

Comprehensive Community Oral Health



Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities

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EXECUTIVE SUMMARY

The mission of the Tacoma-Pierce County Health Department (Department) is to safeguard and enhance the health of Pierce County communities. Oral health is fundamental to maintaining good overall health and quality of life; therefore, it continues to be an important issue for the Department.

Access to oral health care across the life cycle is critical to overall health, and it will take flexibility and ingenuity among multiple stakeholders—including government leaders, oral health professionals, and others—to make this access available.¹

The Department's Comprehensive Community Oral Health Plan (CCOHP) was developed as one of four major cross-divisional efforts that were part of the Department's 2011-2015 Strategic Plans and continues to be a primary endeavor for 2015-2020. Eliminating and reducing poor oral health improves the life course for infants, children, adults, and families.

Because children's health is an important measure of overall community health, the following is proposed as a benchmark indicator for the plan's overall progress:

"Decrease the percentage of children in public schools with rampant decay from 21% to 11% by 2020."

The Department cannot accomplish needed improvements alone. Comprehensive Community Oral Health is a systemic approach to develop and implement county-wide and State efforts to increase access to prevent teeth removed because of tooth decay and gum disease. CCOH is achieved through an "all-hands-on-deck" approach that seeks to incorporate oral health care efforts into activities by a broad spectrum of community stakeholders, including many outside of Department's immediate networks. It includes the input of medical, dental, educational, governmental, residents, community groups, faith-based organizations, and businesses.

"Alone we can do so little, together we can do so much". Helen Keller

¹ (Committee on Oral Health Access to Services; Institute of Medicine and National Research Council , 2011)

COMPREHENSIVE APPROACH

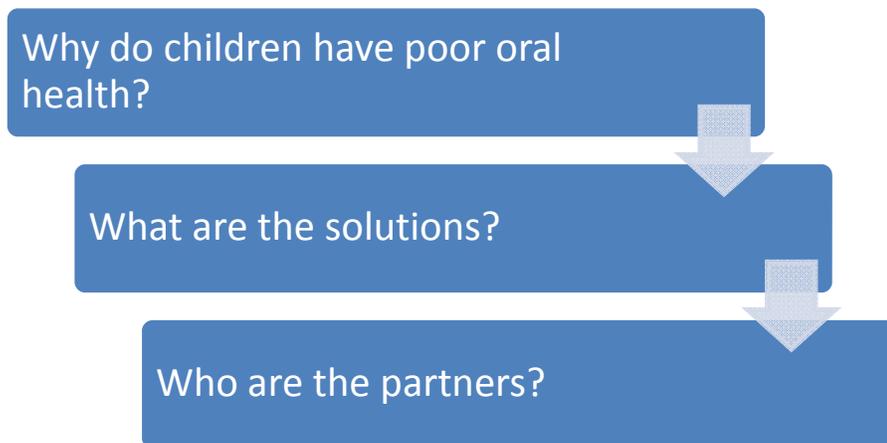


Figure 1

The Department's plan focuses on identified reasons for poor oral health in children; lack of money, access to oral health, prevalence of cavities and poor oral hygiene, environmental influences, breastfeeding, diet, and health disparities. These variables are the basis for creating public health strategies with identified partners for improvement in oral health care for residents. The Oral Health program relies on the input and commitment of others throughout Pierce County and the State to include oral health information along with other issues regarding the health of the residents. The program will provide information as to why poor oral health, especially in children, is everyone's concern. "Untreated oral health diseases can lead to not only pain, infection, and tooth loss, but can also contribute to increased risk for serious medical conditions such as diabetes, heart disease, and poor birth outcomes. (Sanders, 2012)

CCOHP strategies recognize that the individual is responsible for improving oral health and others as well having integral parts that create a healthier community. Literature on improving poor oral health outcomes supports the need to have an "all-hands on deck" method to address and create a systems-wide approach to this preventable problem, especially in children. It is the task of the Oral Health program to promote a healthy lifestyle through good oral health for the children.

