2013

Oral Health

University of Colorado Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

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ORAL HEALTH

OVERVIEW

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions.[1] However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Oral and craniofacial diseases and conditions include:

- Dental caries (tooth decay)
- Periodontal (gum) diseases
- Cleft lip and palate
- Oral and facial pain
- Oral and pharyngeal (mouth and throat) cancers

Major improvements have occurred in the Nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent Centers for Disease Control and Prevention (CDC) publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 has increased.[2]

UNDERLYING CAUSES OF ORAL DISEASE[3]

Poor oral health has many causes. At the start of life, parents can transmit cavity-causing bacteria directly to their children.

The following factors impact oral health:

- Our mouths: Bacteria, acid-base level (pH), saliva flow, chronic diseases affecting the mouth
- Our children: Regular dental exams, brushing twice a day with fluoridated toothpaste and flossing
- Our families: Families' overall health status, nutrition, daily habits, income and composition

[1] US Department of Health and Human Services, Public Health Service, Office of the Surgeon General. Oral health in America: A report of the Surgeon General. Rockville, MD: National Institutes of Health, National Institute of Dental and Craniofacial Research; 2000

[2] Dye BA, Tan S, Smith V, et al. Trends in oral health status: United States, 1988–1994 and 1999–2004, Vital Health Stat. 2007 Apr;11(248):1-92.

[3] http://www.cdphe.state.co.us/hs/winnableBattles/oralHealth.html

- Our community: Community water fluoridation, resources for oral health, providers who accept new patients and patients with Medicaid or CHP+, social and cultural attitudes toward oral care

SOCIAL DETERMINANTS OF ORAL DISEASE[4]

Colorado kids miss an estimated 900,000 days of school every year due to mouth pain. This increases the achievement gap, making it difficult for children to perform as well as their peers. This nationwide trend, reported in 2007 by the Department of Health and Human Services, is especially true for poor and minority children. They continue to suffer the most from dental decay and receive less preventive care, such as tooth sealants (Colorado Oral Health Survey).

Almost a third of Hispanic children in Colorado have untreated cavities and/or decay. Hispanic adults have similar rates. More than 40 percent of African-American adults have lost five or more teeth because of cavities.

Low-income children who visit a dentist by age 1 year are less likely to get cavities and need expensive dental procedures or emergency room visits. Regular dental visits reduce average dental costs by nearly 40 percent.

ORAL HEALTH AND OVERALL HEALTH[5]

Oral health is an essential part of overall health. Everyone can be affected by oral disease, even people without teeth. Poor oral health can escalate into far more serious problems later in life. Cavity-causing bacteria can be passed from parents to children. Children without dental sealants (protective tooth coatings) and communities without fluoride in their water are unprotected and at a higher risk of tooth decay at every age.

Periodontal disease (gum disease) is linked to cardiovascular disease, diabetes and stroke. Medications to control chronic diseases can cause a dry mouth, leading to fast-growing cavities. People with ill-fitting dentures are at risk for nutritional deficiencies and poor quality of life.

ACCESS TO DENTAL SERVICES[6]

Access barriers include lack of dental insurance and limited availability of dental providers accepting publicly funded programs, as well as lack of knowledge about the importance of oral health as it relates to general health and well-being. While an

[4] http://www.cdphe.state.co.us/hs/winnableBattles/oralHealth.html
[5] Ibid.
[6] http://www.cdphe.state.co.us/pp/oralhealth/Impact.pdf

estimated 43 million Americans currently are without medical insurance, there are more than 150 million Americans with limited or no dental insurance. The most vulnerable populations are those least likely to receive preventive and restorative dental services, such as the low income, the least educated, racial and ethnic minorities, immigrants, the elderly, persons with HIV, the developmentally and medically disabled, and the uninsured. In Colorado, 42 percent of adults reported not having dental insurance, and 30.5 percent of Colorado children are estimated to be without coverage. Less than half of the state's at-risk children use their Medicaid and/or CHP+ dental benefits. Many areas of Colorado do not have dentists or hygienists, and many of them do not accept Medicaid or CHP+ or treat young children. Finally, oral health care must be part of primary prevention for every Coloradan.

ORAL HEALTH GOALS

Reducing the burden of oral disease has been identified as one of Colorado's greatest opportunities for ensuring the health of citizens and has been selected as a top ten "Winnable Battle" by the Colorado Department of Public Health and Environment.[7]

In January, 2012, CDPHE released three oral health goals for 2016:

- Increase to 4.6 percent the percentage of Colorado infants who get a dental checkup by age 1 year.
- Increase to 39 percent the percentage of Colorado third-graders who have dental sealants on permanent molars.
- 75 percent or more of the population served by community water systems receives optimally fluoridated water.

The Colorado Oral Health Coalition is in the process of updating its Oral Health Strategic Plan, which will be released in the spring of 2012.

[7] http://www.cdphe.state.co.us/hs/winnableBattles/oralHealth.html

CHILDREN - CONDITION OF TEETH

Colorado Child Health Survey: How would you rate the condition of your child's teeth?

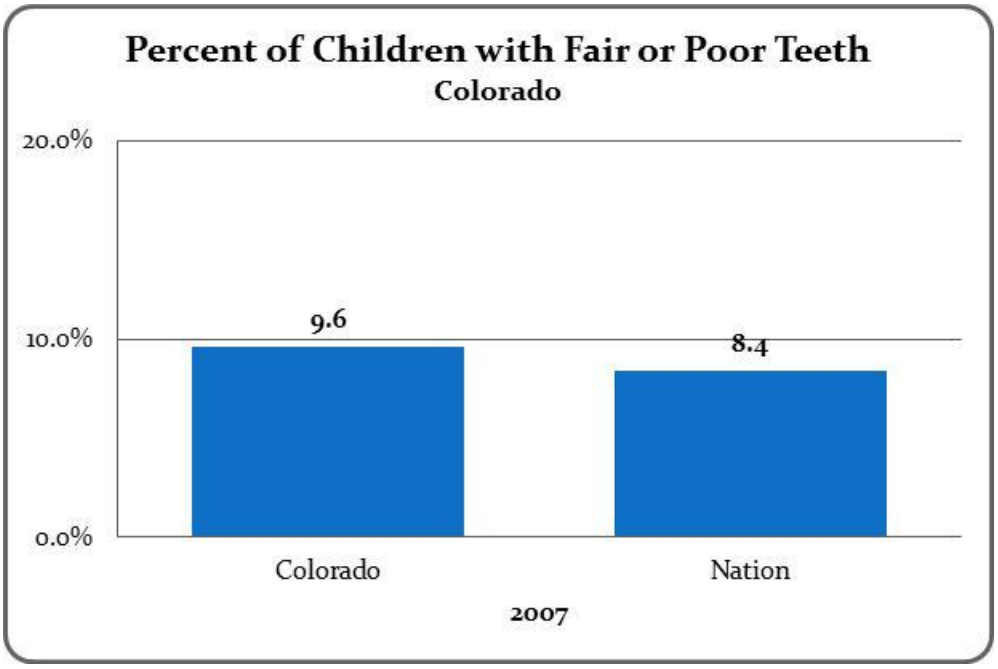

Figure 1: Percent of Colorado Children with Fair or Poor Teeth[8]

Colorado parents rate the health of their children's teeth as 'Fair or Poor' more often than on a national level. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease.

[8]Chart Source: Colorado Child Health Survey, CDPHE. Data for Children 1-14

THIRD-GRADE CHILDREN WITH UNTREATED TOOTH DECAY

Colorado Oral Health Survey: County Level Estimates of Tooth Decay

For children, untreated cavities can cause pain, dysfunction, school absences, difficulty concentrating, and poor appearance—problems that greatly affect a child's quality of life and ability to succeed. Children from lower-income families often do not receive timely treatment for tooth decay, and they are more likely to suffer from these problems.[9]

The majority of pediatric emergency room visits for dental problems are related to complications of untreated decay.[10] The rate of untreated decay in third-graders in Denver and Adams Counties is above the State rate. Arapahoe and Douglas Counties have rates of untreated decay below the State.

