Dental Services. 2016. *Delaware Oral Health Toolkit*. Dover, DE: Delaware Health and Social Services, Bureau of Oral Health and Dental Services. Multiple items. <http://www.dhss.delaware.gov/dhss/dph/hsm/tkhome.html>.

### DENTAL WELLNESS PLAN EVALUATION

These reports analyze administrative, health professional, and member survey data from a dental insurance plan for adults ages 19–64 with low incomes in Iowa. Contents include information about the plan’s benefit structure and member and health professional incentives, the study

populations and methodology, and interim outcomes. Topics include access to care, quality of care, cost, earned benefits, health-professional-network adequacy, health professional attitudes, and member outreach.

University of Iowa, Public Policy Center. 2016. *Dental Wellness Plan Evaluation*. Iowa City, IA: University of Iowa, Public Policy Center. Multiple items. <http://ppc.uiowa.edu/health/study/iowa-dental-wellness-plan-evaluation>.

### MICHIGAN STATE ORAL HEALTH PLAN

This document is intended to guide policymakers, health professionals, community members, and other stakeholders as they work together to improve oral health across the state of Michigan through 2020. Contents include goals, objectives, and suggested strategies that can be used to ensure that by 2020 all residents will have the knowledge, support, and care they need to achieve optimal oral health. Topics include professional integration, health literacy, access to oral health care, and monitoring implementation of the state oral health plan.

Michigan Oral Health Coalition, Michigan Department of Health and Human Services. 2016. *Michigan State Oral Health Plan*. Lansing, MI: Michigan Department of Health and Human Services, Oral Health. 37 pp. [http://www.michigan.gov/documents/mdhhs/2020\\_MichiganStateOralHealthPlan\\_FINAL\\_511929\\_7.pdf](http://www.michigan.gov/documents/mdhhs/2020_MichiganStateOralHealthPlan_FINAL_511929_7.pdf).

### STATE ORAL HEALTH PLAN COMPARISON TOOL (UPD. ED.)

This database provides an overview of state oral health plans in states funded through the Centers for Disease Control and Prevention’s State-Based Oral Disease Prevention Program as well as in other states. The online tool facilitates cross-state comparisons in 22 distinct content areas and links to the exact language from the state plan that corresponds to a given content area. Original state oral health plans can also be accessed so that changes over time in individual states can be explored.

Holtzman R, Edelstein B, Frosh M. 2016. *State Oral Health Plan Comparison Tool* (upd. ed.). Washington, DC: Children’s Dental Health Project. 3 items. <https://www.cdhp.org/resources/332-state-oral-health-plan-comparison-tool>.

**STATE STRATEGIES TO IMPROVE HEALTH AND CONTROL COST WITHIN 5 YEARS**

This fact sheet describes state strategies for improving population health and controlling costs. Topics include asthma control; tobacco control; and prevention of tooth decay through fluoride varnish, dental sealants, and community water fluoridation.

Centers for Disease Control and Prevention, Office of the Associate Director for Policy. 2016. *State Strategies to Improve Health and Control Cost Within 5 Years*. Atlanta, GA: Centers for Disease Control and Prevention. 1 p. [http://www.cdc.gov/policy/hst/statestrategies/docs/oadp\\_state\\_strategies\\_factsheet.pdf](http://www.cdc.gov/policy/hst/statestrategies/docs/oadp_state_strategies_factsheet.pdf).

**TEACHING AND REINFORCING THE IMPORTANCE OF ORAL HEALTH**

This webinar, held on February 24, 2016, focuses on the importance of oral health and oral health care for all pregnant women, infants, children, adolescents, young adults, and their families and on the role of peer preconception educators and others in promoting best practices. Topics include National Children’s Dental Health Month, dental caries, strategies for preventing and managing caries, and how to access information about partners and resources for promoting oral health on the National Maternal and Child Oral Health Resource Center website. [Funded by the Maternal and Child Health Bureau]

Bertness J, Lowe E. 2016. *Teaching and Reinforcing the Importance of Oral Health*. Rockville, MD: Office of Minority Health. 1 video (58 min., 42 sec.). [https://www.youtube.com/watch?time\\_continue=3&v=XegQugwWE6o](https://www.youtube.com/watch?time_continue=3&v=XegQugwWE6o).

