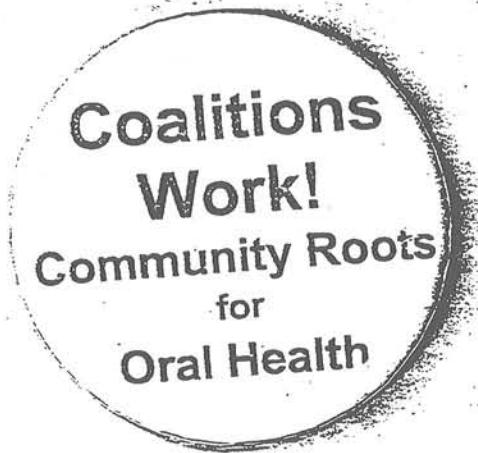
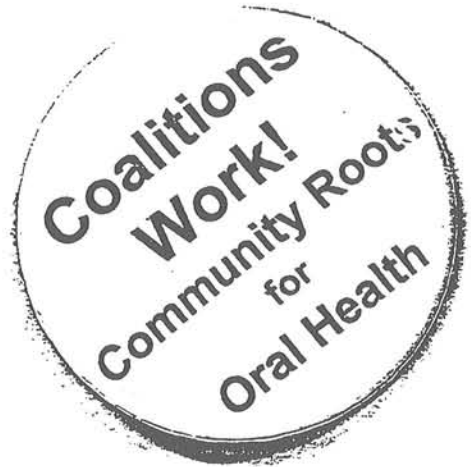
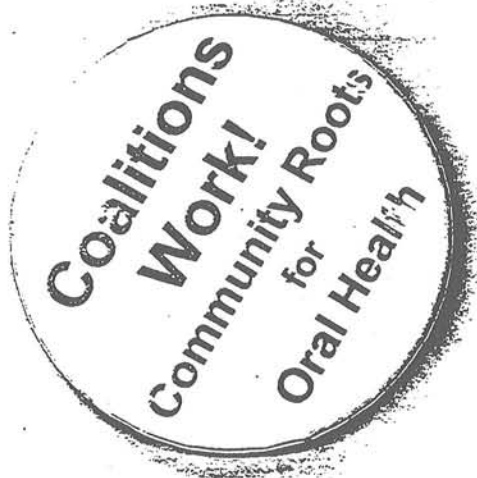




# **Washington State Oral Health Coalitions**

**Sample Materials**

Promotional  
"Buttons"



# COMMUNITY ROOTS FOR ORAL HEALTH



[Fluoridation](#)   [Baby Bottle Tooth Decay](#)   [Resources](#)   [Coalition Building](#)

[Washington State Oral Health Coalition](#)   [Links to More Sites](#)

Welcome to the Children's Alliance "Community Roots for Oral Health" Page. This page has been made possible by the Children's Alliance "Community Roots for Oral Health Project" which is a partnership with the Children's Alliance, the Washington State Department of Health, and the Washington State Oral Health Coalition. Thank you in particular to the Washington State Department of Health for making the Community Roots for Oral Health Project possible through a CISS/ Community Organization Grant.

The "Community Roots for Oral Health Project" works to improve access to dental prevention programs and dental services to all Washington State children who are not currently accessing these services.

### *Washington State Children's Dental Facts:*

In Washington State:

- About half our children have experienced decay by age 7.
- Dental problems are the number one health problem of Headstart and ECEAP children.
- Dental disease is an infectious disease caused primarily by Strep Mutans bacteria. It may be communicated from mother to child and among siblings.
- 58% of Washington residents do not drink fluoridated water.
- 20% of children have 80% of the dental disease.
- At-risk children include the poor and low-income, minorities, and children with poor access to care.

### **DSHS Children's Dental Referrals:**

King County - (206)284-0331

Snohomish County - (425)339-5219

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Give us feedback on this site. Write to: [Ppapsdorf@aol.com](mailto:Ppapsdorf@aol.com)





# Fluoridation

[Baby Bottle Tooth Decay](#)   [Resources](#)   [Coalition Building](#)

[Washington State Oral Health Coalition](#)   [Links to More Sites](#)

[Kids Teeth Home](#)

Tooth Decay, also known as dental caries, is a health problem that has plagued humankind for centuries. Until as recently as 50 years ago, the damage caused by caries was inevitable fact of life for most people. The disease often meant many visits to the dentist to have damaged and painful teeth repaired or removed. Today, primarily as a result of fluoride, damage caused by this problem can be reduced and, in most instances, prevented.

If the home water supply has been verified to contain a low concentration of fluoride other types of fluoride are available. Ask your dental practitioner about dietary fluoride, toothpastes, mouthrinses, and professionally applied fluoride treatments available in the dental office.

The most inexpensive way to deliver the benefits of fluoride to all residents of a community is through water fluoridation. All water contains some fluoride naturally. When a community fluoridates its water, it adjusts the level of fluoride in the water to prevent decay.

**Q. Is community water fluoridation safe?**

A. Yes. Extensive research conducted over the past 50 years has shown time and time again that fluoridation of public water supplies is a safe and effective way to reduce the incidence of dental caries for all community residents. The Centers for Disease Control and Prevention (CDC) report that a recent, comprehensive review of the benefits and potential risks of fluoridation reconfirmed its safety and value.

**Q. Is community water fluoridation a cost effective method for disease prevention?**

A. Yes. Nationally the cost of providing fluoridated water to residents within a community is \$.51 a year. The national average cost to restore one cavity with a dental amalgam is approximately \$42 -- the approximate cost of providing fluoridation to an individual for a lifetime.

**Q. Is tooth decay still a serious problem?**

A. Yes. Over 84% of U.S. children, 96% of U.S. adults, and 99.5% of Americans 65 years of age and older have experienced tooth decay.

**Q. Has the incidence of dental caries decreased since water fluoridation began?**

A. Yes. Independent studies initiated in 1945 and 1946 followed four communities and assessed the value of water fluoridation. After 15 years, tooth decay rates in these communities declined, on average, 56% more than demographically similar communities whose water supplies were not fluoridated. The CDC reports that more recent studies show that water fluoridation will reduce dental caries in permanent teeth by approximately 17 to 40 percent.

There are many sites on the internet with more information about fluoride. Check out our links to more sites!



## Baby Bottle Tooth Decay

Fluoridation Resources Coalition Building

Washington State Oral Health Coalition Links to More Sites

Kids Teeth Home

### Recommendations for Prevention of Baby Bottle Tooth Decay

(Adapted from the Oral Health Policies of the American Academy of Pediatric Dentistry 1997-1998)

1. Infants should not be put to bed with a bottle.
2. Breastfeeding is better both for children's nutrition and their immune system, according to the American Academy of Pediatrics. The risk of tooth decay exists for breastfeeding and bottle fed infants. To reduce the risk of tooth decay make sure to remove the baby from the breast or bottle when feeding is completed.
3. Parents should be encouraged to begin offering infants drinks (breastmilk, formula, water, juice) from a cup at 6 months and to wean from the bottle at 12-14 months of age.
4. Drinking juice from a bottle is not a good idea. When juice is offered it should be from a cup.
5. As soon as the first teeth erupt, wipe teeth with a washcloth daily. At about 12 months, begin to brush the toddler's teeth with a pea-size amount of fluoridated toothpaste.
6. A visit to a dentist or dental hygienist after the first tooth comes in is a good idea. This visit is important to educate parents and to help prevent cavities.





# Resources

[Flouridation](#) [Baby Bottle Tooth Decay](#) [Coalition Building](#)

[Washington State Oral Health Coalition](#) [Links to More Sites](#)

[Kids Teeth Home](#)

## Videos

**Lift the Lip** (4 minutes), DOH Pub #961-160, Documents Management, PO Box 47845, Olympia, WA 98504-7845. English or Spanish. \$7.00 ea.

**Baby Teeth: Love 'em & Lose 'em** (15 minutes), DOH Pub #961-159, Documents Management, PO Box 47845, Olympia, WA 98504-7845. English or Spanish. \$10.00 ea.

**Baby Teeth II: The First Dental Visit With Sam Smile** (11 minutes), WA Assoc. of Local WIC Agencies, 16901 75 Ave. W. Edmonds, WA 98026. English. \$35.00 ea.

## Poster

**Twins Poster**, DOH #961-154, Documents Management, PO Box 47845, Olympia, WA 98504-7845. Lg. (25x17") \$5.00 ea. Sm. (16x11") \$3.50 ea.

## Pamphlets

**Baby's First Cup**, DOH Pub #961-151, Documents Management, PO Box 47845, Olympia, WA 98504-7845. S.04 ea. English, Russian, Ukrainian, Korean, Cambodian, Vietnamese, Chinese, and Laotian.

**Put Your Child to Bed With a Teddy Bear, Not a Bottle**, Child Profile, SKCDPH, 999 Third Ave. Suite 900, Seattle, WA 98104-4039. \$.20 ea.

**Toddler Nutrition Brochure**, Child Profile, SKCDPH, 999 Third Ave. Suite 900, Seattle, WA 98104-4039. \$.12 ea. English or Spanish.

**Baby's Bright Smile**, Am. Soc. of Dentistry for Children, 875 N. Michigan, Chicago, IL 60611. \$28.00/100 Member, \$40.00/100 Non-member.