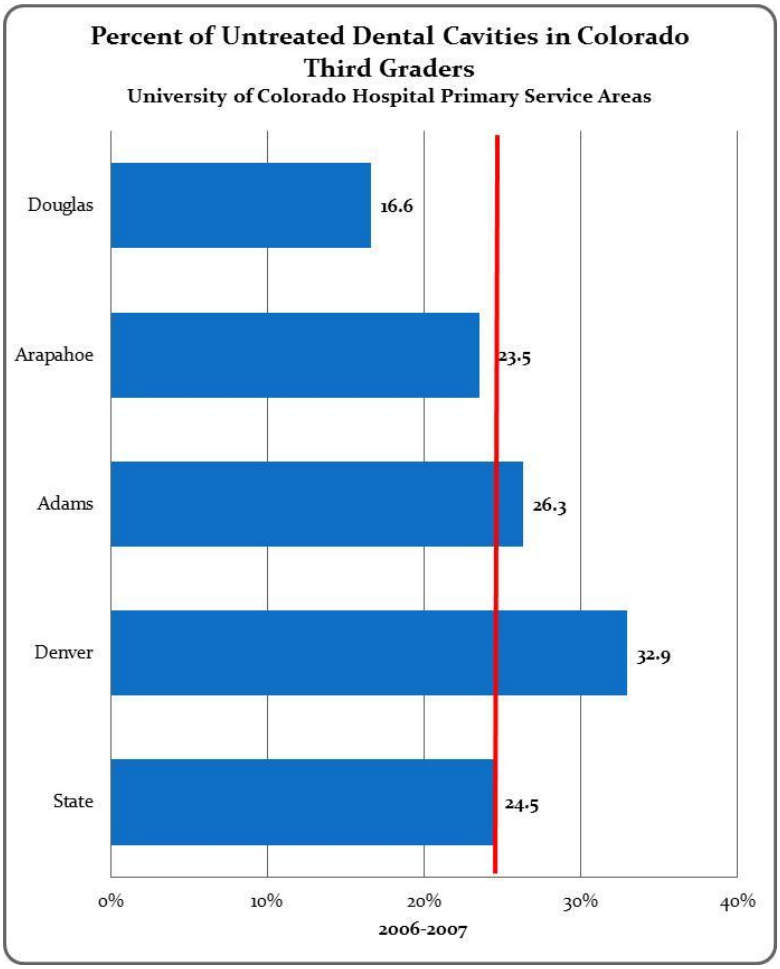

Figure 2: Untreated Tooth Decay in Colorado Third Graders[11]

[9] http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm

[10] http://jada.ada.org/content/137/3/379.abstract

[11] Chart Source: Children's Basic Screening Survey, Oral Health Unit, Colorado Department of Public Health and Environment. 2011 Data was reported incorrectly, 2007 is most recent data. The information in this table is based on the oral health of children examined in Colorado and the proportion of children in each county enrolled in schools with varying levels of eligibility for the free and/or reduced price meal program (<25%, 25-49%, 50-74%, and >75%).

THIRD-GRADE CHILDREN WITH SEALANTS

Colorado Oral Health Survey: County Level Estimates of the Colorado Third Graders with Dental Sealants in at Least One Permanent Molar

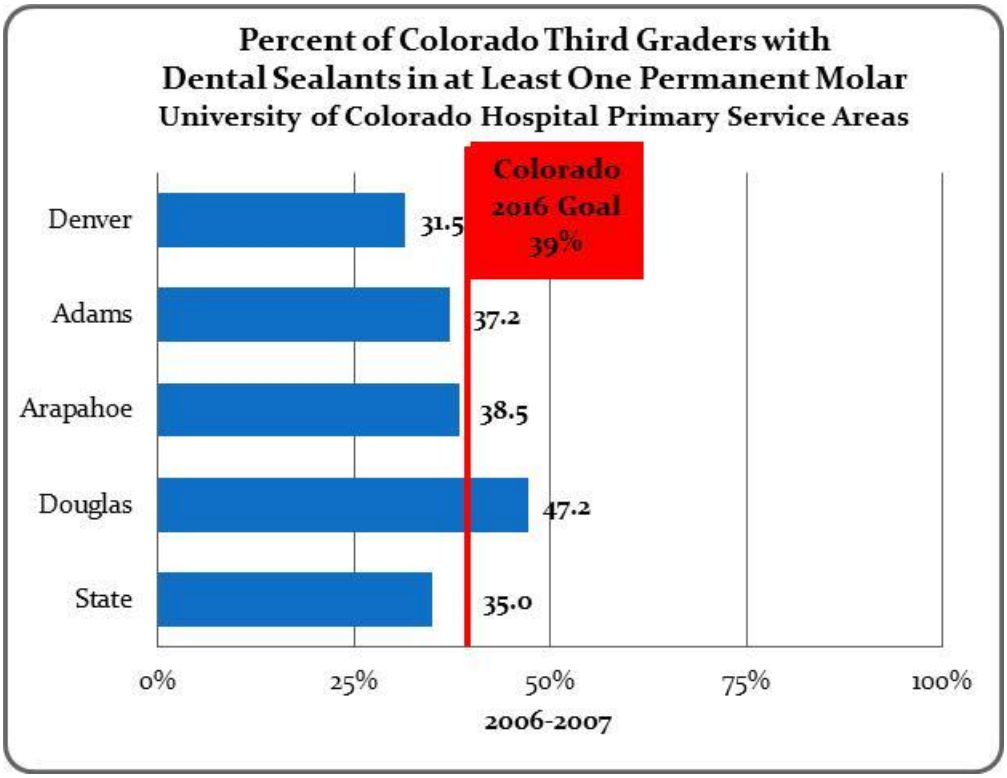

Figure 3: Percent of Colorado Third Graders with Dental Sealants[12]

Many children still go without simple measures that have been proven to be effective in preventing oral diseases and reducing dental care costs.

One effective way to prevent cavities is through the use of dental sealants—plastic coatings applied to the chewing surfaces of the back teeth, where most decay occurs. Yet, nationally, only about one-third of children aged 6–19 years have sealants.

Colorado State levels of sealants are equivalent to National levels. Douglas, Adams, and Arapahoe Counties have sealant placement rates in third-graders above State rates. Douglas County is already meeting the Colorado 2016 goal. The rate of sealants in Denver County is below the State rate.

[12] Chart Source: Children's Basic Screening Survey, Oral Health Unit, Colorado Department of Public Health and Environment. 2011 Data was reported incorrectly, 2007 is most recent data. The information in this table is based on the oral health of children examined in Colorado and the proportion of children in each county enrolled in schools with varying levels of eligibility for the free and/or reduced price meal program (<25%, 25-49%, 50-74%, and >75%).

THIRD-GRADE CHILDREN ORAL DISEASE DEMOGRAPHICS

In schools with more than 25% of children eligible for free/reduced price meals, sealant placement in molars was significantly lower than schools with less than 25% of children eligible for free/reduced price meals.

Percent of Third Graders who have Dental Sealants on Permanent Molars by Free and Reduced Price Meal Status of School for 2006-2007

	Percentage	Lower Limit	Upper Limit
<25%	47.2	44.3	50.2
25-49%	29.9	26.9	32.9
50-74%	35.9	31.9	39.9
75%+	28.1	23.8	32.3
All	37.1	35.3	38.8

Figure 4: Third-grade Sealants by Free/Reduced Meal Status[13]

Hispanic children have significantly lower rates of sealants than White/Non-Hispanic children.

Percent of Third Graders who have Dental Sealants on Permanent Molars by Race/Ethnicity for 2006-2007

	Percentage	Lower Limit	Upper Limit
White	42.4	40.0	44.8
Hispanic	30.8	27.9	33.8
All	37.1	35.3	38.8

Figure 5: Third-grade Sealants by Race/Ethnicity[14]

[13] Children's Basic Screening Survey, Oral Health Unit, Colorado Department of Public Health and Environment. Data prepared by: Oral Health Unit, Colorado Department of Public Health and Environment. . 2011 Data was reported incorrectly, 2007 is most recent data. The information in this table is based on the oral health of children examined in Colorado and the proportion of children in each county enrolled in schools with varying levels of eligibility for the free and/or reduced price meal program (<25%, 25-49%, 50-74%, and >75%).

