

ORAL HEALTH RESOURCE BULLETIN



VOLUME 38

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Prepared by
National Maternal and Child Oral Health Resource Center



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

THE BURDEN OF ORAL DISEASE 2016

This document reports the burden of oral disease in Iowa through a series of seven fact sheets. Each fact sheet provides a snapshot of the status of oral health and oral disease for the following groups: young children, children, children and youth with special health care needs, adolescents, adults, and older adults. Topics include oral conditions, risk factors that increase the likelihood of developing oral diseases, and protective factors that work to prevent them. Iowa-specific data and oral health programs are also described.

Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. 2016. *The Burden of Oral Disease 2016*. Des Moines, IA: Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. 27 pp. http://www.idph.iowa.gov/Portals/1/userfiles/34/ohc_reports/bod_fullreport_2016.pdf (report) and <http://www.idph.iowa.gov/ohds/oral-health-center/reports> (fact sheets)

CHECK-UP ON ORAL HEALTH: AGE ONE DENTAL VISITS—MICHIGAN COUNTY PROFILE 2017

This report provides information about the percentage of children enrolled in Medicaid under age 2 with at least one dental visit during the calendar year in Michigan counties. The report also describes factors that contribute to low levels of preventive oral health service use and guidelines and recommendations for the first dental visit.

Michigan Oral Health Coalition. 2017. *Check-Up On Oral Health: Age One Dental Visits—Michigan County Profile 2017*. Lansing, MI: Michigan Oral Health Coalition. 3 pp. <http://www.mohc.org/files/2017%20Age%20One%20Dental%20Report.pdf>

LIVINGSTON COUNTY'S ROAD TO COMMUNITY HEALTH: ORAL HEALTH

This issue examines the oral health status of residents in Livingston County, Michigan, as reported in the community health status assessment, compared to state and national data. Topics include the percentage of residents who did not have a dental visit in the past year, the percentage who did not have dental insurance by income, and recommendations for and use of oral health care services among children.

Southeastern Michigan Health Association, Center for Population Health. 2016. *Livingston County's Road to Community Health: Oral Health*. Howell, MI: Livingston County Department of Public Health. 2 pp. https://www.livgov.com/health/Documents/mediaReleases/Vol7%20Livingston_Oral%20Health_Final%2012-08-2016.pdf

ORAL HEALTH IN ILLINOIS

This report presents findings from a statewide oral health assessment in Illinois and offers a blueprint for moving forward to achieve better health for all residents. Topics include the historical and current context of oral health, the oral health of children and adults in Illinois, the capacity of the oral health system, and oral health policy. A data summary is included.

Sinai Urban Health Institute, Rob Paral and Associates, Illinois Children's Healthcare Foundation, Delta Dental of Illinois Foundation, and Michael Reese Health Trust. 2016. *Oral Health in Illinois*. Oak Brook, IL: Illinois Children's Healthcare Foundation; Naperville, IL: Delta Dental of Illinois Foundation; Chicago, IL: Michael Reese Health Trust. 44 pp. <http://oralhealthillinois.org/wp-content/uploads/2016/11/Oral-Health-in-Illinois.pdf>

PREVALENCE OF SELECTED MATERNAL AND CHILD HEALTH INDICATORS—UNITED STATES, ALL SITES, PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS), 2012 AND 2013

This document reports the prevalence of selected maternal and child health indicators. Topics include nutrition and physical activity, prepregnancy weight, substance use, intimate partner violence, depression, pregnancy intention and family planning, health care services, oral health, health insurance status, infant sleep practices, and breastfeeding practices.

Centers for Disease Control and Prevention PRAMState System. 2017. *Prevalence of Selected Maternal and Child Health Indicators—United States, All Sites, Pregnancy Risk Assessment Monitoring System (PRAMS), 2012 and 2013*. Atlanta, GA: Centers for Disease Control and Prevention. Multiple items. https://www.cdc.gov/prams/pramstat/pdfs/mch-indicators/PRAMS-All-Sites_508tagged.pdf (data table) and <https://www.cdc.gov/prams/pramstat/mch-indicators.html> (select indicators by state)

SCHOOL ORAL HEALTH SURVEY REPORTS

This report describes the process and results of the 2016 open-mouth survey of students in third grade in Iowa. Topics include the prevalence of untreated tooth decay in children and the impact of untreated tooth decay on a child’s ability to eat, sleep, and learn in school; the role health insurance plays in accessing or obtaining care; and a comparison of oral health status to results from earlier surveys. Contents include survey objectives, methods, results, and a discussion of the results.

Chickering S, Rodgers T, Kaiser E, Kane D. 2016. *School Oral Health Survey Reports*. Des Moines, IA: Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. 6 pp. http://www.idph.iowa.gov/Portals/1/userfiles/163/2016%20Third%20Grade%20Survey%20FINAL%2009_23_16.pdf

STRATEGIC PLAN FOR ORAL HEALTH IN OREGON: PROGRESS REPORT

This document presents an expert consensus on methods for optimizing oral health in Oregon. Contents include objectives and outcomes for each of three priority areas (infrastructure, prevention and systems of care, and workforce capacity). It also provides an assessment

of progress in each area, highlighting success and innovation and work to meet the objectives.

