



ORAL HEALTH NEWS

BUREAU OF ORAL HEALTH — KDHE • ISSUE 4

Bureau of Oral Health Newsletter

Kathy Weno, Director of the Bureau of Oral Health

Caron Shipley, Program Director School Screening Initiative

Mary Ann Percy, Professional Outreach Coordinator

Shelley Mathews, Professional Outreach Coordinator

Ashley Streeter, Dental Camp Program Assistant

CHECK OUT OUR NEW WEBSITE: <http://www.kdheks.gov/ohi/index.html>

SHELLEY MATHEWS JOINS THE BUREAU OF ORAL HEALTH

The Bureau of Oral Health is happy to announce the hiring of Shelley Mathews as the new Wichita-based Fluoride Varnish Outreach Coordinator. She joins Mary Ann Percy in Johnson County on our Fluoride Varnish educational team. Shelley and Mary Ann travel the state educating medical pediatric providers about the importance of oral health screening and fluoride varnish application during well baby exams. They contact medical offices and provide free staff education on how to assess a child's risk for dental disease and fluoride varnish application.



Shelley received her Associate Degree in Dental Hygiene from Tarrant County College and was licensed to practice in Texas in 1996. In addition to working in the Dallas/Fort Worth area, she has also practiced in Liechtenstein, Germany and Ireland. In May 2006 she moved to Wichita and was awarded an Extended Care Permit II and is working with Dr. Jose

Lopez-Reyes at Grace Med in their school outreach program. In August Shelley completed her Bachelor of Science in Dental Hygiene with a Marketing minor from Wichita State University, and will complete a Bachelor in Health Services Management & Community Development Degree with a Business Administration minor in December 2010. Shelley has been serving on the board of the Sedgwick County Oral Health Coalition since 2007, recruiting and coordinating the dental hygiene volunteers for SCOHC's Give Kids A Smile event in '08 and '09. She will do the same for the planned March 6, 2010 event.

We are happy to have Shelley join us, and she is very excited about working with the Bureau of Oral Health to spread oral health disease prevention and knowledge to the wider medical community! Feel free to contact Shelley at smathews@kdheks.gov.

PLANNING FOR HEALTHY PEOPLE 2020

Since 1979 the U.S. Department of Health and Human Services has created a set of national objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. These objectives are called Healthy People (www.healthypeople.gov). As the 10 year period addressed in Healthy People 2010 draws to a close, national health officials are developing Healthy People 2020, a new document for the next decade. Oral Health was a part of Healthy People 2010, and this was instrumental in the development of national oral health policy, as well as the creation of a framework for the measurement of oral health outcomes. A chart of selected 2010 oral health objectives is below.

<i>Healthy People 2010 Objective</i>	Target	U.S. Status	Kansas Status
21-1: Dental caries experience <i>Young children, ages 2-4</i> <i>Children, age 6-8</i> <i>Adolescents, age 15</i>	11% 42% 51%	18% 52% 61%	DNC* 55% DNC
21-2: Untreated caries <i>Young children, ages 2-4</i> <i>Children, ages 6-8</i> <i>Adolescents, age 15</i> <i>Adults, ages 35-44</i>	9% 21% 15% 15%	16% 29% 20% 27%	DNC 25% DNC DNC
21-3: Adults with no tooth loss , ages 35-44	42%	31%	66%
21-4: Edentulous (toothless) older adults, ages 65-74	20%	26%	21%
3-6: Oral cancer mortality rates (per 100,000 persons)	2.7	3.0	2.3
21-8: Dental sealants <i>Children, age 8 (1st molars)</i> <i>Adolescents, age 14 (1st & 2n molars)</i>	50% 50%	23% 15%	34% DNC
21-9: Population served by fluoridated water systems	75%	62%	62.5%
21-10: Dental visit within past 12 months <i>Children, age 2+</i> <i>Adults, ages 18+</i>	56% 56%	44% 44%	73% 70%
21-12: Preventive dental care in past 12 months, low-income children and adolescents, age 0-18	57%	20%	34%
21-16: States with an oral health surveillance system	100%	DNC	100%
21-17: State and local dental programs with a public health trained director	100%	DNC	100%