[14] Ibid.

INFANTS WHO GET A DENTAL CHECKUP BY AGE ONE YEAR

Colorado Child Health Survey: Percent of children ages 1-5 who first went to the dentist by 12 months of age

The early detection of oral disease is a key strategy in reducing the overall burden of oral disease in Colorado.

In 2009, Colorado Medicaid began reimbursing medical providers for conducting dental well-child visits, in an effort to increase the number of infants and toddlers who have received a dental exam.

Due to the small amount of data collected, differences in County-level data is not significant for this measure. However, significant improvement is needed to meet the Colorado 2016 goal.

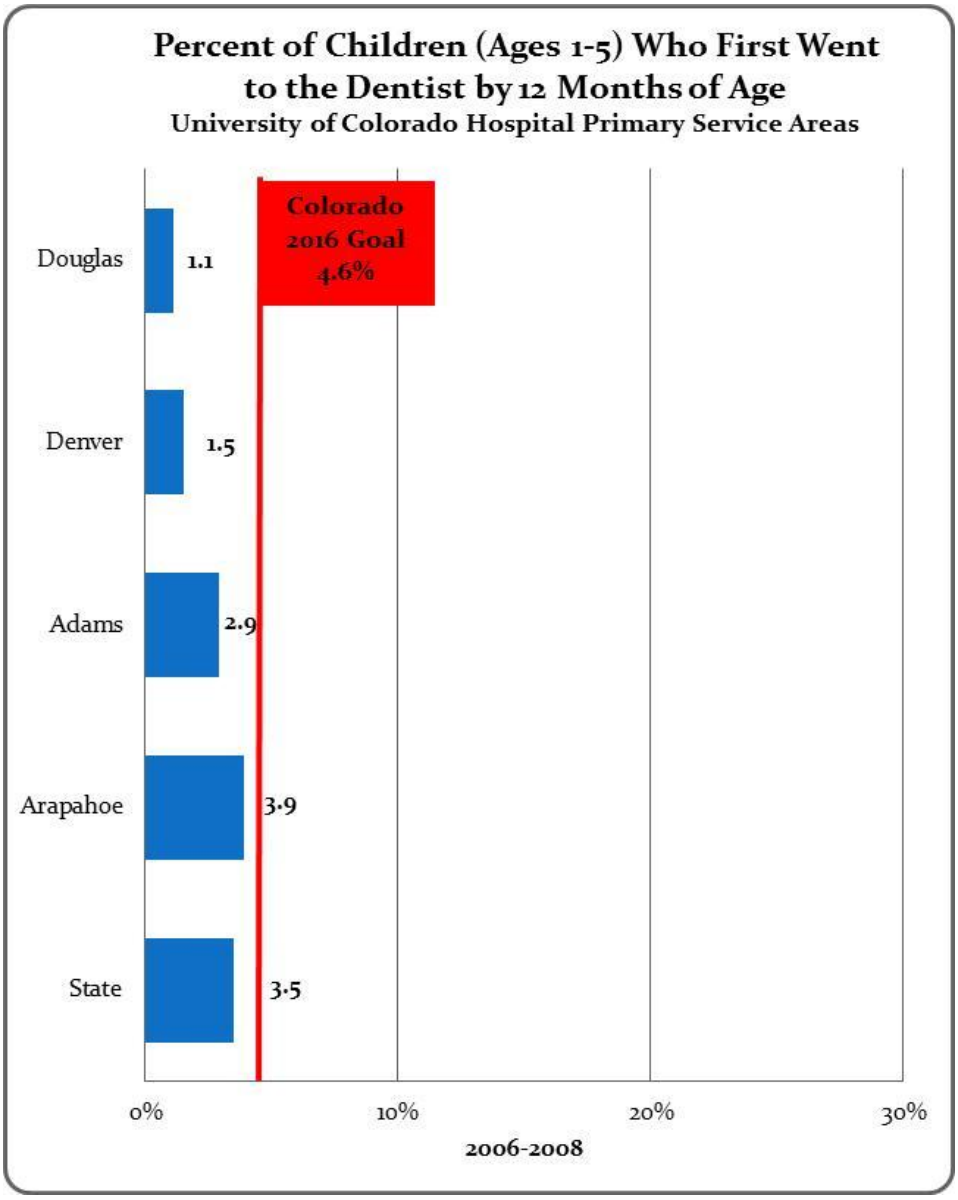

Figure 6: Infants Who Received a Dental Check-Up[15]

[15] Child Health Survey, Health Statistics Section, Colorado Department of Public Health and Environment.

CHILDREN WITH A REGULAR SOURCE OF DENTAL CARE

Colorado Child Health Survey Question: Does [child's name] have a regular source of dental care, including a dentist, hygienist, orthodontist, or oral surgeon?

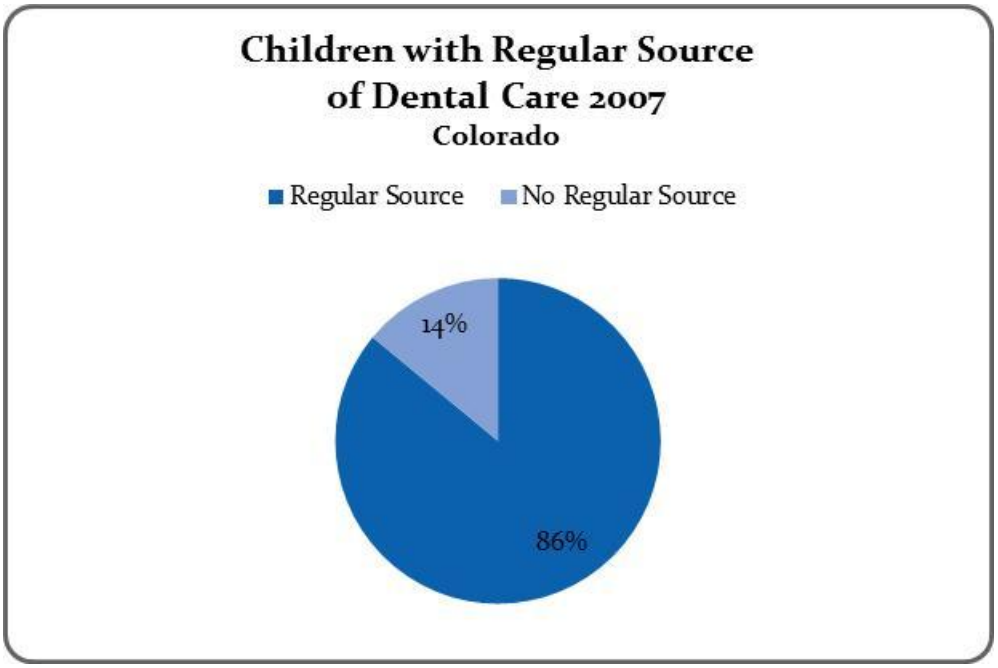

Figure 7: Colorado Children with Regular Source of Dental Care[16]

People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral health care is associated with factors such as education level, income, race, and ethnicity.

Increasing access to dental services is a Healthy People 2020 Objective, though Colorado data is not comparable due to differences in measurement. Colorado, overall, appears to be performing well in this area for children. County data are not available, however; it could be reasonably assumed that counties with high rates of untreated decay also have a lower percentage of children with a regular source of care compared to state levels.

[16] Chart Source: Colorado Child Health Survey, CDPHE. Data for Children 1-14

MEDICAID CHILDREN WHO RECEIVED PREVENTIVE DENTAL SERVICES

While rates have improved, less than half of the Colorado's at-risk children use their Medicaid and/or CHP+ dental benefits. Nationally, fifty-eight percent of children with private dental insurance received preventive dental services in 2007.