Oregon Oral Health Coalition, Oregon Health Authority, Oregon Health Funders Collaborative. 2016. *Strategic Plan for Oral Health In Oregon: Progress Report*. Salem, OR: Oregon Health Authority. 18 pp. <https://www.oregon.gov/oha/hpa/Documents/Strategic-Plan-Oral-Health-Oregon-2016-Progress-Report.pdf>

POLICY

LEGISLATORS FROM 22 STATES DISCUSS ORAL HEALTH POLICIES

These resources summarize discussions about state oral health policy options from a session for state policy-makers held on August 8, 2016, in Chicago, Illinois. Contents include the agenda and presentations about teledentistry, integrating primary care and oral health, public health and oral health policy, and direct access and work force models.

Skinner E. 2016. *Legislators from 22 States Discuss Oral Health Policies*. Denver, CO: National Conference of State Legislatures. Multiple items. <http://www.ncsl.org/blog/2016/09/13/legislators-from-22-states-discuss-oral-health-policies.aspx>

ORAL HEALTH CARE AND COVERAGE DURING PREGNANCY

This brief provides information about the effects of oral disease on pregnant women and infants and state actions to prevent disease and reduce costs. The brief examines insurance coverage for care, including publicly funded coverage and reimbursement rates; dental expenditures; and where to find state-specific statistics on health status and coverage rates. The brief also discusses state strategies to help pregnant women receive care and provisions in the Affordable Care Act, such as public education and tobacco-cessation services.

Skinner E. 2016. *Oral Health Care and Coverage During Pregnancy*. Denver, CO: National Conference of State Legislatures. 2 pp. http://www.ncsl.org/documents/legisbriefs/2016/lb_2448.pdf

PROFESSIONAL EDUCATION AND PRACTICE

2016 MICHIGAN ASSESSMENT OF BLOOD PRESSURE AND DIABETES SCREENING PRACTICES AMONG ORAL HEALTH PROFESSIONALS

This report presents findings from a survey of dentists in Indiana, Michigan, and Ohio to assess practices related to client screening for high blood pressure (BP) and diabetes and referrals to primary care professionals. Topics include the geographic representation of respondents based on zip codes; the respondents' role in practice, type of practice, and number of years in practice; and comparison of screening for high BP and diabetes based on years in service, comfort level with screening, and parameters for referral. Recommendations for next steps are included. A summary report is also available.

Anderson B, Buta K, Crane D, Deming S, Erzuah NAA, Farrell C, Jacobson J, Johnston JW, Scordia-Wilson T. 2016. *2016 Michigan Assessment of Blood Pressure and Diabetes Screening Practices Among Oral Health Professionals*. Lansing, MI: Michigan Department of Health and Human Services, Oral Health. 20 pp.; executive summary, 2 pp. http://www.michigan.gov/documents/mdhhs/Oral_Health_Assessment_of_BP-Diabetes_Report_Feb_2017_550635_7.pdf

BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS (4TH ED.)

These guidelines provide background information and recommendations for promoting the healthy development of infants, children, and adolescents from birth to age 21, as well as standards for health supervision visits. Topics include lifelong health for families and communities, family support, health for children and adolescents with special health care needs, development, mental health, weight, nutrition, physical activity, oral health, use of social media, and safety and injury prevention. A pocket guide is also available. [Funded by the Maternal and Child Health Bureau]

Hagan JF, Shaw JS, Duncan PM, eds. 2017. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th ed.). Elk Grove Village, IL: American Academy of Pediatrics. 839 pp. \$69.95, plus shipping and handling.

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, home visiting, injury, nutrition, pregnancy, school readiness, and tobacco. Issues published in 2015 are also available in Spanish.

National Center on Early Childhood Health and Wellness. 2012-. *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/tta-system/health/oral-health/policies-procedures/buoh.html>

CASE STUDIES OF 6 TELEDENTISTRY PROGRAMS: STRATEGIES TO INCREASE ACCESS TO GENERAL AND SPECIALTY DENTAL SERVICES

This report presents findings from six case studies of organizations using teledentistry across the United States. Contents include background on the facilitators of telehealth and teledentistry, the benefits of teledentistry, a description of teledentistry modalities, the history and current use of teledentistry services, a description of the project methods and findings, and elaboration on common themes. The appendices contain the case study briefs and protocol and a table describing regulation of teledentistry by state.