**PUBLIC AWARENESS AND EDUCATION**

**DENTAL HEALTH MATTERS**

This infographic focuses on the oral health status of children and adolescents in South Dakota. Topics include untreated tooth decay in children ages 6–8 in South Dakota compared to the general U.S. population and ways to prevent tooth decay. Contents include the number of high school students who have missed school because of problems with their teeth or mouth, the

percentage of students in third grade who have not visited the dentist in the past 12 months, and the percentage of children who do not have dental sealants. Information about healthy behaviors such as toothbrushing, flossing, drinking water or milk instead of sugar-sweetened beverages, limiting the intake of decay-causing foods, and using products containing fluoride is also provided.

South Dakota Department of Health. 2016. *Dental Health Matters*. Pierre, SD: South Dakota Department of Health. 1 p. [http://doh.sd.gov/documents/statistics/YRBS\\_Oral\\_Health.pdf](http://doh.sd.gov/documents/statistics/YRBS_Oral_Health.pdf).

**FLUORIDE VARNISH: A PART OF A HEALTHY CHILD**

This video for parents and other caregivers describes fluoride varnish and how it is used to prevent tooth decay in infants and young children. Topics include what fluoride varnish is, how it works, and why it is important for infants’ and children’s health. Information about the safety and effectiveness of fluoride varnish and the importance of establishing an oral hygiene routine that includes regular oral health visits is included. The video is available in English, French, Hmong, Karen, Oromo, Russian, Somali, and Spanish.

Minnesota Oral Health Coalition. 2016. *Fluoride Varnish: A Part of a Healthy Child*. Plymouth, MN: Minnesota Oral Health Coalition. 1 video (2 min., 16 sec.). [https://www.youtube.com/channel/UCJn\\_RooxLVcnhojqS92\\_AyQ/videos?view=0&shelf\\_id=0&sort=dd](https://www.youtube.com/channel/UCJn_RooxLVcnhojqS92_AyQ/videos?view=0&shelf_id=0&sort=dd).

**ORAL HEALTH AND DIABETES**

This fact sheet describes how diabetes is linked to oral health. Topics include common oral health problems related to diabetes, including gum disease, oral thrush, and dry mouth; warning signs of oral health problems related to diabetes and how they are diagnosed and treated; and how to prevent complications of diabetes. Questions to ask a primary care health professional and additional resources are included. The fact sheet is available in English and Spanish.

Oral Health Nursing Education and Practice in partnership with the American College of Physicians and the National Interprofessional Initiative on Oral Health. 2016. *Oral Health and Diabetes*. Philadelphia, PA: American College of Physicians. 2 pp. <https://www.acponline.org/practice-resources/patient-education/resources>.

**ORAL HEALTH AND HPV**

This fact sheet describes human papillomavirus (HPV) and how it is linked to oral health. Topics include how oral HPV can be prevented, the warning signs of oral HPV, and how oral HPV can be treated. Questions to ask a primary care health professional and additional resources are included. The fact sheet is available in English and Spanish.

Oral Health Nursing Education and Practice in partnership with the American College of Physicians and the National Interprofessional Initiative on Oral Health. 2016. *Oral Health and HPV*. Philadelphia, PA: American College of Physicians. 2 pp. <https://www.acponline.org/practice-resources/patient-education/resources>.

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**RESOURCE FOR DENTAL CARE: A GUIDE TO FREE AND LOW-COST DENTAL CARE**

This guide provides information to help individuals in Oklahoma who cannot afford oral health care find free and low-cost resources, assist referral sources in helping those who need care to find it, and connect free and low-cost programs to one another to leverage limited resources and improve outcomes. The guide also provides information about the foundation and some of its activities.

Delta Dental of Oklahoma Oral Health Foundation. 2016. *Resource for Dental Care: A Guide to Free and Low-Cost Dental Care*. Oklahoma City, OK: Delta Dental of Oklahoma. Quarterly. [https://sites.deltadentalok.org/site\\_docs/DDOK\\_FND\\_ResourceGuide\\_LR.pdf](https://sites.deltadentalok.org/site_docs/DDOK_FND_ResourceGuide_LR.pdf).

