Tri-State Oral Health Summit

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“Silent Epidemic”

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www.surgeongeneral.gov/library/oralhealth/
WE KNOW!

Dental disease – cavities and periodontal disease
• Are preventable
• Are not self curing
• Restorative treatment is expensive
• Prevention is inexpensive

Current Trends in Perinatal and Infant Oral Health
• 1 in 5 women who gave birth in 2004 saw a dentist during pregnancy
• Studies report associations between oral diseases and an increased risk for poor birth and pregnancy outcomes (preterm birth, low birth weight, and gestational diabetes)
• CDC: tooth decay in baby teeth has increased 15% among U.S. toddlers and preschoolers ages 2 to 5 years old. During the 1999-2004, 28% of young children had experienced cavities
• Dental caries is the most common, chronic disease of childhood, and is usually established before age 2
• Prevention is cost-effective: Low-income children who have their first dental visit by age one are less likely to have subsequent restorative or ER visits, and their average dentally related costs are almost 40% lower over a 5 year period than children who receive their first visit preventive visit after age one
Non-Traumatic Oral-related Disease Visits to ER Total Cost by Age and Year, Georgia 2008-2010

Early Prevention = Lower Costs

“The age of a child at the first preventive dental visit has a significant effect on dentally related expenditures.”

What services are provided by a Dentist at a Public Health facility?

**Preventive Level**: Preventive Dentistry only:
- Dental screening, prophylaxis, dental sealants, fluoride treatments and referrals.
  - District 8-2 Albany
  - District 9-1 Coastal
  - District 9-2 Waycross

**Intermediate Level**: Preventive, restorative, pulpotomy, non-complicated root canals, extractions, stainless steel crowns, referrals.
- District 2-0 Gainesville
- District 3-1 Cobb-Douglas
- District 3-2 Fulton
- District 3-3 Clayton
- District 3-4 East Metro
- District 4-0 LaGrange
- District 5-1 Dublin
- District 5-2 Macon
- District 6-0 Augusta

**Advance Level**: Comprehensive and periodic oral examinations, Problem-focused limited examinations, X-rays, Topical fluoride gel and varnish, sealants, Adult and child prophylaxis (cleaning), Restoration, Periodontics, Endodontics, Prostodontics, OS services, anesthesia
- District 1-1 Rome
- District 1-2 Dalton
- District 3-5 DeKalb
- District 7-0 Columbus
What services are provided by a Dental Hygienist at a Public Health facility?

**Preventive Level:** Screenings and oral health education programs.
- District 8-1 Valdosta
- District 9-2 Waycross
- District 10-0 Athens

**Intermediate Level:** Dental Sealants, fluoride varnish, x-rays, prophylaxis
- District 1-1 Rome
- District 1-2 Dalton
- District 3-1 Cobb-Douglas
- District 4-0 LaGrange
- District 5-1 Dublin
- District 7-0 Columbus
- District 9-1 Coastal

**Advance Level:** Prophylaxis, adult periodontal cleanings (scaling and root planing), fluoride applications; exposing, developing and mounting radiographs, placing sealants, oral hygiene instruction and patient education.
- District 3-2 Fulton
- District 3-4 East Metro
- District 3-5 DeKalb
- District 5-2 Macon
- District 6-0 Augusta

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**Dental Disease Prevention**

- Water fluoridation
- Preschool dental preventive programs
- Dental sealants
- Fluoride mouthrinse

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Taking Care of Baby's Mouth

Preventing Early Childhood Caries (E.C.C.)

Dental Health Education

- School-based education and
- Community outreach
- Professional education
- Educational materials
Prevent Disease and Promote Oral Health Prevention by Partnering

- Georgia Oral Health Coalition
  - State Oral Health Plan – partner for oral health literacy and seek advocates
  - Website – Assist in access to services, networking for Coalition members, easy access to links, event notices
  - Summit, August 2012 – partnered with HRASA: FQHC, Primary Care, Community Clinics, HIV
  - Regional Coalitions – Community specific OH concerns
- Working with Advisory Committees – On specific population needs
- Work toward the Coalition becoming a 501 (c) 3: Sustainability

Water Fluoridation in Georgia

Water fluoridation is a population (community) level intervention

Authorization to fluoridate is at the community level by local referendum vote

Water fluoridation is mandated in the state of Georgia through Georgia Code 12-5-175

- Broad reach (equal opportunity)
- Safe, effective, low cost
- Delivers a sustainable level of benefit in an inexpensive way (cost-effective)
98% of the Georgians on public community water systems receive the benefits of fluoridated water, over 10 million Georgians!

72.4 percent of the U.S. population served by community water systems received optimally fluoridated water in 2008
US Target: 79.6% (HP 2020)

- Water fluoridation is mandated through Georgia Code 12-5-175
- Single most effective intervention
- Saves money: every dollar spent on water fluoridation avoids on average $38 - $42 in dental care costs
- Benefits all consumers across socio-economic status
- Benefits children and adults
- Benefits last a lifetime

- Provide 6 training classes with GRWA for water plant personnel to include the oral health benefits of CWF
- Based on assessment, replace and/or repair fluoridation equipment using CDC and MCH funding

Surveillance

- Efficient and Effective Services for the right target population
- Implement
- Evaluate
- Outcome
- Reassess
Evidence Based Prevention

• Systematic reviews
• Best Practices for public health
• Ensure these are practiced and prevention is a priority
• Technical Assistance for staff
• Data from the field

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

- Evaluation answers
  - Are we doing things right?
  - Are we doing the right things?
- Evaluation must be ongoing and should examine:
  - Personal health services
  - Population based services
  - The public health system
- Evaluation should drive resource allocation and program improvement
A total of 563 older adults 60 years of age and older were screened for the survey.

Figure 1. Older Adults Screened By Age and Setting, Georgia 2013

3Rd Grade BSS and Head Start

- 3Rd Grade BSS: 3300 children screened
- Planned Head Start: 2500 Head Start children
- PRAMS
- YRBS
- BRFSS (adding periodontal questions in 2016)
- National Survey of Children with Special Health Care Needs
Prevention-Only fluorides and dental sealants have a high degree of scientific evidence for reducing dental caries in populations

- Systematic Review Data and Risk Factors
  - Fluoride varnish: prevents 21-60 of decay for children
  - First dental visit by age one especially for high risk kids
- 90% of decay occurs on the pits and fissures of posterior tooth surfaces for which dental sealants are the most effective preventive approach- 65% of children in the nation do not have sealants: median success rate of 60% in school based/linked programs
- Perinatal health and babies health association with Mom's health and babies oral health- reach pregnant Mom's and new Mom's with OH literacy education
- CWF: 29% effective relative effectiveness: .6-3.3 teeth
  - Stop fluoridation results: expect an approximate 17.9% increase in caries

Surveillance

- 3<sup>rd</sup> Grade BSS: 2007 and 2010
- Head Start: 2006 and 2014
- Older Adult BSS (Convenience sample)
- ER data
- PRAMS
- YRBS
- BRFSS (adding periodontal questions 2016)
- State data from districts
- SEALS data for school-based/linked programs
Partnering

1. Culture and Society
2. Oral Health Literacy
3. Education System

Health System

Health Outcomes and Costs

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