## Background Information

**Bright Futures in Practice - Oral Health**, National Center for Education in Maternal and Child Health, 2000 15th St. N. Suite 701, Arlington, VA 22201-2617. Quick reference Card - \$3.50.

**A Healthy Mouth for Your Baby**, National Institute of Dental Research, PO Box 54793, Washington D.C. 20032. English and Spanish. FREE.

*Flip Chart*

Lift the Lip Continuing Dental Education UW School of Dentistry Box 357137 Seattle WA 98195  
English Spanish or Russian \$22 80 ea

*Available from the American Dental Association. 1-800 947-4746. prices vary*

You Can Prevent Baby Bottle Tooth Decay Why Baby Teeth Are Important Baby Bottle Tooth Decay  
The Developing Smile Pregnancy and Oral Health Your Child's First Visit to the Dentist Your Child's  
Teeth Community Organization for Water Fluoridation Fluoridation Facts



# Coalition Building

Fluoridation Baby Bottle Tooth Decay Resources

Washington State Oral Health Coalition Links to More Sites

## Kids Teeth Home

If you are interested in helping out in the Community Roots for Oral Health Project, joining a dental health coalition is a great way you can help. Currently in Washington State there are kids dental or oral health coalitions forming or established in about 20 different locations. Dental coalitions need representation from consumers, schools, health departments, community clinics, health care and dental providers, agencies that come into contact with low income and minority populations, business, civic, elected officials, and other interested individuals.

Coalitions can:

- ▼ Provide more public recognition and visibility
- ▼ Leverage resources, expand the scope and range of services
- ▼ Provide a more comprehensive approach to programming
- ▼ Enhance clout in advocacy and resource development
- ▼ Enhance competence
- ▼ Avoid duplication of services and fill gaps in service delivery
- ▼ Accomplish what single members cannot

Contact Peggy Papsdorf at [Ppapsdorf@aol.com](mailto:Ppapsdorf@aol.com) for more information, to learn about a coalition in your area or help getting started with your a coalition.

### How to Make a Coalition Work

Competition	»»»»»»»»	Collaboration
Disease Oriented	»»»»»»»»	Health Orientated
Assumed Accountability	»»»»»»»»	Explicit Accountability
Institutional focus	»»»»»»»»	Community Focus
Paternalistic	»»»»»»»»	Partnership

Voluntary Hospitals of America

There is excellent information available from the American Dental Association on forming a **fluoridation** coalition. Contact the ADA: [Http://www.ada.org](http://www.ada.org) ask for their publication, "Community Organization for





# Washington State

## Oral Health Coalition

[Fluoridation](#) [Baby Bottle Tooth Decay](#) [Resources](#) [Coalition Building](#)

[Links to More Sites](#) [Kids Teeth Home](#)

The Washington State Oral Health Coalition (WSOHC) is a broad based group of organizations and individuals whose mission is to promote optimal oral health for all Washington State residents.

The WSOHC was founded in 1993 by partners from public health, Medicaid assistance, dental and dental hygiene associations, children's advocates, community clinics and other community groups.

The coalition has proven to be an excellent forum to bring together dedicated and concerned professionals who have contributed significant amounts of time and energy to the coalition. The coalition's projects work to resolve access to care and other oral health issues that continue to plague low income residents of Washington State.

The WSOHC has many accomplishments including sponsoring forums and conferences on oral health issues, sponsoring oral health surveys, developing curriculum, and successfully advocating for increased Medicaid funding for dental benefits for children.

Washington State Oral Health Coalition, PO Box 190, Toppenish, WA 98948

**Coalition Agency Representation:**

Children's Alliance  
 Children's Hospital & Medical Center  
 Community Health Access Programs  
 Community Health Centers of King County  
 Community Health Centers of Snohomish County  
 Department of Community, Trade and Economic Development - Headstart/ECEAP  
 Department of Social and Health Services  
 Division of Developmental Disabilities  
 Medical Assistance Administration  
 DSHS Region 2  
 DSHS Region 4  
 Group Health Northwest  
 International District Community Health Center  
 Office of the Superintendent of Public Instruction  
 Pierce College Dental Hygiene Program

Seattle-King County Department of Public Health

Smilesavers

Snohomish County Health District

Tacoma-Pierce County Health Department

University of Washington School of Dentistry & Dental Hygiene

U.S. Public Health Service Region X

Washington Association of Community and Migrant Health Centers

Washington Association of Local WIC Agencies

Washington Dental Service

Washington State Dental Association

Washington State Dental Hygienists' Association

Washington State Department of Health

Washington State Public Health Association

Western Washington Area Health Education Center

Yakima Neighborhood Health Services

Yakima Valley Farm Workers Clinic



## Links to More Sites

Fluoridation Baby Bottle Tooth Decay Resources Coalition Building

Washington State Oral Health Coalition Kids Teeth Home

Here are some sites with great information.

1. American Association of Public Health Dentistry
2. American Association of State and Territorial Dental Directors
3. American Dental Association and ADA fluoride information
4. Centers for Disease Control
5. Great links to other sites
6. Washington Association of Community and Migrant Health Centers
7. For KIDS only
8. National Center for Maternal and Child Health
9. California Dental Association
10. Washington State Dental Association
11. University of Washington Oral Health Collaborative





# Thurston County Children's Dental Health Coalition

*Vision:*

## Healthy Mouths for All Our Kids

*Mission:*

The mission of the Thurston County Children's Dental Health Coalition is to assure that all children in Thurston County have access to affordable, quality dental services including education, disease prevention, and treatment.

*Goals:*

**Advocate:**

- ▶ for access to preventive and restorative dental care for children, continually.
- ▶ to adjust the naturally occurring levels of fluoride levels in drinking water for the greatest number of citizens in Thurston County in the November 1998 general election.

**Collaborate:**

- ▶ with people and groups that potentially share our vision and mission, continually.
- ▶ through other periodic, childhood-related preventive measures such as immunizations, continually.
- ▶ using publicity through quarterly media releases and coalition members in other settings as opportunities arise.

**Educate:**

- ▶ health professionals such as medical, school nurses, dental, and public health for a common message regarding appropriate use of various sources of fluoride continually

*Other goals:*

**Advocate:**

- ▶ for appropriate uses of many sources of fluoride
- ▶ for vulnerable and at-risk populations
- ▶ in writing and verbally
- ▶ for adequate financing for preventive and restorative care
- ▶ for affordable preventive and restorative care
- ▶ at levels of local, state, and national legislators

**Collaborate:**

- ▶ track/manage/follow where services, resources, initiatives/goals are duplicated or overlooked or over and under utilized
- ▶ know thy enemy

**Educate:**

- ▶ ourselves and general public to define the problem as dental caries is a preventable, communicable disease
- ▶ at-risk populations for BBTD prevention, peer education, and culturally appropriate
- ▶ legislators at local, state, and national levels to policy makers and power brokers, identify key staff

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# ◆Community Roots for Oral Health◆

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November 1998

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*The Washington State Oral Health Coalition met in Yakima in September*

**C**ommunity Roots for Oral Health is a project supported by DHHS Health Resources and Services Administration (HRSA) Maternal and Child Health Services (CISS Grant). Please visit our web page at: [www.childrensalliance.org/kidsteeth.htm](http://www.childrensalliance.org/kidsteeth.htm)

Contact us  
for more information on:

- the "Community Roots" project
- how to receive technical assistance and training for your oral health coalition
- how to be part of the "Roots" listserv, an online interactive e-mail site for oral health coalition members

Peggy Papsdorf  
"Community Roots"  
Editor and Project Staff  
944 20th. Ave.  
Seattle, WA 98122  
(206) 328-4019 Fax (206) 322-8957  
[Ppapsdorf@aol.com](mailto:Ppapsdorf@aol.com)

Beth Hines, RDH, MPH  
Oral Health Administrator  
Washington State Dept. of Health  
PO Box 47880  
Olympia, WA 98504  
(360)236-3523 Fax (360)586-7868  
[bah1303@hub.doh.wa.gov](mailto:bah1303@hub.doh.wa.gov)



CHILDREN'S ALLIANCE



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## INSIDE THIS ISSUE...

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## DENTAL HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATIONS

*Mary Looker, Community and Rural Health, Washington State Department of Health*

**W**hat does it take to qualify as a dental health shortage area? The criteria include: 1. a geographic area which is a rational area for the delivery of dental services, 2. a population to full-time dental equivalent of 5000:1 or, if less than 5000:1, greater than 4000:1, also has high needs for dental services documented by the lack of capacity of existing providers, and 3. the surrounding areas have dental professionals who are overutilized, located at a distance and in general are inaccessible to the population of the area.

Washington State currently has 19 counties with some area or population designated for dental care with a total of 21 designations. These include: 5 Geographic designations, 6 Low Income Population designations, 8 Low Income and Migrant Population designations, and 4 Migrant and Seasonal Farmworker Population designations. The Designations are used by Federal Programs to target resources, most commonly by the National Health Service Corps, to serve the populations within the designations.