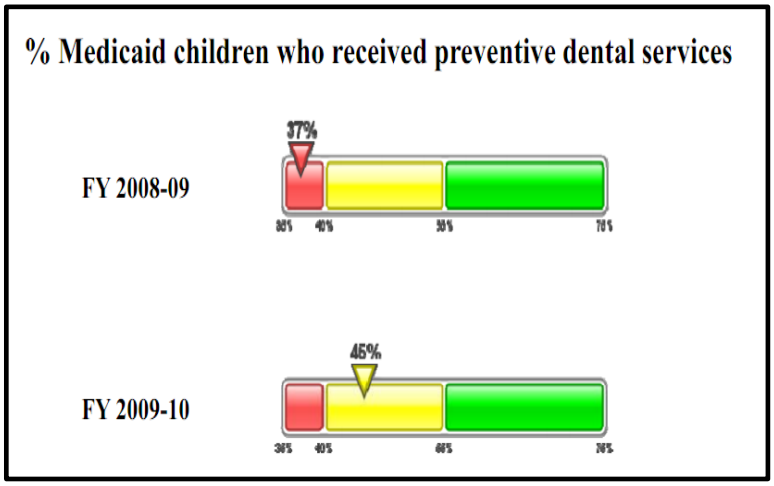

Figure 8: Colorado Medicaid Children Receiving Dental Care[17]

Healthy Living Initiatives Performance Measures	Data Source	Colorado Medicaid (most recent data)	Most Recent National Average	HCPF Target
Last updated 11/1/2011				
Oral Health*				
Outcome measure:				
Percent of predominantly low income children in the third grade who have dental caries experience	BSS	57.2%	tbd	<52%
***Process measures:** *				
Total Dental Utilizers (children ages 0-20) on Medicaid	CMS 416	49.2%	43%	52%
Percent of children on Medicaid who have received dental **treatment** services	CMS 416	25.0%	21%	10% increase over 5 years
Percent of children on Medicaid who have received **preventive** dental services	CMS 416	44.5%	37%	10% increase over 5 years
Percent of children on Medicaid who have received **sealants**	CMS 416	15.6%	tbd	10% increase over 5 years
Ages 6-9	CMS 416	19.2%	tbd	
Ages 10-14	CMS 416	14.3%	tbd	
*figures based on at least 90 days of continuous eligibility				
n/a: not available; tbd: to be determined				

Figure 9: CDHCPF Oral Health Initiatives[19]

The Colorado Department of Health Care Policy and Financing monitors oral health benchmarks for children on Medicaid.

The Pew Center on the States estimates that preventable dental conditions were the primary diagnosis in 830,590 visits to ERs nationwide in 2009—a 16 percent increase from 2006.[18] For many low-income children, emergency rooms are the first and last resort because their families struggle to find a dentist who either practices in their area or accepts Medicaid patients.

[17] http://www.pewcenteronthestates.org/uploadedFiles/wwwpewcenteronthestatesorg/Initiatives/Childrens_Dental_Health/011_10_DENT%20Cost%20of%20Delay%20Factsheets_Colorado.pdf

[18] http://www.pewcenteronthestates.org/uploadedFiles/A%20Costly%20Dental%20Destination.pdf

[19] http://www.colorado.gov/cs/Satellite?c=Page&childpagename=HCPF%2FHCPFLayout&cid=1251607707486&pagename=HCPFWrapper

ADULTS – ORAL DISEASE

ADULTS WITH TOOTH LOSS DUE TO TOOTH DECAY AND GUM DISEASE

BRFSS Survey Question: Percent of Adults Who Ever Lost Any Teeth Due to Decay or Periodontal Disease

Tooth decay (cavities) is a common, preventable problem for many adults. When severe, it can lead to tooth loss.[20] Periodontal (gum) disease is an infection caused by bacteria that gets under the gum tissue and begins to destroy the gums and bone. Teeth become loose, chewing becomes difficult, and teeth may have to be extracted.

Adults in Colorado have lost fewer teeth due to tooth decay and gum disease than on a national level.

The rate of adults in Denver and Adams Counties who have lost teeth is higher than the State. The Arapahoe and Douglas County rates are lower than the State.

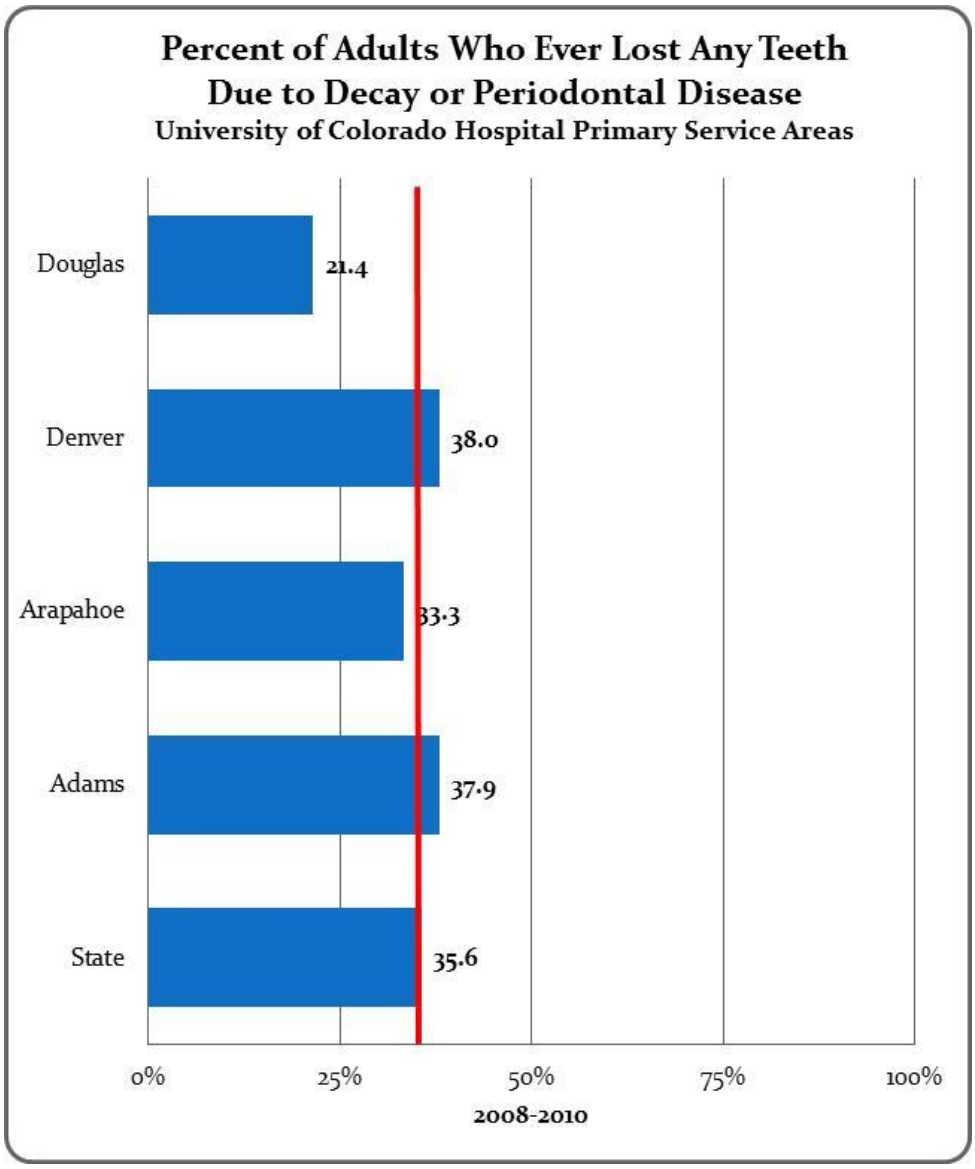

Figure 10: Percent of Colorado Adults with Permanent Teeth Removed[21]

[20] http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm

[21] Chart Source: Behavioral Risk Factor Surveillance System, CDPHE.