Langelier M, Rodat C, Moore J. 2016. *Case Studies of 6 Teledentistry Programs: Strategies to Increase Access to General and Specialty Dental Services*. Rensselaer, NY: Oral Health Workforce Research Center. 100 pp. http://www.oralhealthworkforce.org/wp-content/uploads/2017/02/OHWRC_Case_Studies_of_6_Teledentistry_Programs_2016.pdf

CDC DENTALCHECK

This mobile application is designed to help oral health professionals and policymakers assess policies and practices in their facilities and ensure that they are meeting the minimum expectations for safe care. Contents reflect evidence-based guidelines in the Centers for Disease Control and Prevention’s *Infection Prevention Checklist for Dental Settings* and include a list of administrative policies or observed practices, a summary of basic infection-prevention principles and recommendations for oral health care settings, and links to guidelines and source documents. Users can export results for records management.

Centers for Disease Control and Prevention, Division of Oral Health. 2017. *CDC DentalCheck*. Atlanta, GA: Centers for Disease Control and Prevention, Division of Oral Health. 1 v. <https://itunes.apple.com/us/app/cdc-dentalcheck/id1190974079?mt=8%20?>

DENTAL SEALANTS: A RESOURCE GUIDE (4TH ED.)

This resource guide provides information to health professionals about the use and application of dental sealants. The first section describes materials, such as brochures, fact sheets, guidelines, curricula, and reports. The second section lists federal agencies, national professional associations, and resource centers that may serve as resources. [Funded by the Maternal and Child Health Bureau]

National Maternal and Child Oral Health Resource Center. 2017. *Dental Sealants: A Resource Guide* (4th ed.). Washington, DC: National Maternal and Child Oral Health Resource Center. 20 pp. <http://www.mch.oralhealth.org/PDFs/DentalSealantGuide.pdf>

DENTAL THERAPISTS CAN IMPROVE ACCESS TO DENTAL CARE FOR UNDERSERVED COMMUNITIES

This brief provides information about the role of dental therapists in effectively expanding access to oral health care in underserved communities. The brief describes barriers to care, how programs in Alaska and Minnesota approached setting their scope of practice, policy recommendations for legislation, and advocacy strategies.

Mitts L, Hernandez-Cancio S. 2016. *Dental Therapists Can Improve Access to Dental Care for Underserved Communities*. Washington, DC: Families USA. 16 pp. http://familiesusa.org/sites/default/files/product_documents/HE%26HST_DentalTherapist_Brief_web.pdf

DETERMINANTS OF ORAL HEALTH ASSESSMENT AND SCREENING IN PHYSICIAN ASSISTANT CLINICAL PRACTICE

This brief presents findings from a survey of graduates from physician assistant professional-education programs to describe their clinical practices related to oral health service delivery. Contents include survey background, objectives, methods, findings, conclusions, and policy implications. Topics include education in oral health competencies, integration of oral health services into clinical practice, and opinions and attitudes.

Langelier M, Surdu S, Gao J, Moore J, Glicken A. 2016. *Determinants of Oral Health Assessment and Screening in Physician Assistant Clinical Practice*. Rensselaer, NY: Oral Health Workforce Research Center. 2 pp. http://www.oralhealthworkforce.org/wp-content/uploads/2015/11/PAs_Policy_Brief_2016.pdf

HEALTH BARRIERS TO LEARNING: THE PREVALENCE AND EDUCATIONAL CONSEQUENCES IN DISADVANTAGED CHILDREN—A REVIEW OF THE LITERATURE

This report offers recommendations to strengthen and integrate the safety net for children. The report describes health barriers to learning (HBLs), including untreated dental caries and associated toothaches, and the supporting evidence base for the impact of these HBLs on academic success. Additional HBLs discussed include uncontrolled asthma, uncorrected vision problems, unaddressed hearing problems, dental pain, persistent hunger, certain health and behavioral problems, and the effects of lead exposure. For each HBL, the report describes the prevalence of the HBL; the extent of unmet need for services to identify, manage, and treat the HBL; the impact of the HBL on learning; and conclusions summarizing key points.

Gracy D, Fabian A, Roncaglione V, Savage K, Redlener I. 2017. *Health Barriers to Learning: The Prevalence and Educational Consequences in Disadvantaged Children—A Review of the Literature*. New York, NY: Children’s Health Fund. 93 pp. <https://www.childrenshealthfund.org/wp-content/uploads/2017/01/Health-Barriers-to-Learning.pdf>

INFECTION PREVENTION CHECKLIST FOR DENTAL SETTINGS: BASIC EXPECTATIONS FOR SAFE CARE

This checklist is designed to help oral health professionals and policymakers assess policies and practices in their facilities and ensure that they are meeting minimum expectations for safe care. Contents reflect evidence-based guidelines in the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Topics include administrative policies and dental setting practices that should be included in site-specific written infection-prevention and -control programs, supporting documentation, and infection-prevention and -control practices that fulfill expectations for oral health care settings.