The plan is consistent with Healthy People 2020's goals for oral health and Washington State Board of Health's oral health strategies that address the social determinants of health as causes for poor oral health.² The Department's efforts to encourage oral health promotion, prevention, and early intervention are evidence-based and rooted in best practices.

² (U.S. Department of Health and Human Services, 2014)

A program such as Access to Baby and Child Dentistry provides referrals to dentists for Medicaid eligible children 0 – 6 years of age. The School-Based oral health program provides dental screenings, fluoride treatments, and sealants; the staff also checks the credentials of dental providers. These services improve the lives of children especially those from low-income and under-represented families. The Physical Activity & Nutrition Program develops policies that encourage healthy eating and active living. Network nurses visit providers regularly with information about Health Department programs and other community services by including oral health information in their communication with their clients.

Comprehensive Community Oral Health work connects all parties to find the reasons behind why children have poor oral. All of the partners will need to probe deeper as each why elicits a solution until there is agreement of a root cause with viable and sustainable solutions that improve oral and physical health. The CCOHP work is not just the Tacoma-Pierce County Health Department's plan, it is the solution-based strategy shaped by many stakeholders for the optimum health of the County.

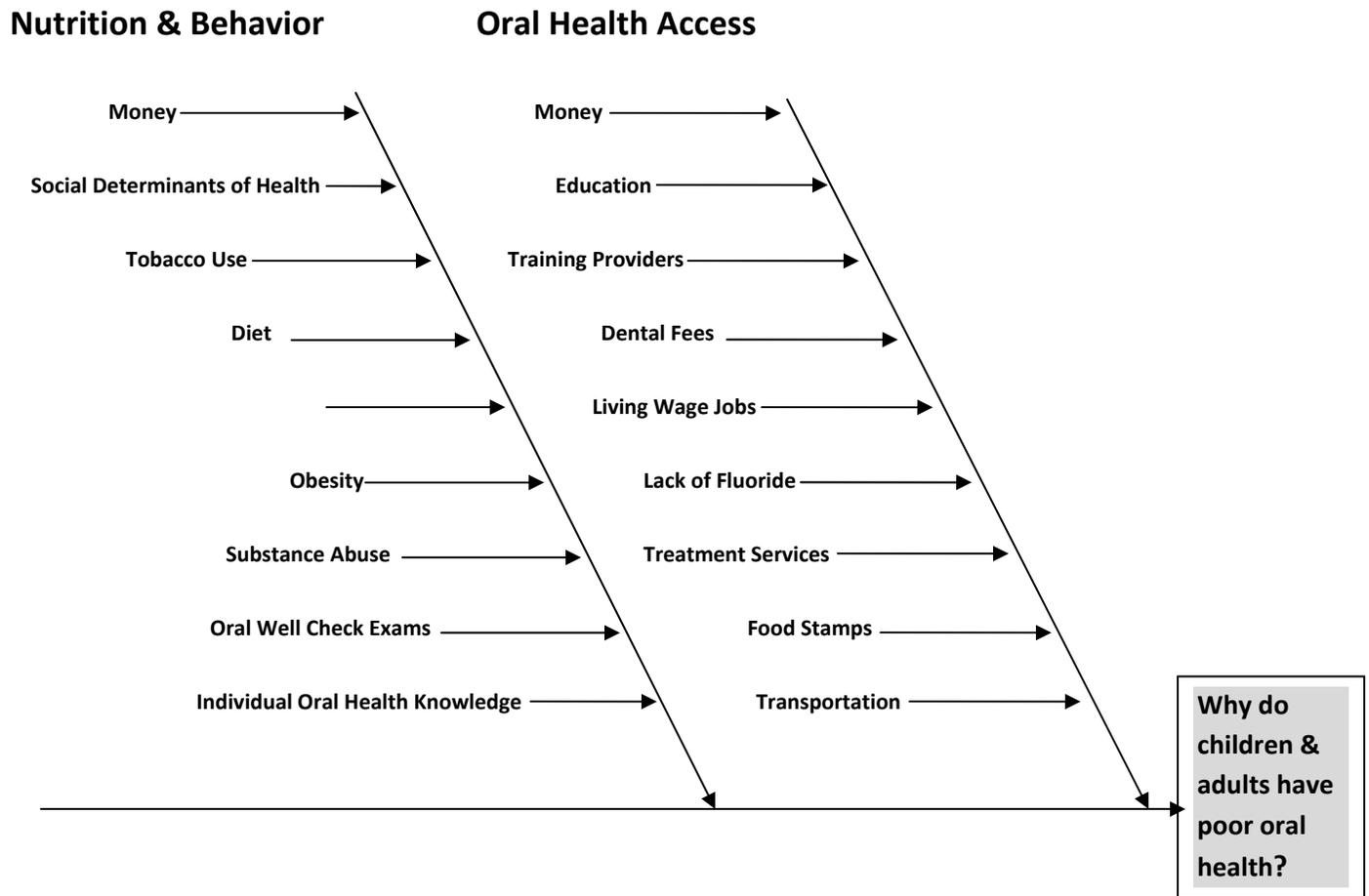
"You are not healthy without good oral health". C. Everett Koop, Former Surgeon General