ADULTS WITH TOOTH LOSS DUE TO TOOTH DECAY AND GUM DISEASE DEMOGRAPHICS

Percentage of Adults with Chronic Disease Who have Lost Teeth, 2002

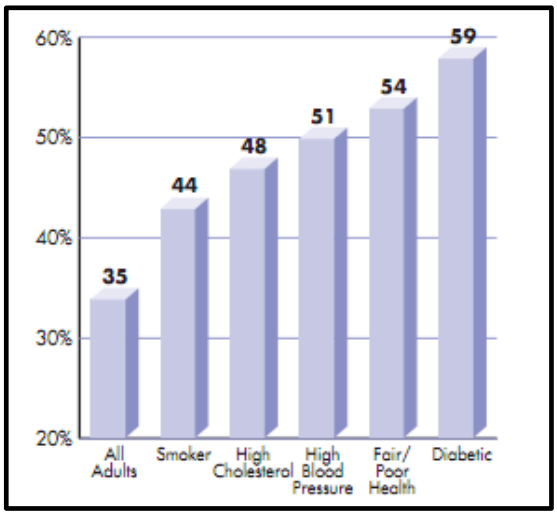

Figure 11: Adults with Chronic Disease Who Have Lost Teeth[23]

Research has linked oral infections with diabetes, heart disease, stroke, and premature, low-weight births. Further research is under way to examine these connections. Adults with diabetes are significantly more likely to lose teeth than adults overall. A recent study demonstrated that diabetic patients receiving regular dental care had lower ER and hospital utilizations rates due to diabetes than diabetic patients who did not receive regular dental care.[22]

Rates of tooth loss increase significantly with age.

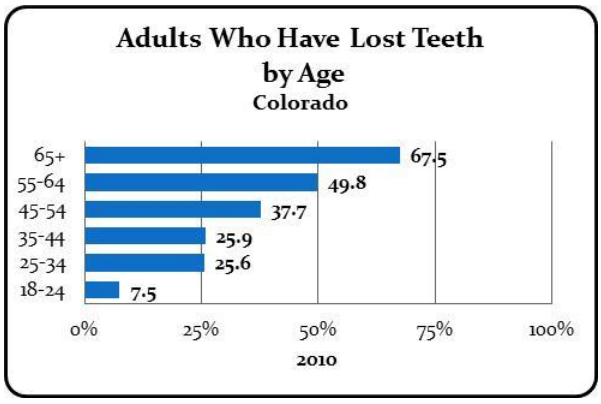

Figure 12: Adults Who Have Lost Teeth by Age[24]

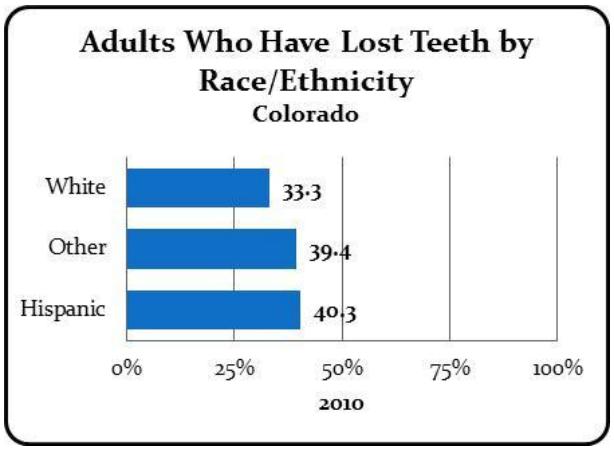

Figure 13: Adults Who Have Lost Teeth by Race/Ethnicity[25]

Hispanic adults have significantly higher rates of tooth loss than White/Non-Hispanic adults.

[22] The Journal of the American Dental Association January 1, 2012 vol. 143 no. 1 20-30
[23] Chart Source: Behavioral Risk Factor Surveillance System, CDPHE, as charted in http://www.cdphe.state.co.us/pp/oralhealth/Impact.pdf
[24] Chart Source: Behavioral Risk Factor Surveillance System, CDPHE.
[25] Ibid.

Adults with income $50,000 or above have significantly lower rates of tooth loss than other income groups. All other differences in income are not statistically significant.

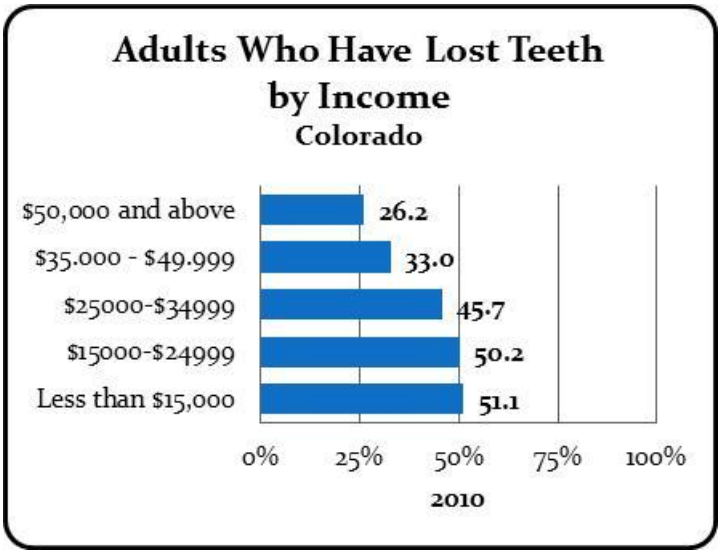

Figure 14: Adults Who Have Lost Teeth by Income[26]

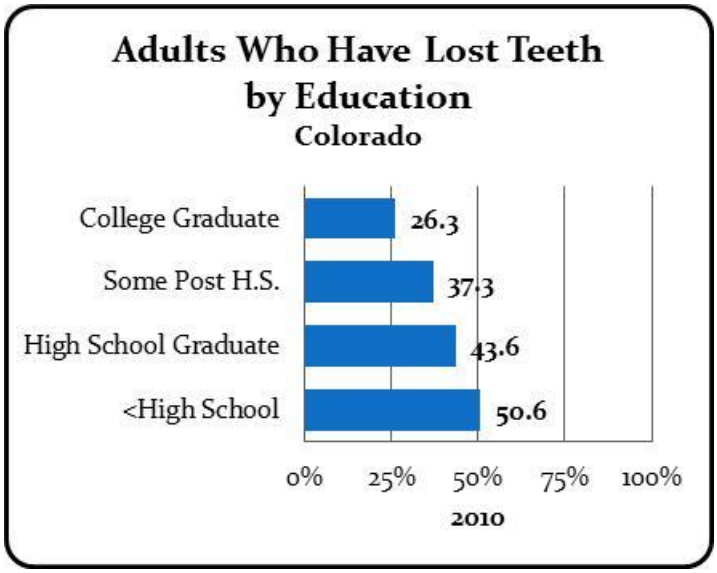

Figure 15: Adults Who Have Lost Teeth by Education[27]

Adults with some post-high school education and adults with college degrees have significantly lower rates of tooth loss than other groups.

[26] Chart Source: Behavioral Risk Factor Surveillance System, CDPHE.
[27] Ibid.

ADULT DENTAL VISITS

BRFSS Survey Question: How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

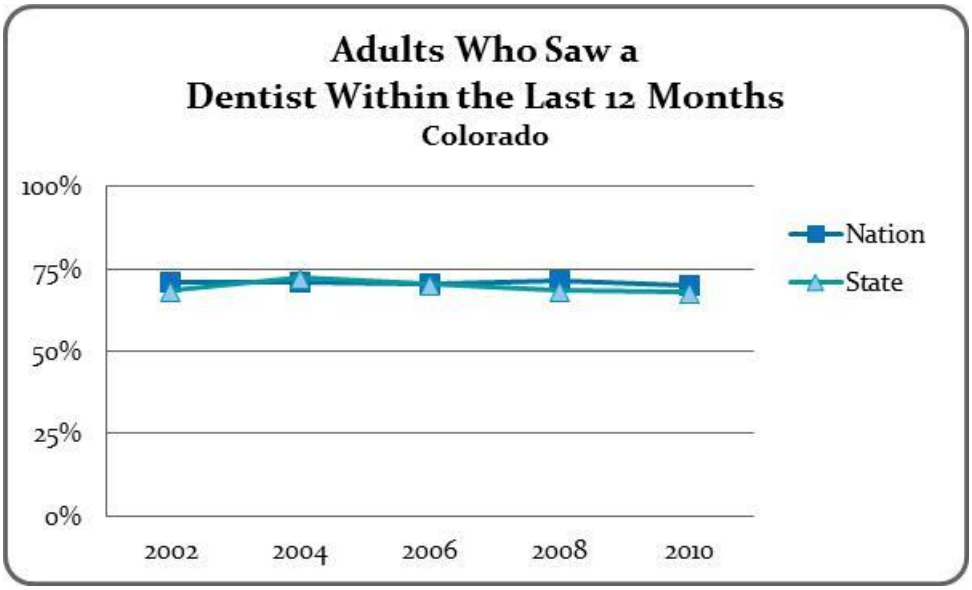

Figure 16: Colorado Adults Who Saw a Dentist Within the Last 12 Months[28]

While State rates are similar to National rates, this measure does not necessarily indicate a regular source of care. A growing number of adults seek emergency dental care each year. People with lower levels of education and income end up in an emergency room for dental issues more often than others. Sometimes it is severe enough for hospital admission.