* DNC = Do Not Collect

On October 22nd, a regional public meeting was held in Kansas City, Kansas inviting public comment on the new Healthy People 2020 objectives. The Bureau of Oral Health and the state oral health coalition Oral Health Kansas gave written and oral testimony about the importance of including oral health in the process, and suggested topics for new objectives. Some of the topics we presented included the importance of including dental benefits in state Medicaid programs and medical/dental integration. There will be two additional regional meetings in Philadelphia and Seattle in November. The objectives will be finalized and released in 2010. The Bureau of Oral Health will continue to monitor this process, and we are hopeful that oral health will continue to play a role in Healthy People 2020. The KDHE Office of Health Promotion is also in the midst of updating Healthy Kansans (<http://healthykansans2010.org>) a set of priorities specific to Kansas designed to improve health across the state. The Bureau of Oral Health is working on the inclusion of oral health in this document as well, and hopes others will want to provide input to this process. For more information, feel free to contact us at KBOH@kdheks.gov.

FUTURE SMILES SCHOOL SEALANT PROGRAM

The Flint Hills Community Health Center located in Emporia, Kansas provides school based services through a program entitled "Future Smiles School Sealant Program". Mildred Bergstrom, a Registered Dental Hygienist is the Sealant Program Director. She began this initiative in 2005 through a grant provided by the Kansas Department of Health and Environment; Bureau of Oral Health. It has received additional support from the Kansas Dental Charitable Foundation and the Jones Foundation.

Future Smiles provides services to five counties in Kansas. These include Chase, Lyon, Coffey, Osage, and Greenwood. With signed parental consent, children receive a prophylaxis, fluoride treatment, needed sealants, an assessment and most importantly a referral to a local dental provider if needed. School screenings are also provided to all children attending these schools, regardless if they qualify for the Sealant Program.

I sat with Millie as she explained to me her program. She shared some very emotional stories and I realized what a difference she has made in so many children's lives. In one instance, she screened a kindergartner child that had decay in 16 of the 20 baby teeth present. The child was hurting and had never been to a dentist before. The mother was from another country, did not qualify for Healthwave or Medicaid and didn't have the money necessary to pay for this child to go to a dentist. Millie contacted a dentist who would see the child. It

took a few appointments, but a few months later the mother called Millie at home to thank her and let her know that all the child's treatment was completed.

Another story Millie shared with me was about a third grade child she screened who came to her with a mouth full of decay. Millie had previously seen this child's sister, and that child's mouth had all the needed restorative treatment completed. Millie was in tears, wondering why this child seemed to be "neglected". Being perplexed, she followed up on this child with the help of the school nurse. She learned that the mother had taken the child to the dentist but the child was actually too terrified and would not "cooperate" when in a dental chair. But Millie didn't stop there; she called around and found another dentist who was willing to treat this child with sedation. The child had two abscessed teeth and ended up having two permanent molars extracted, many restorations completed, and a healthy pain free mouth thanks to Millie's hard work and dedication.

When I commented that Millie should be commended for going "above and beyond" to follow up with these children, Millie's comment was "Why would I want to be recognized for something I love to do? Helping these children is my reward in and of itself".

Written by Caron Shipley



Millie Bergstrom Working in her school based sealant program.

What are Dental Sealants?



1. The tooth is cleaned.



2. The tooth is dried, and cotton is put around the tooth so it stays dry.



3. A solution is put on the tooth that makes the surface a little rough.



4. The tooth is rinsed and dried.



5. The sealant is applied in liquid form and hardens in a few seconds.



6. The sealant is in place.

SAVE THE DATE

December 1—3, 2009

**Cultivating Healthy KS:
A Leadership Summit
on Health Promotion
and Chronic Disease
Prevention**
Topeka, KS

March 6, 2010

Give Kids a Smile
Sedgwick County, KS

April 16—17, 2010

KMOM
Independence, KS

April 26—28, 2010

**National Oral Health
Conference**
St. Louis, MO

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