WHY DO CHILDREN HAVE POOR ORAL HEALTH?

AN OVERVIEW

“Poor oral health can have a detrimental effect on children’s quality of life, their performance in school, and their success in later life”³.

Figure 2



There are many reasons children have poor oral health and to adequately eradicate them, there must be comprehensive changes. The Department’s Oral Health plan implements the “why?” method to come up with sustainable solutions.⁴ The fishbone illustration above shows the connections of many variables to poor oral health. Nutrition and behavior are part of the

³ (National Maternal & Child Oral Health Resource Center, 2013)

⁴ (Washington State Department of Health, 2012)

reasons for decay and gum disease in addition to the lack of access to preventative factors. Those involved with tackling poor oral health issues must dig deep into perceived causes until solutions adequately address the root causes for poor oral health.⁵ One's perspective and involvement with oral health shapes opinions about the causes for dental health problems as well as how to make improvements.

The lack of an adequate diet, not going to the dentist, poverty, living in a community without fluoridated water are some of the causes for dental problems. Parents not having dental care information or not having access to dentists are also variables. Many reasons can be improved if different groups of people and organizations work together and ask why a situation exists and what can they do to improve the outcomes. For example, if a child doesn't have a tooth brush, who can provide it and what is the cost? Does a dental association purchase and distribute them in schools and daycare centers to children in need? Are grants made available to non-profit organizations to purchase and distribute tooth brushes? Who shows the children and their parents how to correctly brush teeth? If educating parents about oral hygiene is part of the solution, who informs them? Questions lead to answers, followed by more questions until a solution is determined.

Poor oral health is preventable and is a leading cause as to why children miss time in school and other activities. Tooth decay, gum disease, and the related pain, discomfort, and embarrassment keep children from participating in normal activities. According to a published article called "*Oral Health in America and the National Call to Action*" approximately 52 million hours of school are lost per year as a result of dental problems, and that low-income children missed nearly 12 times as many days from school and other activities because of dental disease as children from higher-income families.⁶ If children are missing school and other activities because of oral health problems, then who should be involved in helping erase the problems? Teachers can connect children to the school nurse who can refer the child's family to a dental provider, especially if the child is Medicaid eligible. Or schools can participate in a school-based oral health program that provides non-invasive dental screenings, varnishes and fluoride treatments.