Centers for Disease Control and Prevention, Division of Oral Health. 2017. *Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: Centers for Disease Control and Prevention, Division of Oral Health. 1 v. <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist-a.pdf>

INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

This form is designed to assist oral health professionals in obtaining consent from patients and other caregivers for use of silver diamine fluoride (SDF) to prevent the progression of tooth decay. Contents include facts about SDF, including potential risks, and alternatives to using SDF. A photo of how teeth may look after SDF treatment is also included. The form is available in English, Chinese, and Spanish.

San Francisco Department of Public Health, Dental Services. 2016. *Informed Consent for Silver Diamine Fluoride*. San Francisco, CA: San Francisco Department of Public Health, Dental Services. 1 p. <http://www.nnoha.org/resources/dental-program-management/dental-forms-library>

MARYLAND MIGHTY TOOTH: SCHOOL-BASED DENTAL SEALANT TRAINING PROGRAM

This training program for school-based dental sealant program (SBSP) staff in Maryland provides information about the history, operations, and underlying principles of SBSPs. Topics include guidelines for infection control in school-based programs, tooth selection and assessment for dental sealants, the sealant-application process, and program operations. Self-assessment quizzes are included.

National Maternal and Child Oral Health Resource Center and Maryland Department of Health and Mental Hygiene, Office of Oral Health. 2015-. *Maryland Mighty Tooth: School-Based Dental Sealant Training Program*. Washington, DC: National Maternal and Child Oral Health Resource Center; Baltimore, MD: Maryland Department of Health and Mental Hygiene, Office of Oral Health. Multiple items. <http://mightytoothcurriculum.com>

MEMORANDUM OF AGREEMENT BETWEEN HAWAII DENTAL ASSOCIATION AND HAWAII DEPARTMENT OF EDUCATION

This memorandum of agreement between the Hawaii Department of Education (DOE) and Hawaii Public Policy Advocates describes terms and conditions under which the Hawaii Dental Association is allowed to provide presentations to students in grades 1 and 2 in Hawaii public elementary schools. Contents include start and end dates and names and positions of personnel authorized to access DOE schools. Topics include providing information on dental hygiene, including providing demonstrations of and opportunities for students to practice correct technique; oral health awareness; and access to free oral health services.

Hawaii State Department of Education. 2016. *Memorandum of Agreement Between Hawaii Dental Association and Hawaii Department of Education*. Honolulu, HI: Hawaii State Department of Education. 4 pp. http://www.hawaiipublicschools.org/DOE%20Forms/Health%20and%20Nutrition/MOA_HDA.pdf

PENNSYLVANIA GUIDELINES ON THE USE OF OPIOIDS IN DENTAL PRACTICE

These guidelines are intended to help health professionals improve patient outcomes and avoid potential adverse outcomes associated with using opioids to treat acute dental pain. Contents include how to incorporate key practices into caring for patients receiving opioids for pain.

Pennsylvania Medical Society and Pennsylvania Dental Association. 2016. *Pennsylvania Guidelines on the Use of Opioids in Dental Practice*. Harrisburg, PA: Pennsylvania Medical Society. 4 pp. https://www.pamedsoc.org/PAMED_Downloads/opioid_dental_prescribing_guidelines3_13_15.pdf

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE (UPD.)

These recommendations for health professionals 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 recommendations 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. 2017. *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>

REPORT OF THE SEALANT WORK GROUP: RECOMMENDATIONS & PRODUCT

This report provides work group recommendations for states to strengthen the ability of school-based dental sealant programs (SSPs) to reach more children, especially those most at risk for dental caries. Contents include information about the work group process and members, and recommendations in the following priority areas: promoting evidence-based and promising practices; communicating with families, the community, and school staff; collecting, analyzing, and reporting data; addressing Medicaid and reporting data; and addressing Medicaid and regulatory hurdles. A summary of the recommendations, an infographic, a questions-and-answers document, and a communications plan worksheet are also available.

Sealant Work Group. 2017. *Report of the Sealant Work Group: Recommendations & Products*. Washington, DC: Children’s Dental Health Project. 19 pp. <https://s3.amazonaws.com/cdhp/sealants/SWG+Report.pdf> (full report) and <https://www.cdhp.org/resources/334-school-based-dental-sealant-programs-recommendations> (additional resources)

RESOURCE HIGHLIGHTS

These resources for professionals highlight key facts, materials, and websites on oral health topics. Topics include children and adolescents with special health care needs, dental caries, dental home, dental sealants,

fluoridated water, fluoride varnish, Head Start, health literacy, home visiting, injury, K–12 education, mobile and portable services, nutrition, pregnancy, primary care, quality improvement, school health services, school readiness, and tobacco. Some of the materials and websites are available in English and Spanish. [Funded by the Maternal and Child Health Bureau]

National Maternal and Child Oral Health Resource Center. 2010–. *Resource Highlights*. Washington, DC: National Maternal and Child Oral Health Resource Center. Multiple items. <http://mchoralhealth.org/highlights/index.php>

SILVER DIAMINE FLUORIDE (SDF) FACT SHEET

This fact sheet defines silver diamine fluoride (SDF) and describes the evidence base for using SDF to control dental caries. Topics include indications, contraindications, and other considerations; recommended protocols; using SDF in addition to fluoride varnish, other professionally applied fluorides, or dental sealants; Medicaid reimbursement; and who can apply SDF.