*more on HPSA's page 5*

## TAKING THE LEAP -- THE THURSTON COUNTY COALITION AND FLUORIDATION

*John Deviry DDS, co-chairman, Thurston County Children's Dental Health Coalition*

"...The wild blathering of a couple of dental hygienists and dentists in Olympia, who have no independent thought process or investigative curiosity of their own, but only quote ADA dogma and try scare tactics, could be the foundation for a whole new authoritarian age in politics."

Apparently not everyone has the same opinion of the good work of dental coalitions as you and I do! The above quotation was taken from a letter written to the mayor of Olympia a week before the City Council was to discuss and act on the public request for fluoridation. For those of us in the Olympia Health Partnership, the political offspring of our Thurston County Children's Dental Health Coalition, entering the political world has been quite a ride!

In our three year history, the coalition has made great strides locally to a "Healthy Mouths for All Our Kids." Our legacy of increasing public awareness, obtaining grants for sealants and bottle caries research, engaging a broad community base, and being recognized by local health officials, serves to strengthen our resolve as we tackle "The Big One" — community fluoridation!

The path we followed the past two years to the Olympia council chambers and on to the ballot November 3 has been interesting to say the least. The realities of local politics, relationships with the media, and the acquisition of "strange bedfellows" as they say, made for an unusual and often exciting journey. The lessons are being documented by our leadership, the Washington State Oral Health Coalition and the Public Benefits staff at Washington Dental Service, a major contributor to the campaign.

A few select observations may be helpful to other dental coalitions who are preparing to enter the fight for fluoridation, which we know is the cornerstone to addressing the oral health needs of our young people:

Be ready to both break old alliances and make new ones. By this I mean that fluoridation will never NOT be a divisive issue. Members of your own coalition, both as individuals and institutions may disagree with community water fluoridation. When you form your political association you will need to engage the commitment of people who know local politics and politicians have a record of leadership as well as compassion.

*more on Thurston County page 4*

## Dear Ms. Roots:

**D**ear Ms. Roots:

Sometimes I wonder why I bother to write an agenda. Everyone who comes to the meeting seems to have their own. I understand that our members represent other interests and organizations, but I think we could accomplish more if we focused on the coalition's agenda at meetings. Can you help us get our act together?

**Dysfunctionally Yours**

Dear Dys:

Take heart! Yours is a task of salesmanship - er, salespersonship - and marketing. You'll never clear the air of other interests, but you can improve the coalition's "on track" record by continually pointing out how the member organizations will benefit from the coalition's activities - in other words, what's in it for them. This is the oldest, marketing trick in the world, but it works. Good luck and keep trackin'!

*Ms. Roots*

Dear Ms. Roots:

Our coalition is broke! We have lots of good intentions, but no bank account. How can we find some of that grant or other money to get the oral health ball rolling in our very needy community?

**Down and Destitute**

Dear Down:

I feel your pain. I myself make it a rule to NEVER turn down money. Never the less, there's more than one path to the vault. Sometimes, directing money through the appropriate tax status channels to accomplish consensus projects turns out to be what coalition building is all about. At others, you might consider using the coalition as a springboard for forming a smaller group to apply for grants.

By now you're sensing my drift. Coalitions don't usually need money so much as they need what it will buy. "What's she talking about?" you may ask yourself. "They're one and the same thing."

Ah, Grasshopper, not true...not true. If your coalition determines a local need that could be met with a sufficient budget, the next step is to put together a group of coalition members who stand to gain organizationally from meeting the need. The smaller group could then seek funding, channel funding through a member organization, and voila! Your coalition has achieved its goal...or at least one of them.

Even such incidental items such as paper, postage, and meeting snacks can be bartered, swapped, or otherwise covered. Creative thinking brings great rewards, and it doesn't cost a cent.

*Ms. Roots*

Dear Ms. Roots:

Our coalition is filled with good people, but we seem to be from the same place. Most of us represent public sector, government, or nonprofit organizations. We need to broaden our base, so to speak, and bring in the business community. How can we bring the private sector to our table?

**Business Interests**

Dear Interests:

Aren't you the ambitious one? First of all, read this column's response to Dysfunctionally Yours and take heed! If you want to attract business representatives to your coalition membership, you must! must! must! tell them how membership in your coalition will help their business. Think it through, prepare your argument well, and be brief.

Along the way, you may discover that a compromise is in order. Perhaps your coalition doesn't need business at the table all the time. The real need of the coalition may be to add relevant businesses to your membership roster with the understanding that real bodies will be called up for attendance on an ad hoc basis only. That way, you have the broad base and help without the burnout.

*Ms. Roots*



*Thurston County continued from page 2*

Find out early what support you can expect from your local health agencies. The Health Department seems to be the place where the clash of science and politics is most evident. In the history of fluoridation campaigns in Washington, a wide variety of postures have been taken by local health districts, from proactive leadership on the issue to strict censure of county employees. It may be good to know going in how county, state, and city leaders will advise their agencies and address the rights and responsibilities of employees.

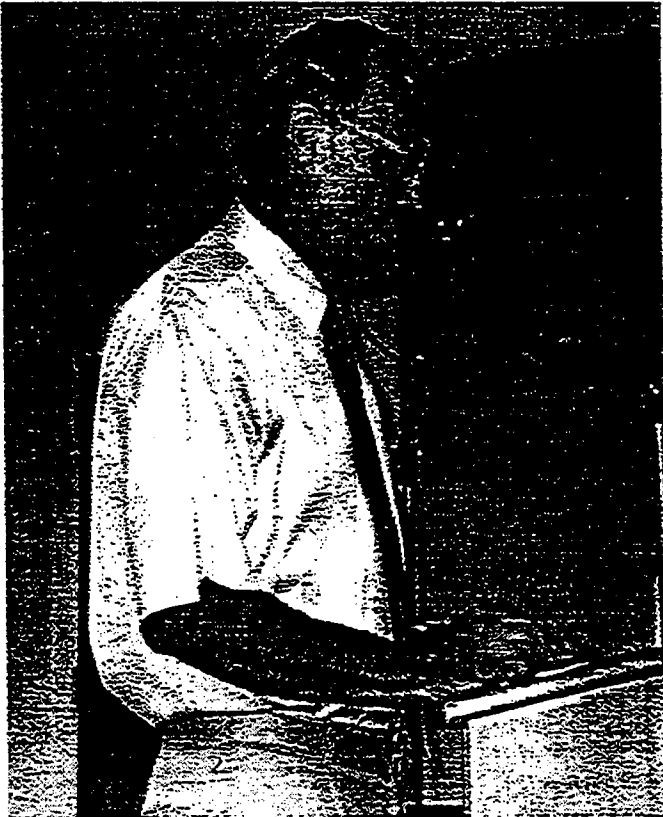
Be ready for anything! Leadership in this arena requires both deep understanding and cautious sensitivity. We faced unexpected disappointments (uncertainty in the City Council's level of commitment, the attitude of the local newspaper), and unexpected success (the significant financial support of local dentists, the willing involvement of experts from outside the area, the important endorsement of unexpected groups and individuals such as AARP, a naturopath).

But the only real success is winning on election day. Our coalition is now focused on November 3, 1998. We postponed our September meeting and tabled other active issues as we put our energy into this all important initiative. I will be most interested to see what our December meeting looks like. Will it be a joyous occasion, or will we look around the table and ask, "What now?"

One final note. The Thurston County Children's Dental Health Coalition takes this opportunity to recognize the great effort, talent and compassion of Pamela Johnson. Her leadership and ability to engage and inspire folks with diverse interests and backgrounds brought us to where we are. Pamela's recent career change requires she leave her co-chair position, and she tells me she does so with regret, as her advocacy for children's dental health runs deep. Pamela has our best wishes and heartfelt appreciation.

\* For those interested in fluoridation, Mike Easley, DDS, MPH has a great new fluoridation website at: [www.sdm.buffalo.edu/ncfpr/](http://www.sdm.buffalo.edu/ncfpr/).

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*Charlie Keck, MD, pediatrician and the Olympia fluoride campaign's manager (left) and Peter Domoto, DDS, MPH, from the University of Washington Department of Pediatric Dentistry (right) team up with many others to testify in support of fluoridation at a hearing in Olympia.*



*Shortage Area's continued from page 2*

To date there have not been funds specifically targeted for the planning, development, and operation of dental facilities under the Section 330 of the Public Health Service Act. For more information contact: Vince Schueler (360)705-6767. Office of Community and Rural Health, Washington State Department of Health, mcl0303@doh.wa.gov



*You're invited*

The Washington State Oral Health Coalition meets the first Friday of each month at the Eastgate Health Center in Bellevue, Washington. For more information contact: AHEC, 2033 Sixth Avenue, Suite 310, Seattle, WA 98121  
206-441-7137 Voice  
206-441-7158 Fax



## The State Budget

*By Cassie Sauer, the Children's Alliance*

Washington is facing a budget shortfall for the 1999 – 2001 biennium that could affect the level of services for children, families, and people in need. The Governor's office recently asked most state agencies (including the Department of Health and the Department of Social and Health Services) to draft budget proposals with 7% cuts.

Among the reasons for this shortfall are Initiative 601, several years of tax breaks that have taken resources out of the general fund, and the Asian fiscal crisis. On the November ballot, Referendum 49, the transportation initiative, proposes taking money from the state's General Fund and applying it into transportation projects. If it passes, \$469 million will be taken from the state's General Fund (which supports schools, housing, health care, and social services) next year.