⁵ (Department of Health, 2013)

⁶ (Academic Pediatrics, 2009)

WHY IT MATTERS: NUTRITION AND BEHAVIOR

SOCIAL DETERMINANTS OF HEALTH

“Tooth decay affects more than one-fourth of U.S. children aged 2-5 and half of those aged 12-15.”⁷ (Community Preventive Services Task Force, 2013)

Social determinants of health are the conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (U.S. Department of Health and Human Services, 2014) Conditions in low-income neighborhoods impact children’s overall health and well-being. Childrens’ oral health is also affected by the variables that make up that environment.

There are five key areas of social determinants of health (SDOH) developed by Healthy People 2020.⁸ They include:

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

Each of the five determinants reflects a number of critical key issues that make up underlying factors in the arena of SDOH.⁹

- Economic Stability
 - Poverty
 - Employment Status
 - Access to employment
 - Housing Stability (e.g., homelessness, foreclosure)
- Education
 - High School Graduation Rates
 - School Policies that Support Health Promotion
 - School Environments that are Safe and Conducive to Learning
 - Enrollment in Higher Education

⁷ (U.S. Department of Health and Human Services, 2014)

⁸ (U.S. Department of Health and Human Services, 2014)

⁹ (U.S. Department of Health and Human Services, 2014)

- Social and Community Context
 - Family Structure
 - Social Cohesion
 - Perceptions of Discrimination and Equity
 - Civic Participation
 - Incarceration/Institutionalization
- Health and Health Care
 - Access to Health Care – including clinical and dental
 - Access to Primary Care - including community-based health promotion and wellness programs
 - Health Technology
- Neighborhood and Built Environment
 - Quality of Housing
 - Crime and Violence
 - Environmental Conditions
 - Access to healthy foods

If the neighborhood lacks resources, then residents lack healthy choices in that environment. For example, if the neighborhood lacks grocery stores and farmer markets, then the residents consume what is offered at small stores with limited healthy food options. If fast food restaurants are the options, then that's where people will eat. Low income neighborhoods lack safe and affordable housing and access to health services that contribute to peace of mind. The neighborhoods are also populated with people with lower levels of education that helps to determine where one can afford to live.

ECONOMICS AND EDUCATION

“Income has a major effect on health and workers with more education tend to earn more money. In 2012, the median wage for college graduates was more than twice that of high school dropouts and more than one and a half times higher than that of high school graduates.”¹⁰

In today's economy, education paves a path to good jobs which leads to better health outcomes. Access to health care providers for every category is increased. Children born into families with higher education have better dental health and health overall. The family low-income status also places them in the Free and Reduced Lunch category as shown in the chart below that compares the oral health status of children eligible and not eligible for Free and

¹⁰ (Virginia Commonwealth University, 2014)

Reduced Lunch. Children who are not eligible for lunch assistance have fewer oral health problems than children from families who are eligible for the help with food.

Figure 3

Table 26: Oral Health Status of Third Graders Screened, by Student Eligibility for Free/Reduced Lunch Program, Smile Survey 2010¹¹

Variable	Not Eligible (n=1,416) Reference Group			Eligible (n=1,450)		
	%	95% CI		%	95% CI	
Decay experience - primary and/or perm teeth	47.4	47.3	51.6	68.1	64.9	71.1
- permanent teeth only	10.9	7.1	16.3	18.9†	14.3	24.6
Untreated decay	10.7	8.7	13.2	18.9†	15.8	22.6
Rampant decay	12.2	9.6	15.4	26.1†	22.4	30.1
Need early or urgent treatment	10.8	8.6	13.4	18.8†	15.7	22.3
Need urgent treatment	**			3.2	1.9	5.1
Dental Sealants	52.	46.0	57.9	50.4	44.1	56.7

† Statistically significant different from reference group at 0.05 level

** Data suppressed due to RSE >.30

The more education one has the higher the earnings the ability to have access to resources for a healthier life-style. Increasing educational access is part of the key to financial stability. An adequate income helps to eliminate barriers that contribute to oral health disparities. Children that grow up in poverty have more dental decay and other oral health-related problems. Approximately 17 million low-income children go each year without basic care that could prevent the need for higher cost treatment later on.¹²