Association of State and Territorial Dental Directors. 2017. *Silver Diamine Fluoride (SDF) Fact Sheet*. Reno, NV: Association of State and Territorial Dental Directors. 2 pp. http://www.astdd.org/docs/sdf-fact-sheet-03-15-17_2.docx

SURVEY OF FEDERALLY QUALIFIED HEALTH CENTERS TO UNDERSTAND PARTICIPATION WITH DENTAL RESIDENCY PROGRAMS AND STUDENT EXTERNSHIP ROTATIONS

This brief describes findings from a survey of federally qualified health centers (FQHCs) asking questions about the FQHC’s participation in dental student externship or dental residency programs and the impact of that participation on recruitment and retention of dentists in the FQHC. Contents include an executive summary and a technical report with the study background, objectives, methods, findings, discussion, limitations, and conclusions. Topics include prevalence and differences in prevalence of oral health services provided to children and/or adults by FQHCs participating in dental residency or student externship programs.

Langelier M, Surdu S, Rodat C, Moore J, Kottek A. 2016. *Survey of Federally Qualified Health Centers to Understand Participation with Dental Residency Programs*

and *Student Externship Rotations*. Rensselaer, NY: Oral Health Workforce Research Center. 100 pp. http://www.oralhealthworkforce.org/wp-content/uploads/2015/11/OWHRC_FQHCs_Dental_Residency_Programs_and_Student_Externship_Rotations_2016.pdf

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SYMPOSIUM ON EARLY CHILDHOOD CARIES IN AMERICAN INDIAN CHILDREN AND ALASKA NATIVE CHILDREN

These symposium series proceedings discuss the state of the science of dental caries in the primary teeth of American Indian and Alaska Native (AI/AN) children, identify aspects that are insufficiently understood, and make recommendations on how to fill those gaps. Topics include outcomes of academic research relevant to the ongoing work of programs and models and outcomes of innovative clinical practice projects. Each report concludes with a discussion of issues that need to be addressed to improve the oral health status of AI/AN children.

American Dental Association Council on Access, Prevention and Interprofessional Relations. 2009—. *Symposium on Early Childhood Caries in American Indian Children and Alaska Native Children*. Chicago, IL: American Dental Association. Multiple items. <http://www.ada.org/en/education-careers/events/symposium-on-early-childhood-caries-in-american-indian-and-alaska-native-children>

PROFESSIONAL-CLIENT TOOLS

ORAL HEALTH PROMOTION CARDS

This series of 13 cards provide oral health messages for health professionals and community programs to share with clients and their families. Each card addresses a specific population (pregnant women, infants, children, adolescents, children with special health care needs, adults, and older adults) and is accompanied by a brochure listing messages and resources. Selected topics include tooth decay, nausea during pregnancy, and breastfeeding. Information on how to use the cards and brochures is also included. The cards and brochures are available in English and Spanish.

Washington State Department of Health, Oral Health Program. 2016. *Oral Health Promotion Cards*. Olympia, WA: Washington State Department of Health, Oral

Health Program. 26 items. <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/PatientCareResources/OralHealth/OralHealthPromotionCards>

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PEDIATRICIANS LOVE BABIES AND THEY LOVE BABY TEETH!

These resources provide information to assist parents in asking their pediatrician about how they can partner to ensure that their infant’s mouth is healthy. Contents include a document (.pdf), sharable image (.jpg), and video (20 seconds). Topics include caring for an infant’s teeth before they erupt. The resources are available in English and Spanish.

American Academy of Pediatrics, Campaign for Dental Health. 2017. *Pediatricians Love Babies and They Love Baby Teeth!* Elk Grove Village, IL: American Academy of Pediatrics, Campaign for Dental Health. 3 items. <http://ilikemyteeth.org/pediatricians-love-babies-love-baby-teeth>

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TEETH FOR TOTS: ORAL HEALTH EDUCATION FOR PARENTS & CAREGIVERS OF INFANTS AND TODDLERS—AN ORAL HEALTH RESOURCE GUIDE

This curriculum comprises 10 modules on oral health in young children and is designed to help health professionals support families and other caregivers of infants and children from birth to age 3. Each module provides background information and a sample agenda, including ideas for conversation starters, trigger questions, handouts, and demonstrations. Topics include oral health and infancy, teething, the importance of primary teeth, the age 1 dental visit, oral health screening, tooth decay, fluoride, toothbrushing and flossing, weaning, nutrition and feeding habits, oral habits, dental first aid, medications and oral health, special conditions, and resources. A series of 12 handouts is also available and can be used to reinforce the information discussed with families. The materials are available in English and Spanish.