A Study of Emergency Department Visits for Preventable Dental Conditions in California in 2009[29] found that people more likely to visit the Emergency Department were:

- People without private insurance (7 times more likely to visit the ED, controlling for other demographic characteristics)
- People living in rural areas.
- People ages 18 to 34 are significantly more likely to visit the Emergency Department

The Statewide Emergency Department visit rate, without hospitalization, for ambulatory dental conditions runs higher than that for diabetes.

[28] Source: Behavioral Risk Factor Surveillance System, CDPHE. Data for Adults 18 years and older. Percents are weighted to the total population.

[29] http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/E/PDF%20EDUseDentalConditions.pdf

COMMUNITY WATER FLUORIDATION

Percent County Population on Public Water Systems Served by Optimal Levels of Fluoride, 2004

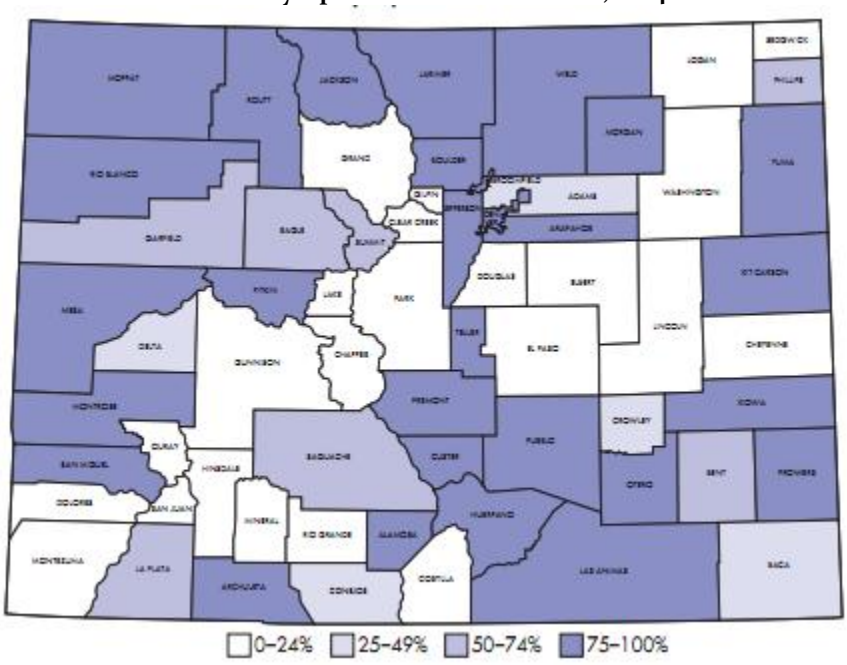

Figure 17: Water Fluoridation by County 2004[30]

The 2009 rate of fluoridated water in Colorado communities is 73.9%. Colorado just misses the national goal of providing fluoridated water to 75 percent of its population on community water supplies. [31] A 2001 CDC study estimated that for every $1 invested in water fluoridation, communities save $38 in dental treatment costs.[32]

[30] http://www.cdphe.state.co.us/pp/oralhealth/Impact.pdf

[31] http://www.pewcenteronthestates.org/uploadedFiles/wwwpewcenteronthestatesorg/Initiatives/Childrens_Dental_Health/011_10_DENT%20Cost%20of%20Delay%20Factsheets_Colorado.pdf

[32] Centers for Disease Control and Prevention, "Cost Savings of Community Water Fluoridation," August 9, 2007, http://www.cdc.gov/fluoridation/fact_sheets/cost.htm

INTERVENTIONS

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT: ORAL HEALTH DEPARTMENT

Oral Health Awareness Colorado! (OHAC!) is a state-wide oral health coalition made up of federal, state and local organizations and individuals formed to address the burden of oral diseases in Colorado and to develop a formal Colorado Oral Health Plan.[33] OHAC engages providers, business representatives, educators, third-party payers and community leaders around their mission "to develop and promote strategies to achieve optimal oral health for all Coloradans." OHAC raises awareness of the connections between oral health and general health through their media campaign, "Be A Smart Mouth."

The most current OHAC Oral Health Plan for Colorado, *Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans*, was issued in 2005 to meet goals in 2010. An updated plan is due in 2012.

The OHAC plan for 2010 focused on six major areas for achieving oral health for all Colorado citizens. Within each area, priority outcomes have been identified:

Financing Outcomes
Increase, proportionally, the amount of dollars spent on oral health care relative to overall health care.
Increase the number of Coloradans who have access to dental insurance coverage.
Health Promotion Outcomes
Change the paradigm of how oral health is viewed by health care providers.
Increase at-risk populations' awareness and understanding of prevention and treatment availability.
Policy and Advocacy Outcomes
Advocate for changing the Dental Practice Act regarding licensing registered dental hygienists and foreign-trained dentists.
Improve reimbursement to oral health care providers, from private and public-funded sectors, for all services.
Promising Practices Outcomes
Expand oral disease prevention and referral services into school health programs throughout the state.
Achieve greater than 90% of the population on public water systems receiving optimal fluoridation.

[33] http://www.cdphe.state.co.us/pp/oralhealth/Impact.pdf

Assure that Colorado children at greatest risk of dental disease receive dental sealants.
Systems of Care Outcomes
Integrate an oral check-up with the standard physical exam.
Improve coordination and communication between the public and private sectors and systems of care.
Develop a collaborative workforce.
Workforce Outcomes
Increase the number of providers willing to serve low-income and underserved clients.
Enhance access to care through recruitment of providers who are diverse, culturally competent, and representative of the populations they serve.
Increase curriculum time for medical, dental, nursing students and allied health professionals regarding oral health as a component of general health.
Actively recruit non-traditional, ethnically and culturally diverse candidates into dental and dental hygiene programs.

THE PEW CENTER ON STATES

HOW WELL IS COLORADO RESPONDING?

MEASURED AGAINST THE NATIONAL BENCHMARK FOR EIGHT POLICY APPROACHES

	STATE	NATIONAL	MEETS OR EXCEEDS
Share of high-risk schools with sealant programs, 2009	25-49%	25%	✓
Hygienists can place sealants without dentist's prior exam, 2009	Y	Y	✓
Share of residents on fluoridated community water supplies, 2006	73.6%	75%	
Share of Medicaid-enrolled children getting dental care, 2007	40.2%	38.1%	✓
Share of dentists' median retail fees reimbursed by Medicaid, 2008	58.3%	60.5%	
Pays medical providers for early preventive dental health care, 2009	Y	Y	✓
Authorizes new primary care dental providers, 2009	N	Y	
Tracks data on children's dental health, 2009	Y	Y	✓
Total score	B		5 of 8

Grading: A = 6-8 points; B = 5 points; C = 4 points; D = 3 points; F = 0-2 points

Figure 18: Colorado Progress on Dental Policy Approaches[35]

The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life. The Pew Center ranks the states based on their dental policies in *The Cost of Delay: State Dental Policies Fail One in Five Children.*[34]

[34] http://www.pewtrusts.org/uploadedFiles/Cost_of_Delay_web.pdf

[35] Ibid.