¹¹ (Washington State Department of Health, 2010)

¹² (Sanders, 2012)

As listed below there is a remarkable difference in health status for people with a bachelor's degree or higher. According to data from the Bureau of Labor Statistics Current Survey, Americans without a college degree experience the following:

- Die 9 years sooner than college graduates
- Live longer, healthier lives than those with fewer years of schooling
- Live with greater illness such as diabetes and heart disease
- Have more risk factors such as smoking and obesity
- Have more diminished physical abilities for health reasons or be disabled¹³

DIET, BREASTFEEDING, AND OBESITY

DIET: IMPACTS ON ORAL HEALTH

Eating a balanced diet helps to maintain good oral health and good overall health. A diet full of sugary starchy foods will not only lead to dental caries but to obesity as well. Some of the reasons for the poor diet are:

- Poverty, not having enough money to buy nourishing food
- Not having access to grocery stores that sell healthy foods, and
- Not understanding the impact sugar and starch have on teeth.

Not having the option to make healthier choices and not having access to good healthy nutritious food makes a difference in what one can buy. If the income is low, then the choices are more limited leaving the person to buy starchy, sugary, unhealthy foods that stretch a product to feed more people.

Low-income neighborhoods also have fast food restaurants instead of establishments that have healthier menus. They also lack the type of grocery stores that sell healthy foods. In the 2011 Household Food Security Survey, households classified as having very low food security representing an estimated 6.8 million households nationwide) reported the following specific conditions:¹⁴

- 99 percent reported having worried that their food would run out before they got money to buy more.
- 97 percent reported that the food they bought just did not last and they did not have money to get more.
- 95 percent reported that they could not afford to eat balanced meals.

¹³ (Virginia Commonwealth University, 2014)

¹⁴ (Coleman-Jensen, Nord, Andrews, & Carlson, 2012)

- 97 percent reported that an adult had cut the size of meals or skipped meals because there was not enough money for food.
- 91 percent reported that this had occurred in 3 or more months.
- 95 percent reported that they had eaten less than they felt they should because there was not enough money for food.
- 65 percent reported that they had been hungry but did not eat because they could not afford enough food.
- 48 percent reported having lost weight because they did not have enough money for food.
- 27 percent reported that an adult did not eat for a whole day because there was not enough money for food.

The above statistics indicate that millions of people go to bed hungry, wake up hungry without knowing where their next meal is coming from. They are not focused on having a healthy meal that protects their teeth; they are just trying to find something to eat.

BREASTFEEDING: NUTRITIOUS AND AFFORDABLE PREVENTION

There are several benefits to breastfeeding babies. Infants who are breast-fed have fewer dental cavities throughout their lives.¹⁵ Breastfeeding reduces the amount of sugar intake found in juices and other sweetened beverages. It is an economical way to provide essential nourishment saving upwards from \$1,200 to \$1,500 a year on infant formula.¹⁶ It also has other health benefits such as, reducing the risk for ear infections by 100%, asthma by 35% with no family history, and reduces childhood obesity by 32%.¹⁷

How many American women breastfeed their babies?

- Three out of four mothers (75%) in the U.S. start out breastfeeding, according to the Centers for Disease Control and Prevention’s 2010 Breastfeeding Report Card.
- At the end of six months, breastfeeding rates fall to 43%, and only 13% of babies are exclusively breastfed.
- Among African-American babies, the rates are significantly lower, 58% start out breastfeeding, and 28% breastfeed at six months, with 8% exclusively breastfed at six months.
- The Healthy People 2020 objectives for breastfeeding are: 82% ever breastfed, 61% at 6 months, and 34% at 1 year.

What are the health benefits of breastfeeding?