Hunt K, Manter M. 2016. *Teeth for Tots: Oral Health Education for Parents & Caregivers of Infants and Toddlers—An Oral Health Resource Guide*. Lawrence, KS: Kansas Head Start Association. Multiple items. <http://www.saavsus.com/store/teeth-for-tots-oral-health-resource-guide>

PROGRAM DEVELOPMENT

ADDRESSING ORAL HEALTH IN HEAD START: INSIGHTS FROM THE HEAD START HEALTH MANAGER DESCRIPTIVE STUDY

This report presents findings from a study to explore how Head Start programs are addressing the challenge of tooth decay in infants and young children. Topics include the burden of tooth decay on Head Start programs as perceived by health managers; health programming (services, activities, education) and policies to address tooth decay; staffing models to address oral health needs and how staff training addresses tooth decay; and how programs are leveraging other partners, community resources, and their health services advisory committee to address tooth decay. The study covered the period 2011–2016.

Martin LT, Karoly LA. 2016. *Addressing Oral Health in Head Start: Insights from the Head Start Health Manager Descriptive Study*. Washington, DC: Administration for Children and Families, Office of Planning, Research, and Evaluation. 19 pp. https://www.acf.hhs.gov/sites/default/files/opre/2016_84_hshm_oralhlth_161012_b508.pdf

BEST PRACTICE APPROACHES: PROVEN AND PROMISING BEST PRACTICES FOR STATE AND COMMUNITY ORAL HEALTH PROGRAMS

This resource provides information to help state, territorial, and community oral health programs develop public health best practices. Contents include reports on public health strategies that are supported by evidence for their impact and effectiveness. Topics include coordinated school health programs; prevention and control of early childhood caries; perinatal oral health; school fluoride and dental sealant programs; children with special health care needs; state coalitions, plans, and mandates; surveillance systems; water fluoridation; and work force development. The resource also provides access to state and community practice examples that illustrate successful implementation of best practice approaches. [Funded in part by the Maternal and Child Health Bureau]

Association of State and Territorial Dental Directors, Best Practices Committee. 2011–. *Best Practice Approaches: Proven and Promising Best Practices for State and Community Oral Health Programs*. Reno, NV: Association of State and Territorial Dental Directors. Multiple items. <http://www.astdd.org/best-practices>

BRIGHT SMILES FOR BABIES: VIRGINIA ORAL HEALTH PARTNERSHIP FOR CHILDREN

This manual contains information and resources for implementing Bright Smiles for Babies, a program designed to promote oral health in pregnant women and prevent dental caries in infants and children from birth to age 3 by providing screening and risk assessment, education, fluoride varnish applications, and referrals. Contents include an oral health protocol, resources about assessment and fluoride varnish, anticipatory guidance, parent handouts in English and Spanish, and information about oral health in pregnant women and children, including children with special health care needs. Information about Medicaid reimbursement, resources for supplies, professional policies and guidelines, and forms are included.

Virginia Department of Health, Division of Dental Health. 2016. *Bright Smiles for Babies: Virginia Oral Health Partnership for Children*. Richmond, VA: Virginia Department of Health, Division of Dental Health. 1 v. http://www.vdh.virginia.gov/content/uploads/sites/30/2016/10/2016-17_BSB_Manual_for_TRAIN_090916.zip (manual) and http://www.vdh.virginia.gov/content/uploads/sites/30/2016/10/Educational_Material_Order_Form.pdf (materials order form)

EARLIER IS BETTER: ORAL HEALTH PROGRAM FOR EARLY HEAD START—FINAL PROJECT REPORT 2012–2016

This report describes a partnership to improve oral health in pregnant women and children enrolled in Early Head Start in Wisconsin and, specifically, those enrolled in the home visitation program. Contents include information about data collection and statistical analysis, partnership overview and processes, training for home visitors and parent educators on using the Parent Oral Health Education Toolkit (POHET), changes in oral health knowledge and behaviors for parents and other caregivers after implementation of the POHET, increases in the number of children with a dental home, and reductions in children's dental caries experience at age 3.

Children's Health Alliance of Wisconsin, Wisconsin Head Start Association, Wisconsin Department of Health Services Oral Health Program, Medical College of Wisconsin, Wisconsin Dental Association. 2017. *Earlier Is Better: Oral Health Program for Early Head Start—Final Project Report 2012–2016*. Milwaukee,

WI: Children’s Health Alliance of Wisconsin. 70 pp. http://www.chawisconsin.org/documents/OH4EIB_FinalReport.pdf

A FRAMEWORK FOR ADDRESSING SOCIAL DETERMINANTS OF ORAL HEALTH IN THE COMMUNITY

This brief describes a framework for assessing social determinants related to oral health and creating partnerships to improve oral health among children from families with low incomes. Topics include identifying the social determinants of oral health in a community, mapping and mobilizing community resources through partnership, selecting approaches to take action, and evaluating implementation and impact. Contents include example indicators potentially related to oral health, intervention metrics, and how the framework was applied to select an intervention.