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**WHY FLUORIDE IN YOUR TAP WATER IS A GOOD THING**

This video explains why adding fluoride to community water systems is safe and effective in preventing tooth decay. The video features commentary from oral health professionals and pediatric health professionals about the value of community water fluoridation for children and adults.

American Dental Association. 2016. *Why Fluoride in Your Tap Water Is a Good Thing*. Chicago, IL: American Dental Association. 1 video (2 min., 59 sec.). <https://www.youtube.com/watch?v=wK4Fb1CGEKE>.

**QUALITY IMPROVEMENT**

**DENTAL QUALITY ALLIANCE: 2016 ANNUAL MEASURES REVIEW—FINAL REPORT FROM THE DQA MEASURES DEVELOPMENT AND MAINTENANCE COMMITTEE**

This report summarizes outcomes of an annual review of a set of measures whose goal is to prevent and manage dental caries in children. Topics include utilization and access, cost, and quality of oral health services for children enrolled in public and private insurance programs. Contents include information about the purpose of the review, the review process, the call for public comments, user groups, code updates, and efforts to streamline the starter set of measures. The appendix includes a list of measure versions.

Dental Quality Alliance. 2016. *Dental Quality Alliance: 2016 Annual Measures Review—Final Report from the DQA Measures Development and Maintenance Committee*. Chicago, IL: American Dental Association. 16 pp. [http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA\\_2016\\_Annual\\_Measure\\_Review\\_Final\\_Report.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA_2016_Annual_Measure_Review_Final_Report.pdf?la=en).

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**FINAL REPORT ON TESTING PEDIATRIC ORAL HEALTH CARE PERFORMANCE MEASURES: TOOTH MORTALITY OF PRIMARY TEETH AND TREATMENT AFTER SEALANT PLACEMENT ON PERMANENT MOLARS**

This report provides information about validation testing for pediatric oral health performance measures. Topics include tooth mortality and treatment following dental sealant placement. Contents include background, data sources, and key testing findings. Recommendations specific to each measure, based on the testing results, are also provided.

Herndon JB. 2016. *Final Report on Testing Pediatric Oral Health Care Performance Measures: Tooth Mortality of Primary Teeth and Treatment After Sealant Placement on Permanent Molars*. Chicago, IL: American Dental Association. 19 pp. [http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA\\_2016\\_Additional\\_Pediatric\\_Measures\\_Testing\\_Final\\_Report.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA_2016_Additional_Pediatric_Measures_Testing_Final_Report.pdf?la=en).

**IMPROVING ORAL HEALTH MEASUREMENT SYSTEMS: STAKEHOLDER FEEDBACK PROJECT SUMMARY REPORT**

This report describes a project to enlist the advice of advocacy and health professional groups on ways data can help improve the nation’s oral health. The report also summarizes recommendations for collecting oral health data on the U.S. population. Contents include background; information about the project process, including participant feedback on the methods and outcomes; and next steps for improving health-measurement systems. A matrix of key oral health measures across the lifespan and a list of participating organizations are also included.

Association of State and Territorial Dental Directors, Children’s Dental Health Project, and DentaQuest Foundation. 2016. *Improving Oral Health Measurement Systems: Stakeholder Feedback Project Summary Report*. Washington, DC: Children’s Dental Health Project. 16 pp. <https://s3.amazonaws.com/cdhp/DQF+Summary+Report+on+OH+Measurement+Systems.pdf>.

**MANAGED CARE FOR MEDICAID DENTAL SERVICES: INSIGHTS FROM KENTUCKY**

This brief describes Kentucky’s experience administering a dental benefit through its managed care contract. The brief outlines the evolution of the state’s approach to dental benefits; highlights practices that state officials and managed care plans are taking to ensure health professional network adequacy and enrollee access to care; discusses challenges that the state, managed care organizations, and health professionals have encountered; and suggests potential options that the state could explore as it pursues future improvement.