The Department of Social and Health Services offered as one option for cutting programs the elimination of the adult dental program. Elimination of the adult program could make access to dental care for low-income adults, which is already a problem, nearly impossible. Also a concern is whether parents who do not have access to care will seek care for their children, and whether children will receive needed modeling about good oral hygiene and oral health care.

The Governor, the Office of Financial Management, and the Legislature will review the various cut proposals forwarded to them and determine which cuts make the most sense. The level of cuts needed will depend on the outcome of Referendum 49 and current state budget projections. The Governor, the House, and the Senate all propose state budgets with different priorities and different cuts; the three policy branches then will work out the differences among them and come up with a final budget.



## SmileMobile

**O**ral health coalitions can play an important role providing volunteer coordination and support services for the SmileMobile. The SmileMobile is a modern dental office on wheels that has been serving children in need across the state since 1995. For more information contact Jo Marapodi at WDS, (206) 517-6303 or (800) 367-4104.

### SMILEMOBILE SCHEDULE

Nov. 2-6 Lynnwood  
 Nov. 9-13 Kent  
 Nov. 16-20 Puyallup  
 Nov. 30-Dec. 4 Seattle (Central)

Dec. 7-11 Ariington  
 Dec. 14-18 Lynnwood

1999 Schedule  
 Subject to Change

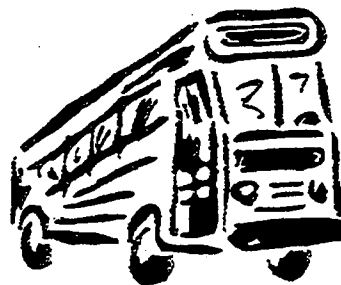
Jan. 25-29 Olympia  
 Feb. 1-5 Yelm  
 Feb. 8-12 Tenino  
 Feb. 17-23 South Bend  
 Feb. 24-Mar. 2 Westport  
 Ocean Shores  
 Forks

March 3-9 McCleary  
 Elma  
 March 10-19 Bremerton  
 March 22-26 Bainbridge is.  
 March 29-Apr.9 Tacoma

April 19-23 Everett  
 April 24 March of  
 Dimes  
 Telethon

April 28-May 7 Omak

May 18-26 Colville  
 June 1-4 Ritzville  
 June 7-18 Tri-cities  
 June 21-25 Mabton  
 June 28-July 2 Walla Walla  
 July 12-16 Seattie Pacific  
 Northwest  
 Dental Conference  
 July 19-23 Auburn/Black  
 Diamond  
 Enumclaw  
 Buckley  
 Puyallup  
 July 26-30  
 Aug. 2-6 Seattle  
 Aug. 9-13 Whidbey Is.  
 Anacortes  
 Aug. 16-20 Mt. Vernon  
 Sedro-  
 Woolly  
 Burlington  
 Aug. 28-30 Special  
 Olympics  
 (Tacoma)  
 Sept. 13-17 Seattle  
 (Central)  
 Sept. 21-Oct 1 Wenatchee  
 Oct. 4-15 Yakima  
 Oct. 20-Nov.2 Bremerton  
 Nov. 3-9 Belfair  
 Nov.10-19 Lynnwood  
 Nov. 29-Dec.10 Monroe



## Local Coalition Contacts

**Eastern Washington**  
Yakima - coalition meets second Wednesday of the month - Pat Brown - 509-575-2437  
Wenatchee - coalition meets second Monday of the month - Laurie Roy - 509-664-5478  
Spokane - Michele Vanderinde - 509-324-1550  
Walla Walla - Howard Blessing - 509-525-0247  
Tri-Cities - Kate Riley - 509-582-1500  
Othello - Judy Lappell - 509-488-3678

**Western Washington**  
Olympic Peninsula - Cyndi Newman - 360-417-2408  
Whidbey Island - coalition meets fourth Tuesday of every month - Dori Johnson - 360-679-7351  
Chehalis - Donna LaLond - 360-740-1492  
Mt. Vernon - Kim VanEpps - 360-336-9380  
Snohomish - coalition meets quarterly, second Fridays - LeeAnn Cooper - 360-339-5230  
Vancouver - Melody Scheer - 360-696-8444  
Tacoma - coalition meets second Wednesday of the month - Linda Gillis - 253-591-6579  
Bellingham - Cecily Fosso - 360-671-1574  
Bremerton - Carol Bruce - 360-478-5235  
Olympia - coalition meets quarterly, first Tuesdays - John Deviny - 360-352-3151  
S. King County - Peg Terp - 206-296-0163  
Shelton - coalition meets second Tuesday of the month - Dr. Busacca - 360-426-9711  
N. King County - Mary Cameron - 425-899-3251



For more information contact Carree Moore, Dental Program Manager for the Medical Assistance Administration at 360-586-2763

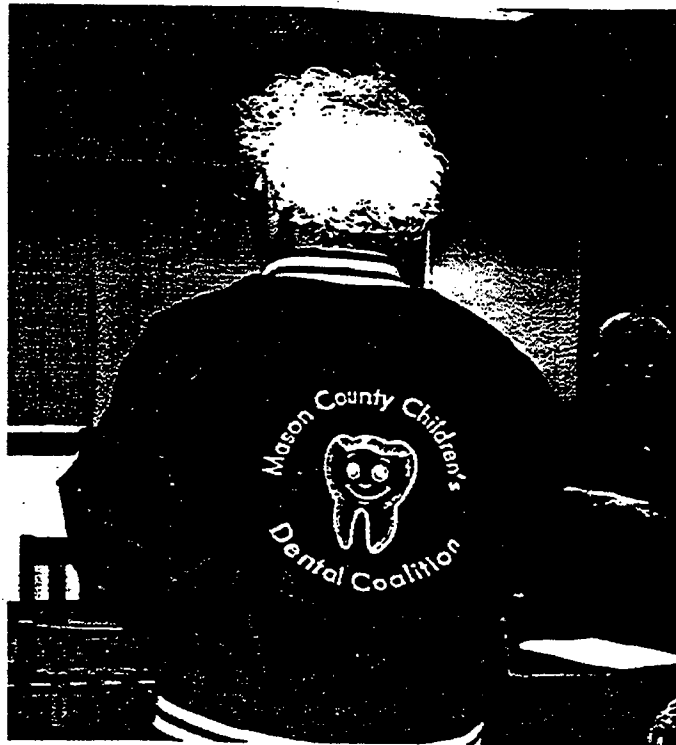
MEDICAL ASSISTANCE ADMINISTRATION  
August 10, 1998