SEALANT PROGRAMS IN HIGH-RISK SCHOOLS

Studies have shown that targeting sealant programs to schools with many high-risk children is a cost effective strategy for providing sealants to children who need them—but this strategy is vastly underutilized.[36]

New data collected for Pew by the Association of State and Territorial Dental Directors show that only 10 states have school-based sealant programs that reach half or more of their high-risk schools. These 10 states are Alaska, Illinois, Iowa, Maine, New Hampshire, Ohio, Oregon, Rhode Island, South Carolina and Tennessee

BE SMART AND SEAL THEM!

Be Smart and Seal Them![37] is an oral health prevention program supported by the Colorado Department of Public Health & Environment Oral Health Program. It is a school-based or school-linked dental sealant project specifically geared toward second grade children in Colorado.

AUTHORIZATION OF NEW PROVIDERS

An increasing number of states are exploring new types of dental professionals to expand access and fill specific gaps. Some are primary care providers who could play a similar role on the dental team as nurse practitioners and physician assistants do on the medical team, expanding access to basic care and referring more complex cases to dentists who may provide supervision on- or off-site. In a model proposed by the ADA, these professionals would play a supportive role similar to a social worker or community health worker. In remote locations, the most highly trained professionals could provide basic preventive and restorative care as part of a dental team with supervision by an off-site dentist. Colorado recently approved Medicaid reimbursements to primary care physicians for providing preventive dental services to kids.[38]

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

The Colorado Department of Health Care Policy and Financing has created a toolkit for Primary Care Physicians and other medical providers to provide guidance on

[36] http://www.pewtrusts.org/uploadedFiles/Cost_of_Delay_web.pdf
[37] http://www.cdphe.state.co.us/pp/oralhealth/BeSmartandSealThem.pdf
[38] http://www.pewcenteronthestates.org/uploadedFiles/wwwpewcenteronthestatesorg/Initiatives/Childrens_Dental_Health/011_10_DENT%20Cost%20of%20Delay%20Factsheets_Colorado.pdf

how to document and address preventive care in oral health for Medicaid and the Children's Health Insurance Program (CHP+) clients. Primary care providers should screen all children for oral health problems like tooth decay during pediatric well child visits.[39] Trained medical personnel (see qualifications below) may administer fluoride varnish at a well-child visit to Medicaid and CHP+ children ages birth through 4 (until the day before their fifth birthday) who have moderate to high caries risk after they complete a risk assessment and document it in the medical record.

Medicaid will reimburse for a maximum of three fluoride varnish administrations per year for each eligible and high risk child, and CHP+ will reimburse for a maximum of two per year for CHP+ clients. Additionally, State Managed Care Network CHP+ clients must be treated by a CHP+ participating primary care provider. Dental and medical providers are encouraged to communicate with one another to avoid duplication and nonpayment of services.

CAVITY FREE AT THREE

Cavity Free at Three is a three-year, statewide effort to prevent oral disease in young children. The effort aims to engage dentists, physicians, nurses, dental hygienists, public health practitioners and early childhood educators in the prevention and early detection of oral disease in pregnant women, infants and toddlers.

The Colorado AHEC System Office is to provide leadership and management of the Cavity Free at Three Program. This program takes advantage of the statewide efforts of AHEC. AHEC will help incorporate the CF3 training into the University of Colorado Medical School, University of Colorado School of Dental Medicine, and University of Colorado School of Nursing, as well as other allied health curricula. Community marketing efforts will help educate the public regarding the importance of establishing a dental home for a child by age one. Through these efforts CF3 aims to reduce oral disparities in children, and concentrate our efforts toward the uninsured and impoverished population with the greatest barriers in access to care.

HEALTHY TEETH HAPPY BABIES

Since 2006, this critical public health campaign has been working to reduce oral disease in infants and pregnant women in Colorado. Healthy Teeth Happy Babies and the Delta Dental of Colorado Foundation run bilingual advertising throughout the Denver area to raise awareness about the link between mother and baby oral health while providing information to prevent the spread of dental disease.

[39] http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251752730503&ssbinary=true

The campaign also works with dentists, pediatricians, OBGYNs, health clinics, hospitals and community organizations such as Salud Family Health Centers, Tri-County Health, WIC Clinics and Nurse-Family Partnership to educate new mothers and pregnant women directly and to encourage them to see a dentist regularly.

The campaign has produced many successful results including:

- Over 500,000 bilingual infant oral health patient education cards have been requested and distributed in the oral health and medical community.
- In 2009, requests for Spanish language patient education materials consisted of nearly 30% of total requests with distribution of nearly 50,000 pieces!
- The campaign coordinated two segments about the importance of infant oral health with local television news stations (Fox31 and ABC7) featuring Lieutenant Governor Barbara O'Brien and Kate Paul speaking on the issue.
- Other community partners have collaborated on this initiative, such as Salud Family Health Centers, Denver Health, Rose Hospital, The Children's Hospital and many safety net clinics.

For more information about the Healthy Teeth Happy Babies campaign, to order patient education materials or ask a question, contact Colleen Rauscher at Info@HealthyTeethHappyBabies.com or (303) 825-6100.

LOCAL RESOURCES

County or Statewide Program	City	Provider	Contact Person	Phone Number / Email	Wesbite	Address	Programs
Colorado, State-wide	Denver	Oral Health Awareness Colorado	Karen Cody Carlson Executive Director of OHAC!	(303) 205-1924 kcodycarlson@gmail.com	http://www.beasmartmouth.com/awareness.php	4300 Cherry Creek Drive South, PSD-OH-A4 Denver, CO 80249	Oral Health Awareness Colorado! (OHAC!) is a coalition of professionals representing a wide range of public, private and non-profit organizations interested in advancing oral health care in Colorado. Its mission is to develop and promote strategies that achieve optimal oral health for all Coloradans. OHAC! activities focus on the following goals: Reducing the burden of oral disease in Colorado Maximizing preventive strategies Increasing collaboration among oral health professionals and others Changing public perception about the importance of oral health
Colorado, State-wide	Denver	Oral Health in Colorado	Katya Mauritson, Director, Oral Health Unit	303-692-2470 Katya.Mauritson@state.co.us	http://www.cdphe.state.co.us/pp/oralhealth/OralHealth.html	4300 Cherry Creek Drive South PSD-OH-A4 Denver, CO 80246-1530	The Oral Health Unit is part of the Prevention Services Division at the Colorado Department of Public Health and Environment. Staff members are working on programs to improve the oral health of Coloradans.

County or Statewide Program	City	Provider	Contact Person	Phone Number / Email	Wesbite	Address	Programs
Colorado, State-wide	Denver	Child Health Plan Plus Division-Oral Health, Delta Dental	*	800.233.0860 customer_service@ddpco.com	http://www.cchp.org/, www.deltadentalco.com	4582 South Ulster Street, Suite 800 Denver, Colorado 80237	Delta Dental of Colorado provides dental benefits to all CHP+ members. These benefits include preventive and diagnostic services, basic restorative services, oral surgery and endodontics care. There will be a maximum allowable of $600 per child per calendar year (January 1 - December 31). As with all CHP+ benefits, higher income families may be required to pay a small fee when they receive services. If you have any questions about CHP+ dental benefits or Delta Dental, call Delta Dental.
Adams	Thornton	Clinica Family Health Services, Thornton Dental Clinic	*	720.207.0170	http://www.clinica.org/index.php	8990 N. Washington Thornton, CO 80229	Dental services offered for low income and uninsured populations for low income, uninsured populations
Adams	Commerce City	Kids In Need of Dentistry (KIND)	Anita Gomez Denver Clinics Office Manager	720-322-1561 info@kindsmiles.org	http://www.kindsmiles.org/kind/en/Home/	Tri-County Health Department 4201 East 72nd Ave. Commerce City, Colo. 80022	KIND provides children with comprehensive dental services including: Oral exams, Professional cleanings and dental sealants, Restorative treatments such as fillings Emergency care. Specialty services including orthodontics, pedodontics, endodontics and oral surgery offered on a case-by-case basis. MON/TUES/WED 8:00am-5:00pm