Chazin S, Glover J. 2017. *A Framework for Addressing Social Determinants of Oral Health in the Community*. Hamilton, NJ: Center for Health Care Strategies. 11 pp. http://www.chcs.org/media/SDOH-OH-TA-Brief_012517.pdf

INCREASING ACCESS TO ORAL HEALTH CARE IN MISSOURI: ONE FUNDER’S APPROACH

This issue brief provides information about a multi-year initiative to increase access to oral health care for children and adults in Missouri. Topics include increasing access to oral health services, increasing the number of providers, and expanding insurance coverage and acceptance. Additional topics include establishing the Missouri Coalition for Oral Health, hiring a state dental director, financing data collection, and disseminating and implementing a state oral health plan.

Hayes CP. 2016. *Increasing Access to Oral Health Care in Missouri: One Funder’s Approach*. Washington, DC: Grantmakers In Health. 2 pp. http://www.gih.org/files/Increasing_Access_to_Oral_Health_Care_MFFH_April_2016.pdf

INSIDE I-SMILE™

This report documents the progress of Iowa’s initiative to ensure that children have good oral health from birth. Contents include information about the program’s

successes, challenges, and next steps; data on the number of children enrolled in Medicaid who received an oral health service from dentists, dental hygienists, and nurses by age 1; and stories and testimonials.

Rodgers T, Wooddell K, Meister S. 2017. *Inside I-Smile™*. Des Moines, IA: Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems. Annual. http://idph.iowa.gov/Portals/1/userfiles/34/ohc_reports/inside_i-smile_2016.pdf

RESULTS OF THE WDA MEMBER PERINATAL ORAL HEALTH SURVEY

This article describes a project to increase the use of oral health care for pregnant women and infants by integrating quality oral health care into Wisconsin’s health care delivery system. It also presents findings from a survey of dentists about their current practice, knowledge, and interest in continuing education related to oral health care during pregnancy. Topics include dentists’ opinions about the barriers that pregnant women face and strategies to increase their use of oral health services. Information about how the findings will be implemented is included. [Funded by the Maternal and Child Health Bureau]

Fischer D. 2017. *Results of the WDA Member Perinatal Oral Health Survey*. Milwaukee, WI: Children’s Health Alliance of Wisconsin. 2 pp. <http://www.chawisconsin.org/documents/OH7PerinatalResults.pdf>

VARNISH! MICHIGAN BABIES TOO! PROGRAM EVALUATION REPORT

This report presents findings and recommendations from an evaluation of a program to increase awareness of oral health among medical providers, facilitate the incorporation of oral health into well-child visits, and increase access to preventive services among young children at high risk for dental caries. Contents include an overview of the project; the purpose, key questions, and methods of the evaluation; and findings on providers reached, training, confidence in program delivery, program fidelity, provider satisfaction, supply of fluoride varnish, children reached, and benefits and barriers. The program logic model and provider survey are included.

Michigan Public Health Institute, Center for Child and Family Health. 2016. *Varnish! Michigan Babies Too! Program Evaluation Report*. Lansing, MI: Michigan

Department of Health and Human Services, Oral Health. 33 pp. http://www.michigan.gov/documents/mdhhs/f8b4bAccessible_Babies_Too_2016_Evaluation_Report-Final_550279_7.pdf

PUBLIC AWARENESS AND EDUCATION

BRUSHING FOR TWO: A HEALTHY START FOR YOUR BABY

This fact sheet for pregnant women explains why oral health is important and how to maintain good oral health during pregnancy. Contents include information about oral hygiene, nutrition, and safety and professional oral health care. The fact sheet is available in English and Spanish.

Virginia Department of Health, Division of Dental Health. 2016. *Brushing for Two: A Healthy Start for Your Baby*. Richmond, VA: Virginia Department of Health, Division of Dental Health. 2 pp. http://www.vdh.virginia.gov/content/uploads/sites/30/2016/10/HL03-7-2016_BrushingforTwocardES.pdf

FLUORIDE: WHAT PARENTS NEED TO KNOW

This fact sheet for parents provides information about the role of fluoride in preventing tooth decay and actions they can take to prevent tooth decay in their children. Topics include what fluoride is, how it works, fluoride safety, and how to get fluoride. Additional topics include brushing for 2 minutes, brushing twice per day using fluoride toothpaste, visiting the dentist regularly, and asking the doctor's office about applying fluoride varnish during their child's well-visit.

Michigan Caries Prevention Program. 2016. *Fluoride: What Parents Need to Know*. Ann Arbor, MI: Altarum Institute. 2 pp. <http://miteeth.org/images/Flint-Parent.pdf>

PREGNANCY AND ORAL HEALTH

This video encourages pregnant women to make oral health a priority during pregnancy and to access preventive care. Topics include the importance of practicing good oral health habits and scheduling a dental visit

during pregnancy to reduce the risk for tooth decay and gum disease. Additional topics include who to ask for help finding a dentist and who to talk to about the cost of oral health services, including services covered by Medicaid.