DENTAL UTILIZATION BY COUNTY OF CLIENT  
AGES 0 TO 18  
Calendar Years 1993-1997

COUNTY	CY 93 ELIGIBLE CLIENTS	CY 94 ELIGIBLE CLIENTS	CY 95 ELIGIBLE CLIENTS	CY 96 ELIGIBLE CLIENTS	CY 97 ELIGIBLE CLIENTS	CY 93 USERS	CY 94 USERS	CY 95 USERS	CY 96 USERS	CY 97 USERS	CY 93 USERS PERCENT	CY 94 USERS PERCENT	CY 95 USERS PERCENT	CY 96 USERS PERCENT	CY 97 USERS PERCENT
Adams	3,911	4,464	4,818	5,101	5,185	360	770	1,114	1,336	1,495	9.2	17.2	23.1	26.2	28.8
Asotin	2,442	2,458	2,495	2,532	2,583	673	658	639	582	678	27.6	26.8	25.6	23.0	26.2
Benet	8,055	8,222	8,833	9,613	10,300	1,659	1,463	1,516	1,719	2,187	20.6	17.8	17.2	17.9	21.2
Chelan	7,009	7,425	7,930	8,482	8,614	1,777	1,883	2,073	2,035	2,752	25.4	25.4	26.1	24.0	31.9
Clallam	5,151	5,065	4,987	5,049	4,670	1,423	1,619	1,557	1,316	1,473	27.6	32.0	31.2	26.1	31.5
Clerk	20,984	22,433	23,736	24,185	23,077	6,769	6,850	7,303	7,083	7,950	32.3	30.5	30.8	29.3	34.4
Columbia	445	481	504	400	331	138	143	135	107	107	31.0	29.7	26.8	26.8	32.3
Cowlitz	8,820	9,208	9,882	9,260	9,591	2,125	2,075	2,107	2,507	3,214	24.1	22.5	23.2	27.1	33.5
Douglas	2,183	2,312	2,415	2,436	2,412	633	599	590	625	786	29.0	25.9	24.4	25.7	32.6
Ferry	651	862	847	855	867	197	226	179	177	253	30.1	26.2	21.1	20.7	29.2
Franklin	9,936	10,012	10,046	10,358	10,424	1,819	1,874	1,879	2,076	2,182	18.3	18.7	18.7	20.0	20.9
Garfield	159	175	157	128	101	33	41	45	47	33	20.8	22.9	28.7	36.7	32.7
Grant	7,254	7,728	8,049	8,396	8,717	1,558	1,682	2,218	2,163	2,959	21.5	21.8	27.6	25.8	33.9
Greys Harbor	8,561	8,745	8,533	8,508	8,413	2,860	2,815	2,691	2,646	2,501	33.4	32.2	31.5	31.1	29.7
Island	2,337	2,600	2,677	2,924	3,115	685	727	814	868	1,006	29.3	28.0	30.4	29.7	32.3
Jefferson	1,550	1,632	1,697	1,658	1,629	585	632	563	684	770	38.5	38.2	35.3	41.3	42.1
Knap	62,906	66,691	68,643	91,498	90,635	24,115	25,518	27,194	28,298	32,131	29.1	29.4	30.7	30.9	35.5
Klickitat	12,238	13,008	13,262	13,592	14,050	3,083	2,870	2,961	3,244	3,814	25.2	22.1	22.3	23.9	27.1
Killias	1,897	2,022	2,216	2,253	2,287	452	493	553	569	659	23.8	24.4	25.0	25.3	28.8
Klickitat	2,706	2,801	2,679	2,768	2,702	718	670	643	829	759	26.5	23.9	24.0	29.9	26.1
Lewis	6,561	7,062	7,130	7,366	7,162	1,633	1,875	1,973	2,126	2,371	24.9	26.5	27.7	28.9	33.1
Lincoln	586	602	622	676	570	169	208	199	225	234	28.8	32.4	32.0	33.3	41.1
Linn	4,213	4,427	4,633	4,715	4,828	1,116	1,181	1,149	1,373	1,536	26.5	26.7	24.8	29.1	31.8
Lodgepole	6,820	7,072	7,151	7,334	7,342	1,413	1,393	1,709	1,728	1,998	20.7	19.7	23.9	23.6	27.2
Lycium	2,238	2,346	2,426	2,400	2,360	440	484	566	712	746	19.7	20.6	23.3	29.7	31.6
Madras	1,803	1,811	1,920	1,859	1,771	651	647	637	564	645	36.1	35.7	33.2	30.3	36.4
Pierce	51,211	52,351	52,432	54,653	56,281	15,815	15,466	15,737	14,669	17,824	30.9	29.5	30.0	26.8	31.7
San Juan	426	462	475	479	438	103	132	112	142	136	24.2	28.2	23.6	29.6	31.1
Skiagit	8,151	8,840	9,261	9,389	9,991	2,628	3,069	3,354	3,701	3,861	32.2	34.9	36.2	39.4	36.6
Skamania	829	814	763	752	735	284	224	172	179	242	34.3	27.5	22.5	23.8	32.9
Snohomish	28,641	31,154	32,130	33,215	33,558	7,705	8,582	8,852	9,574	11,090	26.9	27.5	27.6	28.8	33.0
Spokane	32,560	32,847	33,235	33,814	35,754	11,473	11,573	13,040	13,241	14,877	35.2	35.5	39.2	39.5	41.6
Stevens	3,760	3,594	3,839	4,055	4,306	1,136	1,050	1,141	1,350	1,719	30.2	29.3	29.7	33.3	39.9
Thurston	13,043	16,312	16,632	18,500	13,615	3,739	4,552	4,726	4,860	4,552	28.7	27.9	28.4	26.3	33.4
Wahkiakum	202	221	215	138	14	51	74	51	46	3	25.2	33.5	23.7	33.3	21.4
Walla Walla	5,506	5,671	5,809	5,766	5,688	1,358	1,350	1,480	1,335	1,436	24.7	23.8	25.5	23.2	25.2
Whatcom	9,014	9,552	10,815	11,243	12,051	2,049	2,366	2,899	3,789	4,570	22.7	23.8	26.8	33.5	37.9
Whitman	1,810	1,941	1,987	1,890	1,904	571	677	692	682	678	31.5	34.9	34.8	36.1	35.6
Yakima	42,593	43,854	44,298	44,655	39,706	9,755	9,553	10,920	9,593	10,299	22.9	21.9	24.7	21.5	25.9
Lac/Spok/Whit*				27	13				0	3					23.1
W/S/Jo/Skag*				11	1				0	0					0
Olympia MEDS**		25,221	53,618	93,627	103,037		4,675	12,345	27,395	42,427		18.5	23.0	29.3	41.2
Fed/Pad/Or/Stm*				5	2				0	0					0
Chel/Doug*				4	1				0	0					0
Adams/Grant*				19	1				0	0					0
Kit/Yak*				20	4				0	0					0
Benit/Frank*				9	2				0	0					0
Col/W/Wal*				7	1				0	0					0
Asot/Garf*				2					0	0					0
Clall/Jeff*				8	1				0	0					0
Mesa/Thrst*				25	18				1	6				4.0	33.3
Cowl/Pac/Walk*				5	8				0	1				0	12.5
Clall/Klick/Stam*				27	12				3	6				11.1	50.0
Other					3,840					570					14.8
TOTAL	409,362	454,745	492,897	546,691	554,920	113,731	122,064	136,526	156,279	189,539	27.8	27.0	28.1	28.6	34.2

NOTE: Data set limitations do not allow for CSC 72 adjustments. Consequently totals in Spokane county are slightly overstated and totals for Yakima county are slight understated for 1997.  
\* Certain Home & Community Service Offices serve multiple counties. \*\* Eligibility processed at Olympia MEDS Office. Client residence unavailable.

Community Roots for Oral Health  
944 20 Ave.  
Seattle, WA 98122



*Can you name this mystery coalition chair ?*

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# ◆ Community Roots for Oral Health ◆

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June 1999

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*This year's "Community Roots Oral Health" conference featured Jack Dillenberg, DDS, MPH, National Public Health Consultant; Mike Easley, DDS, MPH, National Fluoridation Expert; and Steven Barrow, veteran children's advocate and coalition builder from the Sierra Health Foundation. Here Mike Easley and Dianne Riter from Washington Dental Service talk with conference participants.*

**C**ommunity Roots for Oral Health is a project supported by DHHS Health Resources and Services Administration (HRSA) Maternal and Child Health Services (CISS Grant).

Please visit our web page at:  
[WWW.CHILDRENSALLIANCE.ORG/KIDSTEETH.HTM](http://WWW.CHILDRENSALLIANCE.ORG/KIDSTEETH.HTM)

For more information on the "Community Roots" project, information on how to receive technical assistance and training for your oral health coalition, and to learn how to be part of the "Roots" listserv, an online interactive e-mail site for oral health coalition members contact:

Peggy Papsdorf  
"Community Roots"  
Editor and Project Staff  
944 20th. Ave.  
Seattle, WA 98122  
(206) 328-4019 Fax (206) 322-8957  
[Ppapsdorf@aol.com](mailto:Ppapsdorf@aol.com)

Beth Hines, RDH, MPH  
Oral Health Administrator  
Washington State Dept. of Health  
PO Box 47880  
Olympia, WA 98504  
(360) 236-3523 Fax (360) 586-7868  
[bah1303@hub.doh.wa.gov](mailto:bah1303@hub.doh.wa.gov)

THE CHILDREN'S  
ALLIANCE



Washington State Department of  
**Health**

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## INSIDE THIS ISSUE...

### PROJECT UPDATES: COMMUNITY-BASED ORAL HEALTH PREVENTION.

**Almost two years ago five counties were awarded grants for a two year period. Hear about the programs that were developed.**

# Community-Based Oral Health Prevention Grants

Confronted with the problems that exist in regard to oral health status and lack of access to dental care in Washington State, the 1997 legislature allotted \$300,000 to support community-based oral health prevention. The State Department of Health, Community and Family Health, Oral Health Program awarded grants to five counties. Each grantee was required to work in coordination with their respective community-based oral health coalition. The following are highlights of accomplishments from each community as described by project leaders.

**1. The Children's Dental Coalition of Thurston County** conducted a study on baby bottle tooth decay with the oral health grant it received from the Washington State Department of Health in July of 1997. The purpose of the Thurston County Baby Bottle Tooth Decay Project was to obtain more information about Baby Bottle Tooth Decay in the community and to use the information to design a community based BBTD (early childhood caries) intervention.

Information was gathered in three ways. The first segment of the project entailed doing oral screenings of 263 WIC enrolled children ages 7-47 months and their mothers. The mothers completed a written survey which described the child's feeding habits and the mother's knowledge of oral health issues and care. The second segment focused on administering the same written survey

to parents of children who had been treated by area pediatric dentists for Baby Bottle Tooth Decay.

The third segment, which is now in process, is comprised of key informant interviews of medical and dental providers who treat young children or their parents and three focus groups of targeted populations.

There will be one focus group for Head Start parents, one for day care providers and one for our county's Vietnamese population. With the information we gather, we will design an intervention that is appropriate for our community and also responds to the differing needs of our various populations.

Here is some preliminary information we found out: 11.5% had BBTD in one or more teeth, 12.2% of children had untreated caries, 30.9% of moms had untreated caries, 5.5% children were given a bottle filled with pop.

Where did you learn to care for your child's teeth?

WIC	65.9%
Doctor	58.4%
Magazine	40.1%
Family member or friend	32.5%
Dentist	22.6%
Nurse	22.6%
TV or radio	16.9%
Dental Hygienist	9.9%
Other	2.0%

During the last 30 days, did you give your child fluoride drops or tablets?  
Yes 46% No 54%

Who prescribed fluoride for your child?  
Dentist 8.9% Doctor 89.5%

If you have questions about the project please call Eva Rooks at (360)786-5581.