County or Statewide Program	City	Provider	Contact Person	Phone Number / Email	Wesbite	Address	Programs
Adams County	Commerce City	Salud Family Health Centers	*	303.286.8900	http://www.saludclinic.org	6255 North Quebec Parkway Commerce City, CO 80022	Dental Servies for all groups. Salud provides a sliding fee scale to make health care affordable and serves all patients regardless of ability to pay. Salud accepts Medicaid, Medicare, CHP+ and private insurance.
Adams County	Brighton	Salud Family Health Centers	*	(303) 659-4000	http://www.saludclinic.org/	1860 Egbert Street Brighton, CO 80601	Dental Servies for all groups. Salud provides a sliding fee scale to make health care affordable and serves all patients regardless of ability to pay. Salud accepts Medicaid, Medicare, CHP+ and private insurance.
Arapahoe	Englewood	Tri County Health Department, Dental Services for Seniors	*	303-761-1340	http://www.tchd.org/dentalservices.html	4857 S Broadway Englewood, CO 80113	Provides dental services for low income populations age 55 and over
Arapahoe	Aurora	MCPN, N. Aurora Clinic + Dental	David Myers, President and CEO	(303) 343-6130	http://www.mcpn.org/en/locations/locations.html	3292 Peoria St., Aurora, CO 80010	Denistry services for low income and uninsured individuals
Arapahoe	Aurora	Children's Hospital Colorado Pediatric Dentistry	*	(720) 777-1234	www.childrenscolorado.org	13123 E. 16th Ave. B240 Aurora, CO 80045	Low fee dental services for children.
Denver	Denver	Clinica Family Health Services, Pecos Dental Clinic	*	(303) 650-4460	http://www.clinica.org/index.php	1701 W. 72 Ave Denver, CO 80221	Dental services offered for low income and uninsured populations for low income, uninsured populations

County or Statewide Program	City	Provider	Contact Person	Phone Number / Email	Wesbite	Address	Programs
Denver	Denver	Kids In Need of Dentistry (KIND)	Anita Gomez Denver Clinics Office Manager	720-424-0714 info@kindsmiles.org	http://www.kindsmiles.org/kind/en/Home/	Morey Middle School 1350 Clarkson St. Denver, Colo. 80218	KIND provides children with comprehensive dental services including: Oral exams, Professional cleanings and dental sealants, Restorative treatments such as fillings, Emergency care, Specialty services including orthodontics, pedodontics, endodontics and oral surgery offered on a case-by-case basis. THURS 8:30am-3:30pm
Denver	Denver	KIND: Chopper Topper Program	Anita Gomez Denver Clinics Office Manager"	(303) 733-3710 info@kindsmiles.org	http://www.kindsmiles.org/kind/en/About/Locations/DenverAndColoradoSprings/	2465 South Downing St., Suite 210 Denver, CO. 80210	Chopper Topper program travels to Denver area elementary schools to provide dental screenings and preventive molar sealants.
Denver	Denver	Colorado Departmen t of Health Care Policy and Financing: Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Tunde Brimah	303-866-3513 customer.service@hcpf.state.co.us	http://www.colorado.gov/cs/Satellite?c=Page&cid=1218622604254&pagename=HCPF%2FHCPFLayout	1570 Grant Street Denver, CO 80203	EPSDT is a health care benefit package for all Medicaid enrolled children ages 20 and under and all pregnant women and includes Medicaid Dental Benefits

County or Statewide Program	City	Provider	Contact Person	Phone Number / Email	Wesbite	Address	Programs
Denver	Denver	CDPHE: Colorado Oral Health Program		303.692.2428 cdphe.psdrequests@state.co.us	http://www.cdphe.state.co.us/pp/oralhealth/oralhealth.html	Oral Health Unit Prevention Services Division Colorado Department of Public Health and Environment 4300 Cherry Creek Drive South PSD-OH-A4, Denver, CO 80246-1530	The Oral Health Unit is part of the Prevention Services Division at the Colorado Department of Public Health and Environment. Staff members are working on programs to improve the oral health of Coloradans.
Denver	Denver	Denver Rescue Mission Medical Service Program	Brad Meuli, President and CEO	303.294.0157# 2104 info@denrescue.org	http://www.denverrescuemission.org/our-services/emergency-care	Lawrence Street Shelter at 1130 Park Avenue West, Denver, CO 80205	General dental repair is limited to New Life Program participants. Free dental extractions are open to the public twice a month. For dental services involving lab fees, the Mission seeks individual grants for patients that qualify.
Denver	Denver	La Clinica Tepeyac	Jim Garcia, Executive Director	303.458.5302 http://www.clinicatepeyac.org/	http://www.clinicatepeyac.org/contact_us.aspx	5075 Lincoln Street Denver, CO 80216	Dentistry services for children.
Denver	Denver	Howard Dental Center	Ernest Duff, Executive Director	303.863.0772 howarddental@howarddental.org	http://www.howarddental.org/	1420 Ogden Street Denver, CO 80218	Provides dental services to individuals living with AIDS/HIV regardless of income and serves uninsured

County or Statewide Program	City	Provider	Contact Person	Phone Number / Email	Wesbite	Address	Programs
Denver	Denver	Inner City Health Center	Kraig Burleson-Chief Executive Officer	(303) 296-4873 rachelw@innercityhealth.com	http://www.innercityhealth.com/	3800 York St Denver, CO 80205	Provides dental services for low income and medically uninsured families in Denver County. Emergency Walk-In Dental Clinic now available for $60! This includes a limited care exam, x-ray, and treatment of one tooth. Walk in hours: 7-4 Monday, Wednesday, Thursday, and Friday; 9-4 Tuesday.
Denver	Denver	Denver Health, Eastside Family Health Center	*	303-436-4600	http://denverhealth.org/Services/CommunityHealth/OurClinicsandServices/CHSDentalServices.aspx	501 28th Street Denver, CO 80205	Denver health dental clinic. Monday - Friday 8 a.m. - 5 p.m. Emergency walk-in patients are seen Monday - Friday 8 - 9:15 a.m.
Denver	Denver	Denver Health, Montbello Family Health Center	*	303-602-4000	http://denverhealth.org/Services/CommunityHealth/OurClinicsandServices/CHSDentalServices.aspx	12600 Albrook Drive Denver, CO 80239	Denver health dental clinic. Monday - Friday 8 a.m. - 4:30 p.m. Emergency walk-in patients are seen Monday - Friday 8 - 9 a.m.
Denver	Denver	Denver Health, Westside Family Health Center	*	303-436-4345	http://denverhealth.org/Services/CommunityHealth/OurClinicsandServices/CHSDentalServices.aspx	1100 Federal Blvd. Denver, CO 80204	Denver health dental clinic. Monday - Friday 8 a.m. - 5 p.m. Emergency walk-in patients are seen Monday - Friday 8 - 9 a.m.

County or Statewide Program	City	Provider	Contact Person	Phone Number / Email	Wesbite	Address	Programs
Denver	Denver	Denver Health, Wellington Webb Center for Primary Care	*	303-602-8200	http://denverhealth.org/Services/CommunityHealth/OurClinicsandServices/CHSDentalServices.aspx	301 W. 6th Avenue Denver, CO 80204	Denver health dental clinic. Emergency Dental patients can call for same day appointments at the Webb Dental Clinic.
Denver	Denver	Colorado Coalition for the Homeless, The Dental Clinic	*	(303) 291-5165	http://www.coloradocoalition.org/what_we_do/healthcare/dental_clinic.aspx	2111 Champa Street, Denver, CO 80205	Dedicated exclusively to providing oral care for homeless individuals. They provide routine dental care and emergency treatment.Open enrollment for new patients: 1st Wednesday of each month at 9:00 a.m. (at the Stout Street Clinic, 2100 Broadway). Patients requiring emergency care: Monday – Friday between 7:30 a.m. and 8:00 a.m.. Appointments: Monday – Friday, 7:30 a.m. – 4:00 p.m.
Denver	Denver	Denver Indian Health and Family Services	*	(303) 781-4333 info@dihfs.org	http://www.dihfs.org/dental.htm	1633 Filmore St. GL-1 Denver, CO 80206	DIHFS' Dental Program is currently scheduling tooth extractions, cleanings, x-rays, fillings, root canals, and other dental procedures. Children and adolescents will be given top priority. Fees will apply. Call for more information.