¹⁵ (Natural Resources Defense Council, 2005)

¹⁶ (U. S. Department of Health and Human Services, 2011)

¹⁷ (U. S. Department of Health and Human Services, 2011)

- Breastfed babies are less likely to develop asthma.
- Children who are breastfed for six months are less likely to become obese.
- Breastfeeding also reduces the risk of sudden infant death syndrome (SIDS).
- Mothers who breastfeed have a decreased risk of breast and ovarian cancers.¹⁸

OBESITY

Obesity is another factor related to poor oral health. Children living below the poverty line have limited access to nutritious food or sufficient amounts of food due to cost and availability of healthy foods in their neighborhoods. Obese low income children experienced more cavities and gum disease as results of not eating healthy food.¹⁹ As teeth decay eating becomes more challenging due to the pain and later to the loss of teeth. Eventually the situation leads to problems with eating, especially firm fruits like apples, or whole nuts and grains, or almost any food that requires chewing. Even if offered, the pain and discomfort from chewing keeps children from eating healthier foods.

TOBACCO USE AND ORAL HEALTH

“How many teeth are in the cigarette pack? According to the Academy of General Dentistry, one-pack-a-day smoking habit can cause you to lose at least two teeth every 10 years.”

Tobacco and tobacco related products have a negative effect on oral health. Smoking increasing risk of mouth pain, cavities, gum recession, gum (periodontal) disease and tooth loss. In fact, an estimated 50 percent of adults who smoke have gum disease.²⁰ Smokeless tobacco, chews, vaping all cause some type of oral health disease.

Other factors to consider are the negative effects of smokeless tobacco. That product causes bad breath, discolors teeth and promotes tooth decay that leads to tooth loss. Smokeless tobacco users have a decreased sense of smell and taste, a greater risk than non-users of developing cavities and a 50 percent greater risk of developing cancers of the cheek, gums and lining of the lips.²¹

¹⁸ (U. S. Department of Health and Human Services, 2011)

¹⁹ (Case Western Reserve University, 2012)

²⁰ (Delta Dental, 2009)

²¹ (Delta Dental, 2009)

SUBSTANCE ABUSE

Substance abuse contributes to poor oral health. The effect of alcohol and other drugs is often detrimental to the teeth and gums. Alcohol drinks can contain sugar that lead to tooth decay. The abuser may forget to brush his teeth or floss for extended periods of time. Substance abusers can damage the enamel of the teeth with drugs such as methamphetamine that rapidly damage the teeth. The methamphetamine causes severe dry mouth which allows acids to corrode the teeth causing rotten and broken teeth. Lithium, muriatic and sulfuric acid are key ingredients in methamphetamine and these are all highly corrosive. Chronic [tooth decay](#), cracked teeth, [gingivitis](#) or other forms of [gum disease](#) and other complications are often ignored by those who have an addiction.²² If the dental problem causes pain, the abuser may self-medicate. Certain drugs such as the stimulate ecstasy may cause the user to crack their teeth due to grinding actions. Drugs also may cause nausea resulting in vomiting that causes erosion of the tooth enamel. Heroin addicts also suffer severe damage to the teeth due to the drug and to eating and drinking sugary foods and beverages in addition to not taking care of their teeth. Substance abuse can lead to chronic dental health problems.

SOLUTIONS TO ELIMINATE POOR ORAL HEALTH

INCREASE EMPLOYMENT

In order for families to be able to address poor oral health issues, they must have a living wage income that allows them to have access to dental care. Employment and training opportunities for under-represented people in higher income jobs must be included in Comprehensive Community Oral Health plans because the lack of money is a factor that determines access to care. Although the unemployment rate in Pierce County has dropped it has not reached pre-recession levels and job growth is in service, sales and retail sectors, which are typically low paying.²³ Lower incomes combined with rising food costs, energy prices, and housing that is not affordable, means that families also lack money and other resources to take care of their oral health needs. Addressing means to assisting residents with obtaining jobs that pay enough money for families to take care of their needs is an integral part of the Comprehensive Community Oral Health agenda for the County.