**2. Interfaith Family Health Center**, in Whatcom County, provides preventive services to children 6 months to 18 years old at mobile clinics throughout Whatcom County, including mobile sites at the County WIC Office, DSHS Office, Head Start, a migrant school program, and several locations in more rural areas. In addition, Interfaith provides preventive and restorative dental care to children and their families at our main location in Bellingham.

The Oral Health Prevention Grant provided financial support for Interfaith Family Health Center to open its doors to more children and their families.

During 1998, Interfaith provided a total of 5,506 dental visits for 2,080 children. Of these, 833 children were seen at mobile clinics. This is a 28% increase in the number of children receiving dental care from Interfaith.

We have increased our outreach to children with Russian speaking parents by adding a mobile dental site in a rural area which has the highest concentration of Russian-speaking families in the county. Key to this program has been our Russian speaking staff, and our oral hygiene instruction materials that have been translated into Russian. This Fall, Head Start is starting a new program at this location, and we will be providing dental care for all of their families.

We are working with the University

Washington's Program for Healthy Communities to assess the effectiveness of our work with the children of Russian-speaking parents.

Contributed by Lisa Brown, from the Interfaith Community Health Center.

**3.** The goal of the **Yakima Children's Oral Health Coalition** "Circle of Smiles" project is to increase oral health prevention services to low income children, ages 0-8 in Yakima County, with cultural focus on Hispanic and Native American families.

During the two-year grant period, six agencies shared the lead role in a variety of educational and direct service efforts throughout the Yakima Valley. The strength of this collaboration was founded more than three years ago with the formation of the county coalition, and the shared commitment to increasing dental access, particularly to children of our county's low-income families. The following lead agencies developed educational materials for families and educators:

Yakama Indian Nation and DSHS Region 2

- Produced two videos, targeted to young children and their parents. The videos were made available to member agencies of the oral health coalition. They are available in English and Spanish.

DSHS Region 2

- Five public service announcements were developed and distributed too local television and radio stations, in English and Spanish, promoting good oral health practices including use of fluoride supplements.
- An educational brochure was

developed promoting the use of fluoride for children. These were distributed to public health, community clinics, and social service agencies throughout the county (English and Spanish).

- A conference exhibition was developed to share the combined and complimentary projects of the Circle of Smiles campaign. Additional promotional materials-stickers, pencils, stamps, etc., were provided.
- A parents and children's guide, "How to Go to the Dentist", was developed, promoting healthy perceptions for children about their first visit to the dentist's office. This guide is also designed to be used by early childhood and parent educators.

Yakima Health District

- Identified fluoride levels of current water system in Yakima County. They also developed a user-friendly guide for physicians' offices that identifies the need for fluoride supplements to children living in unfluoridated areas. Guides were personally distributed to community clinics and private offices, with consultation available from public health hygienists.
- Resource manuals were developed for non-dental providers. They include community standard protocols for application of fluoride varnish, and training is provided to medical staff at Yakima Neighborhood Health Services and Yakima Valley Farmworkers Clinic on fluoride varnish application during EPSDT exams. Health District staff also provided training to the county's Maternal and Child Health providers. Two hundred resource manuals were printed and distributed, and included a section on local resources available to low income children.

The following lead agencies are providing direct services to children and their parents, utilizing the materials (described above) developed by Circle of Smiles:

Providence Health System/Healthy Communities Alliance

- Parish nurses, stationed in churches throughout the valley, provide oral health education to their parishioners. Earlier this year, the Providence "Wellness on Wheels" (WOW) mobile clinic was developed to provide prevention services at alternative sites in Yakima County.

Smile Savers

- Provided sealants to non-Medicaid (2<sup>nd</sup> grade) children in the county's elementary schools.

Yakima Neighborhood Health Services

- Added a dental hygienist to the agency's Maternity Support Services team. The "MSS" Hygienist" provided 300 contacts of oral health instruction to clients.

Momentum to address oral health care access has grown over the last several months in Yakima County. The efforts of the Yakima County Children's Oral Health Coalition have been successful in bringing oral health needs to the forefront of public health concerns. Community health centers, public health professionals, dental professional training programs, and our county's private practices are united in an effort to effect accessible preventive services to the most needy of Yakima County.

Submitted by Rhonda Hauff,

Yakima Neighborhood Health Centers.

**4.** The Southwest Washington Health District and the Clark County Oral Health Coalition were very fortunate to receive a DOH grant last year to provide care for pregnant women, children and their families. With this grant, funding from the Health Care Authority and \$100,000 from Southwest Washington Forward Thrust, the vision of a Community Dental Clinic became a reality. The SWIFT Community Dental Clinic opened in February 1998.

Operating two and a half days a week, the clinic served over 1,250 patients in 11 months. In 1999, the SWIFT Dental Clinic will become part of a new community health center, and the Clark County Oral Health Coalition will be exploring other oral health issues to focus on.

Submitted by Melody Scheer, SW Washington Health District.

**5.** During 1997-99, the Snohomish Health District utilized grant funds received from the Department of Health (Oral Health Prevention and Rural Health Systems Development grants) and the funds from the Glaser Foundation to expand preventive oral health services in Snohomish County. Ten rural schools and four urban schools participated in the school based oral health assessment and sealant program through the use of these funds. Grant funds were designed to build upon the assets

already in place in Snohomish County: the No Cavity Club (a system of dental referral that helps improve the health of low income children through access to appropriate preventive dental care in both public and private settings), and sealant programs.

*The positive evaluation of this project has led to volunteerism by the Snohomish County Dental Hygienist's Society to build, distribute and promote the Tooth Tote and Tooth Tutor to the remaining 65 schools with funding from Providence.*

The Oral Health Prevention Grant and the Snohomish County Dental Society also contributed to the provision of Tooth Totes and Tooth Tutor health education materials for 34 low income schools. The positive evaluation of this project has led to volunteerism by the Snohomish County Dental Hygienist's Society to build, distribute and promote the Tooth Tote and Tooth Tutor to the remaining 65 schools with funding (approved in April 1999) from Providence Hospital's Children's Alliance and in collaboration with the Snohomish Health District.

Submitted by LeeAnn Hoaglin-Cooper, Snohomish Health District.



## GOOD NEWS FOR KIDS

The Children's Health Insurance Program (CHIP) bill passed the legislature on the last day of session this year. It is expected to cover 10,000 uninsured children in families with incomes between 200% and 250% of the Federal Poverty Level. The final budget included \$4 million in state funds for CHIP, which will draw down approximately \$8 million in federal matching funds. CHIP is not an entitlement like Medicaid; families will pay a reasonable co-premium in order to participate. The state Medical Assistance Administration anticipates that enrollment will begin January 1, 2000.

Washington Dental Service

### Do You Have Questions About Oral Health?

- Are oral health videos available in Spanish?
- How can I prevent baby bottle tooth decay in my community?
- What are other communities or states doing about dental sealant programs?

Answers to these questions — and more — are now available through Washington Dental Service's new Resource Center for Oral Health. We are also interested in learning about your efforts to improve oral health in Washington.

Contact us: 1-(800) 572-7835, ex 5507, or email us at resourcecenter@ddpwa.com.

*Scenes from the March 25, 1999 Community Roots for Oral Health Conference. The Washington State Oral Health Coalition is planning to make the conference a yearly event.*



*John Caron from the SKCDPH gives a workshop on strategic planning.*



*Mary Looker, from DOH, speaks at a workshop on community dental clinics she gave with Michele Vanderlinde from Spokane.*



*Dianne Riter from WDS and Howard Blessing from Walla Walla share a laugh.*



*Dr. Maxine Hayes, Ass't Sec., Office of Community and Family Health, DOH; John Rossetti, Chief Dental Officer for HRSA; Beth Hines, DOH; and Keynote Speaker Jack Dillenberg. (left-right)*

**Community Roots for Oral Health**  
**944 20 Ave.**  
**Seattle, WA 98122**





*The mission of the  
Mason County  
Children's Dental  
Coalition is to improve  
the Oral Health of  
Mason County  
children by improving  
dental access,  
promoting dental  
education and caries  
prevention and by  
increasing community  
awareness of dental  
needs in Mason  
County*



*The Mason  
County  
Children's  
Dental Coalition*

PO Box 465  
Shelton, WA 98584



**YOU ARE INVITED TO JOIN THE MASON COUNTY CHILDREN'S DENTAL COALITION**

Membership is open to all adults interested in working on the issues that the Mason County Children's Dental Coalition is addressing and a willingness to commit at least one year to the coalition and its goals. To apply write to:  
Mason County Children's Dental Coalition,  
PO Box 465, Sheldon, WA 98584

**Executive Committee:**

Chair: Bill Busacca, DDS

Co-chair: Leslie Leitz, Communities in Schools

Secretary: Ginny Tauscher, Mason County Health Department

Treasurer: Ann Clark, Headstart

**Membership:**

Eva Rooks

Jerrri Hawthorne, Belfair Head Start/ECCEAP

Ann Cole

Brian Oleson, DDS

Grace Young

Jim Penney, DDS

Bob Appel, Mason General Hospital

Steve Kutz, Mason County Health Department

Joan Martin, SPSCC Dental Program

Carree Moore, Medical Assistance Admin.