Banyan Communications. 2016. *Pregnancy and Oral Health*. Washington, DC: Association of Maternal and Child Health Programs. 1 video (1 min., 30 sec.). <https://www.youtube.com/watch?v=Ar41aW9zvd8&t=1s>

WORLD ORAL HEALTH DAY CAMPAIGN MATERIALS

These resources for World Oral Health Day, celebrated globally every year on March 20, focus on ways to maintain and protect oral health throughout life. The messages are intended for use by the general public and health professionals who play a key role in educating patients. Contents include an advocacy guide; a brochure on oral health do's and don'ts, with sections devoted to oral health of women during pregnancy, children, and older adults; a game; posters; a toolkit for organizing events and social media campaigns; and a video. The materials are available in multiple languages.

FDI World Dental Federation. 2016-. *World Oral Health Day Campaign Materials*. Geneva, Switzerland: FDI World Dental Federation. Multiple items. <http://www.worldoralhealthday.org>

YOUR TEENS MAY THINK THAT THEY DON'T NEED YOU ANYMORE, BUT THEY'LL ALWAYS NEED THEIR TEETH!

These resources for parents provide guidance on helping adolescents make decisions that affect their overall health and oral health. Contents include a document (.pdf), a sharable image (.jpg), and a video (20 seconds). Topics include toothbrushing twice a day, flossing once a day, visiting the dentist, eating a healthy diet, avoiding tobacco use, and drinking water with fluoride. The resources are available in English and Spanish.

American Academy of Pediatrics, Campaign for Dental Health. 2017. *Your Teens May Think That They Don't Need You Anymore, But They'll Always Need Their Teeth!* Elk Grove Village, IL: American Academy of Pediatrics, Campaign for Dental Health. 3 items. <http://ilikemyteeth.org/teens-may-think-dont-need-anymore-theyll-always-need-teeth>

SYSTEMS INTEGRATION

HEALTH CENTER PROGRAM FACT SHEET: AMERICA'S PRIMARY CARE SAFETY NET WORKING TO ADDRESS ORAL HEALTH

This fact sheet describes how health centers increase access to oral health care in the communities they serve. Contents include information about oral health services provided and the number of visits and patients served. Topics include activities to increase access to oral health care for underserved populations, modernize the safety net infrastructure and delivery system, improve oral health outcomes, and promote an innovative organizational culture. Links to resources for general information and technical assistance for health centers are also included.

Bureau of Primary Health Care. 2016. *Health Center Program Fact Sheet: America's Primary Care Safety Net Working to Address Oral Health*. Rockville, MD: Bureau of Primary Health Care. 2 pp. <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/oralhealth/factsheet.pdf>

HEALTHY SMILES FOR MOM AND BABY "PROMISING PRACTICE": JEFFERSON COUNTY HEALTH DEPARTMENT AND THE COMMUNITY DENTAL CLINIC

This resource describes a promising practice for integrating oral health into the primary health care delivery system by creating a formal referral process between local public health departments and oral health professionals. Topics include inputs, activities, aims and measures, impact, collaboration and integration, sustainability, and lessons learned. [Funded by the Maternal and Child Health Bureau]

Children's Health Alliance of Wisconsin. 2017. *Healthy Smiles for Mom and Baby "Promising Practice": Jefferson County Health Department and the Community Dental Clinic*. Milwaukee, WI: Children's Health Alliance of Wisconsin. 2 pp. <http://www.chawisconsin.org/documents/OH7JeffersonCounty.pdf>

ORAL HEALTH & MORE

This issue of *Health Affairs* describes aspects of the divide between oral health care and medical care and the consequences of this divide for patients. Topics include oral health care's education system and work force, financing and delivery, research, and quality measurement.

Weil AR, ed. 2016. Oral health & more. *Health Affairs* 35(12):2163–2348. <http://content.healthaffairs.org/content/35/12.toc>

STRENGTHENING DENTAL CARE FOR CHILDREN UTILIZING CALIFORNIA'S FEDERALLY QUALIFIED HEALTH CENTERS

This policy brief provides information about the state of children's oral health in California, an overview of federally qualified health centers' (FQHCs') role in providing primary care and oral health care services to children, and recommendations for expanding the capacity of FQHCs to improve access to quality oral health care for children in California. The brief outlines recommendations for expanding programs to increase co-location of dental and medical clinics at FQHC sites; supporting programs to improve FQHCs' oral health capacity through medical-dental integration; and expanding investments in information technology and personnel to enhance care coordination.

University of California, Los Angeles, First 5 LA, and Children Now. 2016. *Strengthening Dental Care for Children Utilizing California's Federally Qualified Health Centers*. Oakland, CA: Children Now. 14 pp. <https://www.childrennow.org/files/7614/8098/3314/CN-UCLA-F5-Dental-FQHC-120216.pdf>