²² (Effect of Substance Abuse on Oral Health, 2014)

²³ (City of Tacoma Human Services Division , 2014)

EDUCATION AND TRAINING OF PROVIDERS

Not only is there a need to inform the public about accessing care to improve dental health, it is also important for colleges and universities to encourage more students to enroll in the dental professions. Nearly 9,500 dental providers are needed to meet the country's current oral health needs.²⁴ Teachers in middle and high schools can encourage their students to consider careers in the field of dentistry. Colleges and universities need to promote the oral health profession for students wanting to work health care related fields. Oral health also needs to be more closely connected to other health care fields as another avenue to improve health overall. Community colleges can create short-term fast track dental programs that provide entry-level employment into the field. Dentists, hygienists, and dental therapists are all needed to meet the needs of the various communities. Cities and towns as well as rural communities all need access to dental service providers.

DENTAL FEES FOR SERVICE

Why do dental fees, especially for low-income people impact oral health? If dentists think that the reimbursement fee for Medicaid patients is too low, they may limit the amount of Medicaid patients they serve. The passage of the Affordable Care Act provided low-income people with an avenue to get dental care especially if they were Medicaid eligible. In a 2011 study published in Pediatrics found that dentists, including those participating in Medicaid, were less likely to see a child needing urgent care if the child had public insurance as compared to private coverage.²⁵ This type of response further complicates access to care for the less affluent. Since Medicaid is a federally funded source of help, Congress needs to be involved in making the change to increase the fee amounts.

Until a change is made to increase reimbursement, children and adults will continue to use the emergency rooms to get help with painful dental problems. Washington State Hospital Association found that oral health problems accounted for 54,000 emergency room visits at an expense of more than \$35 million dollars.²⁶ When dental problems go untreated for long periods of time, there reaches a point when extraction is the only solution. The loss of teeth impacts self-esteem, eating, and speech.

²⁴ (Sanders, 2012)

²⁵ (Sanders, 2012)

²⁶ (Washington State Health Information Program, 2010)

FLUORIDE: A NEEDED INGREDIENT

Fluoridated water is an affordable solution to preventing cavities especially in people who do not have access to regular dental care. The Centers for Disease Control and Prevention recognized community water fluoridation as one of the ten greatest public health achievements of the 21st century.²⁷ More than 125 national and international organizations recognize the public health benefits of water fluoridation.²⁸ Water fluoridation is proven an effective, cost-saving way to reduce and eliminate tooth decay and gum disease. *“The average lifetime cost per person to fluoridate a water supply is less than the cost of one dental filling. For most cities, every \$1 invested in water fluoridation saves \$38 in dental treatment costs.”*²⁹

ORAL HEALTH PROMOTION

Why does oral health promotion matter? Oral health is connected to overall health and should be recognized as an integral component in every aspect in the promotion of a healthy community. If residents are not taking care of their teeth and gums, they are not healthy. A Comprehensive Community Oral Health strategy includes having everyone at the decision-making table contributing their knowledge and expertise to improve oral health.

*“Raising oral health awareness of communities, policy-makers and professionals is an important step toward promoting healthy lifestyles and appropriate programs and policies.”*³⁰

In order to raise awareness, oral health messages must be included with all other health related community messages. A healthy community includes having a healthy mouth that is free from tooth decay, gum disease, and other oral health diseases. The message must clearly convey that poor oral health affects the whole body and it is everyone’s job to support improving the health of the community.

TOBACCO CESSATION AND LEGISLATION

Why people should care about tobacco cessation? If young people are denied access to tobacco and tobacco-related products, they reduce harm to their teeth, gums, throat, and lungs. Making it more difficult for young people to have access to cigarettes and other tobacco products is part of the solution. Advertisements that target young people should be

²⁷ (Johnson, 2014)

²⁸ (Johnson, 2014)

²⁹ (Griffin, 2001)

³⁰ (Washington State Oral Health Coalition , 2009)

eliminated. Laws against selling to minors should be upheld with punitive fines assessed to anyone selling to minors. The current fine of \$100.00 during a two-year period is not impactful.³¹

DIET

Why does making changes in a diet matter? What one eats effects the health of the body and damages teeth. A poor, unhealthy diet must change in order to improve health. People having access to neighborhood grocery stores that sell healthy foods are part of the solution. Limiting the amount of fast food restaurants in low-income areas also makes a difference. Promoting and establishing community gardens where residents can grow fruits and vegetables are also part of the solution. Dieticians from the colleges can teach cooking classes using the products from the gardens and encouraging people to purchase herbs and spices in bulk.