Pamela Johnson, Headstart/ECCEAP

Judy Meclan, DSHS

Mary Jo Cady, Mason County Commissioner

Cindy Olsen, Mason County Commissioner

The problem: 20% of children have 80% of the dental disease. Many of these children are on Medicaid. The number of Mason County children eligible for Medicaid has increased from 4,201 in 1993 to 5,168 in 1997. 80% of Medicaid children have leave Mason County for dental care. Community efforts and an increase in Medicaid reimbursement fees increased the percentage of these children seen by a dentist from 27% to 30% in 1997. We need to do a lot better. We need to assess where the need is, provide dental education and sealants to children in schools, educate pregnant moms and parents of very young children to prevent baby bottle tooth decay, and improve access to dental services to all Mason County children. The vision of the Mason County Children's Dental Coalition (MCCDC) is to improve the dental health of Mason County through community cooperation.



Began a partnership with the Mason General Hospital and volunteer groups such as Kiwanis and Rotary that provided hundreds of new parents with educational materials on baby bottle tooth decay

Created a 1997 "Mason County Dental Prevention Program" that identified five action areas to improve the dental status of children in Mason County



Wrote articles that were published in local newspapers educating the whole community about dental prevention and the Mason County Children's Dental Coalition

Held a successful dental clinic that provided dental care to 400 Mason County children, more youth than were seen by all County dental providers in 1996



Applied to be incorporated into a 501C3 non profit organization

Provided dental education kits at the Mason County Fair

**FO** KIDS ONLY

Having good teeth  
takes **TEAMWORK!**

Who gets to play on your  
Tooth Team?

You are an important  
member and so are your  
Parents and your Dentist.

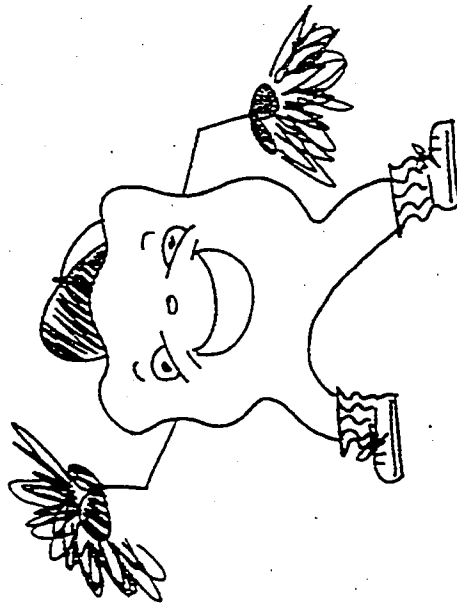
You, your parents, and  
your dentist are the  
members of  
**YOUR TOOTH TEAM!**

Every Tooth Team member  
has to play hard to make  
your teeth their very best.

Good teeth are  
**contagious!**



**Teaming up  
for  
GOOD  
TEETH**



A Circle of Smiles Publication

Good teeth are contagious!

A Collaborative of the Yakima County Children's Oral Health Coalition

## OUR PARENTS

That's right!

## GOOD TEETH ARE CONTAGIOUS . . .

That means good teeth

S...P...R...E...A...D

from one person to another  
- for example, from moms  
to kids - because most kids  
learn how to eat at home  
and how to take care of  
their teeth at home.

How you eat and what you  
eat and how you take care  
of your teeth - brushing  
and flossing daily - have  
a lot to do with how many  
cavities you get or don't get!

## DO THE RIGHT THING

Play by the rules!

Find a dentist -

- Check the Yellow Pages.
- Ask your friends.
- Call dentists you feel might be a good match for your child and ask questions, then make your choice.

Make an appointment -

- Call the dentist.
- Make sure the appointment you take fits your schedule.
- Write down the date and time of your child's appointment on your calendar.
- Ask whether the dentist wants parents to accompany their children to the treatment room.

Be on time -

- Arrive 5-10 minutes before your appointment time.
- Arrange for child care if at all possible for your other children.
- Make sure your child has clean teeth, a clean face, and clean clothes.

## DO THE RIGHT THING

Play to win!

Wipe the inside of your baby's mouth with a warm, wet washcloth.  
Take good care of your own teeth:  
Brush and floss daily.  
Provide good food for you and your baby.  
Hold back on bottles at bedtime.  
Use a teddy bear instead.  
Brush the first teeth with a soft toothbrush and water. Add toothpaste after the first year.  
Check your child's teeth often.  
Take your baby to the dentist when s/he is 12 months old.  
Tell your child good stories or no stories about the dentist.  
Let the dentist be in charge of treatment.  
Make time for regular dental exams twice a year for you and your child.

Smile!

You're on a winning Tooth Team!

# Snohomish County Dental Access Committee

## Purpose

Goal - improve oral health of Snohomish County

Objective - to improve oral health of low income people in Snohomish County by increasing the number of services and providers of oral health care.

## How

Forum to bring together health and social service professionals, consumers and interested community members to address access to dental care and other oral health issues, particularly for underserved populations.

## Why

Oral health care for low income populations has consistently been ranked as one of the top 5 needs in community surveys. Referral for dental care among Head Start and ECEAP preschool children outnumber the number of referrals for health, vision and hearing. Less than 18% of all Snohomish County Dental providers accept DSHS Medical Coupons and less than 27% of children with Medical Coupons are able to find dental care. Sealants, a preventive measure, are used by less than 19% of low income children and only 32% of all 6-8 years olds (65% the goal). Snohomish County was ranked in the worst quartile of dental decay among 3rd graders as compared to all 3rd graders in Washington State in a survey conducted by the University of Washington in 1994. For Snohomish County low income populations, dental disease is more prevalent and dental care is less available.

## Who

Social service providers, dental professionals, public health providers, community members and consumers. Community members include: the Snohomish Health District, Community Health Center, Snohomish County Dental Society and the Snohomish County Dental Hygienists, ECEAP, HeadStart, SnoIsle Skill Center, Department of Social and Services, School Nurses, Communities in Schools, etc.

## When

Second Friday of the month quarterly - 9:30-11:00am. unless activities require additional meetings  
Sept. Dec. Mar May

## Where

Snohomish Health District Meeting Rooms  
3020 Rucker Ave  
Everett, WA.

## Background

The Snohomish County Dental Access Committee (DAC) has been operating since 1991 and is currently supported by the Snohomish Health District. There are over 40 community members.

## Examples of activities initiated by group members

Community Health Center dental clinic expansion  
Summer Solstice Fundraiser implemented by the Snohomish County Dental Society  
Automated Dental Information Line implemented by the Snohomish Health District  
The No Cavity Club - a partnership grant to develop a referral system for dental services  
ECEAP parents lobby Olympia for increased fees for dentists  
Oral Health status surveys by the Department of Health and the University of Washington

## FACT SHEET

### Oral Health of Snohomish County

Snohomish County was in the worst quartile compared to all the counties in terms of the number of children with untreated dental disease.

U/W Survey, 1994 3rd grade children

Snohomish County has higher percentages of children with dental caries, treated and untreated, and a lower percentage of children that are cavity free than other Washington State Children.

DOH SMILE Survey

SHD Oral Health Program Needs Assessment, 1995

DSHS ranked Snohomish County 20 out of the 39 counties (#1 being the worst) in terms of need for increased low income services

MAA Dental Utilization 1993-94

27% of low income Snohomish County children travel outside the county for dental care.

1997 MAA Dental Utilization Data

Sealants, a preventive measure, are used by less than 19% of low income children and only 32% of all 6-8 year old children compared to the goal of 65% .

20% of Snohomish County children have 84% of the dental disease.

U/W 3rd grade survey

Less than 18% of all Snohomish County dental providers accept DSHS Medical Coupons.

The SHD Dental Information and Resource Line records 400 phone calls a month of people looking for dental care. Many of the resources that will accept Snohomish County residents are at or above capacity and require a lengthy wait for services.

The DSHS toll-free number has one dentist that will see Medicaid children only.

Only 27% of DSHS insured children were able to see a dentist in the last year compared 70% of adults and insured children.

1997 MAA Dental Utilization Data

1994 SHD Behavioral Risk Survey

Half of all the new patients accepted with DSHS Medical coupons are seen at the CHC. The CHC is not taking new adult patients.

Of new patents seen with DSHS Medical Coupons, private dentists account for one new patient dentist, per month.

1993 Gilmour Research Group

# THE CHALLENGE: DENTAL DECAY IN THURSTON COUNTY

## The Problem:

Children in Thurston County have more dental disease than the national or state average.

Children's dental surveys done in 1995 showed that *Thurston County children in comparison to other children in Washington* had:

- 2 x as many cavities in permanent teeth
- 2 x as many untreated cavities, AND
- Preschool children had 3 x as much "baby bottle" tooth decay

Tooth decay can be prevented or decreased by use of fluoride.