Snyder A, Kaye N, Mention N. 2016. *Managed Care for Medicaid Dental Services: Insights from Kentucky*. Portland, ME: National Academy for State Health Policy. 18 pp. <http://nashp.org/wp-content/uploads/2016/04/Managed-Care-Brief.pdf>.

**PROCEDURE MANUAL FOR PERFORMANCE MEASURE DEVELOPMENT: A VOLUNTARY CONSENSUS PROCESS**

This manual documents how the Dental Quality Alliance develops performance measures for oral health care. Topics include the roles of the research and development advisory committee and chair, conflict-of-interest procedures, confidentiality, and copyright. The

report describes the measure-development process and discusses measure identification, development, evaluation, dissemination, maintenance, and updates.

Dental Quality Alliance. 2016. *Procedure Manual for Performance Measure Development: A Voluntary Consensus Process*. Chicago, IL: American Dental Association. 38 pp. [http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA\\_2016\\_Measure\\_Development\\_Procedure\\_Manual.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA_2016_Measure_Development_Procedure_Manual.pdf?la=en).

**QUALITY MEASUREMENT IN DENTISTRY: A GUIDEBOOK**

This manual provides background information on the Dental Quality Alliance and its members, discusses national interest in quality measures, and highlights challenges for measurement in dentistry. Topics include the science behind measurement, measurement levels, measure domains, hallmarks of a good measure, and measuring for improvement. The manual can serve as the basis for developing standardized messages on performance and on quality measures in dentistry.

Dental Quality Alliance. 2016. *Quality Measurement in Dentistry: A Guidebook*. Chicago, IL: American Dental Association. 56 pp. [http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA\\_2016\\_Quality\\_Measurement\\_in\\_Dentistry\\_Guidebook.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA_2016_Quality_Measurement_in_Dentistry_Guidebook.pdf?la=en).

**RISK ADJUSTMENT IN DENTAL QUALITY MEASUREMENT: DISCUSSION DOCUMENT**

This paper for the oral health care performance measurement stakeholder community discusses considerations in the development of oral health care outcome measures. Topics include the rationale and purpose of risk adjustment, recommendations on how to identify and select potential risk adjusters, considerations in determining whether and how to risk adjust, current and future feasibility of implementing risk adjusters in dentistry, and next steps to advance implementation of risk adjustment in dentistry.

Herndon JB. 2016. *Risk Adjustment in Dental Quality Measurement: Discussion Document*. Chicago, IL: American Dental Association. 17 pp. [http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA\\_2016\\_Risk\\_Adjustment\\_in\\_Dental\\_Quality\\_Measurement.pdf?la=en](http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA_2016_Risk_Adjustment_in_Dental_Quality_Measurement.pdf?la=en).

## SYSTEMS INTEGRATION

### #MYSMILEMATTERS NATIONAL YOUTH ENGAGEMENT PLAN

This document presents a model for helping adolescents and their adult allies integrate oral health advocacy, learning, and teaching opportunities into their schools and communities. Contents include activities to increase oral health literacy by changing beliefs, activities to change oral health habits by changing behavior, and activities to affect whole populations by changing the environment. The plan also outlines steps for adolescents and youth groups to become members of the #MySmileMatters Youth Movement, a national initiative to engage adolescents in oral health and wellness.

National Children's Oral Health Foundation. 2016. *#Mysmilematters National Youth Engagement Plan*. Charlotte, NC: National Children's Oral Health Foundation. 11 pp. <http://bit.ly/YthEngPlan2016>.

### ADVANCING ORAL HEALTH THROUGH THE WOMEN, INFANTS, AND CHILDREN PROGRAM: A NEW HAMPSHIRE PROJECT

This brief describes a pilot project to integrate preventive oral health care for women with low incomes and children from families with low incomes through local sites of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in New Hampshire. The brief also explores alternative channels for reaching low-income populations with oral health care and education. Topics include administrative procedures, technology, capacity, funding, lessons learned, and next steps.

Center for Health Care Strategies. 2016. *Advancing Oral Health Through the Women, Infants, and Children Program: A New Hampshire Project*. Hamilton, NJ: Center for Health Care Strategies. 6 pp. [http://www.chcs.org/media/NH-State-WIC-Profile\\_041316.pdf](http://www.chcs.org/media/NH-State-WIC-Profile_041316.pdf).