Additionally the government for example, could to increase the amount food benefit of the Supplemental Nutrition Assistant Program to provide more food for a family. Schools can serve healthier lunches. Many of these solutions will need input from families, school systems, and local community associations.

PARTNERS

Successful partnerships are created using a wide network of organizations that represent the diversity of Pierce County. Work groups will be formed to address different goals regarding how to improve the oral health of the County residents. There is also the need to have an oversight committee to help assure fidelity to the implementation model developed by the partners. The work groups tackle topics and decide who can provide sustainable solutions. There will be crossovers as some partners will need representatives on more than one work group. For example, the Department of Social and Health Services (DSHS) may address the collection of data and assist with promoting oral health programs through their caseworkers for their clients. DSHS may also be at the table with the group that looks at providing transportation to dental clinics.

Policy-makers in local communities and in Olympia are included with the partners in order to legislate systemic changes such as making sure laws are passed to keep tobacco and tobacco-related products out of reach for minors. The legislators can also promote mandatory oral

³¹ (Washington State Legislators, 1994)

health education throughout the K-12 system. The partnerships vary according to the goals of the groups. The commonality is that everyone is part of solution to ensure that Pierce County’s children no longer have poor oral health.

Examples of Partners

Department of Social & Health Services	University of Washington – Tacoma
Department of Health	Office of Superintendent of Public Instruction
American Dental Association	Local Health Jurisdictions
Washington State Dental Association	First Five Fundamentals
Department of Agriculture	Mary Bridge Children’s Hospital
Department of Licensing	Health Care Authority
State Board of Community and Technical Colleges	Employment Security
Pierce County Dental Society	Early Childhood Education and Assistance Program

SOLUTIONS: WHAT WE ARE GOING TO DO ABOUT IT

The Comprehensive Community Oral Health plan focuses on community members experiencing health disparities, particularly low-income and marginalized groups. The work will include asking why certain conditions exist, who needs to be involved with tackling the issues, and finally agreeing on solutions to a preventable health situation. Nationally, surveillance data shows that persons with less education and lower incomes, and persons from certain racial/ethnic groups, experience more dental disease. Health disparities will remain a Department concern in this plan and in other initiatives, and tackling them will require long-term efforts, by the Department and a host of local and national participants. The CCOHP will seek to address poor oral health outcomes that also have underlying socioeconomic and demographic causes.

Based upon feedback from community members and feedback from the CCOHP Advisory group, the Department had determined that its specific program activities will focus on:

- Increasing the number of dentists becoming ABCD providers
- Increasing children’s access to school-based preventive oral health services

- Boosting the percentage of Pierce County residents with access to fluoridated community water

Nutrition and healthy behaviors will underlie these efforts. With an all-hands-on-deck approach to promoting community oral health, local partners, public-private partnerships, and other key groups will have a leadership role in promoting comprehensive community oral health.

This method provides a strong framework to move a community approach forward. To that end, strong participation of the oral health provider community, community health providers, school systems, state government partners, foundations and other non-profit groups focused on children's and oral health, water purveyors, and more also will be required to work on gaps described by the community.

The Oral Health Program remains committed to working with its partners, convening events to call attention to oral health issues in Pierce County, and raising awareness of underlying issues impacting oral health for higher-risk groups. Working together, the community can meaningfully advance a coordinated strategy, so that all Pierce County residents, at all stages of their lives, may have experience optimal oral health.

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