- Fluoride makes tooth enamel stronger to resist decay
- Fluoride fights decay causing bacteria throughout life
- The most effective method for receiving fluoride is in drinking optimally adjusted drinking water

*"Fluoride is a naturally occurring element found in most soils and ground waters and is an essential nutrient found in teeth and bones. Thurston County water supplies are deficient in fluoride".*

## The Solution:

Adjusting fluoride levels in drinking water will decrease dental disease in Thurston County

Fluoride is the safest, most effective and most economical method to prevent dental disease.

- Fluoride has been *in many US public water systems for 50 years. Today, nearly two out of every three people in the United States drink fluoridated water.*
- Recent studies show a *40% decrease in tooth decay* in people who drink fluoridated water.
- The *lifetime cost of putting fluoride in the water* for one person is *less than the cost of putting one filling in one tooth*
- The public saves **\$80** in dental treatment costs for *each dollar invested in water fluoridation*

## Fluoride Benefits All Segments of the Population

- Fluoride makes the developing teeth of young children stronger
- Fluoride reduces dental decay in school age children and adults
- Fluoride prevents dental decay in the roots of teeth of senior citizens as their gums recede with aging

### Some Washington Cities with Fluoridated Water:

Seattle	Since 1970
Tacoma	Since 1989
Everett	Since 1992
Vancouver	Since 1963
Port Orchard	Since 1971
Bainbridge Island	Since 1993
Poulsbo	Since 1959
Bremerton	Passed 1997

## Water Fluoridation Is Endorsed By:

American Medical Association (AMA)  
American Dental Association  
The World Health Organization  
US Environmental Protection Agency  
US Surgeon General





## Tooth Decay is no minor problem!

It affects about 95% of the population, yet it is the easiest disease to prevent.

## What is Fluoride?

Fluoride is a naturally occurring mineral which is present in varying amounts in all soils, plants, animals, and water supplies and, therefore, all diets contain fluoride. Fluoride benefits teeth by strengthening enamel, making it more resistant to decay.

## What is Water Fluoridation?

Fluoridation is the process of adjusting the amount of fluoride that occurs naturally in a water supply to the best level for preventing tooth decay.

At the optimal concentration of 1 part per million of fluoride (ppm), dental decay can be prevented by up to 65%.

## Is Fluoridation Safe?

About half the U.S. population drinks fluoridated water. Generations have consumed optimum fluoride throughout their entire lives. The only side effects have been much healthier teeth.

**NEVER BEFORE HAS ANY PUBLIC HEALTH MEASURE BEEN TESTED ON SUCH A LARGE SCALE, UNDER SUCH STRICT STANDARDS AND PROVEN ITSELF SO THOROUGHLY.**

## But isn't Fluoride Poison?

Fluoride is no more a poison than other nutrients. Many substances such as iron, iodine, and calcium are good for us in the proper amounts, but may be harmful if too much is taken into the body.

The simple truth is that **THERE IS NO "SCIENTIFIC ARGUMENT" AGAINST FLUORIDATION.** Not one alleged, harmful side effect has been proven.

## The Entire Community Benefits!

Fluoridation benefits everyone, regardless of a person's age, income, education, or the financial ability to seek dental care services.

Unlike obtaining prescriptions for fluoride to prevent decay, no individual effort needs to be taken by those who will benefit. **All children will automatically benefit!**

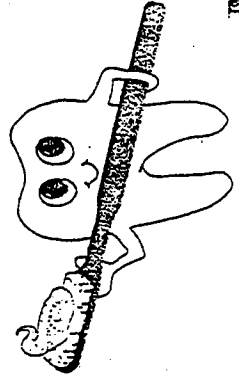
## -- References --

1. "Fluoridation Facts." ADA, 1990.
2. "Public Health Focus: Fluoridation of Community Water Systems." MMWR, 1992.
3. "Recommended Daily Allowances, 10th Ed." National Academy of Sciences, 1989.
4. "Seattle: Dental Decay Drops Dramatically." King County Health Dept., 1976.
5. "How Fluoridation Affects Adult Dental Caries." J. Am. Dental Assoc., 1992.

**GIVE  
KITSAP  
COUNTY  
SOMETHING  
TO SMILE  
ABOUT!**



**FLUORIDATION  
SAVES  
TEETH  
and  
MONEY!**



# Fluoridation in Kitsap County

What Does It Mean to You?

Kitsap County has an existing fluoride level of less than 0.2 parts of fluoride to one million parts of water. To protect against tooth-decay the fluoride level needs to be adjusted to the recommended level of 1 part fluoride to one million parts of water.

Who Supports Fluoridation?

Fluoridation is strongly endorsed by all major medical and dental organizations including:

- American Medical Association
- American Dental Association
- The World Health Organization
- U.S. Environmental Protection Agency
- U.S. Surgeon General

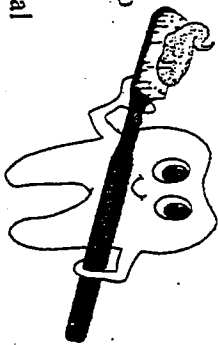
Give Kitsap Citizens a Chance!

*"Fluoridation is the single most important commitment a community can make to the oral health of its children and to future generations."*

C. Everett Koop  
Former Surgeon General  
U.S. Public Health Service

## DID YOU KNOW?

1. Water fluoridation is the most cost effective method of preventing tooth decay. Recent studies still show reductions in decay up to 40%. (1)
2. The cost for fluoridation varies with the size of a water system. The range in cost per person for Kitsap County systems would be about \$.18 to \$.41 per year. (2)
3. The public saves \$80 in dental treatment costs for every \$1 invested in water fluoridation. (2)
4. Fluoride is a natural nutrient which is beneficial for healthy teeth. (3)
5. Seattle grade school children had 90% less tooth decay after 5 years of water fluoridation. (4)



6. Two million people in Washington State and 61% of the U.S. population on public water systems drink fluoridated water. (1)

7. Cities in Washington State that have chosen to drink fluoridated water include:

Poulsbo	since 1959
Vancover	since 1963
Seattle	since 1970
Annapolis	since 1970
Manchester	since 1971
Port Orchard	since 1971
Tacoma	since 1989
Everett	since 1992
Bainbridge Is.	since 1993

8. Adults benefit from fluoride too. Fluoridation decreases root decay. (5)

# FLUORIDATION SAVES TEETH and MONEY!

### Fluoride in water is cost effective

- It costs pennies per person per week.
- Less expensive than toothpastes, rinses or gels that your dentist prescribes.
- Safe, effective, and economical method to prevent dental disease.
- Water with optimum fluoride levels reaches and benefits all persons in a community.
- It requires no special actions by individuals in order to receive its protection.
- The cost of one silver filling more than covers the cost of water fluoride for one person over a lifetime.
- Each dollar spent may yield as much as \$50 savings on the cost of dental care needs.

Dental decay is costly, and fluoride saves money

- Kids miss school time for appointments.
- Parents miss work time for appointments.
- Productivity is lost due to pain.
- Restoring decay is costly.
- It's more expensive to fix than prevent.
- 20% of the kids have 84% of the decay

### Optimal fluoridation is safe

Good science supports fluoride to prevent dental decay

- U.S. Public Health Service supports optimum fluoride in water supplies.
- Endorsed since 1950 by ADA & Public Health Service
- The single most effective public health measure to protect the American population against dental disease.

### Fluoridation benefits people of all ages

- Prevention saves money. (Change the oil in the car. Don't rebuild the engine.)
- Water with optimum fluoride levels reaches and benefits all persons in a community.
- Optimum fluoride in the water protects against decay throughout a lifetime for people who continue to drink it.
- Because of preventive dentistry, millions of older Americans are keeping their teeth. Fluoride will keep those teeth healthy.

Problems in Wenatchee (Chelan & Douglas Counties):

1-People think there is already fluoride in the water.

- There is, but not optimum levels to prevent dental decay.
- It is 0.2 ppm or less, optimum is 0.7ppm

2-Dental decay is more prevalent in low-income families.

- 20% of the kids have 84% of the disease
- Taxpayers pick up the cost of much of their dental care.
- They are less likely to see a dentist regularly, so their decay is usually more extensive and costs more to repair.
- Fluoride in the water requires no special actions by individuals in order to receive its protection.

3-Rampant dental decay (unrestored decay in seven or more teeth)

- Was present in 18% of Chelan County children age 3-5 years surveyed in 1996. The same survey conducted in King County (75% of homes have fluoride in the water) showed 8.6% of preschoolers with rampant dental decay.
- Elementary age children
  - Douglas County 20.4%
  - King County 7.9%

DEC 03 1999

*Yakima County Children's Oral Health Coalition*

## MEETING NOTICE

WED. - DEC. 8, 1999 - 11:30 - 1:00

*Region 2 Conference Room*

*3<sup>rd</sup> Floor*

*DSHS Building - 1002 N. 16<sup>th</sup> Ave.*

*Yakima*

### **\*\* AGENDA \*\***

Welcome and Introductions  
Review of 11/10/99 Minutes  
Reports

- ◆ *Fluoridation*
  - ◆ *State Coalition*
  - ◆ *CFK Survey*
  - ◆ *Oral Health Arcade*
  - Month in Review
  - Looking Ahead
  - ◆ *January Videoconference*
  - ◆ *February Children's Dental Health Month*
  - ◆ *March Local Coalition Conference*
- Adjourn