### DENTAL CARE WITHIN ACCOUNTABLE CARE ORGANIZATIONS: CHALLENGES AND OPPORTUNITIES

This brief examines to what extent accountable care organizations (ACOs) offer oral health care, ACOs' motivations for including or excluding oral health care, the types of oral health services ACOs choose to offer, and the client populations served by ACOs that offer

oral health care. The brief also discusses the findings' potential policy implications.

Colla CH, Stachowski C, Kundu S, Harris B, Kennedy G, Vujicic M. 2016. *Dental Care Within Accountable Care Organizations: Challenges and Opportunities*. Chicago, IL: American Dental Association. 12 pp. [http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief\\_0316\\_2.pdf](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0316_2.pdf).

### INTEGRATING SUSTAINABLE ORAL HEALTH SERVICES INTO PRIMARY CARE IN SCHOOL-BASED HEALTH CENTERS: A FRAMEWORK

This framework offers ideas for school-based health centers (SBHCs) to consider when integrating sustainable comprehensive oral health services into primary care to improve the quality of oral health care of school-age children and adolescents. The framework presents a description of six levels of integration to help SBHCs evaluate their current level of integration and 10 key elements to more fully integrate sustainable comprehensive oral health services into primary care in SBHCs. [Funded by the Maternal and Child Health Bureau]

Lowe E, Barzel R, Holt K. 2016. *Integrating Sustainable Oral Health Services into Primary Care in School-Based Health Centers: A Framework*. Washington, DC: National Maternal and Child Oral Health Resource Center. 1 v. <http://mchoralhealth.org/framework>.

### MICHIGAN STATE ORAL HEALTH PLAN IMPLEMENTATION PROGRESS REPORT

This report summarizes successful activities and initiatives to improve oral health in Michigan. Contents include success stories about the oral health surveillance system, the Boyne city water fluoridation vote, connecting oral health to diabetes management, the Michigan Oral Health Coalition mini-grant program, increasing age 1 dental visits, the Healthy Kids Dental expansion, the Seal! Michigan Dental Sealant Program, donated dental services, an older adult oral health assessment pilot, and strengthening oral health programs.

Michigan Department of Health and Human Services, Oral Health. 2016. *Michigan State Oral Health Plan Implementation Progress Report*. Lansing, MI: Michigan Department of Health and Human Services, Oral Health. 13 pp. [http://www.michigan.gov/documents/mdhhs/Michigan\\_State\\_Oral\\_Health\\_Plan\\_Implementation\\_Progress\\_Report\\_523233\\_7.pdf](http://www.michigan.gov/documents/mdhhs/Michigan_State_Oral_Health_Plan_Implementation_Progress_Report_523233_7.pdf).

**ORAL HEALTH INTEGRATION IN STATEWIDE DELIVERY SYSTEM AND PAYMENT REFORM**

This brief explores opportunities presented by State Innovation Model projects and other state innovation efforts to include oral health in payment and delivery-system reform. The brief outlines opportunities in the following three areas: Medicaid benefit design and expansion, practice-level oral health reform, and statewide-delivery-reform models.

Chazin S, Crawford M. 2016. *Oral Health Integration in Statewide Delivery System and Payment Reform*. Hamilton, NJ: Center for Health Care Strategies. 8 pp. <http://www.chcs.org/media/Oral-Health-Integration-Opportunities-Brief-052516-FINAL.pdf>.

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**ORAL HEALTH INTEGRATION TOOLKIT**

This toolkit for health professionals provides guidance and resources on key steps in integrating oral health and primary care. Topics include opportunities to address community health needs and core components of integration. Contents include sample oral-health-integration models, prompt questions, an integration checklist, and additional resources.

Virginia Oral Health Coalition. 2016. *Oral Health Integration Toolkit*. Glen Allen, VA: Virginia Oral Health Coalition. Multiple items. <http://www.vaoralhealth.org/WHATWEDO/EducateProviders/OralHealthIntegration/IntegrationToolkit.aspx>.